



Blue Cross Group Medicare Advantage
Open Access (PPO)SM



live
your
Blue
lifeSM



Welcome Guide

Important information about your retiree Medicare Advantage plan

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When you get information from your **Blue Cross Group Medicare AdvantageSM plan**, look for these helpful icons to get the most out of your plan.



When you see this icon,
TAKE ACTION
to complete a task.



When you see this icon,
SAVE THIS important
information somewhere you
can easily reference it.



When you see this
icon, you have
NEW INFORMATION
to review.

live your Blue life

Welcome to Blue Cross Group Medicare Advantage.

Our goal is to help our Medicare members manage their health. It's why we've developed this Welcome Guide.

It includes useful information like:

- Using your member ID card.
- Understanding your plan's coverage.
- Exploring your wellness solutions.
- Getting help when you need it.

Please review the information about your coverage and next steps, starting on page 4.



Let's Get Started

Follow these easy steps to get the most from your plan.



Step 1

Check Your Member ID Card



You can use your benefits starting on your effective date.

Use your Blue Cross Group Medicare Advantage member ID card whenever you receive a service or benefit covered by your plan, including prescription drugs. Upon receiving your ID card, you will want to review the following:

- **Effective date**

Your confirmation letter will show your effective date — the date your coverage begins. The letter can be used as proof of insurance if you have not received your member ID card by your effective date.

- **Personal information**

Make sure the information on the member ID card is accurate. If you have any questions or concerns, call Customer Service.

If something is wrong on your ID card, please call the Customer Service number on the back of the card.

Step 2

Sign up or Log in to Blue Access for Members



Everything you need to know about your coverage — in one place.

Get the most out of your health care benefits with Blue Access for Members (BAMSM), a secure website and mobile app. It's the health information you need, any time you need it. If you already have a BAM account, you do not need to set up a new one.

Here are a few things you can do with BAM:

- View your claims status and up to 18 months of claims activity.
- See your prescription history.
- Search for a health care provider, hospital, urgent care facility or pharmacy.
- Compare providers on a single page — you can view and sort providers by quality, cost and accessibility.
- Request or print your ID card.
- View or print Explanation of Benefits statements.
- And more!



Go mobile! It's Easy to Get Started!

Grab your smartphone and ID card and text[†] BCBSTXAPP to 33633 to download the mobile app so you can use BAM while you're on the go, or go to www.bluemembertx.com.

* Message and data rates may apply.

Step 3

Understand Your Plan's Network



Selecting a provider.

Your Medicare Advantage Open Access PPO plan gives you the freedom to seek care across the country. You can use network providers but have the flexibility to go outside the network for the same cost. No referral is needed. Your providers must 1) accept Medicare; 2) agree to see you as a patient; and 3) agree to submit claims to the plan.*



Call ahead and be prepared.

Calling your provider's office ahead will help make sure:

- All your information is up to date.
- The provider is still accepting Medicare.

We recommend that you confirm with providers that they accept your Medicare Advantage Open Access PPO plan and will submit claims to the plan. At your appointment, show the provider the 'Your Providers, Your Personal Network' flyer that is included with this Welcome Guide. Detailed plan information, including cost-sharing that applies to out-of-network services, can be found in your Evidence of Coverage Benefit Insert.

We work closely with your provider to deliver care.

Before you can be covered for some medications or certain high-cost medical services, your doctor may need to get authorization from the plan. You may first need to try other clinically appropriate or cost-effective treatments. Quantity limits may be set for some drugs for cost or safety reasons.

Our plans follow government guidelines in this area to ensure you receive the most appropriate, cost-effective care available.

Please note: It's important to give your doctor the full name of your specific Medicare Advantage plan and network and not just say you have Blue Cross and Blue Shield, since many physicians are usually part of more than one Blue Cross and Blue Shield network. This information is located on your member ID card.

Be sure to tell the provider's office that you are in a Group Medicare Advantage Open Access PPO plan.

*Out-of-network/non-contracted providers are under no obligation to treat BCBSTX members, except in emergency situations.

Step 4

Review Your Evidence of Coverage (EOC) Benefit Insert (EBI)



The EBI in this guide explains:

- Your rights and responsibilities.
- What's covered.
- What you pay as a member of the plan.

