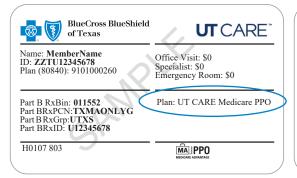


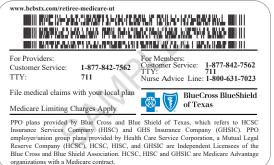




UT CARE is an open access PPO plan for Medicare-eligible retirees of the University of Texas System and their Medicare-eligible dependents.

The plan went into effect on Jan. 1, 2023. **Be sure to check all UT CARE members' ID cards for their new plan number.**





ID CARD QUICK REFERENCE

Customer Service: 1-877-842-7562

 $\textbf{Member ID Number:} \ \textbf{Use the entire ID number, including the ZZT prefix.} \ \textbf{Be sure to list the "U" in front of the numbers.}$

Group #: No Group number is on the ID card. It's not needed for billing or to verify benefits.



New UT CARE Member ID Number and Card

Replace the patient's previous member ID number with the new UT CARE number in your records. **Use the entire member ID number, including the ZZT prefix and a "U" followed by numbers,** to verify benefits and successfully process claims. No group number is needed. The front of a UT CARE member ID card has "UT CARE" on the top right and in the center to identify the plan type. The new member ID number is listed under the member name and above the Network Plan number.

What You Need to Know about Open Access PPO Plans

UT CARE is a Blue Cross and Blue Shield of Texas (BCBSTX) retiree group Medicare Advantage Open Access PPO plan. Open access plans are national plans without network restrictions.

You may treat UT CARE members if you are a Medicare provider, regardless of your contract or network status with BCBSTX. That means you don't need to participate in BCBSTX Medicare Advantage networks or in any other BCBSTX networks. The only requirement is that you must accept Medicare assignment and will submit the claims to BCBSTX or your local Blue Cross and Blue Shield (BCBS) plan.

- Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits.
- Referrals aren't required for office visits.
- Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSTX.
- For reimbursement, follow the instructions on the member's new ID card and file claims with BCBSTX.
 - Medicare Advantage-contracted providers receive their contracted rate.
 - **Medicare providers who aren't contracted** for Medicare Advantage with any BCBS plan receive the Medicareallowed amount for covered services, less any member cost-share.

If you have questions about eligibility, prior authorization or claims, use Availity® Essentials or call 1-877-842-7562. It's important to verify patient eligibility and benefits before every scheduled appointment.

Visit the UT CARE webpage on our Provider website to learn more.

We understand you can decide what patients you want to see, except in an emergency. If you agree to see an Open Access PPO plan member but don't have a contract with any BCBS plan, you should still send BCBSTX the bill to meet your obligations as a provider under Medicare assignment, per Centers for Medicare and Medicaid Services regulations.

Questions?

Call the number on the member's ID card (1-877-842-7562) or email TexasMedicareAdvantageNetwork@bcbstx.com.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations.

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

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.

^{*} UT CARETM Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, members may receive automated communications that reference the plan name 'Blue Cross Group Medicare Advantage Open Access (PPO)SM. This plan name also refers to UT CARE Medicare PPO.