

**Summary of Plan 16 Benefits
Blue Cross and Blue Shield of Texas - HMO Blue® Texas**

Physician Services performed by PCP \$25 per visit
Including office visits, home visits,
in office surgery, periodic health assessments, rehabilitation
services & therapy, family planning counseling, well-child
care (birth through age 17), annual well-woman exam, and
chemical dependency outpatient visits*

Physician Services performed by Specialist \$45 per visit
Including office visits, home visits,
in office surgery, periodic health assessments, rehabilitation
services & therapy, family planning counseling, well-child
care (birth through age 17), annual well-woman exam, and
chemical dependency outpatient visits*

Hospital Services
Inpatient care, semi-private room & board, medications,
surgery, lab, x-ray, anesthesia, and short-term therapy \$1,000 copay per admission
Outpatient surgery \$500 per surgery
Emergency room \$150 per visit (waived if admitted)
Urgent care center \$45 per visit

Maternity Care and Family Planning Services
Pre- and Postnatal visits 100% coverage after applicable copay for 1st visit
Delivery in hospital (including newborn care) \$1,000 copay per admission

Skilled Nursing and Home Health Services
Skilled nursing facility \$25 per day / 30 day calendar year maximum
Home health care \$30 per visit
Hospice care 100% coverage / \$20,000 calendar year maximum

Mental Health and Chemical Dependency
Mental health - outpatient visits \$50 per visit / 20 visit calendar year maximum
Chemical dependency - Inpatient hospital* \$1,000 copay per admission

Other Services
Immunizations 100% coverage
Allergy testing / injections/ serum 50% copay
Ambulance \$100 per service
Prosthetic devices 20% copay / \$10,000 maximum per occurrence
Arteriograms, CT scans, MRIs, EEGs,
Myelograms, PET scans \$100 copay per procedure

Maximum Out-of-Pocket
Per year – per individual \$3,000
Per year – per family \$6,000

* Limited to 3 separate series of treatments.

THIS IS A SUMMARY OF BENEFITS. REFER TO THE CERTIFICATE OF COVERAGE FOR
SPECIFIC LIMITATIONS AND EXCLUSIONS.

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