We encourage you to review your EBI. It lists the coverage, costs and extra health and wellness benefits that are provided by your retiree Medicare plan. It's an important legal document, so keep it in a safe place. It is part of your complete EOC which can be found on BAM (see Step 2).



Step 5

Schedule Your Annual Wellness Visit



Wellness begins with understanding.

Your Blue Cross Group Medicare Advantage plan includes a \$0 copay Annual Wellness Visit with your health care provider. Use this checklist to guide the conversation. Schedule your Annual Wellness Visit today and earn rewards through our Rewards Program*. Earn up to \$100 in gift cards from national and local retailers for completing your Annual Wellness Visit and additional preventive screenings (as indicated with 💰). Additional information on our Rewards Program can be found on page 14.

Talk With Your Doctor About	Completion Date / Notes
<input type="checkbox"/> All your current conditions and treatments	
<input type="checkbox"/> Prescription and over-the-counter medications	
<input type="checkbox"/> Any pain you have and what you do for it	
<input type="checkbox"/> Difficulties with daily activities	
<input type="checkbox"/> Your level of physical exercise	
<input type="checkbox"/> Balance issues or recent falls 💰	
<input type="checkbox"/> Difficulties with bladder control	
<input type="checkbox"/> Problems with sleeping or memory loss	
<input type="checkbox"/> Tobacco, alcohol or drug use	
<input type="checkbox"/> Hospital or ER visits in the last 90 days	
Complete These Basic Exams	Completion Date / Notes
<input type="checkbox"/> Blood Pressure	
<input type="checkbox"/> Height, Weight and Body Mass Index (BMI)	
<input type="checkbox"/> Blood Sugar and Retinal Eye Exam (if applicable) 💰	
Review Your Screenings and Vaccines	Completion Date / Notes
<input type="checkbox"/> Annual Flu Vaccine 💰	
<input type="checkbox"/> Bone Density Exam 💰	
<input type="checkbox"/> Colorectal Screening 💰	
<input type="checkbox"/> Mammogram 💰	
<input type="checkbox"/> Pneumonia Vaccine	



*The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide digital health and personal clinical engagement tools and services for members with coverage through BCBSTX. Registration is required to participate. Visit **www.BlueRewardsTX.com** to register and see what Healthy Actions earn rewards. If you do not have internet access, call Customer Service using the phone number on the back of your insurance card. Maximum annual rewards of \$100 in gift cards. One reward per healthy action per year. Healthy action dates of service must be in the current Plan year. Healthy Actions that earn rewards are subject to change.

Step 6

Get the Most from Your Plan

Notify your providers and pharmacy.

Show your new member ID card to your providers and pharmacy so they have the most up-to-date information. This can prevent your claim from being denied due to incorrect information.

Your Medical Benefits

Blue Cross Group Medicare Advantage covers most commonly used services such as provider visits, inpatient and outpatient hospital services, emergency care, and prescription medicines. And it bundles these with wellness solutions for comprehensive health coverage. The plan manages claims and benefits, so you have only one call to make when you have questions. As a Medicare Advantage member, you get all the benefits covered by Original Medicare, and more. Read your EBI for details on coverage and member costs.

- Provider office visits
- Preventive services
- Emergency care
- Hospitalization
- Health screenings
- Diagnostic services
- Immunizations
- Rehabilitation
- Physical therapy
- Skilled nursing care



Your Formulary and Pharmacies

Your plan covers a broad range of prescription drugs. A formulary is a list of drugs your plan covers. You'll find the costs for your drugs listed in your EBI. Be sure to share the formulary with your providers and discuss any medications you are already taking. If you have questions, call us at the number listed on the back of your member ID card.

Drugs are placed in tiers.

The costs for drugs in each tier are different. Generally, drugs on lower-number tiers cost less. Tier 1 includes the drugs prescribed for common conditions. The drug list will tell you which tier a drug is in, and your EBI can tell you how much a drug costs.

Read the Formulary.

There are two ways to find medications: by medical condition and alphabetically. The formulary includes a table that shows more information about special programs, such as prior authorization, quantity limits or step therapy.

National Pharmacy Network

Our national pharmacy network includes thousands of locations where prescription copays may be lower than at an out-of-network pharmacy. All major national retail and grocery pharmacy chains participate in the network,* including:



Visit www.bluemembertx.com to find a network pharmacy near you.

* Other pharmacies are also available in our network.



