



BlueCross BlueShield
of Texas

**The Texas A&M
University System
65 Plus Medicare Advantage
Plan (PPO)**

**THE
TEXAS A&M
UNIVERSITY
SYSTEM**



Today's Topics

- Medicare Overview
- Texas A&M University System Benefit Overview
- Visiting Your Provider
- Supplemental Benefits Overview
- Next Steps and Reminders



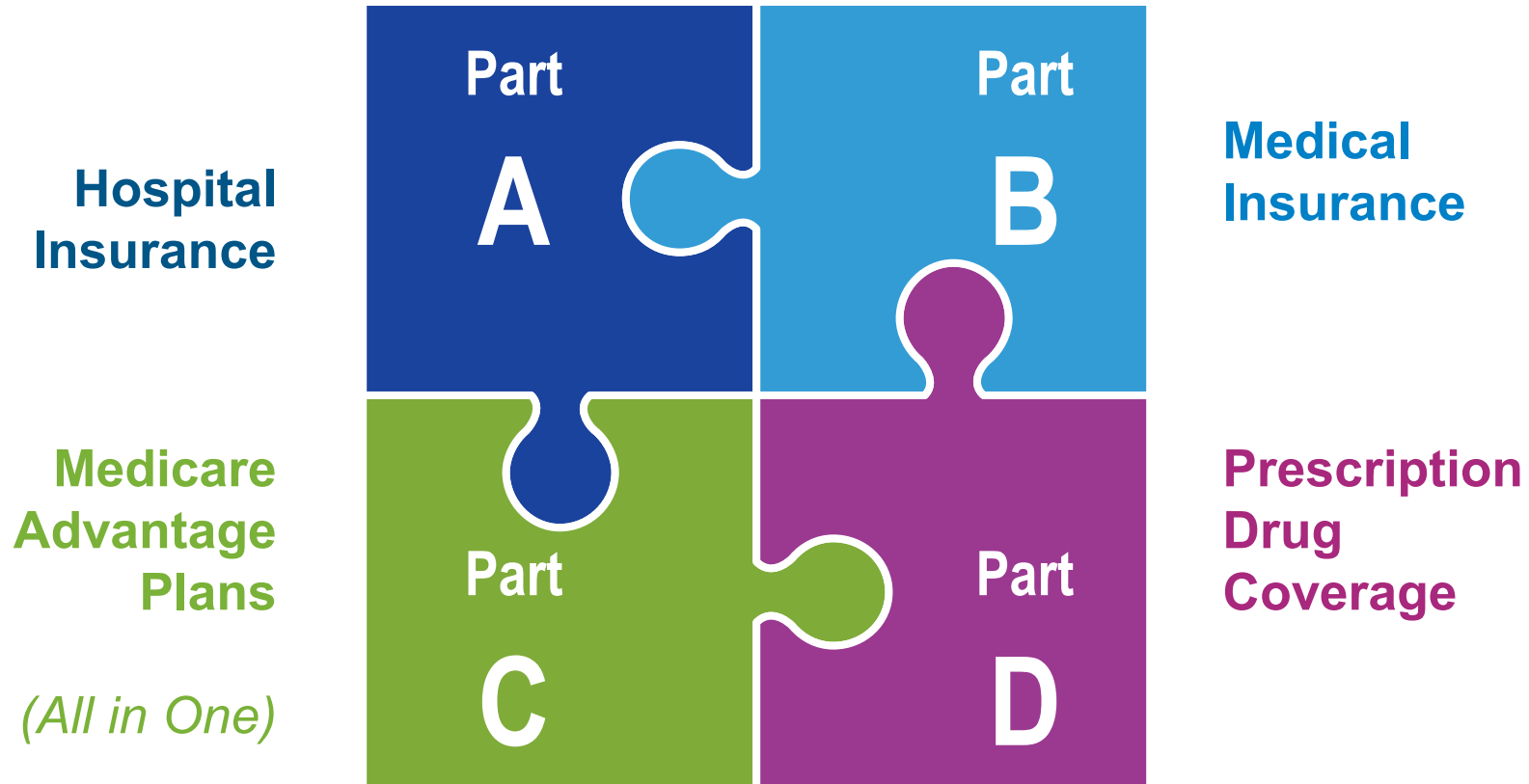
Medicare Basics

What is a Medicare Advantage Plan?

