



**BlueCross BlueShield
of Texas**

Summary of Benefits

Blue Cross Medicare Advantage Dual Care (HMO SNP)SM

January 1, 2019 – December 31, 2019

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877- 895-6437 (TTY: 711). We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.getbluetx.com/dsnp or call 1-877- 895-6437 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. **In addition, you will pay a higher co-pay for services received by non-contracted providers.**

INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2019 – December 31, 2019

Blue Cross Medicare Advantage Dual Care (HMO SNP)SM	
You have choices about how to get your Medicare benefits	<ul style="list-style-type: none">• One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.• Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Blue Cross Medicare Advantage Dual Care (HMO SNP)).
Tips for comparing your Medicare choices	<p>This Summary of Benefits booklet gives you a summary of what Blue Cross Medicare Advantage Dual Care (HMO SNP) covers and what you pay.</p> <ul style="list-style-type: none">• If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.• If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
Sections in this booklet	<ul style="list-style-type: none">• Things to Know About Blue Cross Medicare Advantage Dual Care (HMO SNP)• Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services• Covered Medical and Hospital Benefits• Prescription Drug Benefits• Texas Medicaid Benefits
	<p>This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877- 895-6437 (TTY/TDD users should call 711). Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-877- 895-6437 (los usuarios de TTY/TDD deben llamar al 711).</p>
Hours of Operation	<p>Things to Know About Blue Cross Medicare Advantage Dual Care (HMO SNP)</p> <ul style="list-style-type: none">• From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.• From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Blue Cross Medicare Advantage Dual Care (HMO SNP)SM	
Phone Numbers and Website	<ul style="list-style-type: none"> • If you are a member of this plan, call toll-free 1-877-895-6437 (TTY/TDD users should call 711). • If you are not a member of this plan, call toll-free 1-844-619-4816 (TTY/TDD users should call 711). • Our website: www.getbluetx.com/dsnp
Who can join?	<p>To join Blue Cross Medicare Advantage Dual Care (HMO SNP), you must:</p> <ul style="list-style-type: none"> • be entitled to Medicare Part A and enrolled in Medicare Part B; • be eligible for Medicaid and enrolled in the Blue Cross and Blue Shield of Texas Medicaid plan; <p>live in our our Blue Cross Medicare Advantage Dual Care (HMO SNP) service area. Our service area includes the following counties in Texas: Bastrop, Burnet, Caldwell, Hays, Lee, and Williamson.</p>
Which doctors, hospitals, and pharmacies can I use?	<p>Blue Cross Medicare Advantage Dual Care (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.</p> <p>You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan’s provider and pharmacy directory at our website (www.getbluetx.com/dsnp). Or, call us and we will send you a copy of the provider and pharmacy directories.</p>
What do we cover?	<p>Like all Medicare health plans, we cover everything that Original Medicare covers - and <i>more</i>.</p> <p>Our plan members get all of the benefits covered by Original Medicare.</p> <p>Our plan members also get <i>more than what is covered by Original Medicare</i>. Some of the extra benefits are outlined in this booklet.</p> <p>We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.</p> <p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, (www.getbluetx.com/dsnp).</p> <p>Or, call us and we will send you a copy of the formulary.</p>
How will I determine my drug costs?	<p>The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.</p>

SUMMARY OF BENEFITS

January 1, 2019 – December 31, 2019

Blue Cross Medicare Advantage Dual Care (HMO SNP)SM

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium?	<p>\$23.90 per month. In addition, you must keep paying your Medicare Part B premium.</p> <p>Depending on your level of Medicaid eligibility, you may not have any cost-sharing or premium responsibility for Original Medicare services. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.</p>
How much is the deductible?	<p>Part D:</p> <ul style="list-style-type: none">• \$0 per year for Part D prescription drugs for all Tiers. <p>Plan:</p> <ul style="list-style-type: none">• \$0 to \$183
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Texas Medicaid eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <p>\$6,700 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Refer to the “Medicare & You” handbook for Medicare-covered services. For Texas Medicaid-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	<p>No. There are no limits on how much our plan will pay. Contact us for the services that apply.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

INPATIENT CARE

Inpatient Hospital Care^{1,2}

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

\$0 or \$1,340 deductible for each benefit period;

\$0 copay per day for days 1-60;

\$0 or \$335 copay per day for days 61-90

\$670 copay per day for 60 lifetime reserve days

These amounts may change for 2019.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient Surgery^{1,2}

