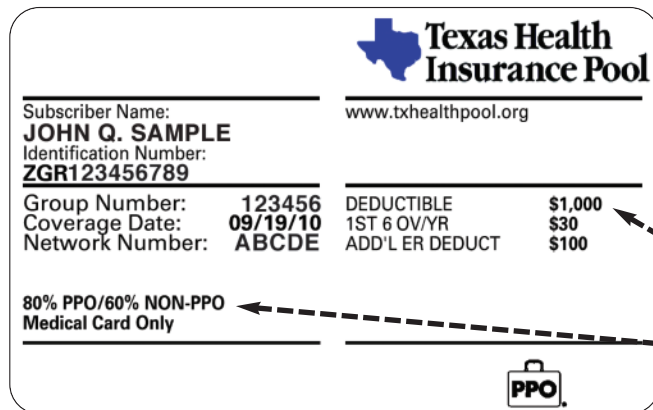


QUICK REFERENCE GUIDE

Group Name	Texas Health Insurance Pool (THIP)
Group Number	059473
Alpha Prefix	ZGR
Plan Type	Preferred Provider Organization (PPO)
Provider Customer Service	1-800-451-0287
Preauthorization	1-800-441-9188
Behavioral Health	1-800-528-7264
Address to File Claims	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044
Pharmacy Program Administrator	Medco Health Solutions, Inc. 1-800-290-1708
Accredo	Provider call 800-987-4904 Member call 800-501-7260
Prescription (Outpatient)	No drug coverage for members with Medicare (MED 1, MED 2)
THIP Web site	www.txhealthpool.org
Online Provider Directory	www.bcbstx.com/onlinedirectory



Texas Health Insurance Pool
www.txhealthpool.org

Subscriber Name: **JOHN Q. SAMPLE**
Identification Number: **ZGR123456789**

Group Number: **123456** DEDUCTIBLE **\$1,000**
Coverage Date: **09/19/10** 1ST 6 OV/YR **\$30**
Network Number: **ABCDE** ADD'L ER DEDUCT **\$100**


80% PPO/60% NON-PPO
Medical Card Only

PPO

SAMPLE ID CARD

Deductible and coinsurance
will be based on the
patient's plan

bcbs.com



BlueCross BlueShield of Texas

Preferred Provider coverage is available in Texas through BlueChoice network providers. Non-preferred providers will be covered at a lower level. Some services must be preauthorized such as Mental Health (MH). Your individual policy has more information. Providers: Send medical claims and correspondence to: Texas Health Insurance Pool, PO Box 660044, Dallas, TX 75266-0044. Providers outside of Texas, file claims with your local BCBS Plan.

Customer Service **1-888-398-3927**
Provider Services **1-800-451-0287**
Preauth-Medical **1-800-441-9188**
Provider Finder **1-800-810-2583**
Preauth-(MH) **1-800-528-7264**
24/7 Nurseline **1-800-581-0368**

BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims processing only and assumes no financial risk for claims.

PLAN HIGHLIGHTS — EFFECTIVE JANUARY 1, 2012

Refer to the patient's ID card to determine which benefits apply. During the first 12 months following the effective date of coverage, the pre-existing clause may apply. Some services may require predetermination and/or preauthorization. Please see patient's policy for specific benefits. Pharmacy Program administered by Medco Health Solutions, Inc.

WHAT PATIENT PAYS	PPO-1/MED 1		PPO-2/MED 2		PPO-3*		PPO-4*		HDHP*	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Deductible (per calendar year, individual)	\$1,000		\$2,500		\$5,000		\$7,500		\$3,000	
Coinsurance Patient Pays	20%	40%	20%	40%	20%	40%	20%	40%	0%	40%
Coinsurance Maximum (per calendar year, individual)	\$3,000	\$10,000	\$3,000	\$10,000	\$3,000	\$10,000	\$5,000	\$10,000	N/A	\$10,000
Lifetime Maximum	\$3,000,000									

Benefits (Some services may require predetermination and/or preauthorization. Please see patient's policy for specific benefits.)

Hospital	Average semi-private room rate. No more than one visit per physician per day
Intensive Care or Cardiac Care Unit	No more than 3 times the average semi-private room rate
Hospital or other facility for Emergency Care	Subject to additional \$100 deductible per visit
Home Health Care	Calendar year maximum benefit of lesser of 60 visits or \$5,000
Named Transplants	\$300,000 combined lifetime maximum benefit
Skilled Nursing Facility	45 days per calendar year
Hospice Care	Lifetime maximum benefit of lesser of 180 days or \$10,000
Ambulance	Calendar year maximum benefit of \$2,000 ground and \$5,000 air
Serious Mental Illness	Calendar year maximum benefit of 30 inpatient days and 50 outpatient visits
Assistant Surgeon or Surgical First Assistant	One assistant – no more than 25% of the primary surgical fee
Preauthorization Provisions	If a preauthorization requirement is not met, benefits for covered expenses will be reduced 50%
Physician Office Visit (preferred providers only) for covered injury or illness	\$30 copay per visit, 6 visits per calendar year. Visits after the first 6 subject to calendar year deductible and coinsurance**
Therapy, including Physical, Occupational, & Speech Language Therapy	Combined maximum benefit of \$5,000 per calendar year (does not apply to Acquired Brain Injury or Serious Mental Illness)

Other Benefits (Some services may require predetermination and/or preauthorization. Please see patient's policy for specific benefits.)

<ul style="list-style-type: none"> • Acquired brain injury • Allergy tests and injections • Anesthesia • Blood • Breast reconstruction after mastectomy • Breast, colorectal, cervical and prostate screenings • Complications of pregnancy (no coverage for normal maternity) 	<ul style="list-style-type: none"> • Dietary formulas for PKU and other inheritable diseases • Diabetes equipment, supplies and self-management training • Durable medical equipment • Genetic testing and counseling • Growth hormone treatment • Home infusion therapy • Miscellaneous hospital services 	<ul style="list-style-type: none"> and supplies • Outpatient care • Outpatient contraceptive services • Oxygen • Preadmission testing • Preventive care • Prosthetic devices • Radiation therapy, inhalation therapy, chemotherapy 	<ul style="list-style-type: none"> • Reconstructive surgery • Reduction mammoplasty • Second surgical opinion • Surgeons • Surgical services and supplies from an ambulatory surgical center and hospital outpatient facility • X-rays and laboratory tests • Vasectomy and tubal ligation or occlusion
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*Plan 3, Plan 4 and HDHP are not available for Medicare eligible members.

**Does not apply to HDHP.