

Health Notes

Health Management begins with YOU!

Complete medical records are beneficial to physicians in caring for their patients. The Harris County Medical Society encourages the use of this book as an effective way to collect and maintain a patient's medical records.

This booklet is designed to be a simple, effective way to take charge of your health history and the history of your family members. You will have the information you need readily available and so will your family.

This book is designed to be a recording tool. The frequency of various tests and procedures should be agreed upon by you and your physician. You may keep records for your children and spouse. Encourage your children to take an active part in their own record keeping when they become old enough to do so.

The Women's Fund is grateful for the efforts of Ann Brinkerhoff, former Chairman of The Women's Fund Board of Trustees, for her insight in recognizing the need for this publication and for serving as its editor.

For information about additional copies go to: www.thewomensfund.org

A message from Dr. Bob Morrow

Southeast Market President, Blue Cross and Blue Shield of Texas

Blue Cross and Blue Shield of Texas (BCBSTX) knows health care coverage in Texas — we invented it. We're Texas born and bred, and this is the only place we do business. We have been around for nearly 90 years, and the cross and shield have come to represent the most experienced health care coverage organization in the state and the nation. Our mission is still focused on providing financially sound health care coverage to as many Texans as possible.

For us, giving back to the Texas communities we serve is a major priority. Our signature program is the Caring Foundation of Texas' Care Vans. Since 1997, BCBSTX has served as the foundation's statewide sponsor covering all administrative costs. Since the Care Vans' launch 20 years ago, nearly 860,000 children have received more than 1.3 million immunizations at no cost — a significant contribution to public health in Texas as it is estimated that every dollar spent on immunizations saves \$18.40 in health care costs. The mobile outreach program delivers immunizations across the state at day care centers, schools and other community locations that are convenient for families. Please refer to page 46-47 for information about the Care Van Program and resources in your community.

At BCBSTX, we also believe in transparency and education. Many Texans don't understand their options when faced with an unanticipated health issue that might involve a visit to an emergency room (ER). Unfortunately, making the wrong choice can result in a bill more painful than the health issue. But a little

education goes a long way in helping you understand your options to avoid an ER visit and a potentially costly bill. We included a helpful guide on page 48-49 to help you understand your options and choosing the most appropriate place to go for care.

As the oldest and largest health insurer in the state providing benefits to more than 5 million members, we believe in the value of a healthy Texas. Chronic diseases and conditions including heart disease, stroke, cancer, diabetes, obesity and arthritis are among the most common, costly – and preventable – of all health problems. Many of these preventable conditions are wreaking havoc on the health of Texans.

From my many years as a family physician, I would constantly tell my patients, “The best way to manage a disease is to not get one in the first place!” Prevention and being an empowered patient are essential in your health journey. That’s why the tools in this book are a great resource for all Texans to take control of your health by tracking all of your important health information.



BlueCross BlueShield of Texas

Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cellular Phone _____

SS# _____ Driver's License# _____

Marital Status Married Divorced Widow/er Single (Check One)

Current Employer _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Cellular Phone _____

SS# _____ Driver's License# _____

Current Employer _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Insurance

Primary Medical Insurance Co.

Company Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Group# _____ Policy# _____

Secondary Medical Insurance Co.

Company Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Group# _____ Policy# _____

Pharmacy Information

Company Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Statistics

Name _____

Date of Birth _____

Place of Birth _____

Special Circumstances of Birth
(premature, Caesarian, twin, etc.) _____

Blood Type _____

Allergies/Sensitivities to Medications

Medications:	Reaction:
<i>Ex. Penicillin</i>	<i>Ex. Rash, hives, itchy eyes...etc.</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Allergies _____
(dust, food, plants, etc.)

Primary Care Physician _____

Address _____ Phone _____

In an emergency contact: _____

Address _____

City _____ State _____ Zip _____

	Yes	No	Did you ever smoke?	How much?	How long?	Date Quit
Do you smoke?						

