

2027 Enrollment Guide

Get to know **your health plans**



Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Important Contact Information

For assistance regarding your health care plan, you may contact a Blue Cross and Blue Shield of Texas Benefits Value Advisor:

Blue Choice PPOSM Group #93748
Blue EssentialsSM HMO Group #432451
BlueEdge HSASM/CDHP Group #190965
Customer Service/Benefits Value Advisor 800-521-2227
6 a.m. - 11 p.m., seven days a week*
Mental Health Helpline
800-528-7264

BVAs can also:

- Provide information about network and ParPlan providers.
- Distribute claim forms and answer your claims questions.
- Assist in identifying a network provider (but will not recommend specific network providers).
- Provide information about the features of your health benefit plan.
- Give you cost estimates for health care services or procedures.
- Provide information regarding the prescription drug program.
- Schedule a doctor or procedure appointment, if you like.
- Fulfill requests for member ID cards.

NEISD and BCBSTX are committed to providing quality service. If you have a complaint or concern about the service you are receiving, a grievance process is in place to promptly resolve your issues.

If you disagree with the denial of all or part of a claim, you have the right to appeal the denial by submitting a written request to BCBSTX. Refer to your Summary Plan Description (benefit booklet) for a description of the grievance and appeal processes.

Change of Address

Employees should access the NEISD Employee Center to submit address changes. The Employee Center can be accessed by visiting the NEISD website at **neisd.net**.

NEISD Employee Benefits Office

8961 Tesoro Dr., Suite 209

San Antonio, TX 78217

Monday through Friday

8 a.m. to 4:45 p.m.

210-407-0187

eb@neisd.net

* Excludes major U.S. holidays.

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HOW TO

use this guide

This enrollment guide outlines your choices for health care benefits. It is important that you compare your options for health care coverage. Take a few minutes now to read through this guide about your health benefits program from NEISD.

The district's annual open enrollment period will run in the Fall each year.

During this time, you may enroll in a program for the first time, add, drop, or change your health plan coverage or add or drop eligible dependents. After the open enrollment period, these choices will become effective January 1, for existing employees. The effective date for new employees is the first day of the month following date of hire.

About Your NEISD Health Benefits Program

NEISD's health benefits program is self-funded; that means the district pays all medical claims, prescription drug claims and administrative costs.

Under the self-funded program, employee premiums and district contributions are placed in a trust fund. All claims and costs for the plan are paid out of this fund.

Self-Funded Plan

A unique feature of self-funding is that you help determine the cost of your premiums through the choices you make in receiving health care. If claims are high, premiums will reflect the increase in cost. Lower claims, however, will reflect more savings for the self-funded plan and help reduce premiums. NEISD's managed care health plans are more cost effective and will benefit both employees and the district. To help reduce costs, use network providers each time you need health care.

BCBSTX provides administrative claims payment services only, and does not assume any financial risk or obligation with respect to claims.

The information in this guide briefly describes your health plan benefits. It does not replace your summary plan description. Your actual plan benefits are ruled by the plan document.



enroll or change plans

For information about opportunities to enroll or cancel coverage, please visit the Employee Benefits website at **neisd.net/benefits** and click on **Browse Our Benefits**. You can also contact the NEISD Employee Benefits Office at **210-407-0187** or **eb@neisd.net**. You may change your health plan selection during open enrollment for an effective date of January 1. New employees may enroll during the first 31 days of employment.

Special Enrollments

The benefit choices you make are in effect for one year and may be changed for the next year during the annual open enrollment period. Mid-year changes may be made only if you have a change in family status (such as adding a new dependent as a result of marriage, birth or adoption), or if after originally declining coverage, you lose the group coverage you had. You must submit the appropriate information to the employee benefits office within 31 days of the qualifying event. Refer to your summary plan description (benefit booklet) for details.

Premiums

Premiums will be deducted from each paycheck throughout the plan year.

Eligibility

To participate in any health program offered by NEISD, you must be regularly scheduled to work 20 or more hours per week (excludes temporary and substitute employees). Your dependents may also be covered if you participate in the program and your dependents qualify under one of the dependent categories described in the benefit booklet.

Unique ID Number

Several states have passed identity theft laws to protect the confidentiality of Social Security numbers, and other states are expected to follow. These laws restrict nongovernmental entities' and individuals' use of SSNs. In response, BCBSTX has assigned unique ID member numbers to replace SSNs.



same treatment, lower cost¹

For employees on the PPO High Plan and Bluedge HSA Plan you have a choice about where to go for health care. Many times you can choose between more than one provider or facility and have the same procedure at a lower cost. Now you can speak to a Benefits Value Advisor from BCBSTX who can help you get benefit information and find contracting, in-network providers for a number of health care services such as:²

- CT scans
- MRIs
- Endoscopy procedures
- Colonoscopy procedures
- Back or spinal surgery
- Knee surgery
- Shoulder surgery
- Hip or joint replacement surgery
- Bariatric surgery (coverage applies only to Blue Distinction® Centers for Bariatric Surgery)

Benefits Value Advisors can also help you plan for your health care by:

- Helping you better understand your benefits.
- Giving you a cost estimate³ for health care services or procedures.³
- Scheduling a doctor or procedure appointment.
- Helping you get general health information about your condition.
- Helping you with prior authorization.
- Telling you about online educational tools.



Benefits Value Advisors Help with Cost Comparison

For example, if your doctor wants you to get an MRI of your knee, you can call a Benefits Value Advisor. The Advisor can tell you about several in-network MRI providers and the estimated cost for an MRI at each provider. This way, you will have more information when choosing where to go for your MRI. If you like, the Advisor can then schedule the MRI for you with the provider you choose, and help you with prior authorization.

To reach a Benefits Value Advisor, call **800-521-2227**.

1. Benefits Value Advisors offer cost estimates for various providers, facilities, and procedures. Lower pricing and cost savings are dependent on the provider or facility you choose.
2. Member communications and information from Benefits Value Advisors are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers.
3. Cost estimates are just estimates. In addition to your usual deductibles, copayments and/or coinsurance, the actual cost of the services may vary based on a number of factors including the date of service, the actual procedure performed and what services were billed by the provider and your particular benefit plan. Coverage is subject to the limitations and exclusions of your plan.

same procedure, different cost and potential cash in your pocket!

Did you know that prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network?

Member Rewards, administered by Zelis, offers cash rewards when a lower-cost, quality provider is selected.

Member Rewards is offered to employees on the PPO High Plan and Blue Edge HSA Plan; this benefit is not offered on the Blue Essentials HMO Plan.

- Compare it to where you park your car – the \$30 lot or the \$15 one just a few blocks away.
- Member Rewards allows you to shop for your health care services in a similar way, and as the following examples show, the differences can be significant.
- Best of all – shopping with Member Rewards could minimize your out-of-pocket costs and help give you a cash reward.

Reward Eligible Procedure	Provider A Cost	Provider B Cost
Maintenance Medication	\$300	\$675
MRI of the Brain	\$682	\$2,723
Knee Replacement	\$17,003	\$47,617

Most of us look for value when we're shopping – why not apply this practice to shopping for health care services?

Member Rewards uses Provider Finder® to help you reduce costs and take more control of your health care financial decisions.

What Is the Member Rewards Program?

Member Rewards – combined with Provider Finder®, our nationwide database of independently contracted health care providers – can help you:

- Compare costs and quality for numerous procedures such as screenings, scans, surgeries and more.
- Estimate out-of-pocket costs.
- Earn cash rewards.
- Save money and make the most efficient use of your health care benefits.
- Consider treatment decisions with your doctors.

	1. Find a reward-eligible location by shopping online with Provider Finder — visit bcbstx.com, register or log in to Blue Access for MembersSM and select Find Care.
	2. Get the procedure or service at your chosen reward-eligible location.
	3. Receive a cash reward by check, which will be mailed directly to your home, after the claim is paid and the location is verified as reward-eligible.

Questions? Call the number on your member ID card.

MDX Medical, LLC, a Zelis company, is an independent company that has contracted with Blue Cross and Blue Shield of Texas to administer the Member Rewards program for members with coverage through BCBSTX. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSTX does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

for hospitals with expertise in specialty care

Blue Distinction is a designation awarded by the Blue Cross and Blue Shield Association to hospitals that have demonstrated expertise in delivering clinically proven specialty health care. Its goal is to help consumers find specialty care on a consistent basis, while enabling and encouraging health care professionals to improve the overall quality and delivery of care nationwide.

Blue Distinction® Centers for Bariatric Surgery

Provides a full range of bariatric surgical care services, including inpatient care, post-operative care, follow-up and patient education.

Bariatric surgery is only covered at a Blue Distinction® Center.

Blue Distinction® Centers for Cardiac Care

Provides a full range of cardiac care services, including inpatient cardiac care, cardiac rehabilitation, cardiac catheterization and cardiac surgery.

Blue Distinction® Centers for Transplants

Transplant program that provides services, such as global pricing, financial savings analysis and global claims administration and support services.