- A Medicare Advantage Plan (Part C or MA Plan) is a private health insurance plan that provides all the benefits of Original Medicare (Parts A & B) and some things Medicare doesn't
- Think of MA as your all-in-one plan, covering all your hospital and medical services.
- You will also have access to extra health and wellness benefits such as the SilverSneakers® Fitness Program, Rewards Program, 24/7 Nurseline and Virtual Visits



Medicare Basics



Enhanced Insurance

Optional Coverage helps pay for expenses beyond what is covered by Medicare

Benefit Overview

Texas A&M University System 65 Plus Medicare Advantage Plan (PPO) Highlights

Medical Coverage	
Annual Deductible	\$0
Out-of-Pocket Maximum	\$750
Inpatient Hospital Services	5% coinsurance
Outpatient Hospital Services	5% coinsurance
Emergency/Urgency Care	5% coinsurance
Advanced Imaging (MRI, MRA, CT Scan, PET)	5% coinsurance
Primary Care Office Visit	\$0 copay
Specialist Care Office Visit	5% coinsurance
Physical, Speech & Occupational Services	5% coinsurance
Ambulance Services	5% coinsurance

Supplemental Benefits (these are non-Medicare covered benefits)

Routine Hearing Exam	
Routine Hearing Exam <i>1 routine hearing exam each year</i>	20% coinsurance
Hearing Aid Allowance	\$2,000 Allowance per ear/36 months
Routine Vision	
Routine Eye Exam <i>1 routine eye exam each year</i>	\$0 copay
Other Supplemental Benefits	
Routine Chiropractic/Acupuncture Services <i>(30 visit limit, each)</i>	20% coinsurance
Private Duty Nursing	20% coinsurance

Prior Authorizations

- Prior Authorization (PA) is used when a contracted provider needs to get approval from the health plan to deliver a service.
- The goal is to make sure the service is best for the member, medically necessary and safe.
- **PAs are not the member's responsibility.** Contracted Providers are responsible for getting a PA. If they fail to get a PA before providing a service, the plan may not pay the claim and the provider would have to absorb the cost of the service.
- **Members are not required to pay for the service if the provider fails to get a PA.**
- If necessary, we can engage a care coordinator to assist with any additional member support.

Provider Interactions

- *Providers can request a PA by calling customer service or via fax.*
- *Service delays can occur if a provider doesn't submit requested documentation and records.*
- *If services are delayed or denied, providers can request a peer-to-peer review and/or appeal.*

What services require Prior Authorization

Prior Authorization (PA) is when a contracted provider needs to get approval from the health plan to deliver a service.

Prior Authorization is required for:

- Advanced Imaging (MRI, MRA, CT scans and PET scans)
- Lab Management Solutions – Molecular and Genomic Lab Testing
- Musculoskeletal: Pain / Joint / Spine Services – excluding exams, physical therapy, and occupational therapy
- Inpatient stay that is not the result of an emergency
- Outpatient Medical Oncology
- Outpatient Radiation Therapy
- Outpatient Sleep Study
- Outpatient Specialty Drugs
- Select Durable Medical Equipment
- Some procedures that are performed as part of an inpatient stay

Twenty-three (23) hour observation and emergency room visits do not need prior authorization.

