

**Summary of Plan 13 Benefits  
HMO Blue® Texas**

**Physician Services performed by PCP** \$10 per visit  
Including office visits, home visits,  
in office surgery, periodic health assessments, rehabilitation  
services & therapy, family planning counseling, well-child  
care (birth through age 17), annual well-woman exam, and  
chemical dependency outpatient visits \*

**Physician Services performed by Specialist** \$30 per visit  
Including office visits, home visits,  
in office surgery, periodic health assessments, rehabilitation  
services & therapy, family planning counseling, well-child  
care (birth through age 17), annual well-woman exam, and  
chemical dependency outpatient visits\*

**Hospital Services**  
Inpatient care, semi-private room & board, medications,  
surgery, lab, x-ray, anesthesia, and short-term therapy \$350 copay per admission  
Outpatient surgery \$150 per surgery  
Emergency room \$100 per visit (waived if admitted)  
Urgent care center \$30 per visit

**Maternity Care and Family Planning Services**  
Pre- and Postnatal visits 100% coverage after applicable copay for 1<sup>st</sup> visit  
Delivery in hospital (including newborn care) \$350 copay per admission

**Skilled Nursing and Home Health Services**  
Skilled nursing facility \$25 per day / 30 day calendar year maximum  
Home health care \$25 per visit  
Hospice care 100% coverage / \$20,000 calendar year maximum

**Mental Health and Chemical Dependency**  
Mental health - outpatient visits \$50 per visit / 20 visit calendar year maximum  
Chemical dependency - inpatient hospital\* \$350 copay per admission

**Other Services**  
Immunizations 100% coverage  
Allergy testing / injections/ serum 50% copay  
Ambulance \$100 per service  
Prosthetic devices 20% copay / \$10,000 maximum per occurrence  
Arteriograms, CT scans, MRIs, EEGs ,  
Myelograms, PET scans \$100 copay per procedure

**Maximum Out-of-Pocket**  
Per year – per individual \$1,500  
Per year – per family \$3,000

\* Limited to 3 separate series of treatments.

THIS IS A SUMMARY OF BENEFITS. REFER TO THE CERTIFICATE OF COVERAGE FOR  
SPECIFIC LIMITATIONS AND EXCLUSIONS.

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