Blue Distinction® Centers for Knee and Hip Replacement

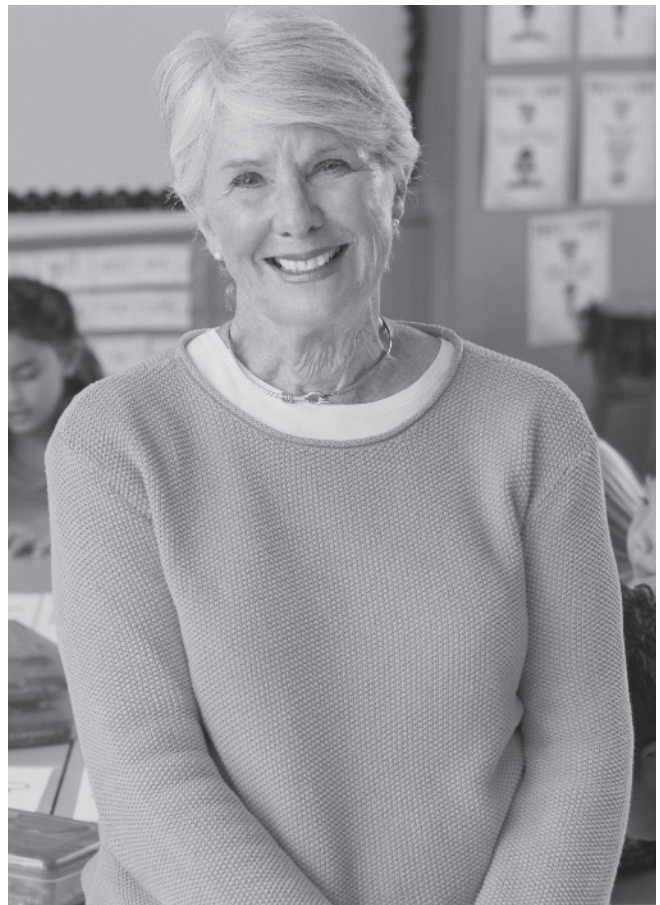
Provides inpatient knee and hip replacement services, including total knee and total hip replacement surgeries.

Blue Distinction® Centers for Spine Surgery

Inpatient spine surgery services, including discectomy, fusion and decompression procedures.

Find a Blue Distinction Center

- Go to **bcbstx.com**.
- Select the Provider Finder tool and search for hospitals.
- To find a Blue Distinction center near you, search by designated area of specialty and state.



health care benefits

Blue Choice PPO Plan

Blue Choice PPO is a preferred provider organization plan that offers flexibility to choose any network provider for care. If you stay in the network, you receive the plan's higher benefit level and you do not file claims or need to obtain prior authorization for care. You do not have to choose a primary care physician. Instead, you deal directly with each network provider. If you choose a provider who is not in the network, you receive a reduced level of benefits.

High Option PPO plan features include:

- Office visit – copayment \$25/\$35.*
- Annual deductibles – \$2,000 for individuals and \$5,000 for families.
- Out-of-pocket limit (per person) – \$5,000 for individuals and \$12,250 for families.
- Preventive care, including, but not limited to, well-child care, immunizations, well-woman exams (including one mammogram and one Pap smear every 12 months) and well-man exams (including one PSA test every 12 months) – covered at 100%.
- Routine vision and hearing exams every 12 months.
- Prescription drug coverage and mail order prescription program.
- Retail health clinic – copayment \$25.
- Urgent care office visit – copayment \$45.
- Emergency Room – copayment \$200.
- Hospital per admission deductible \$100.

Blue Essentials HMO Plan

Blue Essentials offers you access to a statewide network of hospitals and doctors. As a Blue Essentials member, you select a primary care provider from the Blue Essentials network. You may benefit from having your care coordinated by one doctor. Your doctor gets to know you and your health history, may recognize changes in your health as well as overseeing your routine care and making referrals if you need to see a specialist.

Blue Essentials HMO Plan features include:

- Office visit – copayment \$25/\$35.*
- Annual deductibles – \$2,500 for individuals and \$6,500 for families.
- Out-of-pocket limit (per person) – \$7,500 for individuals and \$16,000 for families.
- Preventive care, including, but not limited to, well-child care, immunizations, well-woman exams (including one mammography and one Pap smear every 12 months) and well-man exams (including one PSA test every 12 months) – covered at 100%.
- Routine vision and hearing exams every 12 months.
- Prescription drug coverage and mail order prescription program.
- Retail health clinic – copayment \$25.
- Urgent care office visit – copayment \$45.
- Emergency Room – copayment \$200.
- Hospital per admission deductible \$100.

Tobacco User Surcharge

NEISD applies a surcharge to your insurance premium if you are a tobacco user. **Every employee must certify, every year. There is an automatic surcharge for employees who fail to certify.** If you are interested in participating in a tobacco cessation program, you may complete the following requirement to cease the additional tobacco premium:

1. Enroll and complete the 12-week self-directed Tobacco Free course through Blue Cross and Blue Shield of Texas' GO WellbeingSM portal powered by ShareCare.
2. Provide the certificate of completion to NEISD Employee Benefits.
3. Complete the Tobacco User Declaration Form

* If service is delivered by a primary care physician, the copayment is \$25. If service is delivered by a specialist, the copayment is \$35.

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Texas to deliver a select collection of lifestyle programs, tools, and apps.

Hearing Aid Benefit

The plan will cover medically necessary hearing aid devices, limited to one per ear every 36 months. The plan will not cover replacement for loss, damage or functional defects.

NEISD Hospital Indemnity Plan

The Hospital Indemnity Plan is administered by NEISD and provides limited coverage for inpatient hospital stays. If you do not participate in any district-offered health program, you will be automatically covered in

the Hospital Indemnity Plan. Subject to certain exclusions, the plan pays \$250 per day of inpatient hospital stay for a maximum of 30 days per stay, as defined by the benefit plan description. The plan does not require any contribution from the employee. You will be covered if you are regularly scheduled to work 20 or more hours per week on a continuous basis and are not enrolled in another health plan offered by NEISD.



why choose BlueEdge HSA?

BlueEdge HSA is a consumer-directed health care plan that helps you achieve your health and financial goals. It combines a qualified high-deductible health plan with a health savings account where you decide to either pay for qualified medical expenses with tax-free dollars or leave the funds untouched to work as a savings vehicle.

Deposits to the account can be made by you, your employer or anyone else. BlueEdge HSA ensures you have:

- **Affordability** – Use health savings account funds to help meet your annual deductible, or leave them untouched to grow as savings.
- **Tax Savings** – Health savings account funds that are used for qualified medical expenses are tax exempt.
- **Portability** – Your health savings account belongs to you. Unused funds can rollover at the end of the year, or you can take the money with you if you change health plans or your job, or if you retire.
- **Control** – You decide how, when and where your health care dollars are spent. The better choices you make, the more you can extend how far your health savings account will take you.
- **Freedom and choice** – Choose any doctor whenever you need care, but choosing a network doctor means getting care at the highest level of benefits.

There's more to BlueEdge:

- **Preventive care and wellness visits** – Adults and children are covered at 100% when you use network providers*. You don't need to meet the deductible to enjoy these benefits.
- **Online decision tools** – Personalize how you manage your health care and your health care spending. Log in to Blue Access for Members, a safe, secure website at **bcbstx.com** to:
 - Manage your benefits
 - Search for a network provider
 - Estimate the cost of a procedure or treatment
 - Find health and wellness information and resources
 - Ask health care professionals for help with your concerns through 24/7 Nurseline

Network Information

Use Provider Finder at **bcbstx.com** to see if your doctor is in the network or to search for another network provider. You may also call a BVA at **800-521-2227** for provider information. Once you become a member, you can call the toll-free Customer Service telephone number on your ID card for assistance.

* Coverage levels vary by health plan, so refer to your plan documents for details.



More on Health Savings Accounts

What is a Health Savings Account?

An HSA is a tax favored account used in conjunction with an HSA-compatible health plan. The funds in the account are used to pay for IRS-qualified medical expenses such as services applied to the deductible, dental, vision and more.

Who can get an HSA?

Any eligible individual that:

- Is covered by an HSA-compatible health plan.
- Is not covered by other health insurance (except certain types of limited coverage).
- Is not enrolled in Medicare.
- Is not claimed as a dependent on someone else's tax return.
 - Children cannot establish an HSA.
 - Eligible spouses can establish their own HSA.

What are the advantages of an HSA?

HSA funds roll over year-to-year; there are tax benefits on contributions, earnings and distributions; and long-term investment opportunities are available.

Does my employer contribute to my HSA?

Annually, NEISD contributes \$500 to the medical plan for employees without dependents and \$1,000 to the medical plan for employees with covered dependents. Contributions are paid quarterly

start saving more on health care



Health Savings Accounts

Maximize your savings

A Health Savings Account, or HSA, is a tax-advantaged¹ savings account you can use for healthcare expenses. Along with saving you money on taxes, HSAs can help you grow your nest egg for retirement.