	Yes	No	How much?	How often?	Date Quit
Do you drink alcoholic beverages?					
Did you ever drink alcohol on a daily basis?					

Past Employment

Illness/Injury

Name of Employer _____

Type of Business _____

Location of Job _____

Job Description _____

Dates of Employment _____ Beginning _____ Ending _____

Exposure to Harmful Substance/Foreign Disease(s) _____

Work-Related Illness/Injury _____

Name of Employer _____

Type of Business _____

Location of Job _____

Job Description _____

Dates of Employment _____ Beginning _____ Ending _____

Exposure to Hazardous Material/Foreign Disease(s) _____

Work Related Illness/Injury _____

Health History

Major Illnesses

Check if yes	Name	Date	Age
	Anemia or Blood Disease		
	Appendicitis		
	Asthma		
	Cancer		
	Breast		
	Colon		
	Leukemia		
	Lung		
	Lymphoma		
	Prostate		
	Skin		
	Testicular		
	Thyroid		
	Chicken Pox		
	Chronic Lung/Breathing Problems		
	Circulatory Disease		
	Diabetes		
	Emphysema		
	Endometriosis		
	Epilepsy/Seizures		
	Gall Bladder Disease		
	Heart Disease or Murmur		
	Hepatitis or Jaundice		
	High Blood Pressure (Hypertension)		
	HIV/AIDS		
	Influenza (Flu)		
	Kidney or Bladder Disease		

Health History

Major Illnesses

Check if yes	Name	Date	Age
	Malaria		
	Measles (Rubella, Roseola, Rubeola)		
	Meningitis		
	Mononucleosis (Mono)		
	Pneumonia or Pleurisy		
	Rheumatic Fever		
	Scarlet Fever		
	Sexually Transmitted Infections (Gonorrhea, Chlamydia)		
	Stroke or Paralysis		
	Syphilis		
	Thyroid Disease or Goiter		
	Whooping Cough (Pertussis)		
	Other:		

Immunizations

Name	Date	Age
Chicken Pox		
Tdap "Diphtheria, Tetanus, Pertussis"		
Hepatitis A		
Hepatitis B		
Hib Vaccine "Hemophilus b"		
HPV Human Papilloma Virus		
Influenza (Flu)		
Meningococcal		
MCV4		
MENB		
MMR "Measles, Mumps, Rubella"		
Mumps		
Pneumonia		
PVC 13		
PPSV 23		
Polio		
Shingles		
Smallpox		
TB Skin Test		
Tetanus, Diphtheria		
Side Effects:		

Always ask your care provider about immunization.

Gynecological

Age at onset of menstruation			
Present length of cycle in days			
Present regularity of cycle			
Onset of menopause			
Symptoms of menopause			
PMS Symptoms (check all that apply)	Swollen Breasts		
	Fluid Retention		
	Anxiety or Tension		
Present birth control method			
Previous birth control method(s)		Date	Type
Number of times you have been pregnant			
Number of living children			
Number of full-term deliveries			
Number of premature deliveries			
Number of Abortions?			
Number of Miscarriages?			
Cause(s) of miscarriage			
Problems during pregnancy			

Family History

Brothers and Sisters

Name _____

Relationship _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Noteworthy Physical or Mental Conditions _____

Name _____

Relationship _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Noteworthy Physical or Mental Conditions _____

Name _____

Relationship _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Noteworthy Physical or Mental Conditions _____

Name _____

Relationship _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Noteworthy Physical or Mental Conditions _____

Family History

Children

Name _____

Date of Birth _____ SS # _____

Type of Delivery _____

Multigenerational Physical Traits _____

(obesity, color blindness, sickle cell anemia, etc.)

Name _____

Date of Birth _____ SS # _____

Type of Delivery _____

Multigenerational Physical Traits _____

(obesity, color blindness, sickle cell anemia, etc.)

