



BlueCross BlueShield of Texas

Between jobs? COBRA too expensive? Need coverage for a few months?



With a **SelecTEMP PPO®** plan, you get:

- Benefits for office visits, lab and X-ray services, prescription drugs, emergency care, surgery, inpatient hospital stays, and more.
- Doctor visits without lots of paperwork. Just show your member ID card in most cases.
- A mail order prescription drug program.

If you need temporary insurance, a SelecTEMP PPO plan might be the solution.

SelecTEMP PPO plans include:

- Options for individuals, children and families.
- Choice of five deductible levels, from \$500 to \$2,500.
- The option to choose from one month of coverage up to eleven months.

Who can get a SelecTEMP PPO plan?

Texas residents who are:

- At least 60 days of age and under 65 years of age
- U.S. citizens or non-U.S. citizens living in the United States for at least two years
- Unmarried or dependent children between 60 days and under 25 years of age

If you need coverage now, get a SelecTEMP PPO short-term plan for up to eleven months.

Our SelecTEMP PPO plans cover many of the most costly health care services. You'll also get access to one of the largest contracting networks of doctors and hospitals in Texas. Keep in mind, though, these policies do not meet the coverage standards of the Affordable Care Act or qualify for financial assistance. You may have to pay a tax penalty with this coverage.

For fast service, apply online today!

bcbstx.com

You can have your payment come out
of your bank account automatically.
Get covered as early as tomorrow.*



Plan Benefits

Provider Medical / Surgical Services (inpatient/outpatient)	Plan pays: 80% in network 60% out of network	
Hospital Services (inpatient/outpatient) Includes surgery, pre-admission testing and services received in a skilled nursing facility, coordinated home care program and hospice		
Hospital Diagnostic Testing X-ray and laboratory (includes, but not limited to, X-rays, lab tests, EKGs, ECGs, pathology services and more)		
Physical and Occupational Therapist Services (\$500 maximum, per participant, each benefit period)		
Emergency Room Care (accident or illness) Hospital and doctor	80%** of allowable amount after \$100 copayment and benefit period deductible. Copayment waived if admitted to the hospital immediately following visit. 80%** of allowable amount after benefit period (physician charges).	
Other Covered Services \$750 for ambulance services; oxygen and its administration; blood plasma; surgical dressings; casts and splints	80%	
Prescription Drug Benefits (outpatient)	\$200 deductible per person per benefit period***; maximum prescription drug benefit of \$750 per person per benefit period.	
Benefit Period Options	1 to 11 months	
Deductible**** For individuals, and families	Individual	Families
	\$500	\$1,500
	\$1,000	\$3,000
	\$1,500	\$4,500
	\$2,000	\$4,000
	\$2,500	\$7,500
Coinsurance The percentage paid by the plan after the deductible has been met	80% in network 60% out of network	
Lifetime Maximum Per Member	\$2,000,000	

Have questions?

Call us toll-free at 800-531-4456 or contact your authorized independent agent.

Benefits for covered services are provided at either the eligible charge or the maximum allowance. Consult the policy for definitions and your financial responsibility. Durable Medical Equipment (DME) providers, orthotic providers and prosthetic providers are participating providers. Please refer to your Benefit Book for details.

* Coverage is subject to eligibility requirements.

** Emergency room visits within 48 hours of accident are subject to deductible, copayments and coinsurance.

***After the deductible is met, the member must still make copayments in the amounts of \$10 for generic drugs, \$40 for preferred brand drugs and \$55 for non-preferred brand drugs.

**** Does not apply to out-of-pocket limit.