How an HSA works:

- Contribute to your HSA by payroll deduction (if offered through your employer), online transfer or personal check.
 - Pay for qualified healthcare expenses for yourself, your spouse and your dependents. Both current and past expenses are covered if they're from after you opened your HSA.
 - Use your Benefits Card to pay directly, or pay out of pocket for reimbursement or to grow your HSA funds.
 - Roll over any unused funds year to year. It's your money — for life.
 - Invest your HSA funds and potentially grow your savings.²
-

Am I eligible for an HSA?

You're most likely eligible to open an HSA if you:

- Have an HSA-eligible health plan like a high-deductible health plan (HDHP), Bronze plan or Catastrophic plan
- Aren't covered by any other non-HSA-compatible health plan, like Medicare Parts A and B or TRICARE
- Haven't received medical benefits from Veterans Administration in the last three months
- Can't be claimed as a dependent on someone else's tax return
- Have a valid email, Social Security number and primary U.S. residence

How much can I contribute?

The IRS limits how much you can contribute to your HSA every year. This includes contributions from your employer, spouse, parents and anyone else.³

Catch-up contributions

HSA accountholders not enrolled in Medicare and over the age of 55 can make an additional \$1,000 “catch-up” contribution. Contributions need to be prorated if you don’t maintain HSA-eligible coverage through the end of the following year or enroll in Medicare mid-year.

What’s covered?

You can use your HSA funds to pay for any IRS-qualified healthcare expenses, like doctor visits, hospital fees, prescriptions, dental exams, vision appointments, over-the-counter medications and more.

Visit hsabank.com/QME for a full list.

2026		2027	
	 SINGLE PLAN	 FAMILY PLAN	
Maximum contribution limit	\$4,400	\$8,750	
			 SINGLE PLAN
			 FAMILY PLAN
Maximum contribution limit	\$4,500	\$9,000	

Triple tax savings

A huge benefit of HSAs is saving on taxes¹ three ways:

- 1 You don’t pay federal taxes on contributions to your HSA.
- 2 Earnings from interest and investments are tax-free.
- 3 Distributions are tax-free when used for qualified healthcare expenses.

¹ HSA contributions and earnings aren’t subject to federal taxes and aren’t subject to state taxes in most states. Contact a tax professional for information about your state.

² SECURITIES AND INVESTMENTS

Not Insured by FDIC or Any Other Government Agency	Not Bank Guaranteed	Not Bank Deposits or Obligations	May Lose Value
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Past performance is not indicative of future results.

The HSA Invest program is administered by DriveWealth, LLC, a registered broker-dealer and Member FINRA/SIPC. Securities products and services are offered through LeafHouse Financial Advisors, LLC, an SEC-registered investment advisor. Registration does not imply a certain level of skill or training. Additional information about LeafHouse Financial Advisors, LLC, including investment strategies, fees and objectives, can be found in its Form ADV Part 2 and Form CRS, which are available in your online account.

HSA Bank is not registered as a broker-dealer or investment advisor. Neither HSA Bank nor DriveWealth, LLC provide investment advice to HSA Invest program investors. HSA Bank, DriveWealth, LLC and LeafHouse Financial Advisors, LLC are not affiliated and not responsible for the products and services offered or provided by the other.

³ HSA contributions in excess of IRS limits are subject to penalty and tax unless the excess and earnings are withdrawn prior to the tax filing deadline as explained in IRS Publication 969.



Visit hsabank.com or call the number on the back of your debit card for more information.



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Health Care at Your Fingertips



With BAMSM, you can:

- Use our Provider Finder[®] tool to search for a health care provider, hospital or pharmacy.
- Request or print your ID card.
- Check the status or history of a claim.
- View or print Explanation of Benefits statements.
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures.
- Download our app.
- Sign up for text or email alerts.

It's Easy to Get Started!

1. Go to **bcbstx.com/member**.
2. Click Log Into My Account.
3. Use the information on your BCBSTX ID card to sign up.

Or, text* **BCBSTXAPP** to **33633** to get the BCBSTX App that lets you use BAM while you're on the go.

*Message and data rates may apply

Don't miss any health and benefits information; update your contact information today!

Blue Cross and Blue Shield of Texas wants to make sure you are getting all the information you need to get the most from your benefits. In order to do that, we need to make sure we have all your contact information.

Updated information is especially important if you are expecting a baby, develop a serious health issue, need a hospital stay or have had major surgery, so BCBSTX can reach out to you to help you along the way.

There are two easy ways to update your contact information:

1. Smartphone
 - Text **MYINFOTX** to **33633** to update your contact info.*
 - You can also download the BCBSTX App, available for iPhone[®] and Android[™] smartphones.

2. Computer

You can go online through Blue Access for Members. Go to **bcbstx.com/member**, click **Sign Up** or **Log In**, then **Register Now**. Once you log into BAM, you can update your contact information by clicking on the 'update now' link on the right-hand side.*

*Message and data rates may apply. Terms and conditions and BCBSTX's privacy policies are available at bcbstx.com/mobile/text-messaging:

Even small changes can help improve your health. So work on your wellbeing goals from one, simple dashboard, Blue Access for Members It's included with your plan. Go ahead – take your first step toward a healthier you!

What You Can Do

Access GO WellbeingSM powered by Sharecare to help manage your overall wellbeing.¹

- Join the Fitness Program with access to more than 10,000 fitness locations nationwide.²
- Talk to a nurse 24 hours a day.³
- Get support from a maternity specialist throughout a pregnancy.
- Find tools and tips to support your mind and body.
- Take the RealAge Test to see how your body's age compares to your actual age and get simple, personalized steps on how to maintain or improve your health.
- Earn rewards for healthy activities like sleep tracking, connecting a wearable health device, learning about financial fitness and more.
- Join fun challenges to stay motivated and boost your progress.

Read articles via the GO WellbeingSM app on important topics such as:

- Physical health
- Mental wellbeing
- Financial health

1. GO Wellbeing is a voluntary wellness program. Completion of the RealAge test is not required for participation in the program.

2. A \$25 enrollment fee and \$25 monthly fee apply per member. Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

3. For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

The Fitness Program is provided by Tivity Health, an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers.

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Texas to deliver a select collection of lifestyle programs, tools, and apps.



Health experts in your corner, from anywhere

Discover a one-of-a-kind approach to managing chronic conditions.



Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

Enroll now

Visit TeladocHealth.com/Smile or call 800-835-2362

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-835-2362 o visite TeladocHealth.Com/Hola

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Teladoc Health app to participate in the Teladoc Health program.

This program is offered at no cost to you by your health plan or employer.

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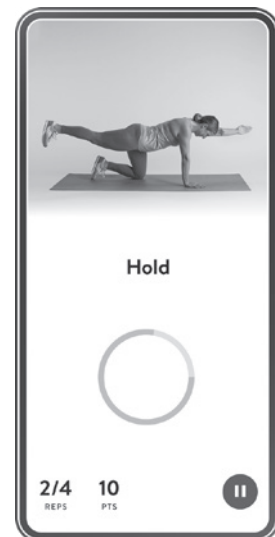


Reduce back and joint pain without drugs or surgery

You're eligible to join Hinge Health. Overcome back, knee, and other joint and muscle pain at **no extra cost to you**. Your family may be eligible too. Programs include:

- **Personalized exercise therapy**
- **Unlimited 1-on-1 health coaching**
- **Motion tracking technology for instant feedback on your form**

On average, participants reduce their pain by 68%!¹



Scan the QR code to learn more or apply at
hinge.health/northeastisd

Questions? Call (855) 902-2777

* Eligibility to receive a yoga mat is based on the program in which you are placed.

Employees and dependents 18+ enrolled in a medical plan through North East Independent School District are eligible.

¹After 12 weeks, in a study of chronic knee and back program participants. Bailey JF, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. J Med Internet Res 2020;22(5):e18250.

From the beginning, you're covered!*

Blue Cross and Blue Shield of Texas is collaborating with Maven Clinic to support you from preconception through midlife.*



Program Options

Fertility and Family Building	Pregnancy and Postpartum	Parenting and Pediatrics	Menopause and Midlife
Includes information on getting pregnant, IVF, surrogacy and adoption	Supports mom and baby through the first year of baby's life	Family health focused content for children up to 18 years of age	Focused support for managing midlife

Both you and your partner can join today.

Just follow these steps to join:

1

Scan these QR codes to download the app.



Android



iOS

2

Create an account using your personal email. You will then need to provide details such as your legal name and date of birth.

3

Schedule your introduction appointment with a Care Advocate. This is optional but recommended.

*Check your benefits to find out which programs are available to you.

Dedicated Care Advocate

You'll be paired with a Care Advocate, who can answer questions, help you find resources, and manage your care between BCBSTX and Maven. Video and messaging options are offered. There are Care Advocates available to help you in 35+ languages.