Ambulatory surgical center: 0% or 20% of the total cost

Outpatient hospital: 0% or 20% of the total cost

OUTPATIENT CARE AND SERVICES

Doctor's Office Visits^{1,2}

Primary care physician visit: 0% or 20% of the total cost

Specialist visit: 0% or 20% of the total cost

Blue Cross Medicare Advantage Dual Care (HMO SNP)SM	
Preventive Care^{1,2}	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam: You pay nothing</p>
Emergency Care	<p>0% or 20% of the total cost (up to \$90) per visit</p> <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the total cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgently Needed Services	<p>0% or 20% of the total cost (up to \$65) per visit</p> <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the total cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>

Blue Cross Medicare Advantage Dual Care (HMO SNP)SM	
Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may vary based on place of service)^{1,2}</i>	<p>Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the total cost</p> <p>Diagnostic tests and procedures: 0% or 20% of the total cost</p> <p>Lab services: You pay nothing</p> <p>Outpatient X-rays: 0% or 20% of the total cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the total cost</p>
Hearing Services¹	Exam to diagnose and treat hearing and balance issues: 0% or 20% of the total cost
Dental Services^{1,2}	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the total cost
Vision Services¹	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the total cost</p> <p>\$0 copay for 1 pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery</p>
Mental Health Care^{1,2}	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>In 2018 the amounts for each benefit period are \$0 or:</p> <p>\$0 deductible for days 1 through 60</p> <p>\$335 copay per day for days 61 through 90</p> <p>\$670 copay per day for 60 lifetime reserve days</p> <p>These amounts may change for 2019.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Outpatient group therapy visit: 0% or 20% of the total cost</p> <p>Outpatient individual therapy visit: 0% or 20% of the total cost</p>

Blue Cross Medicare Advantage Dual Care (HMO SNP)SM	
Skilled Nursing Facility (SNF)^{1,2}	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>In 2018 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$167.50 copay per day for days 21 through 100 <p>These amounts may change for 2019.</p> <p>Our plan covers up to 100 days in a SNF.</p>
Outpatient Rehabilitation^{1,2}	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 0% or 20% of the total cost</p> <p>Occupational therapy visit: 0% or 20% of the total cost</p> <p>Physical therapy and speech and language therapy visit: 0% or 20% of the total cost</p>
Ambulance¹	<p>0% or 20% of the total cost</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p>
Transportation	Not covered
Medicare Part B Drugs	<p>For Part B drugs such as chemotherapy drugs¹: 0% or 20% of the total cost</p> <p>Other Part B drugs¹: 0% or 20% of the total cost</p>
Acupuncture	Not covered
Chiropractic Care^{1,2}	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the total cost</p>
Diabetes Supplies and Services^{1,2}	<p>Diabetes monitoring supplies: 0% or 20% of the total cost</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 0% or 20% of the total cost</p>

Blue Cross Medicare Advantage Dual Care (HMO SNP)SM	
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)¹</i>	0% or 20% of the total cost
Wellness Programs	Not covered
Foot Care (podiatry services)^{1,2}	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the total cost
Home Health Care^{1,2}	You pay nothing
Outpatient Substance Abuse^{1,2}	Group therapy visit: 0% or 20% of the total cost Individual therapy visit: 0% or 20% of the total cost
Over-the-Counter Items	Not covered
Prosthetic Devices (braces, artificial limbs, etc.)¹	Prosthetic devices: 0% or 20% of the total cost Related medical supplies: 0% or 20% of the total cost
Renal Dialysis^{1,2}	0% or 20% of the total cost
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the total costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

PRESCRIPTION DRUG BENEFITS

Initial Coverage

Depending on your income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic), either:

\$0 copay; or

\$1.25 copay; or

\$3.40 copay; or

15%

For all other drugs, either:

\$0 copay; or

\$3.80 copay; or

\$8.50 copay

You may get your drugs at network retail pharmacies and mail order pharmacies.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay nothing for all drugs.

TEXAS MEDICAID BENEFITS

TX MEDICAID ELIGIBLE MEMBERS

A person who is eligible for both Medicare and Medicaid, and is enrolled in the Blue Cross and Blue Shield of Texas Medicaid plan, may enroll in the Blue Cross Medicare Advantage Dual Care (HMO SNP) plan for their Medicare services.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Texas Medicaid covers and what this Blue Cross Medicare Advantage Dual Care plan covers.

What you pay for covered services may depend on your level of Medicaid eligibility.