**This is not an all-inclusive list

Visiting Your Provider

Open Access – Your Own National Provider Network

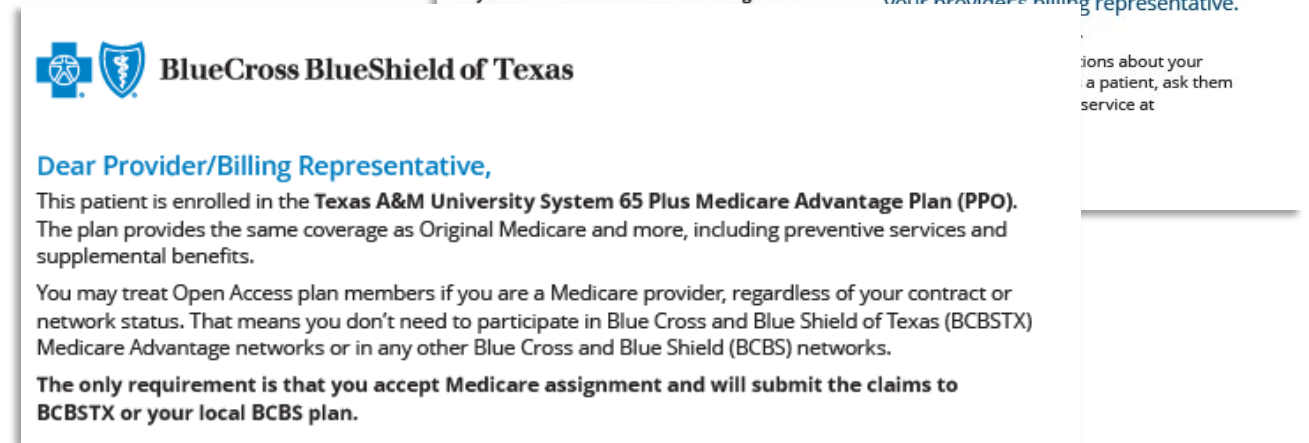
- Blue Cross Group Medicare Advantage Open Access (PPO) offers members access to care from any provider nationwide who will
 - see you as a patient
 - accepts Medicare
 - is willing to bill Blue Cross and Blue Shield of Texas (BCBSTX) or their local Blue Cross and Blue Shield plan
- 98% of U.S. physicians accept Medicare assignment, according to the U.S. Centers for Medicare & Medicaid Services (CMS)¹.
- Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits.
- Referrals are not required for specialist visits.



Open Access – Your Own National Provider Network

The “**Your Providers, Your Personal Network**” flyer, which comes in your enrollment and welcome kits, is a helpful document to bring to your provider’s office should they have any questions about how to work with your plan.

Side 2 of the flyer has all the information your provider’s office needs, including a number to call with any questions.



Pharmacy - Medicare Part B and Part D Overview



Q. How do I know if a drug is covered under my Part D prescription drug plan or the 65 Plus Medicare Advantage Plan (PPO)?

A. How you access your A&M System Part D prescription drug benefit has not changed. Part D covers common outpatient medications you get from the pharmacy, like those used to treat high blood pressure, high cholesterol, depression, and osteoporosis.

These types of prescription drugs are not covered under Medicare Part A or Part B. If you have questions about your pharmacy benefits, call Express Scripts Medicare customer service at **1-855-895-4647. TTY 1-800-716-3231.**

Understanding Medicare Part B and Part D

B



VS

D



- Drugs that you don't administer yourself/given in provider's office
- Diabetic supplies as dictated in your Summary of Benefits
- Vaccines covered by Part B
 - Flu
 - Pneumonia
 - Hepatitis B
 - Tetanus/rabies

- Common outpatient drugs you can get at the pharmacy (High blood pressure, High cholesterol, Depression, Osteoporosis)
- Diabetic medications
- Diabetic supplies necessary to inject insulin, including syringes, needles, alcohol swabs and gauze.
- Injectable insulin NOT associated with the use of a durable insulin infusion pump
- Vaccines covered by Part D
 - Shingles
 - Hepatitis A

Out of Country Coverage

- The Blue Cross and Blue Shield **Global Core program** gives retirees traveling outside of the United States and its territories access to **urgent and emergency** medical assistance services.
- Claim Forms for care received abroad can be obtained at www.bcbsglobalcore.com or by calling **1-800-810-BLUE**.
- **Texas A&M University System retirees** have the same emergency and urgent care benefits out of the country as they do within the United States.

Extra Health and Wellness Benefits

Health and Wellness Benefits

Included in your plan, you have access to extra health and wellness benefits:

- MDLIVE[®]
- 24/7 Nurseline
- Blue365.
- TruHearing[®]
- SilverSneakers[®]

-  wondr
HEALTH[™]
-  Teladoc[®]
HEALTH
-  omada
-  learntolive
-  Hinge
Health

Visit the Texas A&M University System website at www.bcbstx.com/tamus-retiree-medicare for additional information.



Hearing Services

Your plan includes benefits through TruHearing or another hearing provider.

