



Your Providers, Your Personal Network



Dear Valued Member,

You are part of a **Blue Cross Group Medicare Advantage Open Access (PPO)SM plan**, meaning you are free to see any provider who will see you as a patient, accepts Medicare* and will bill the plan.

With this Open Access plan, in-network and out-of-network rules do not apply. Your benefit is the same for a visit to a provider who isn't in our network, because if they accept Medicare and will bill the plan, they're in **yours**.

Simply share this document with your provider's billing representative. We'll handle the rest.

If your provider has questions about your coverage or seeing you as a patient, ask them to call Provider Customer Service at **1-877-299-1008**.

*98% of U.S. providers accept Medicare

Dear Provider/Billing Representative,

This patient is enrolled in the **Blue Cross Group Medicare Advantage Open Access (PPO) plan**. 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.

Seeing Patients

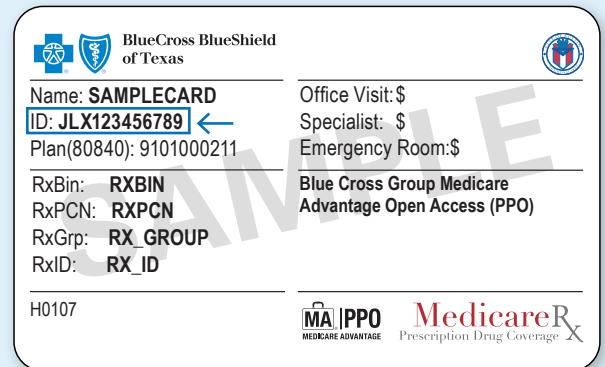
- Members' coverage levels are the same for covered benefits nationwide, inside and outside the plan service area.
- Referrals are not required for office visits.
- Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSTX.
- If you currently see this patient, be sure to update their full member ID number when submitting claims.

Billing & Reimbursement

- Billing is simple because you only submit claims to the plan, not Medicare. You may collect any copay or coinsurance as shown on the member ID card at the time of service.
- For reimbursement, follow the instructions on the member ID card and file claims with BCBSTX or your local BCBS plan.
- If you are a BCBS network provider, you'll receive your Medicare Advantage contracted rate.
- Medicare providers who aren't contracted for Medicare Advantage with any BCBS plan receive the Medicare-allowed amount for covered services, less any member cost-share.
- 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.

If you have questions about eligibility, prior authorization or claims, use Availty® Essentials or call the number on the back of the member ID card.

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.



ID CARD QUICK REFERENCE

Customer Service: 1-877-299-1008

Member ID Number: Use the entire ID number including the three-letter prefix.

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