COST-SHARE/COPAYMENT INFORMATION

In the Blue Cross Medicare Advantage Dual Care plan, the member receives Medicare cost-sharing assistance from the state Medicaid program. Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Blue Cross Medicare Advantage Dual Care will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-877-774-8592 (TTY/TDD users should call 711). The Medicaid eligibility categories and amount of member cost-sharing are listed below:

IF YOU ARE A QUALIFIED MEDICARE BENEFICIARY (QMB)

You are entitled to payment of Medicare premiums as well as the deductible and coinsurance amounts on Medicare-covered services. To be eligible, you must already have, or be conditionally eligible for Medicare Part A (Hospital Insurance). Medicaid will pay your Medicare premiums, deductibles, and coinsurance charges on Medicare covered services only.

IF YOU ARE A SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLMB)/QUALIFIED INDIVIDUALS (QI1)

You are entitled to payment of your Medicare Part B premiums. For SLMBs, your income must be below 120% of the Federal Poverty Level Guidelines and for QI1's, your income must be between 120-135% of the Federal Poverty Level Guidelines. You must be enrolled in Medicare Part A. Medicaid does not pay the Medicare Part A premium. Since payment of the Medicare Part B premium is the only benefit, no Medicaid card is issued.

IF YOU ARE A QUALIFIED WORKING DISABLED INDIVIDUALS (QWDI)

For a QWDI, Medicaid coverage is limited to payment of the Medicare Part A premium. No Medicaid card is issued.

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2019 – December 31, 2019	SUMMARY OF BENEFITS January 1, 2019 – December 31, 2019
Benefit	Medicaid	Blue Cross Medicare Advantage Dual Care (HMO SNP) (See benefit details above)
OUTPATIENT CARE AND SERVICES		
Acupuncture	Not Covered	Not Covered
Ambulance	(Medically necessary ambulance services): Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Chiropractic Care	Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Dental Services	(For people who are 20 years of age or younger; or 21 years of age or older in an ICF-MR): For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2019 – December 31, 2019	SUMMARY OF BENEFITS January 1, 2019 – December 31, 2019
Benefit	Medicaid	Blue Cross Medicare Advantage Dual Care (HMO SNP) (See benefit details above)
Diabetes Supplies and Services	(Includes coverage for test strips, lancets, and screening tests): Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may be different if received in an outpatient surgery setting)</i>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Doctor's Office Visits	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i>	(Includes wheelchairs, oxygen): Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Emergency Care	(Any emergency room visit if the member reasonably believes he or she needs emergency care.): Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2019 – December 31, 2019	SUMMARY OF BENEFITS January 1, 2019 – December 31, 2019
Benefit	Medicaid	Blue Cross Medicare Advantage Dual Care (HMO SNP) (See benefit details above)
Foot Care (<i>podiatry services</i>)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Hearing Services	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Home Health Care	(Includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services): Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Mental Health Care	(Outpatient): Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Outpatient Rehab	For Members birth through age 20, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2019 – December 31, 2019	SUMMARY OF BENEFITS January 1, 2019 – December 31, 2019
Benefit	Medicaid	Blue Cross Medicare Advantage Dual Care (HMO SNP) (See benefit details above)
Outpatient Substance Abuse	(Assessment, ambulatory treatment/detox, and MAT): Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Outpatient Surgery	Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Over-the-Counter Items	Not Covered	Covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)	(includes braces, artificial limbs and eyes, etc.): For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Medicaid pays for breast prostheses for Members of all ages if not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Renal Dialysis	Not Covered	Covered
Transportation	(Routine): The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare. \$0 co-pay for Medicaid-covered services	Not Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2019 – December 31, 2019	SUMMARY OF BENEFITS January 1, 2019 – December 31, 2019
Benefit	Medicaid	Blue Cross Medicare Advantage Dual Care (HMO SNP) (See benefit details above)
Urgently Needed Services	(This is NOT emergency care, and in most cases, is out of the service area): Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
Vision Services	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services Note: Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.	Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2019 – December 31, 2019	SUMMARY OF BENEFITS January 1, 2019 – December 31, 2019
Benefit	Medicaid	Blue Cross Medicare Advantage Dual Care (HMO SNP) (See benefit details above)
Preventive Care	<p>Pap Smears and Pelvic Exams (for women)</p> <p>Mammograms (Annual Screening)</p> <p>Prostate Cancer Screening Exams</p> <p>Colorectal Screening Exams (for people aged 50 and older)</p> <p>Immunizations</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p> <p>Bone Mass Measurement (for people who are at risk):</p> <p>Bone density screening is a benefit of Texas Medicaid.</p> <p>For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p>	Covered
Hospice	<p>Medicaid pays for this service for certain Waiver Members if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p> <p>Note: When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.</p>	Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2019 – December 31, 2019	SUMMARY OF BENEFITS January 1, 2019 – December 31, 2019
Benefit	Medicaid	Blue Cross Medicare Advantage Dual Care (HMO SNP) (See benefit details above)
INPATIENT CARE		
Inpatient Hospital Care	Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. \$0 co-pay for Medicaid-covered services	Covered
Inpatient Mental Health Care	Inpatient psychiatric hospital stays are a covered benefit for children. Inpatient hospital stays for acute psychiatric treatment are a covered benefit for adults. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. \$0 co-pay for Medicaid-covered services	Covered
Skilled Nursing Facility (SNF)	(In a Medicare-certified Skilled Nursing Facility): Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services	Covered
PRESCRIPTION DRUG BENEFITS	\$0 co-pay for Medicaid covered prescription drugs not covered by Medicare Part D Note: Medicaid will not cover any Medicare Part D drug.	Covered