Exams

- 20% coinsurance
- One hearing exam per year plus necessary follow-up visits for fitting and adjustments.

Hearing Aid Benefit

- \$2,000 per ear hearing aid allowance, once every 3 years.

Over-the-Counter (OTC) Hearing Aids

- TruHearing provides discounts on OTC hearing aids, but the plan hearing aid allowance does not apply.



Rewards Program

What is the Rewards Program?

The Rewards Program gives members a healthy and easy way to earn up to \$100 worth of gift cards from national and local retailers. You receive a gift card of your choice for completing Healthy Actions throughout the year.

How do you get your rewards?

- Annual Wellness Visit
- Annual Flu Vaccine
- Diabetic Screenings
- Colorectal Cancer Screening
- Mammogram
- In-Home Test Kits

Visit www.BlueRewardsTX.com to learn more about the Rewards Program.



Our Health Partners

Your health matters to us, and outreach related to your benefits and preventive healthcare options like Annual Wellness Visits, important screenings and in-home health assessments are all designed to help you maintain optimum good health.

Blue Cross and Blue Shield of TX Partners may contact you:

Hinge
Wondr Health™
Learn to Live

Omada®
Teladoc Health
Matrix / Signify



These programs are completely optional, and you may ask not to be contacted at any time. Should you ever be concerned about the appropriateness of a call or email, call the number on the back of your member id card.



What's Next?

Important Reminders

- You need to be enrolled in both Part A and Part B of Medicare to enroll in the Texas A&M University System 65 Plus Medicare Advantage Plan (PPO).
- **You must continue to make your Part B premium payments.**
- If you take action to opt-out, you will not have any medical or prescription insurance through The Texas A&M University System.

Questions and Assistance

Education Helpline

1-855-476-4149 / TTY 711

- The Education Advisors can answer questions about your Medicare plan.
- Visit the Texas A&M University System website at www.bcbstx.com/tamus-retiree-medicare for additional information including FAQs, presentations and a digital copy of plan materials.



Call the Education Helpline for more information.

1-855-476-4149 TTY 711

We are open October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m., Local Time

April 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m., Local Time.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

Questions

Appendix

Open Access – Your Own National Provider Network



Dear Provider/Billing Representative,




This patient is enrolled in the **Texas A&M University System 65 Plus Medicare Advantage Plan (PPO)**. The plan provides the same coverage as Original Medicare and more, including preventive services and supplemental benefits.

You may treat Open Access plan members if you are a Medicare provider, regardless of your contract or network status. That means you don't need to participate in Blue Cross and Blue Shield of Texas (BCBSTX) Medicare Advantage networks or in any other Blue Cross and Blue Shield (BCBS) networks.

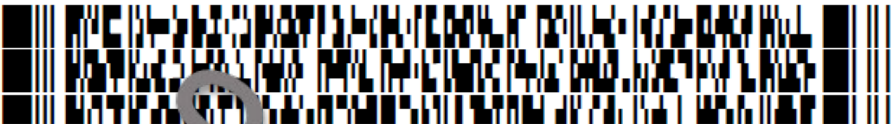

The only requirement is that you accept Medicare assignment and will submit the claims to BCBSTX or your local BCBS plan.

Member ID Card

- You will only need to present your member ID card whenever you receive a medical service or benefit covered by your plan. You do not need to show your Original Medicare card.
- Providers will send your claims directly to BCBSTX or their local BCBS.

