



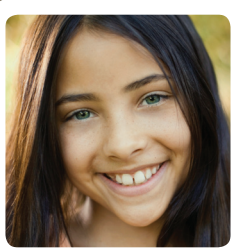
Blue PathwaySM

CHILDREN'S PLAN



Here are some of the advantages of coverage from Blue Cross and Blue Shield of Texas:

- Plans for applicants ages 1 through 18 years old¹
- Coverage for emergency care, office visits, hospital stays and prescription drugs
- Preventive care services² covered at 100%
- Diagnostic testing, including x-rays and lab services
- Benefits for physical, occupational and speech therapy services



Health insurance that meets your needs and budget.

For more than 80 years, Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, has been helping Texas residents with their health care coverage needs. Millions of people place their trust in us for reliability, value and coverage, because Blue Cross and Blue Shield of Texas is one of the largest non-investor owned health insurers in the state.

Our children's health insurance plan is specifically designed to help protect the health of your loved ones and your finances at the same time. With a BCBSTX health insurance plan, you have access to one of the most comprehensive provider networks in Texas.

¹Children eligible for these plans will be approved for coverage, regardless of health status.

²Applies to services provided in-network only.

PRODUCT HIGHLIGHTS*		
	INDIVIDUAL Network / Out-of-network	FAMILY Network / Out-of-network
CALENDAR YEAR DEDUCTIBLE	\$2,500 / \$5,000	\$7,500 / \$15,000
COINSURANCE	Network – 75% / Out-of-network – 60%	
CALENDAR YEAR OUT-OF-POCKET	\$3,000 / \$6,000	\$9,000 / \$18,000
PREVENTIVE CARE SERVICES ³	Network – 100%, No deductible; No coinsurance / Out-of-network – 60%	
EMERGENCY ROOM	75%	
PRESCRIPTION DRUG CARD PROGRAM ⁴	INDIVIDUAL/FAMILY – Network	INDIVIDUAL/FAMILY – Out-of-network
	Tier 1: \$15 copay for generic drugs.	60% Benefits apply to the out-of-pocket and out-of-network deductible or shared in/out-of-network deductible.
	Tier 2: Coinsurance level is 75% for preferred brand drugs.	
Tier 1 and 2 benefits are paid after the Plan Medical Deductible has been satisfied.		

³Benefits covered as defined by national guidelines. Must use in-network providers to receive maximum coverage.

⁴Please check the Blue Pathway Generics Plus Drug List for the current listing of brand-name drugs and a sample listing of generic drugs covered under the plan.

*** An applicant may apply for Blue Pathway coverage during Open Enrollment. The annual Open Enrollment period runs from May 1 through June 30.**

For complete details on Blue Pathway children's health plans and enrollment dates, please visit us at: bcbstx.com/bluepathway

DENTAL INDEMNITY USA ⁵	
Calendar Year Deductible (does not apply to diagnostic and preventive)	\$50 per member \$150 family deductible
Calendar year maximum benefit	\$1,000 per participant
Orthodontics	\$1,000 lifetime benefit maximum per dependent child

⁵All non-preventive care services must satisfy a 12-month waiting period.

Dental coverage begins once payment has been processed; you will be notified of the effective date of coverage.

For detailed benefit information, please refer to the Outline of Coverage.



**BlueCross BlueShield
of Texas**