MEDICAID COVERED BENEFITS

Texas Medicaid covers medical, behavioral health, and long-term care services. Some categories of eligibility may also cover dental, vision, transportation, and prescription services. Additional Medicaid covered services may include:

- Preventive services
- Well-child visits
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services
- Medical/surgical services
- Family planning services
- Pregnancy-related and maternity services
- Prenatal care
- Urgent care services
- Emergency services
- Behavioral health benefits
- Prescription drug benefits
- Vision benefits
- Dental benefits
- Transportation benefits

MEDICAID LONG-TERM CARE SERVICES

Texas Medicaid covers long-term care services for members who meet medical necessity criteria. Long-term care includes medical and nonmedical care for people who have disabilities or long-lasting illnesses. The member has to be in Agency-Based Community Benefit for 120 days before switching to Self-Directed Community Benefit.

MEDICAID AGENCY-BASED COMMUNITY BENEFIT

The following services are covered for members who select the Agency-Based Community Benefit (ABCB):

- Adult day health
- Assisted living
- Behavior support consultation
- Community transition services
- Emergency response
- Employment supports
- Environmental modifications
- Home health aide
- Personal care services
- Private duty nursing for adults
- Respite
- Skilled maintenance therapy services

MEDICAID SELF-DIRECTED COMMUNITY BENEFIT

The Self-Directed Community Benefit (SDCB) is composed of certain home and community-based services available to eligible members.

Self-direction gives you choices. It also gives you control over how the services are provided. You can choose who provides the services.

The following services are covered for members who are eligible for the Self-Directed Community Benefit:

- Behavior support consultation
- Customized community supports
- Emergency response
- Employment supports
- Environmental modifications
- Home health aide
- Homemaker/Direct Support
- Nutritional counseling
- Private duty nursing for adults
- Related goods
- Respite
- Skilled maintenance therapy services
- Specialized therapies
- Transportation (non-medical)

IF YOU ARE A QMB, SLMB, QI1, OR QDWI BENEFICIARY:

Because Medicaid does not pay your cost-share, and you do not have full Medicaid benefits, your cost-share is typically 20%. There are a few exceptions such as preventive wellness exams and most supplemental benefits provided by Blue Cross Medicare Advantage Dual Care, where you will have a 0% cost-share.

Medicaid Plan Notice:

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

Medicare Advantage Plan Notice:

Plans available in Bastrop, Burnet, Caldwell, Hays, Lee, and Williamson counties.

HMO Special Needs Plan is provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent Licensee of the Blue Cross and Blue Shield Association. GHS is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in GHS' plan depends on contract renewal.

This plan is available to anyone who has both Medical Assistance from the State and Medicare, and is enrolled in the Blue Cross and Blue Shield of Texas Medicaid plan.

Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.



**BlueCross BlueShield
of Texas**

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, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by 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>.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.
Call 1-877-895-6437 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-877-895-6437 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-877-895-6437 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-895-6437 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-877-895-6437 (TTY: 711) 번으로 전화해 주십시오.

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-877-895-6437 (رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-895-6437 (TTY: 711)۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-895-6437 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-877-895-6437 (ATS: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-877-895-6437 (TTY: 711) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می باشد. با
تماس بگیرید. 1-877-895-6437 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-895-6437 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-895-6437 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-895-6437 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-895-6437 (TTY: 711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-895-6437 (TTY: 711).



**BlueCross BlueShield
of Texas**

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Call 1-877- 895-6437 (TTY:711) for more information.