Important Reminder about What You Pay for Insulin and Vaccines

Insulin: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Vaccines: Your plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.

Home Delivery and Specialty Pharmacy

Home Delivery

Choose convenience with our mail-order service. A 90-day supply of the medications you take regularly can be delivered directly to your home. This service offers:

- Three ways to order refills: online, by phone or through the mail.
- Up to a 90-day supply of medications at one time.
- A choice to get a text, email or phone call to let you know when your order is received, and your prescriptions are mailed.

You will need to set up an account using your member ID with one of these options:



AllianceRx Walgreens Pharmacy

Visit www.alliancerxwp.com/home-delivery or call **1-877-277-7895 TTY 711**.

Amazon Pharmacy

Visit <https://pharmacy.amazon.com> or call **1-855-393-4279 TTY 711**.

Available after January 1, 2024.



Express Scripts® Pharmacy

Visit www.express-scripts.com/rx or call **1-833-599-0729 TTY 711**.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Texas. AllianceRx Walgreens Pharmacy, a central specialty and home delivery pharmacy, is contracted to provide mail pharmacy services to members of Blue Cross Group Medicare Advantage. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of Texas and is owned by 18 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSTX. The relationship between Accredo and BCBSTX is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of BCBSTX. The relationship between Express Scripts® Pharmacy and BCBSTX is that of independent contractors. Express Scripts®

Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions. They have unique shipping or handling needs. You may be able to fill specialty prescriptions at certain retail pharmacies, if they stock the medication.

You can also use one of two specialty pharmacy options:

Out-of-Network Pharmacies

You can buy covered drugs from out-of-network pharmacies in an emergency or if you are traveling where there is no network pharmacy.

AllianceRx Walgreens Pharmacy

Visit www.alliancerxwp.com/specialty-pharmacy or call **1-800-533-7606 TTY 711** to get started.

Accredo®

Visit www.accredo.com or call **1-833-721-1619 TTY 711** to get started.



Step 7

Access Extra Health and Wellness Benefits and Member Rewards

Blue Cross Group Medicare Advantage plans offer a number of benefits above and beyond standard insurance coverage.



Blue365[®]

Blue365 is just one more advantage of being a Blue Cross and Blue Shield of Texas member. With this exclusive member program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations. Once you sign up, weekly 'featured deals' will be emailed to you. These deals offer special savings for a short period of time.

If you already have one, you can continue to use your Blue365 account. You do not need to re-enroll.

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



24/7 Nurseline

Our nurses are available 24 hours a day, seven days a week, 365 days a year. They can help with health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care and more. You can also access an audio library of more than 1,000 health topics ranging from allergies to women's health. More than 600 topics are available in Spanish.

When should you call 24/7 Nurseline?

Call when you have questions about health problems, such as:

- Asthma, back pain, or chronic health problems
- Cuts or burns
- Dizziness or severe headache
- High fever
- Sore throat

You can access the 24/7 Nurseline at: 1-800-631-7023 TTY 711. You will find this number on the back of your member ID card.

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.



SilverSneakers® Fitness Program

SilverSneakers is a fitness program for seniors and includes unlimited access to thousands of fitness locations nationwide. Membership offers a welcoming community where you can have fitness fun with friends and meet new people.

SilverSneakers benefits include:

- Specialized fitness classes designed for people of all abilities and led by certified instructors
- FLEX classes like yoga and dance at parks, recreation centers and clubs
- Access to SilverSneakers LIVE virtual classes and hundreds of On-Demand classes at **SilverSneakers.com**

For more information, call Monday through Friday, 8 a.m. – 8 p.m. ET, 1-866-584-7389 TTY 711 or visit www.silversneakers.com/StartHere or email support@silversneakers.com.



Telehealth Services

Your retiree group Medicare Advantage plan covers Virtual Visits, provided by Blue Cross and Blue Shield of Texas and powered by MDLIVE. With Virtual Visits, your appointment is with an independently contracted, board-certified MDLIVE doctor for minor, non-emergency medical or behavioral health conditions by phone, mobile app or online video anytime, anywhere, 24 hours a day, 7 days a week. Talk to a doctor immediately or schedule an appointment at a time that works best for you.

To activate your account, you can choose what is easiest for you:

- Go to **www.mdlive.com/bcbstx-medicare**
- Text BCBSTXMEDICARE to 635-483
- Download the MDLIVE app

To learn more about Virtual Visits benefits call 1-866-954-3585 (TTY 1-800-770-5531) or go to www.mdlive.com.