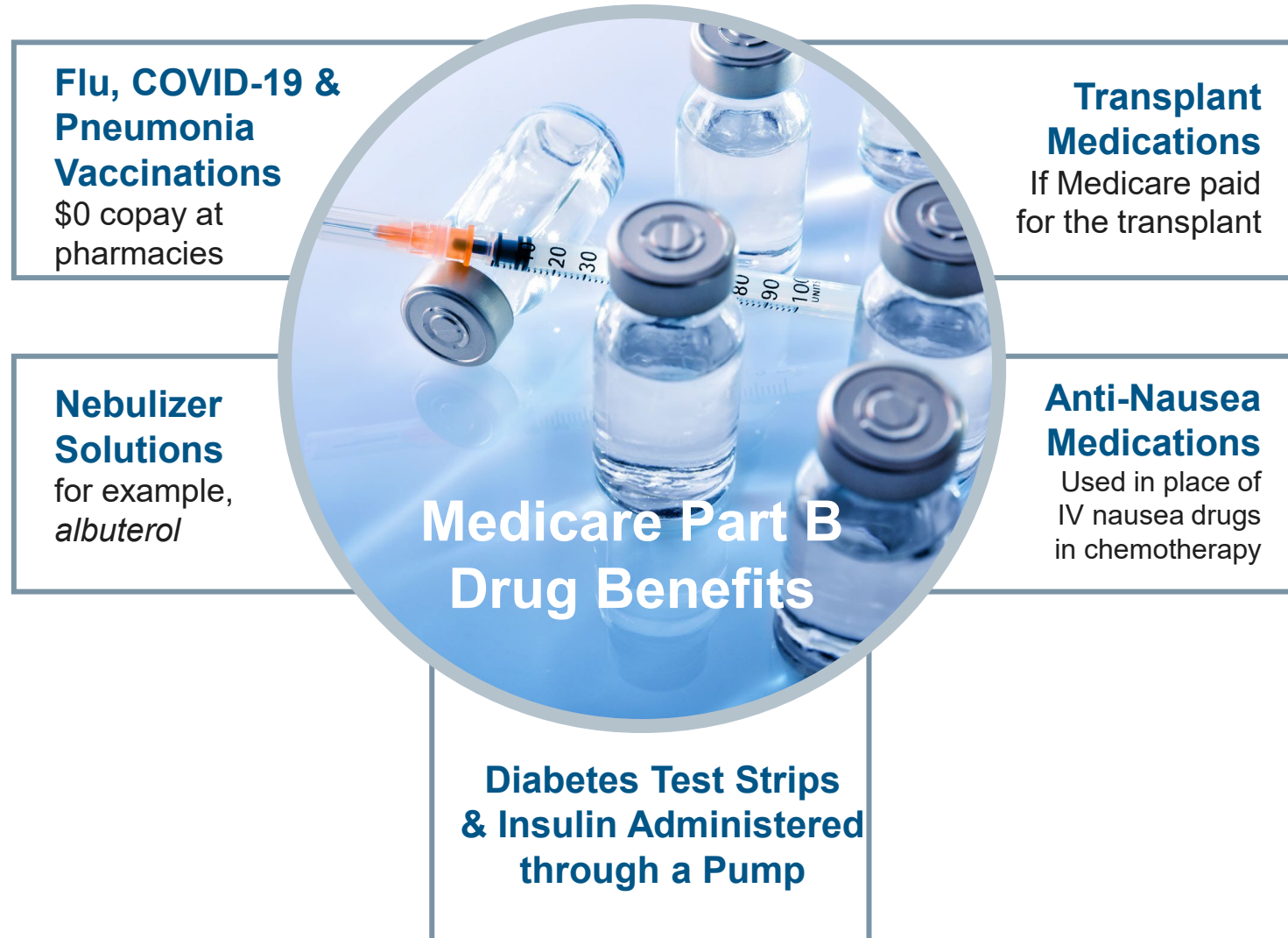
	BlueCross BlueShield of Texas	65 Plus Medicare Advantage Plan (PPO)	
Name: Member Name ID: ZZT123456789		Office Visit: \$0 Specialist: 5% Emergency Room: 5%	
Plan (80840): 9101000260 Part B RxBin: 011552 Part BRxPCN: TXMAONLYG Part B RxGrp: TAMU Part B RxID: 123456789		Plan: Blue Cross Group Medicare Advantage Open Access (PPO) SM Group Number: PTX00024	
H0107 803			

Front of ID Card

www.bcbstx.com/tamus-retiree-medicare	
	
File medical claims with your local BCBS plan.	For Members and Providers: Customer Service: 1-855-476-4149 TTY: 711 Nurse Advice Line: 1-800-631-7023 MD Live: 1-800-111-2222
Medicare Limiting Charges Apply	 BlueCross BlueShield of Texas
PPO plans provided by Health Care Services Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue	Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract.