Learning

You have access to a wide range of topics that are personalized based on where you are on your health journey. This includes webinars, articles, helpful tips, virtual and live group classes and more.

Virtual Coaching

You will have 24/7 access to Maven providers and coaches across 30+ specialty types, including:

Doctors

- Reproductive endocrinologists
- OB-GYNs
- Pediatricians

Other Health Providers

- Lactation consultants
- Mental health counselors
- Doulas
- Nutritionists

Coaches

- Adoption
- Surrogacy
- Sleep
- Parenting
- Menopause
- Career



"Maven has been such an amazing program during an overwhelming time. I can't say enough good things about the platform and app, my Care Advocate, and all of the amazing providers!"

– Maven Member

If you have any questions or issues enrolling, please contact the Care Team at support@mavenclinic.com. You can also call the number on your member ID card.

It's time to be rewarded for taking care of you!

The North East Independent School District Incentive Program

We teamed up with Blue Cross and
Blue Shield of Texas to provide Healthy
Rewards.



Complete two steps to earn a \$75 premium credit

Step 1: Take your RealAge test

Step 2: Complete 200 points
worth of healthy activities

Healthy activities available to earn points

200 points	100 points	50 points	25 points
Complete preventive screenings	Walker Tracker Challenge	Receive a Flu shot (onsite at your campus H-E-B clinic or at your PCP)	Attend a ComPsych webinar
Or complete a Biometric Screening- through your Primary Care Physician, onsite NEISD event, or through a Catapult Health VirtualCheckup®	LifeSpeak Challenge	Active enrollment in a BCBSTX Fitness Program	Attend an Airrosti webinar
Or get a physical exam at your PCP	Enrollment in a Teladoc Health™ program		Attend a BCBSTX webinar
	Enrollment in the Wondr™ program		
	Enrollment in the Hinge Health program		

Check your health status!

Find out how your health measures up by taking a RealAge test. Answer a few questions about your health and lifestyle. Then, receive suggested programs that can help you get and stay healthier.

Teladoc is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide chronic condition management for members with coverage through BCBSTX.

FAQ's

- **Do you have to have BCBSTX insurance through the district to participate?** Yes, the \$75 premium credit is only available to employees covered by the BCBSTX insurance through North East ISD.
- **Is this available to BCBSTX covered spouses/dependents?** No, points to earn the premium contribution is for the employee only.
- **What are the requirements to earn the incentive?** All eligible employees must complete two steps to earn the \$75 premium credit. You are required to complete the RealAge test and earn 200 points worth of activities.
- **How is the premium credit paid?** Premium credits will be paid quarterly, through your paycheck. They are earned once per calendar year, regardless of how many points you earn.
- **How long do I have to complete the activities to earn points?** You can earn points starting January 1, 2027. All activities must be completed by November 5, 2027.
- **How do you earn points?** Points are earned through a variety of activities. Please refer to the chart.
- **How do I complete my biometric screening?** Biometric screenings can be done at your PCP's office, or completed through a Catapult Health VirtualCheckup®.
- **What preventive screenings are appropriate for me?** You can find recommended wellness guidelines available at neisd.net, under **Departments** and **Employee Wellness** and the BCBSTX Tab.
- **How do I enroll in a Walker Tracker or LifeSpeak Challenge?** There will be four challenge opportunities, two Walker Tracker challenges and two LifeSpeak challenges. Details with dates and registration information will come from wellness@neisd.net. A full schedule will be posted on neisd.net, under **Departments** and **Employee Wellness** when available.
- **Do webinars need to be watched live to earn points?** Recorded webinars will be allowed to earn the same credit as live webinars, so long as the NEISD employee completes the webinar recording form located on the Employee Wellness website within 30 days of watching the recording.
- **How do I access the RealAge test?** Go to bcbstx.com. Log in using your Blue Access for Members username and password. Navigate to the GO Wellbeing portal powered by Sharecare.
- **How do I enroll in the BCBSTX Fitness program?** Go to bcbstx.com and log in to BAM. Under **Wellness**, choose **Fitness Program**. On this page, you can enroll, search for nearby fitness locations and learn more about the program.
- **How do I confirm my points?** Points cannot be accessed at employee's leisure; however, you can inquire with your Wellness Coordinator. If you have questions regarding your points and activities, please contact Katherine Schneider at wellness@neisd.net.

Airrosti is a separate company that has contracted with Blue Cross and Blue Shield of Texas to provide back and joint pain resolution services.

Catapult Health is an independently contracted provider that has contracted with Blue Cross and Blue Shield of Texas to provide health and wellness screenings.

CompPsych Corp. is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide employee assistance services.

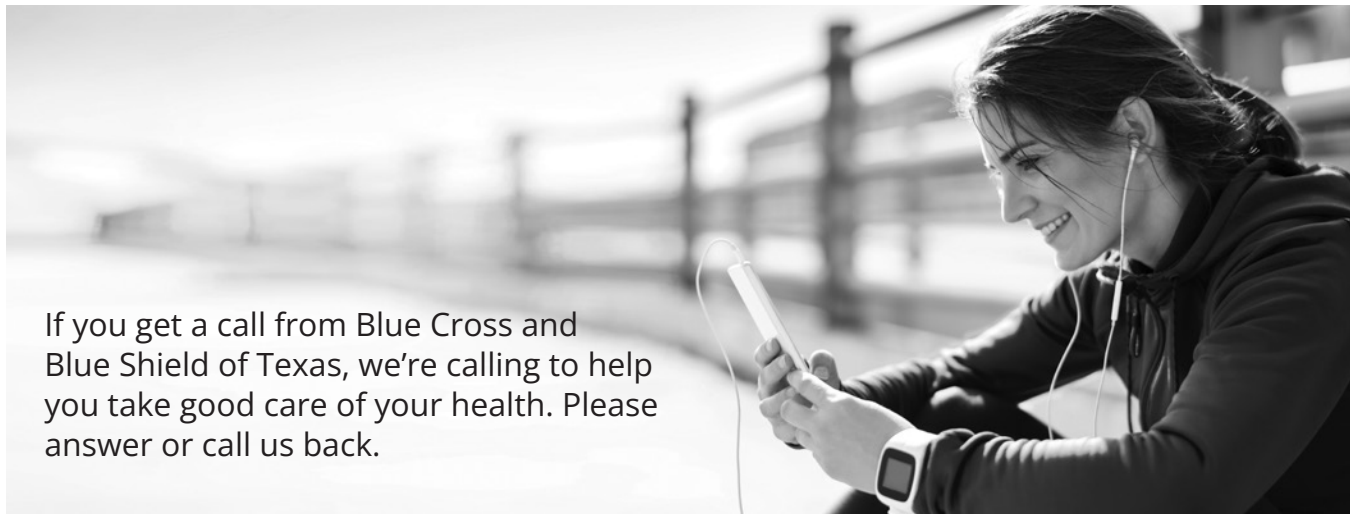
Hinge Health is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide an online musculoskeletal program.

Wondr Health is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide a metabolic syndrome reduction program.

These services are for members with coverage through BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Texas to deliver a select collection of lifestyle programs, tools, and apps.

Here's One Call You Don't Want to Miss



If you get a call from Blue Cross and Blue Shield of Texas, we're calling to help you take good care of your health. Please answer or call us back.

Your health plan includes support, for you and your covered family members, from nurses and other medical professionals called health advisors.* This extra help is available at no added cost to you.

BCBSTX may call to help you:

