



Effective 1/1/2024 - 12/31/2024	Blue Cross Group Medicare Advantage Open Access (PPO) SM
Annual Deductible	\$0
Out-of-Pocket Maximum (includes the Annual Deductible)	\$0
Inpatient Hospital Care	\$0/Per Stay
Emergency Care	\$0 copay
Ambulance Services	\$0 copay
Primary Care Office Visit	\$0 copay
Specialist Office Visit	\$0 copay
Hearing Services – Routine Hearing Exam	\$0 copay
Hearing Services – Hearing Aids	\$5,000 allowance Combined in-network and out-of-network allowance on hearing aids every 3 years (both ears)
Routine Chiropractic Services	\$0 (20 visit limit)
Routine Acupuncture	\$0 copay (12 visit limit)
Over-the-Counter Rx Allowance	\$20 per month with rollover to next month
Meal Service	14 Meals / 7 days; Max 3 times per year (Authorization required after in-patient stay)
Transportation Services	\$0 copay (for up to 12 one-way trip(s) to plan-approved locations every year)
Fitness Program	SilverSneakers SM
Rewards Program	\$25 worth of gift cards up to 4 times per year

Turn over for prescription drug benefits 



Prescription Drug Benefits	
Annual Deductible	\$50 (Tiers 2-3)
Initial Coverage Period Copays (30-day supply) Annual drug costs up to \$5,030	Standard Pharmacy
	Tier 1 – Generic Drugs \$10
	Tier 2 – Preferred Brand Drugs 20% \$30 min \$60 max
	Tier 3 – Non-Preferred Brand Drugs 20% \$50 min \$100 max
Gap Coverage Annual drug costs exceeding \$5,030 (up to a total of \$8,000 out-of-pocket costs)	Tier 1 – Generic Drugs \$10
	Tier 2 – Preferred Brand Drugs 20% \$30 min \$60 max
	Tier 3 – Non-Preferred Brand Drugs 20% \$50 min \$100 max
After the Gap Copays After your total out-of-pocket costs exceed \$8,000	Under the catastrophic phase, there is no out-of-pocket cost for the member

Call the Education Helpline at **1-855-380-8542 TTY 711** for more information.

From October 1–March 31, we are open 8:00 a.m.–8:00 p.m., local time, seven days a week. From April 1–September 30, we are open Monday-Friday, 8:00 a.m.–8:00 p.m. local time. Alternate technologies (for example, voicemail) will be used on weekends and holidays.

This information is not a complete description of benefits. Non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Texas members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more 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.