

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 MembersSM (BAMSM).

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.



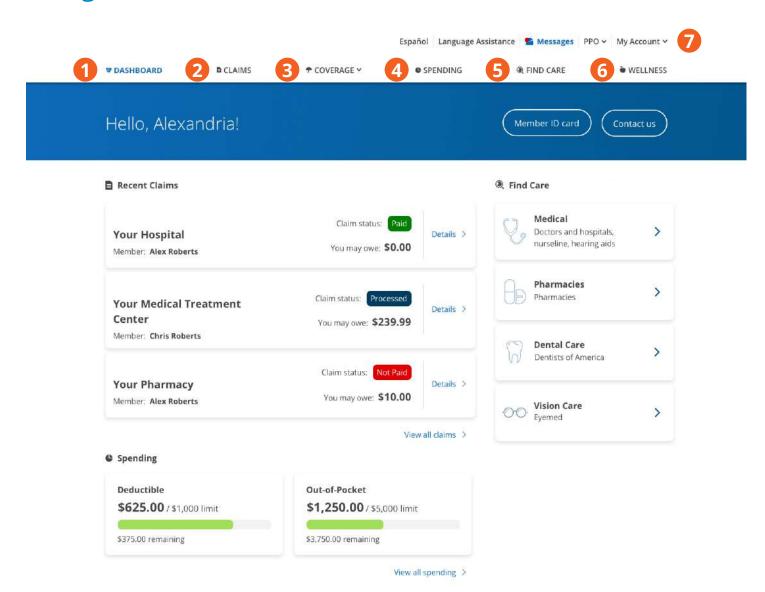


Scan this QR code to visit bcbstx.com.

Let's get started

- 1. Go to bcbstx.com
- **2.** Log in or sign up using your member ID card to complete your registration.

Navigation has never been easier



- **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.
- **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.
- **Wellness** Take control of your wellbeing with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
- **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 In-Network	\$2,500 HSA In-Network	\$1,500 OAP
Individual	\$6,000	\$2,500	\$1,500
Family	\$12,000	\$5,000	\$4,500
	Annual Out-of-Pocket Ma	ximum (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.

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.

^{*}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.