Name _____

Date of Birth _____ SS # _____

Type of Delivery _____

Multigenerational Physical Traits _____

(obesity, color blindness, sickle cell anemia, etc.)

Name _____

Date of Birth _____ SS # _____

Type of Delivery _____

Multigenerational Physical Traits _____

(obesity, color blindness, sickle cell anemia, etc.)

Family History

Mother

My Mother's Name _____

Date of Birth _____ Date of Death _____ Age at Death _____

Cause of _____

Major Medical Problems _____

Method of Treatment _____

Major Illness and Mental _____

(substance abuse, alcohol abuse, depression)

Her Mother's Name _____

(My Grandmother)

Date of Birth _____ Date of Death _____ Age at Death _____

Cause of _____

Major Medical Problems _____

Method of Treatment _____

Major Illness and Mental _____

(substance abuse, alcohol abuse, depression)

Her Father's Name _____

(My Grandfather)

Date of Birth _____ Date of Death _____ Age at Death _____

Cause of _____

Major Medical Problems _____

Method of Treatment _____

Major Illness and Mental _____

(substance abuse, alcohol abuse, depression)

Family History

Father

My Father's Name _____

Date of Birth _____ Date of Death _____ Age at Death _____

Cause of _____

Major Medical Problems _____

Method of Treatment _____

Major Illness and Mental _____

(substance abuse, alcohol abuse, depression)

His Mother's Name _____

(My Grandmother)

Date of Birth _____ Date of Death _____ Age at Death _____

Cause of _____

Major Medical Problems _____

Method of Treatment _____

Major Illness and Mental _____

(substance abuse, alcohol abuse, depression)

His Father's Name _____

(My Grandfather)

Date of Birth _____ Date of Death _____ Age at Death _____

Cause of _____

Major Medical Problems _____

Method of Treatment _____

Major Illness and Mental _____

(substance abuse, alcohol abuse, depression)

Medications

Prescription

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Medications

Prescription

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Medications

Prescription

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Medications

Prescription

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Medications

Prescription

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Medications

Prescription

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Medications

Over the Counter

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Medications

Over the Counter

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Name _____

Date _____

Medication	Strength	How often taken	Doctor/Reason

Side Effects:

Special Instructions:

Medical History

To record mammograms, X-rays, Pap tests, blood work, upper or lower GI tests, CAT scans, etc.

Medical History of _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Medical History

**To record mammograms, X-rays, Pap tests, blood work,
upper or lower GI tests, CAT scans, etc.**

Medical History of _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Medical History

To record mammograms, X-rays, Pap tests, blood work, upper or lower GI tests, CAT scans, etc.

Medical History of _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Medical History

**To record mammograms, X-rays, Pap tests, blood work,
upper or lower GI tests, CAT scans, etc.**

Medical History of _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Date _____ Test/Procedure _____

