



## Your health at your fingertips

Get information about the cost of procedures, find a doctor or request an ID card. You can do it all – simply and securely – on Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>).

### With BAM, you can:

- Find in-network doctors and hospitals.
- Once registered, view, print or download your member ID card.
- Review your benefits and dependent coverage.
- Covered dependents age 18 and over can have their own BAM accounts.



Scan this QR code to visit [bcbstx.com](https://bcbstx.com).

### Let's get started

1. Go to [bcbstx.com](https://bcbstx.com)
2. Log in or sign up using your member ID card to complete your registration.

# Navigation has never been easier

The screenshot shows a user interface for a health insurance member. At the top, there are navigation links: Español, Language Assistance, Messages, PPO, and My Account. Below these are seven numbered callouts (1-7) pointing to specific features: 1. DASHBOARD, 2. CLAIMS, 3. COVERAGE, 4. SPENDING, 5. FIND CARE, 6. WELLNESS, and 7. My Account. The main content area is a blue header with the greeting 'Hello, Alexandria!' and buttons for 'Member ID card' and 'Contact us'. Below the header, there are three main sections: 'Recent Claims', 'Find Care', and 'Spending'. 'Recent Claims' lists three claims: 'Your Hospital' (Paid, \$0.00), 'Your Medical Treatment Center' (Processed, \$239.99), and 'Your Pharmacy' (Not Paid, \$10.00). 'Find Care' lists four categories: Medical, Pharmacies, Dental Care, and Vision Care. 'Spending' shows two progress bars: 'Deductible' (\$625.00 / \$1,000 limit, \$375.00 remaining) and 'Out-of-Pocket' (\$1,250.00 / \$5,000 limit, \$3,750.00 remaining).

- 1 Dashboard** – See your family's claims and health care spending at a glance, order an ID, navigate the site quickly and easily.
- 2 Claims** – View quick claims summaries or download your Explanation of Benefits (EOB).
- 3 Coverage** – See benefit highlights for your medical, dental and pharmacy plans.
- 4 Spending** – Keep track of your deductible and out-of-pocket expenses.
- 5 Find Care** – Find in-network doctors, hospitals and other health care providers quickly and easily.
- 6 Wellness** – Take control of your wellbeing with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
- 7 My Account** – Use this menu for everything else: View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.

# HEALTH COVERAGE

## [BLUE CROSS BLUE SHIELD OF TEXAS](#)

Staxmatic offers employees the option to purchase affordable; qualified medical coverage. Each plan provides in and out of network coverage, however your out-of-pocket cost will be much lower when care is received in-network. For additional plan details, please reference the summary of benefits & coverage document.

Blue Cross Blue Shield of Texas Open Enrollment phone assistance – 1-866-231-5581.

### BENEFITS AT-A-GLANCE

HEALTH COVERAGE HIGHLIGHTS	\$6,000 HSA	\$2,500 HSA	\$1,500 OAP
	In-Network	In-Network	In-Network

Annual Deductible	(embedded*)	(aggregate**)	(embedded*)
Individual	\$6,000	\$2,500	\$1,500
Family	\$12,000	\$5,000	\$4,500

Annual Out-of-Pocket Maximum (embedded**)			
Individual	\$7,000	\$5,000	\$4,500
Family	\$14,000	\$10,000	\$9,000

Covered Services			
*Preventive Care	No Charge	No Charge	No Charge
Virtual Care – MD Live	20% after deductible	20% after deductible	\$10 copay
PCP / SPEC / UC	20% after deductible	20% after deductible	\$30 / \$60 / \$60 copay
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient Facility Fee	20% after deductible	20% after deductible	20% after deductible

Prescription Drugs			
Tier 1 - Generic	Ded. then \$15 copay	Ded. then 20%	\$15 copay
Tier 2 – Preferred Brand	Ded. then \$50 copay	Ded. then 20%	\$50 copay
Tier 3 – Non-Preferred Brand	Ded. then \$70 copay	Ded. then 20%	\$70 copay
Tier 4 – Specialty	Ded. then 30%	Ded. then 30%	30% coinsurance

Mail-order prescription drugs are covered at 2.5x the retail copay for a 90-day supply.

\*Preventive care visits are covered at 100%; however, diagnostic tests that are not deemed preventive will be subject to the deductible and co-insurance.

\*Embedded deductible and out-of-pocket maximum means an individual enrolled with dependent(s) must only satisfy their individual deductible or out-of-pocket maximum instead of the maximums for the entire family.

\*\*Aggregate deductible means an individual enrolled with dependent(s) must satisfy their full family deductible before coinsurance begins.

Out-of-network benefits are also covered; however, your out-of-pocket costs are higher, and you will not receive a network discount, so please confirm network status prior to receiving care.