



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

The screenshot shows a member dashboard with a top navigation bar and a main content area. The top bar includes links for Español, Language Assistance, Messages, PPO, and My Account. The main navigation bar has seven items: 1. DASHBOARD, 2. CLAIMS, 3. COVERAGE, 4. SPENDING, 5. FIND CARE, 6. WELLNESS, and 7. My Account. The main content area is a dark blue header with 'Hello, Alexandria!' and buttons for 'Member ID card' and 'Contact us'. Below this are three sections: 'Recent Claims' with three entries (Your Hospital, Your Medical Treatment Center, Your Pharmacy), 'Find Care' with four categories (Medical, Pharmacies, Dental Care, Vision Care), and 'Spending' with two progress bars (Deductible and Out-of-Pocket).

1 **DASHBOARD** 2 **CLAIMS** 3 **COVERAGE** 4 **SPENDING** 5 **FIND CARE** 6 **WELLNESS** 7 **My Account**

Hello, Alexandria! [Member ID card](#) [Contact us](#)

Recent Claims

- Your Hospital**
Member: Alex Roberts
Claim status: **Paid**
You may owe: **\$0.00** [Details >](#)
- Your Medical Treatment Center**
Member: Chris Roberts
Claim status: **Processed**
You may owe: **\$239.99** [Details >](#)
- Your Pharmacy**
Member: Alex Roberts
Claim status: **Not Paid**
You may owe: **\$10.00** [Details >](#)

[View all claims >](#)

Find Care

- Medical**
Doctors and hospitals, nurseline, hearing aids [>](#)
- Pharmacies**
Pharmacies [>](#)
- Dental Care**
Dentists of America [>](#)
- Vision Care**
Eyemed [>](#)

Spending

- Deductible**
\$625.00 / \$1,000 limit
\$375.00 remaining
- Out-of-Pocket**
\$1,250.00 / \$5,000 limit
\$3,750.00 remaining

[View all spending >](#)

- 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](#)

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.

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.