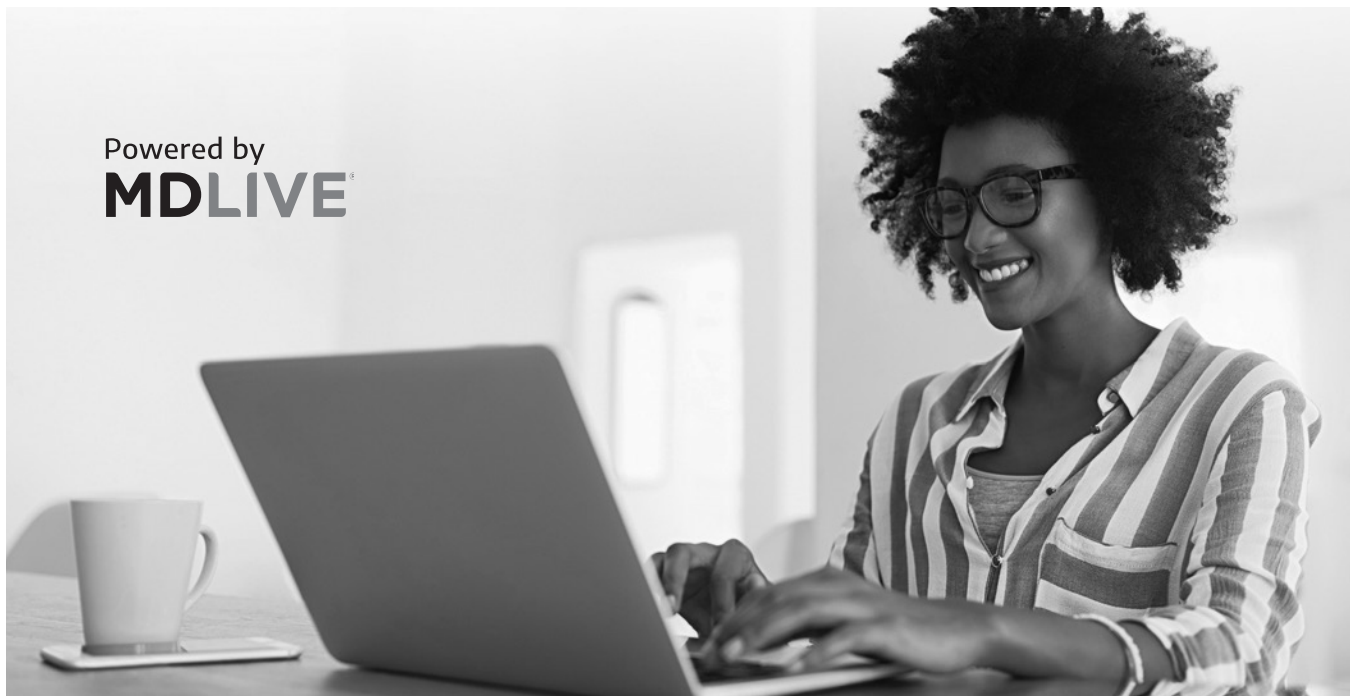
- Get the care you need for serious illnesses or injuries.
- Have a healthy pregnancy and baby.
- If you have been in the hospital or have had a major surgery.

Calls from health advisors are not sales calls. We may ask you for information, like your name, date of birth or home address, to make sure that we are talking to you. Any information you provide to BCBSTX is confidential, as required by law.

If we miss you, ring us back. We're here for you!

*Health advisors do not replace the care of a doctor. You should talk to your doctor about any medical questions or concerns.

Convenient health care at your fingertips



Care When and Where You Need It Just Got Easier

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

- Allergies
- Asthma
- Nausea
- Sinus infections
- Cold
- Flu
- Ear problems
- Anxiety/depression
- Child behavior/learning issues
- Marriage problems

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans. Service availability depends on location at the time of consultation.

MDLIVE®, a separate company, operates and administers the virtual visit program for Blue Cross and Blue Shield of Texas and is solely responsible for its operations and that of its contracted providers.

MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Health and Wellness Programs to Help You Live Better

With GO Wellbeing, powered by Sharecare you can:

- Find tools and tips to support your mind and body.
- Take the RealAge Test to see how your body's age compares to your actual age and get simple, personalized steps on how to maintain or improve your health.
- Earn rewards for healthy activities like sleep tracking, connecting a wearable health device, learning about financial fitness and more.
- Join fun challenges to stay motivated and boost your progress.

Additional features include:

- Health articles and learning tools just for you (in multiple languages).
- The option to connect your wearable devices and apps, and earn rewards on activities you're already doing as well as new healthy habits.
- Wellness challenges to keep you engaged and on track with your goals.
- Community Wellbeing Index that shows you where you can enjoy the outdoors in your area and how your activity levels compare with others around the country.
- Articles via the GO Wellbeing app on important topics such as:
 - Physical health
 - Mental wellbeing
 - Financial health

Go Points*

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for popular health and wellness merchandise and services.

Easily manage your points – The interactive portal makes it easier to understand how many points are available to be earned. You can also track the total number of points earned. All of your point data will be displayed on one screen.

Get more Go Points – The Go Points program gives you the option to supplement your Blue Points balance using a credit card to redeem your points for a larger reward.

Expanded selection of rewards – Redeem your hard-earned points in an expanded online Shopping Mall. Reward categories include apparel, books, health and personal care, jewelry, electronics, music and sporting goods. In addition, check out the Rewards on Sale section for discounted merchandise including electronics, games, luggage and more.

Participate in activities that match your goals

Look how quickly your Go Points can add up! Here are some sample activities you can complete to earn Blue Points:

Activities	Potential Go Points Amounts
Completing the RealAge test every six months	2,500 points every six months
Taking all 12 lessons in a Self-directed course	1,000 points per quarter
Tracking your progress toward your goals in the Well onTarget Member Wellness Portal	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program	2,500 points
Adding weekly Fitness Program gym visits to your routine	Up to 300 points each week
Completing any Self-directed Course Milestone Assessment	Up to 250 points per month
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day

Prior authorization/Utilization Management

Your health benefits program requires certain health care services and procedures to be preauthorized. Prior authorization helps to ensure you receive appropriate, medically necessary care. When unnecessary care is performed, or necessary care is provided in an inappropriate facility (for example;

* Go Points Program Rules are subject to change without prior notice. See the Program Rules on the Member Wellness Portal for further information. Your company may have additional reward programs in place to encourage you to take advantage of certain preventive care and wellness activities or for making healthy changes. Check your employee benefits.

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Texas to deliver a select collection of lifestyle programs, tools, and apps.

inpatient hospital setting rather than outpatient hospital setting), it increases your out-of-pocket expenses and raises overall health care costs. Because prior authorization is so important, any designated service or procedure that is not preauthorized prior authorization may carry a penalty that you must pay. Your network provider will handle prior authorization for you. However, if your network provider does not provide or coordinate your care, then you are responsible for prior authorization by calling the number listed on your member ID card.

Employee Assistance Program

NEISD offers all employees and eligible dependents the Employee Assistance Program that provides short-term counseling for personal, family or stress problems. For more details, visit Employee Benefit's website at neisd.net/Benefits, click on **Browse our Benefits**.

Prescription Drug Program

All of NEISD's health care benefit plans excluding the Hospital Indemnity Plan include a prescription drug coverage program as well as a mail order pharmacy program. Participating network pharmacies include Walgreen's and H-E-B. When you go to a participating network pharmacy, you pay a set copayment amount and any maximum allowable costs, if applicable, for up to a 30-day supply. (See "Terms to Know" on Page 24.) You may use the mail order pharmacy for up to a 90-day supply with two copays. BlueEdge prescriptions are covered at 100% after deductible. Copay does not apply. You don't have to buy medications through the mail order service, but you will save money if you do.

Step therapy programs help manage the rising cost of prescription drugs and the overall cost of health care. This approach encourages the safe, cost-effective use of medication by first trying lower-cost medications whenever possible. In cases where alternative drugs are not appropriate, your doctor can request an exception to the step therapy program.

All medical plans include retail and mail order prescription drug benefits. The PPO and HMO plans are part of a six-tier copayment program. The CDHP plan applies all eligible prescription drug spending to the deductible, except preventive prescription drugs which are covered 100%.

- Generic drugs are available for a \$10 copayment.
- Non-preferred generic name drugs are available at 50 percent copayment (\$25 min.-\$35 max.).
- Preferred brand name drugs are available for a \$40 copayment.
- Non-preferred brand name drugs are available for a 50 percent copayment (\$70 min.-\$100 max.).
- Preferred specialty drugs are available for a \$100 copayment.
- Non-preferred specialty drugs are available for a 50% copayment (\$150 min.-\$250 max.).
- Smoking cessation prescription drugs are covered.
- The step therapy and prior-authorization programs are in place as described above.

You are encouraged to consult with your doctor regarding the selection of a generic or preferred medication to help maximize your benefit. A copy of the Preferred Drug List is available at bcbstx.com.

Specialty Drug Cost Sharing Assistance Program

You may be able to sign up for a new specialty drug cost sharing assistance program under your pharmacy benefit. This program may help lower your out-of-pocket costs for select specialty drugs.

If your covered specialty drug is part of this new program, you may pay a \$0 copay amount. You will need to fill your prescription at Accredo Specialty Pharmacy to take part in this program. Call Accredo at **833-721-1619** to sign up.

As part of this program, any amount paid by a drug manufacturer (through a cost sharing assistance program or coupon value) for your specialty drug will also no longer apply to your deductible (if part of the plan) and yearly out-of-pocket maximum.

To check if your specialty drug is part of this program or have any other question, you can call the number on your Member ID card.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Texas to provide pharmacy benefit management services. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has ownership interest in Prime Therapeutics.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Texas.

A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings and Convenience

- Express Scripts Pharmacy delivers up to a 90-day supply of long-term medicines.¹
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home —through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

Support and Service

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at express-scripts.com/rx or call **833-715-0942**.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U. S., for fast processing and dispensing.



Getting Started with Express Scripts® Pharmacy Mail Order Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit **express-scripts.com/rx**. Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to **myprime.com** and follow the links to Express Scripts® Pharmacy.

Over the Phone

Call **833-715-0942**, 24/7, to refill, transfer a current prescription or get started with mail order. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit **bcbstx.com** and log in to Blue Access for Members. Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts Pharmacy.