Hospital/Clinic _____

Physician _____

Results _____

Surgery

Name: _____

Date _____ Reason _____

Hospital _____ Surgeon _____

Anesthesia _____

Blood Products Received _____

Length of Recovery/Comments _____

Date _____ Reason _____

Hospital _____ Surgeon _____

Anesthesia _____

Blood Products Received _____

Length of Recovery/Comments _____

Date _____ Reason _____

Hospital _____ Surgeon _____

Anesthesia _____

Blood Products Received _____

Length of Recovery/Comments _____

Date _____ Reason _____

Hospital _____ Surgeon _____

Anesthesia _____

Blood Products Received _____

Length of Recovery/Comments _____

Hospitalizations

Name: _____

Date _____ Reason _____

Hospital _____ Surgeon _____

Anesthesia _____

Blood Products Received _____

Length of Recovery/Comments _____

Date _____ Reason _____

Hospital _____ Surgeon _____

Anesthesia _____

Blood Products Received _____

Length of Recovery/Comments _____

Date _____ Reason _____

Hospital _____ Surgeon _____

Anesthesia _____

Blood Products Received _____

Length of Recovery/Comments _____

Date _____ Reason _____

Hospital _____ Surgeon _____

Anesthesia _____

Blood Products Received _____

Length of Recovery/Comments _____

Health Care Providers

Name _____

Address _____

Phone _____ Specialty _____

Name _____

Address _____

Phone _____ Specialty _____

Name _____

Address _____

Phone _____ Specialty _____

Name _____

Address _____

Phone _____ Specialty _____

Name _____

Address _____

Phone _____ Specialty _____

Name _____

Address _____

Phone _____ Specialty _____

Name _____

Address _____

Phone _____ Specialty _____

Appendix A

Blood Pressure Categories

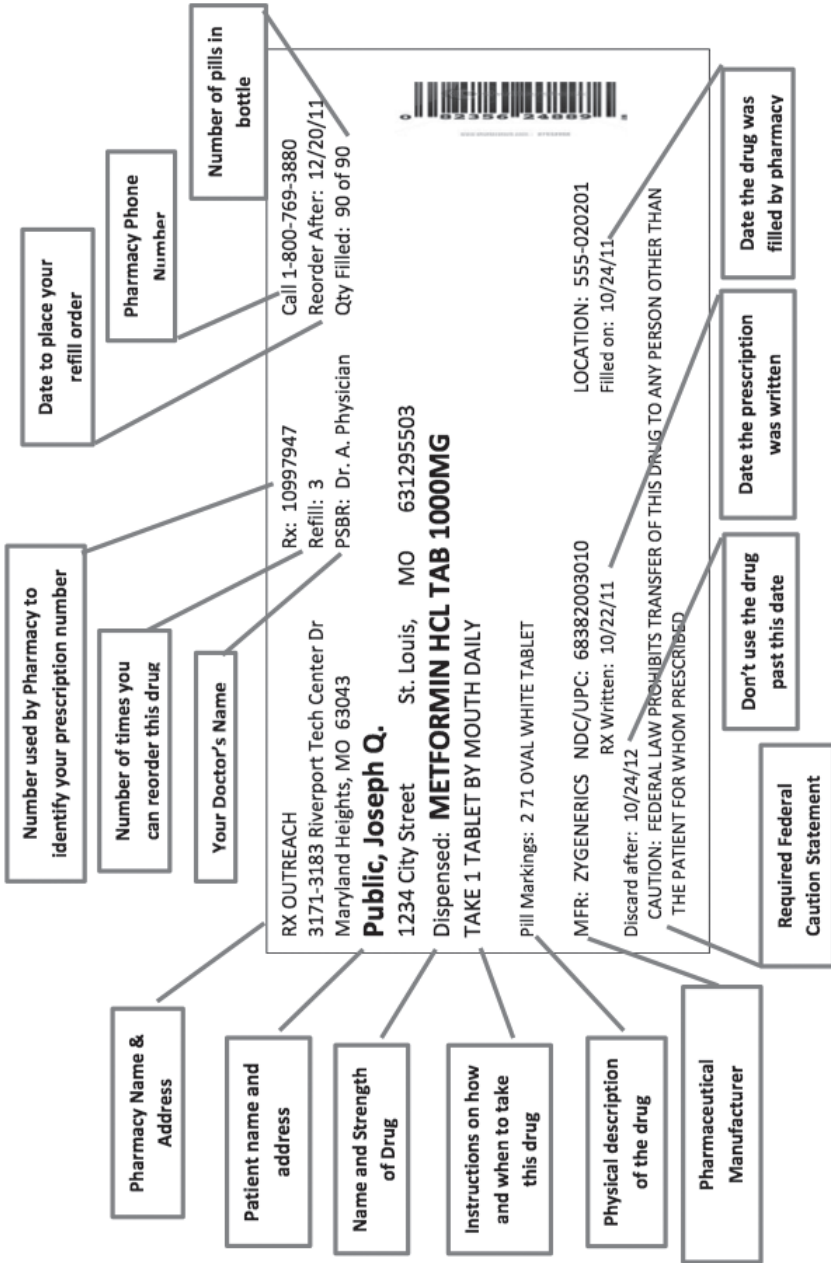
Blood Pressure Categories (American Heart Association)

