



Blue Access for MembersSM

Health care at your fingertips.

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most from your health care benefits with Blue Access for Members (BAMSM). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
- Get your digital member ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Sign up for text or email alerts

It's easy to get started.

Use your member ID card to create a BAM account at **bcbstx.com**, or text* **BCBSTXAPP** to **33633** to download our mobile app.



Scan this QR code to visit **bcbstx.com**.

*Message and data rates may apply.

HEALTH COVERAGE

[BLUE CROSS BLUE SHIELD OF TEXAS](#)

Rolfson Oil 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.

BENEFITS AT-A-GLANCE

HEALTH COVERAGE HIGHLIGHTS	\$6,000 HSA	\$3,000 HSA	\$1,500 OAP
	In-Network	In-Network	In-Network

Annual Deductible (embedded**)			
Individual	\$6,000	\$3,000	\$1,500
Family	\$12,000	\$6,000	\$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 mean an individual enrolled with dependent(s) must only satisfy their individual deductible or out-of-pocket maximum instead of the entire family maximums.

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.