Talk to Your Doctor

Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to Express Scripts Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have Express Scripts Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit **bcbstx.com**. Or call the phone number listed on your member ID card.

Use the mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicines and more

1. Prescriptions of up to a 90-day supply, or the most amount allowed by the benefit plan.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Texas. The relationship between Express Scripts® Pharmacy and Blue Cross and Blue Shield of Texas is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSTX to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC. MyPrime.com is an online resource offered by Prime Therapeutics, LLC.

Do You Need Specialty Medications?



Blue Cross and Blue Shield of Texas supports members who need self-administered specialty medication and helps them manage their therapy. Accredo® is the specialty pharmacy chosen to do just that.¹

Specialty drugs are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may only be stocked by select pharmacies.

Some specialty drugs must be given by a health care professional, while others are approved by the FDA for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit plan. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit plan. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through Accredo or another in-network pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.² Your doctor may also order select specialty drugs that must be given to you by a health professional through Accredo.

Examples of Self-administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit bcbstx.com to see the up-to-date list of specialty drugs.

Condition	Sample Medications ³
Autoimmune Disorders	Cosentyx, Enbrel, Humira, Xeljanz
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Norditropin Flexpro, Nutropin AQ, Omnitrope
Hepatitis C	Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif

Support in Managing Your Condition: Accredo

Accredo carries roughly 99% of specialty drugs, which means you're more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ condition-specific pharmacists and 600+ nurses.
- Simple communication, including refill reminders, by your choice of phone, email, text or web⁴.
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition.
- A mobile app that lets you refill and track prescriptions and make payments.
- Set reminders to take your medicine⁴.
- Free standard shipping.
- 24/7 support.

Ordering Through Accredo

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. To start using Accredo, call **833-721-1619**. An Accredo representative will work with your doctor on the rest.

Once registered, you can manage your prescriptions on **accredo.com** or through the mobile app.

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through Accredo. Medications are shipped in plain, secure, tamper-evident packaging.

Before your scheduled fill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location.
- Check any prescription changes your doctor may have ordered.⁵
- Discuss any changes in your condition or answer any questions about your health.⁵

One-on-One Support

Accredo has 15 Therapeutic Resource Centers®, each focused on a specific specialty condition. Through your one-on-one counseling sessions, they'll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

Certain coverage exclusions and limits may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the customer service number listed on your ID card with questions.

1. Blue Cross and Blue Shield of Texas contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

2. The BCBSTX specialty pharmacy network includes Accredo as well as other in-network specialty pharmacies for select specialty drugs. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for MemberSM account to find an in-network specialty pharmacy near you.

3. Third-party brand names are the property of their respective owners.

4. Not all medicines can be refilled on the app, by text or email.

5. Treatment decisions are between you and your doctor.

Accredo is contracted to provide services for BCBSTX. Accredo is a trademark of Express Scripts Strategic Development, Inc.

to know

Knowing these terms will be helpful as you read through this enrollment guide

Affordable Care Act: A comprehensive law passed in 2010, aimed at reforming America's health care system to improve access and affordability for more Americans.

Allowable amount: The maximum amount determined by the health plan to be eligible for consideration of payment for a particular service, supply or procedure.

Blue Essentials HMO: Blue Essentials HMO offers you access to a statewide network of hospitals and doctors. As a Blue Essentials member, you select a primary care provider from the Blue Essentials network. You may benefit from having your care coordinated by one doctor. Your doctor gets to know you and your health history, may recognize changes in your health as well as overseeing your routine care and making referrals if you need to see a specialist.

Consolidated Omnibus Budget Reconciliation Act: A federal act that requires group health plans to allow employees and certain dependents to continue their group coverage for a stated period of time following a qualifying event which causes the loss of group health coverage. Qualifying events include reduced work hours, death or divorce of a covered employee and termination of employment.

Consumer-Directed Health Plan: The combination of high-deductible health coverage with a health savings account or health reimbursement account that can be used to help satisfy the deductible. It is designed to encourage individuals to become actively involved in making their own health care decisions (e.g., designing their health insurance coverage, choosing their health care provider, selecting health services and managing their own fitness and wellness).

Copayment (copay) amount: The set amount you pay for certain medical services and prescription drugs. For example, for an in-network office visit with the Blue Choice plans, you pay only \$25/\$35* toward the cost of that service.

Co-share amount: The percentage of medical expenses that you and the plan share. For example, if the co-share amount is "80/20," that means the plan pays 80% and you pay 20% of eligible charges.

Deductible: The allowable amount of eligible charges you pay before medical benefits begin.

Employer responsibility: Starting in 2014, if an employer with at least 50 full-time equivalent employees doesn't provide affordable health insurance and an employee uses a tax credit to help pay for insurance through the Health Insurance Exchange, the employer must pay a fee to help cover the cost of tax credits.

HIPAA: A federal law which outlines certain rules and requirements employer sponsored group health plans, insurance companies and managed care organizations must follow to provide health care insurance coverage for individuals and groups; most recently amended to add privacy rules which became effective April 14, 2003.

Health savings account (HSA):

An individually owned, portable, tax-advantaged account that only eligible individuals may establish. An HSA is exclusively for the purpose of paying qualified medical expenses.

Managed care: An arrangement where health care providers, including participating pharmacies and behavioral health providers, have agreed to negotiated rates for services as well as to provide appropriate and cost-effective care.

* If service is delivered by a primary care physician, the copayment is \$25. If service is delivered by a specialist, the copayment is \$35.

MAC III PPO: On January 1, 2014, North East ISD added the Member Pay the Difference program to your prescription drug benefit plan through Blue Cross and Blue Shield of Texas. This program will apply to prescription drugs filled at retail and mail-service pharmacies. The MPTD program is designed to encourage safe, cost-effective drug use.

What does this mean to you? When your doctor writes Dispense as Written and you obtain a brand-name drug for which a generic equivalent is available, you will be responsible for your preferred brand-name drug copay plus the difference in cost between the brand-name drug and its generic equivalent, up to the entire cost of the drug.

Generic drugs work in the same way as brand-name drugs, and often cost less.

Here is an example for a 30-day supply of medication:

Preferred brand-name drug copay	= \$40
Brand-name drug cost	= \$200
Generic equivalent drug cost	= \$55
Difference between brand-name drug and its generic equivalent	= \$145 (\$200-\$55)
You pay:	
\$40 preferred brand-name drug copay + \$145 difference between brand-name drug and its generic equivalent	
Your out-of-pocket cost	= \$185



Even if your doctor indicates “do not substitute” on the prescription, you will be required to pay the difference in cost. Remember, treatment decisions are always between you and your doctor.

Maximum annual benefit: The maximum dollar amount your health plan will pay for a particular health care service or for all health care services provided to you during one year. Dollar limits are not allowed on essential health benefits.

Office procedure: Any service performed in the provider’s office or other outpatient facility that includes, but is not limited to, surgical procedures or certain outpatient procedures. Examples include, but are not limited to MRI, CT scan and diagnostic medical procedures.

Out-of-pocket limit: This amount includes deductible, coinsurance percentage, prescription drug copays and medical copays. If you reach your plan’s out-of-pocket limit, the plan then pays 100% of the allowable amount for any eligible expenses for the rest of the calendar year.

Prior authorization: Your benefit plan requires prior authorization for all inpatient hospital admissions, extended hospital stays, extended care expenses, home infusion therapy and organ and tissue transplants. Prior authorization requires you, your doctor, the hospital or a family member to call the toll-free number listed on your ID card before receiving services. A benefit management nurse will work with your physician’s office to complete the process. To pre-certify, call toll-free: **800-441-9188**.

Preferred drug list coverage: A list of commonly prescribed drugs (also known as a prescription drug list). Not all drugs listed in a health plans prescription drug list are automatically covered under that plan.

Preferred provider organization coverage: A health care program that allows you to decide if you will receive care through the network of participating providers or outside the network. The in-network level of benefits is higher than the out-of-network level of benefits, and you will pay less out of pocket.

Primary care physician (PCP): The physician you choose to be your primary source for medical care. Your PCP coordinates all your medical care, including hospital admissions and referrals to specialists.

Provider listing: A listing of doctors, hospitals and other health care providers who participate in the network. For the most current information, visit **bcbstx.com**.

Specialist: Medical specialists are doctors who have completed advanced education and clinical training in a specific area of medicine.

Specialty formulary: Specialty medications are those used to treat serious or chronic conditions.

Specialty non-formulary: Drugs not on a plan-approved drug list.

Step therapy: Step therapy programs help manage the rising cost of prescription drugs, and the overall cost of health care. This approach encourages the safe, cost-effective use of medication by first trying lower-cost medications whenever possible. In cases where alternative drugs are not appropriate, your doctor can request an exception to the step therapy program.

that's right for you

Lower Your Costs through Pharmacy Locator and Preferred Drugs

Lower your out-of-pocket costs by using a Blue Cross and Blue Shield of Texas contracting pharmacy. Pharmacy Finder is available at **myprime.com** to help you find contracting pharmacies that are located near your home or office.