Blood Pressure Category	Systolic mm Hg (upper number) Less than 120	And	Diastolic mm Hg (lower number) Less than 80
Normal			
Elevated	120-129	And	Less than 80
High Blood Pressure (Hypertension) Stage 1	130-139	Or	80-89
High Blood Pressure (Hypertension) Stage 2	140 or higher	Or	90 or higher
Hypertensive Crisis (consult your doctor immediately)	Higher than 180	And/ Or	Higher than 120

Screening	Target
Cholesterol (total)	Desirable - Less than 200 Borderline - 200 – 239 Greater than - 240 – High Risk
HDL (High Density Lipo-protein)	Greater than 60 or above - Low risk of heart disease Near optimal - 40 – 60 Less than 40 or below – High risk of heart disease
LDL (Low Density Lipo-protein)	Less than 100 or below – Low risk of heart disease
Triglycerides	Less than 150 or below – Low risk of heart disease

Appendix B

How to Read a Prescription Label





Immunizations: What You Need to Know

Information brought to you by the Caring Foundation of TexasSM

Vaccines are recommended for children, teens, and adults based on different factors like age, health conditions, lifestyle, jobs, and travel. The Centers for Disease Control and Prevention (CDC) and other medical experts update vaccine recommendations every year based on the latest research and science.

Immunization is important because it not only protects the person who gets the vaccine, but also helps to keep diseases from spreading to others, like family members, neighbors, classmates, and others in your communities. Most parents today have never seen first-hand the devastating consequences that vaccine-preventable diseases have on a child, a family, or community. Protecting your child's health and safety is very important. That's why most parents choose immunization — it's a powerful defense that's safe, proven, and effective.

Vaccines aren't just for kids. They can help adults stay healthy too — especially if they have health conditions. Even if you got all your vaccines as a child, the protection from some vaccines can wear off over time. Adults with chronic conditions like asthma/COPD, heart disease, and diabetes are more likely to get complications from certain diseases. Getting sick is not fun at any age — and for adults it can mean medical bills, missed work, and not being able to take care of family.

You can even make sure your baby is born with protection by getting vaccinated when you are pregnant. When you get vaccinated while pregnant, you aren't just protecting yourself—

you are passing some protection on to your baby in the first few months of life when they are too young to build immunity on their own. CDC recommends you get whooping cough and flu vaccines during each pregnancy to help protect yourself and your developing baby.

Vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly — especially in infants and young children. Yet because of cost or access to care, thousands of children living in Texas will go without medical care and the immunizations needed to prevent serious disease; the same holds true for dental care. However, the Care Van® Program is here to help!

Through mobile outreach, the Texas Care Van® Program virtually eliminates financial and geographic barriers to health care access. In collaboration with schools and community organizations serving as host sites, the program offers free immunizations, dental screenings (in targeted regions) and health education.

Recently, the Caring Foundation launched a maternal immunization initiative to help provide pertussis and influenza vaccines to expectant mothers 19 years or older. These vaccines may help protect mothers and unborn children from vaccine-preventable diseases such as whooping cough and flu. Additionally, immunization services will be extended to grandparents visiting outreach clinics, providing flu and Tdap (tetanus and pertussis) vaccines to senior adults. These vaccines may help protect senior adults and the children they care for from vaccine-preventable diseases. To learn more about the Caring Foundation of Texas or Care Van® Program, visit www.carevan.org or call 800-258-KIDS.

Talk to your doctor to make sure you are up to date on the vaccines that are right for you.