Back of ID Card

Medicare Part B Drug Benefits



Care Coordination Overview

Your plan offers the ability to work with Care Coordinators* to help manage your health care needs. They can connect you with the right resources for overall care management.

Care Coordinators are clinicians who can help you:

- Adjust to being at home after a hospital stay
- Set up care with your doctor and other health care team members
- Better understand your health condition(s), medications and treatments
- Navigate the health care system to improve your quality of life and save money

***Care Coordinators are available to help you, but you do not have to use them to manage your care.**

Virtual Visits

What are Virtual Visits?

Virtual Visits, powered by MDLIVE®, allow plan members to access care for non-emergency situations by phone, mobile app or online video anytime, anywhere.

Speak to a doctor, a behavioral health specialist, or schedule an appointment at a time that works best for you.

Below are some examples of conditions that an MDLIVE doctor can treat:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear Infection
- Fever
- Headache
- Insect Bites
- Nausea
- Pink Eye
- Rash
- Sinus Infection
- Stress Management
- And More



24/7 Nurseline

What is 24/7 Nurseline?

Blue Cross Group Medicare Advantage plan members can call a registered nurse, 24 hours a day, 7 days a week to get help with health concerns and general health tips.

Your call is taken by a registered nurse who can help if you are sick or hurt and not sure what to do.

*This program is not a substitute for a doctor's care. For medical emergencies, call 911. Talk to your doctor about any health questions or concerns



SilverSneakers®

What is SilverSneakers?

SilverSneakers is a fitness and lifestyle benefit that gives you the opportunity to connect with your community, make friends and stay active.

What does SilverSneakers include?

- Memberships to thousands of fitness locations
- Group exercise classes designed for all abilities
- SilverSneakers On-Demand® online workout videos that feature tips on fitness and nutrition, and allow you to exercise in the privacy and safety of your own home
- SilverSneakers GO® mobile app with workout programs, location finder and more



Blue365[®]

What is Blue365[®]?

Blue365 offers premier health and wellness discounts to Texas A&M University System members, and it is free to join.

You can find savings like:

- Discounts on exercise clothes and shoes
- Discounted gym memberships and fitness aids, such as personal fitness trackers
- Savings on eye exams, glasses, contacts, and hearing aids
- And more

To learn more about Blue365, visit blue365deals.com/bcbstx

*Blue365 is a discount program only for BCBSTX members. This is NOT insurance.



Ongoing Communication

- Once you are a member, your plan becomes **your partner in health**.
- We'll send helpful health reminders for preventive actions such as immunizations and screenings throughout the year.
- We'll also send you holiday, birthday and courtesy cards as we continue to stay connected.
- If you have a special medical condition, you may receive personalized communication from our medical professionals who can help you manage your health and find resources just for you.



Important Plan Information

PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, HISC, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC, and GHSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

65 Plus Medicare Advantage Plan (PPO) is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference plan name 'Blue Cross Group Medicare Advantage Open Access (PPO)SM.' This plan name also refers to Texas A&M University System 65 Plus Medicare Advantage Plan (PPO).

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Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois.

MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

TruHearing® is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids.

Important Plan Information

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

Hearing services are provided by American Hearing Benefits, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis VisionSM, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus®.

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Livongo is an independent company that provides a chronic disease management solution for Blue Cross and Blue Shield of <state>. Livongo is solely responsible for the products and services that it provides.

Additional Information

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Additional Information

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-842-7562** (TTY/TDD: **711**). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-842-7562** (TTY/TDD: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-877-842-7562** (TTY/TDD: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-877-842-7562** (TTY/TDD: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-877-842-7562** (TTY/TDD: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-842-7562** (TTY/TDD: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Additional Information

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-877-842-7562** (TTY/TDD: **711**). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-842-7562** (TTY/TDD: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-842-7562** (TTY/TDD: **711**). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-842-7562** (TTY/TDD: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: سيقوم شخص ما يتحدث العربية |لنا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول **1-877-842-7562** (TTY/TDD: **711**). بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-842-7562** (TTY/TDD: **711**). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Additional Information

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-842-7562** (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-842-7562** (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-842-7562** (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-842-7562** (TTY/TDD: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-877-842-7562** (TTY/TDD: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。