Another way to save on your prescription expense is to talk with your doctor about referring to our Performance Select Biosimilar List before prescribing drugs to you.

The Performance Drug List is updated regularly to include current generic drugs and a select group of brand-name drugs. You can search by a drug's therapeutic classification, or find out if a generic equivalent is available.



BCBSTX and Prime Therapeutics have added valuable prescription drug programs this year that work behind the scenes to benefit you and North East ISD. There is NO action required by you, the member. Certain Generic and specialty drugs will be applied against various coupon programs automatically – making sure that you pay the lowest available amount out of your pocket, and that North East ISD is also saving.

Provider Finder information is updated regularly.

SCHEDULE OF benefits

	Blue Essentials - HMO Option		Blue Choice PPO - High Option	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
General Information				
Calendar-Year Deductible				
Individual	\$2,500	N/A	\$2,000	\$3,000
Family	\$6,500	N/A	\$5,000	\$9,000
Coinsurance Maximum				
Individual	\$5,000/calendar year	N/A	\$3,000/calendar year	\$5,000/calendar year
Family	\$9,500 /calendar year	N/A	\$7,250/calendar year	\$13,500/calendar year
Out-of-Pocket Limit¹				
Individual	\$7,500/calendar year	N/A	\$5,000/calendar year	\$8,000/calendar year
Family	\$16,000/calendar year	N/A	\$12,250/calendar year	\$22,500/calendar year
Lifetime Maximum (per person)	unlimited	N/A	unlimited	unlimited
Other				
Hospital deductible (per admission)	\$100	N/A	\$100	\$250
Penalty for Failure to Preauthorize	N/A	N/A	N/A	\$500
PCP Referral Required	Yes	N/A	No	No
Pre-Existing Conditions Limitation	No	N/A	No	No
Physician Services				
Office Visit	100% after \$25 copay	N/A	100% after \$25 copay	70% after deductible
Office Procedure	80% after deductible	N/A	90% after deductible	70% after deductible
Urgent Care Office Visit	100% after \$45 copay	N/A	100% after \$45 copay	70% after deductible
Office Procedure	80% after deductible	N/A	90% after deductible	70% after deductible
Specialist Office Visit/Airrosti	100% after \$35 copay	N/A	100% after \$35 copay	70% after deductible
Office Procedure	80% after deductible	N/A	90% after deductible	70% after deductible
Retail Health Clinic	100% after \$25 copay	N/A	100% after \$25 copay	70% after deductible
Office Procedure	80% after deductible	N/A	90% after deductible	70% after deductible
MDLIVE Virtual Visit	100% after \$15 copay	N/A	100% after \$15 copay	N/A
Office Procedure Routine Exams	80% after deductible	N/A	90% after deductible	70% after deductible
Gynecological Exam	100%	N/A	100%	70% after deductible
Cancer Screening	100%	N/A	100%	70% after deductible
Eye Exam (1 every 12 months)	100% after \$25/\$35 copay³	N/A	100% after \$25/\$35 copay³	70% after deductible
Hearing Exam	100% after \$25/\$35 copay³	N/A	100% after \$25/\$35 copay³	70% after deductible
Well-Child Care	100%	N/A	100%	70% after deductible
Immunizations	100%	N/A	100%	70% after deductible
Influenza				
Pneumococcal				
Zoster, minimum age of 50				
Rabies				
Hep B				
T-Dap				
Tetanus Vaccines				
Allergy Testing/Treatment				
Testing	80% after deductible	N/A	90% after deductible	70% after deductible
Injections	80% after deductible	N/A	90% after deductible	70% after deductible
Office Visit	100% after \$25/\$35 copay³	N/A	100% after \$25/\$35 copay³	70% after deductible
Diagnostic X-ray and Lab	80% after deductible	N/A	90% after deductible	70% after deductible

BlueEdge HSA		
	In-Network	Out-Of-Network
General Information		
Calendar-Year Deductible		
Individual	\$3,500 ²	\$7,000
Family	\$10,400	\$20,800
Coinsurance Maximum		
Individual	\$3,500/calendar year ²	\$7,000/calendar year
Family	\$10,400/calendar year	\$20,800/calendar year
Out-of-Pocket Limit**		
Individual	Unlimited	Unlimited
Family	\$3,500/calendar year ²	\$7,000/calendar year
	10,400/calendar year	\$20,800/calendar year
Lifetime Maximum (per person)	unlimited	unlimited
Other		
Hospital deductible (per admission)	N/A	N/A
Penalty for Failure to Preauthorize	N/A	\$500
PCP Referral Required	No	No
Pre-Existing Conditions Limitation	No	No
Physician Services		
Office Visit	100% after deductible	60% after deductible
Office Procedure	100% after deductible	60% after deductible
Urgent Care Office Visit	100% after deductible	60% after deductible
Office Procedure	100% after deductible	60% after deductible
Specialist Office Visit/Airrosti	100% after deductible	60% after deductible
Office Procedure	100% after deductible	60% after deductible
Retail Health Clinic	100% after deductible	60% after deductible
Office Procedure	100% after deductible	60% after deductible
MDLIVE Virtual Visit	100% after deductible	N/A
Office Procedure Routine Exams	100% after deductible	60% after deductible
Gynecological Exam	100%	60% after deductible
Cancer Screening	100%	60% after deductible
Eye Exam (1 every 12 months)	100% after deductible	60% after deductible
Hearing Exam	100% after deductible	60% after deductible
Well-Child Care	100%	60% after deductible
Immunizations	100%	60% after deductible
Influenza		
Pneumococcal		
Zoster, minimum age of 50		
Rabies		
Hep B		
T-Dap		
Tetanus Vaccines		
Allergy Testing/Treatment		
Testing	100% after deductible	60% after deductible
Injections	100% after deductible	60% after deductible
Office Visit	100% after deductible	60% after deductible
Diagnostic X-ray and Lab	100% after deductible	60% after deductible



1. Out-of-pocket limit: deductible, coinsurance percentage, prescription drug copay and medical copay.
2. \$100 increase due to IRS regulation.
3. If service is delivered by a primary care physician, the copayment is \$25. If service is delivered by a specialist, the copayment is \$35.

Benefits for the plans are paid at a percentage of the allowable amount as determined by Blue Cross and Blue Shield of Texas.

The comparison is not the summary plan description. Please refer to your summary plan description benefit booklet for a detailed description of your health plan, including limitations and exclusions. Benefits will be paid according to the summary plan description only.

	Blue Essentials - HMO Option		Blue Choice PPO - High Option	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Pre-Existing Conditions Limitation	No	No	No	No
Hospital Services				
Inpatient Hospital Expenses	80% after deductible	N/A	90% after deductible	70% after deductible
Outpatient Surgery	80% after deductible	N/A	90% after deductible	70% after deductible
Emergency Medical Services	80% after \$200 copay (copay waived if admitted)	N/A	90% after \$200 copay (copay waived if admitted)	90% after \$200 copay
(Facility Only)	deductible waived	N/A	deductible waived	deductible waived
Non-Emergency Use of ER	50% after deductible	N/A	50% after deductible	50% after deductible
Pre-Existing Conditions Limitation	No	N/A	No	No
Other Services				
Chiropractic Services				
Office Visit	100% after \$25/\$35 copay ³	N/A	100% after \$25/\$35 copay ³	70% after deductible
Other Services	80% after deductible	N/A	90% after deductible	70% after deductible
Maximum	35 visits/calendar year	N/A	35 visits/calendar year	35 visits/calendar year
Durable Medical Equipment	80% after deductible	N/A	90% after deductible	70% after deductible
Skilled Nursing or Convalescent Facility	80% after deductible	N/A	90% after deductible	70% after deductible
Max. Days/Calendar Year	120 Days	N/A	120 Days	120 Days
Hospice Care	80% after deductible	N/A	90% after deductible	70% after deductible
Lifetime Maximum	Unlimited	N/A	Unlimited	Unlimited
Home Health Care	80% after deductible	N/A	90% after deductible	70% after deductible
Calendar Year Maximum	120 visits	N/A	120 visits	120 visits
Prescriptions				
Retail Pharmacy Card (copay for a 30-day supply)	100% after copay	Refer to Summary Plan Description	100% after copay	Refer to Summary Plan Description
Generic	\$10		\$10	
Non-Preferred Generic	50% (\$25 min - \$35 max)		50% (\$25 min - \$35 max)	
Preferred Brand Name	\$40		\$40	
Non-Preferred Brand Name	50% (\$70 min - \$100 max)		50% (\$70 min - \$100 max)	
Preferred Specialty	\$100		\$100	
Non-Preferred Specialty	50% (\$150 min - \$250 max)		50% (\$150 min - \$250 max)	
Immunizations Covered	100%		100%	
Influenza				
Pneumococcal				
Zoster, minimum age of 50				
Rabies				
Hep B				
T-Dap				
Tetanus Vaccines				
Mail Order Prescriptions (copay for a 90-day supply)	2 times retail copay	N/A	2 times retail copay	N/A
Generic				
Preferred Brand Name				
Non-Preferred Brand Name				
Mental Health Services				
Inpatient	80% after deductible	N/A	90% after deductible	70% after deductible
Partial Hospitalization	80% after deductible	N/A	90% after deductible	70% after deductible
Outpatient Counseling	80% after deductible	N/A	90% after deductible	70% after deductible