Like us! @CFCFTX



Follow Us! @carevantexas

Appendix C

Immunization Recommendations

Figure 1. Recommended immunization schedule for adults aged 19 years or older by age group, United States, 2018

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza ¹	1 dose annually				
Tdap ² or Td ²	1 dose Tdap, then Td booster every 10 yrs				
MMR ³	1 or 2 doses depending on indication (if born in 1957 or later)				
VAR ⁴	2 doses				
RZV ⁵ (preferred) or ZVL ⁵				2 doses RZV (preferred) or 1 dose ZVL	
HPV–Female ⁶	2 or 3 doses depending on age at series initiation				
HPV–Male ⁶	2 or 3 doses depending on age at series initiation				
PCV13 ⁷	1 dose				
PPSV23 ⁷	1 or 2 doses depending on indication				
HepA ⁸	2 or 3 doses depending on vaccine				
HepB ⁸	3 doses				
MenACWY ¹⁰	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
MenB ¹⁰	2 or 3 doses depending on vaccine				
Hib ¹¹	1 or 3 doses depending on indication				

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection
 Recommended for adults with other indications
 No recommendation



Appendix C

Immunization Recommendations by Health Condition

Figure 2. Recommended immunization schedule for adults aged 19 years or older by medical condition and other indications, United States, 2018

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	Pregnancy ^{4,6}	Immunocompromised (excluding HIV infection) ^{3,7,11}	HIV infection CD4+ count (cells/ μ L) ^{7,9,10}	Asplenia, complement deficiencies, ^{7,10,11}	End-stage renal disease, on hemodialysis ^{2,9}	Heart or lung disease, alcoholism ⁷	Chronic liver disease ^{7,9}	Diabetes ^{7,9}	Health care personnel ^{4,6}	Men who have sex with men ^{6,8,9}
Influenza ¹			<200		1 dose annually					
Tdap ² or Td ²	1 dose Tdap each pregnancy				1 dose Tdap, then Td booster every 10 yrs					
MMR ³		contraindicated			1 or 2 doses depending on indication					
VAR ⁴		contraindicated			2 doses					
RZV ⁵ (preferred) or ZVL ⁵		contraindicated			2 doses RZV at age \geq 50 yrs (preferred) or 1 dose ZVL at age \geq 60 yrs					
HPV-Female ⁶			3 doses through age 26 yrs		2 or 3 doses through age 26 yrs					2 or 3 doses through age 26 yrs
HPV-Male ⁶			3 doses through age 26 yrs		2 or 3 doses through age 21 yrs					
PCV13 ⁷					1 dose					
PPSV23 ⁷					1, 2, or 3 doses depending on indication					
HepA ⁸					2 or 3 doses depending on vaccine					
HepB ⁹					3 doses					
MenACWY ¹⁰					1 or 2 doses depending on indication, then booster every 5 yrs if risk remains					
MenB ¹⁰					2 or 3 doses depending on vaccine					
Hib ¹¹		3 doses: H5CT recipients only			1 dose					

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended for adults with other indications

Contraindicated

No recommendation








Using SmartER CareSM Options

If you aren't having an emergency, knowing where to go for medical care may save you on cost and time.

You have choices for where you get non-emergency care — what we call SmartER Care options. Try these places instead of the emergency room (ER). Plus, when you visit in-network providers, you may pay less for care. Visit the "Control Costs with SmartER Care" web page at bcbstx.com for more details.

NEED ADVICE?

The 24/7 Bilingual Nurseline can help you identify some options. Nurses are available at 800-581-0393, 24 hours a day, seven days a week, to answer your health questions. The 24/7 Bilingual Nurseline may not be available with all plans. Check your benefits booklet for details.