	BlueEdge HSA	
	In-Network	Out-Of-Network
Pre-Existing Conditions Limitation	No	No
Hospital Services		
Inpatient Hospital Expenses	100% after deductible	60% after deductible
Outpatient Surgery	100% after deductible	60% after deductible
Emergency Medical Services copay (copay waived if admitted)	100% after deductible	100% after deductible
(Facility Only)	100% after deductible	100% after deductible
Non-Emergency Use of ER	100% after deductible	60% after deductible
Pre-Existing Conditions Limitation	No	No
Other Services		
Chiropractic Services		
Office Visit	100% after deductible	60% after deductible
Other Services	100% after deductible	60% after deductible
Maximum	35 visits/calendar year	35 visits/calendar year
Durable Medical Equipment	100% after deductible	60% after deductible
Skilled Nursing or Convalescent Facility	100% after deductible	60% after deductible
Max. Days/Calendar Year	120 Days	120 Days
Hospice Care	100% after deductible	60% after deductible
Lifetime Maximum	Unlimited	Unlimited
Home Health Care	100% after deductible	60% after deductible
Calendar Year Maximum	120 visits	120 visits
Prescriptions		
Retail Pharmacy Card (copay for a 30-day supply)	100% after deductible	Refer to Summary Plan Description
Generic	100% after deductible	
Non-Preferred Generic		
Preferred Brand Name		
Non-Preferred Brand Name		
Preferred Specialty		
Non-Preferred Specialty		
Immunizations Covered		
Influenza		
Pneumococcal		
Zoster, minimum age of 50		
Rabies		
Hep B		
T-Dap		
Tetanus Vaccines		
Mail Order Prescriptions (copay for a 90-day supply)	100% after deductible	N/A
Generic		
Preferred Brand Name		
Non-Preferred Brand Name		
Mental Health Services		
Inpatient	100% after deductible	60% after deductible
Partial Hospitalization	100% after deductible	60% after deductible
Outpatient Counseling	100% after deductible	60% after deductible



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Benefits for the plans are paid at a percentage of the allowable amount as determined by Blue Cross and Blue Shield of Texas.

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and answers

What is an emergency?	<p>Emergency care means health care services provided in a hospital emergency facility (emergency room) or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including, but not limited to, severe pain, that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that the person's condition, sickness or injury is of such a nature that failure to get immediate care could result in:</p> <ol style="list-style-type: none"> 1. Placing the patient's health in serious jeopardy. 2. Serious impairment of bodily functions. 3. Serious dysfunction of any bodily organ or part. 4. Serious disfigurement. 5. In the case of a pregnant woman, serious jeopardy to the health of the fetus or the mother. <p>Examples of a medical emergency include, but are not limited to:</p> <ul style="list-style-type: none"> • Unusual bleeding • Suspected heart attack • Convulsions • Acute abdominal or chest pain
What do I do when I need emergency care?	If you need emergency care, call 911 or seek help from any doctor or hospital immediately. BCBSTX will coordinate your care with the emergency provider.
What if I go to the emergency room and am seen by an out-of-network doctor?	If this is an emergency, the physician will be paid at the network level of benefit, but you may be balance-billed for the difference between billed and allowed charges.
What if I need non-emergency care while traveling outside the San Antonio area?	Contact your Blue Choice PPO network provider to coordinate your medical care in order to receive the highest level of benefits. You may also call at BVA at 800-521-2227 .
Am I required to select one doctor for all my primary health care needs?	No. You may make an appointment with any Blue Choice PPO network doctor, including specialists. You may consider selecting a doctor from the Blue Choice PPO network that you or a family member may see for all primary health care needs. Please have all mental health care coordinated through your Employee Assistance Program or call the Mental Health Helpline at 800-528-7264 .

How do I change my primary care physician?	Selecting a PCP is not required. Please call and make an appointment with any Blue Choice PPO network provider. While selecting a PCP is not required, you may want to consider establishing a relationship with a Blue Choice PPO doctor who will be familiar with your personal medical history. For the most current listing of network providers, check the online Provider Finder at bcbstx.com .
Does my plan have waiting periods for pre-existing conditions?	No, due to health care reform, there is no pre-existing condition waiting period.
Can I see my OB/GYN without a referral?	Yes, you may call and make an appointment with any Blue Choice PPO network OB/GYN to obtain OB/GYN services at the in-network level of benefits. Services from out-of-network doctors will be covered at the out-of-network level.
What if my dependent moves out of the San Antonio area?	Please notify your employer of your dependent's change in address and contact BCBSTX Customer Service at 800-521-2227 to request a Blue Choice PPO Provider Directory for the area of the state in which the dependent now resides.
How do I add a spouse or dependent child to my plan?	To add a spouse or dependent child under 26 years of age to your coverage, a completed health enrollment form must be received by BCBSTX through your NEISD Employee Benefits Office within 31 calendar days of an eligible family status change. Eligible changes in your family status can include: marriage, birth of a child, legal adoption of a child, change in custody or eligibility of a child, FMLA leave of absence, loss of other coverage, and change or loss of employment. Supporting documentation will be required for all family status changes.
Who is considered an eligible dependent?	Your eligible dependents include: <ol style="list-style-type: none"> 1. Your spouse 2. A child under the age limits shown above 3. Any other child included as an eligible dependent under the plan
How do I choose a PCP?	When you enrolled in your HMO, you and your covered family members were each asked to select a PCP that participates in our network. If you did not select a PCP at that time, one is selected for you. However, you can change your PCP. The most common PCP specialties to choose from are family practitioners, pediatricians, geriatricians, internists and gynecologists. Specialists are not PCPs. Each PCP has a 10-digit PCP ID which includes letters and numbers. You will need this number when enrolling or changing PCPs. It is noted within the physician profile.

How do I change my PCP?	To ensure that you are comfortable with your choice of doctors, you may change your PCP once a month for any reason. The change will be effective on the first of the next month. To change to another PCP in the same medical group as your current PCP, simply call the group to inform them of your decision. The medical group will let you know if the PCP you have selected is available and tell you the effective date of the change. You can also change your PCP online or by telephone; log in to Blue Access for Members at bcbstx.com/member or call the customer service number on your member ID card.
How do I find a doctor who participates in the Blue Essentials network?	You can search from your computer, smartphone or other mobile device. Visit bcbstx.com/member to access BAM. Enter your username and password - to register for a BAM account, all you need are your group numbers, found on your member ID card.
Can I continue to see my current doctor when I join?	Your doctor may already be in the Blue Essentials network. If not, and you are undergoing a course of evaluation and/or medical treatment when you join the plan, you may request Transition of Care benefits. These benefits may be authorized for up to 90 days. Please refer to your Explanation of Benefits guide or call Customer Service to find out about Transition of Care benefits.
Do I need a referral to see a specialist?	It depends. If you see another PCP or specialist within the medical group that your PCP participates in and it's billed under the same Tax ID, you do not need a referral. If the specialist is outside your medical group, you will need a referral from your PCP. Referrals do expire, so make sure to review the effective date. Please keep in mind, not all PCP groups have specialists within their clinic, therefore you would need a referral. You do not need a referral for urgent or emergency care. Also, women do not need a referral to see a gynecologist. If you need help finding a network provider or have questions about your benefits, call the toll-free number on your member ID card.

For questions regarding the HMO, call the HMO Customer Service Line 877-299-2377.

HIPAA notices

HIPAA NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices (the Notice) describes the legal obligations of NEISD (the Plan) and your legal rights regarding your Protected Health Information (PHI) held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, the Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, PHI is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

1. Your past, present, or future physical or mental health or condition;
2. The provision of health care to you; or
3. The past, present, or future payment for the provision of health care to you.

If you have any questions about the Notice, about our privacy practices or wish to receive a copy of this notice, please contact the Employee Benefits Office.

NEWBORN AND MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother’s or newborn’s attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the NEISD Employee Benefits or your medical plan administrator.

60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent’s Medicaid or Children’s Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the District medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment no more than 31 days from your or your dependent’s other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in NEISD medical coverage as long as you request enrollment by contacting the benefits manager no more than 31 days from the marriage, birth, adoption or placement for adoption. For more information, contact Employee Benefits.

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: civilrightscoordinator@hcsc.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbstx.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિયલ સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłt'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hólq. Bee ahil hane'go bee nida'anishí t'áá ákodaat'éhígíí dóo bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hólq. Kohjíl' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