SYMPTOMS*			
 <ul style="list-style-type: none"> • Allergies • Cold/Flu • Depression 	Virtual Visits You may be able to have a live doctor visit by phone, online video or mobile app for non-emergency medical and behavioral health care. ^{1,2} 24 hours a day, 7 days a week	Average Cost	Average Wait
		\$	20 Minutes
 <ul style="list-style-type: none"> • Fever, colds and flu • Sore throat • Stomach ache 	Doctor's Office Talk to the person who knows you and your medical history. Office hours may vary	Average Cost	Average Wait
		\$	18 Minutes
 <ul style="list-style-type: none"> • Infections • Minor injuries or pain • Sore and strep throat 	Retail Clinic Use for non-emergency care when you can't see your doctor. Hours based on retail store hours	Average Cost	Average Wait
		\$	15 Minutes
 <ul style="list-style-type: none"> • Cuts that need stitches • Migraines or headaches • Back pain • Sprains or strains • Animal bites or rashes • Tolerable pain 	Urgent Care Visit when it's not an emergency, but needs immediate attention. Generally includes evening, weekend and holiday hours	Average Cost	Average Wait
		\$\$	16-24 Minutes
 <ul style="list-style-type: none"> • Heart problems, heart attack • Chest pain, stroke • Breathing problems • Heavy bleeding • Broken bones • Sudden or severe pain 	Emergency Room Use for life-threatening symptoms. Open 24 hours, 7 days a week	Average Cost	Average Wait
		\$\$\$	4 Hours 7 Minutes

*Note: These examples are not inclusive of all symptoms and health issues.

WHAT IS AN EMERGENCY?

Life happens. One minute you're making dinner and the next you slice your finger. Luckily, your health care coverage puts you in control of your care – and your costs. You have choices when it comes to choosing care. Just because your finger is hurt doesn't mean you need to go to the emergency room (ER). And in some cases, if you do go to the ER, your visit may not be covered. This means you could end up paying part or all of the bill.

Knowing what is – and isn't – an emergency can help you plan for the unexpected.



When the ER Should be Used	When the ER Shouldn't be Used
<p>You should go to the ER for life-threatening symptoms, such as:</p> <ul style="list-style-type: none"> Heart problems Breathing problems Heavy bleeding Broken bones Severe pain 	<p>You have choices other than the ER for health concerns like:</p> <ul style="list-style-type: none"> Colds and sore throat Ear or sinus pain Rashes Cuts that don't need stitches Constipation Tolerable pain

FREESTANDING EMERGENCY ROOM OR URGENT CARE

Knowing whether to go freestanding ERs or urgent care centers can be tricky. While they may seem like the same thing, they do have different buildings and visit charges.

Freestanding ERs:

- Will have the word “Emergency” in the name or on the building
- Charge emergency room rates, even if the care you need is minor
- Are mostly out-of-network, so you may get a bill for the amount that your health care plan doesn't cover

Knowing this may help you decide where to get care for health concerns or life-threatening emergencies.

NEED HELP DECIDING WHERE TO GO FOR CARE?

Use Provider Finder® at bcbstx.com to find a network provider or call the Customer Service number on the back of your member ID card. If you need emergency care, call 911 or seek help from any doctor or hospital right away.

¹ InternetWi-Fi connection is needed for computer access. Data charges may apply. Check your cellular data or internet service provider's plan for details.

² Virtual Visits, Powered by MDLIVE may not be available on all plans. Virtual Visits are subject to the terms and conditions of your benefit plan, including benefits, limitations, and exclusions.

InternetWi-Fi connection is needed for computer access. Data charges may apply. Check your cellular data or internet service provider's plan for details. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only), along with the ability to prescribe. Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation, along with the ability to prescribe. Behavioral health service is limited to interactive audio/video (video only), along with the ability to prescribe in all states. Service availability depends on location at the time of consultation.

Virtual visits, powered by MDLIVE, may not be available on all plans. Virtual visits are subject to the terms and conditions of your benefit plan, including benefits, limitations, and exclusions. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

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