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Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. 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.



Join the Rewards Program

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

Visiting your doctor at least once a year can help you catch small health problems before they become big ones. You can earn a gift card for getting qualified wellness visits. Because prevention is better than cure, you can earn \$50 in gift cards just for completing your Annual Wellness Visit!

These Healthy Actions earn you rewards:

- Complete your Annual Wellness Visit or other qualified wellness visits
- Annual flu vaccine
- Colorectal cancer screening
- Bone density screening
- Mammogram
- Fall Risk Assessment
- Retinal eye exam
- Diabetic kidney and blood sugar testing

TAKE ACTION: Sign up to get started with the program.

1. Go to www.BlueRewardsTX.com. You will need your member ID card, date of birth and email address. After you register, we will send you an email letting you know that your account has been set up.
2. If you don't have an email address or have difficulty going online, you can call the number on the back of your member ID card to register.

It may take up to 90 days for Healthy Actions to show as completed in the system. As soon as this happens, you can select your gift card from a list of national and local retailers.

Things to remember:

- Registration is required to participate.
- You can earn one reward per Healthy Action per year.
- Healthy Action dates of service must be in the current plan year.
- The maximum annual rewards is \$100 in gift cards.
- Healthy Actions that earn rewards are subject to change.

Expect More from Your Medicare Advantage Plan

Learn how we go above and beyond
to make sure you get access to your
benefits and coverage.



Forms You May Need

You may need these forms during the year. All forms can be found on BAM at www.bluemembertx.com.

- **Appointment of Representative**
This form lets you choose someone to make decisions on your behalf. It also lets them get your health information such as Explanation of Benefits. This form may also be used to let the plan share your health information with a third party such as another health plan or provider. Having this completed form on file is vital for caregivers.
- **Prescription Mail Order**
Be sure to take advantage of the mail-order program for eligible maintenance medicines. You'll enjoy the ease of home delivery and the chance to save money. When you have a new prescription, use the online form from the website of the home delivery pharmacy of your choice. See page 12 for more information.
- **Authorization to Disclose Protected Health Information (PHI)**
Use this form to allow the plan to share your PHI with a person or entity you choose.
- **Coverage Determination**
If the plan will not cover a prescription drug or medical service, you may ask for a coverage determination. Choose the form that matches your request.

Report Fraud

Medicare fraud costs billions of dollars each year.

Here are some ways you can help stop it:

- Keep your member ID card safe. Treat it like you would a debit or credit card.
- Make a copy of your member ID card and keep it in a safe place.
- If your member ID card is lost or stolen, call us right away.
- Be sure the pharmacy has your correct information.
- Look at your EOB carefully to be sure that you have been properly charged. If you think you may have been the victim of fraud, report it to our Fraud Hotline right away.



To report fraud,

call **1-800-543-0867 TTY 711**, 24 hours a day, 7 days a week

We'll Keep in Touch

Because we care about your well-being and want you to get the most from your Medicare plan, we'll be in touch with you throughout the year.



TAKE ACTION: Provide your email address!

Scan this **QR code** with your smartphone camera or go online at www.bcbstx.com/preferences.



We will contact you.

You can expect to hear from us occasionally to check in. We will be available to:

- Help you schedule an Annual Wellness Visit — a valuable part of your plan.
- Register you for the Rewards Program that can earn you up to \$100 in gift cards.
- Answer any questions you have.



Annual Notice of Change (ANOC)

Near the end of the year, you'll receive an Annual Notice of Change from Blue Cross Group Medicare Advantage. This notice outlines the premium/benefit changes (if any) for your plan. These changes will begin January 1 of the following calendar year. Review this document carefully.



Explanation of Benefits (EOB)

You'll receive a statement called Explanation of Benefits. How often you receive it depends on how often you fill your prescriptions or see your provider. This statement is not a bill. It simply details what you have paid and indicates the level of benefits you've used. Review these details to be sure they are correct. If you think there are errors, call Customer Service at the number on the back of your member ID card. If you think you are the victim of fraud, report it immediately.

Glossary of Terms

We have described some commonly used terms to help you understand more about your plan. Refer to your benefit plan materials if you have questions.

Allowed Amount

The maximum amount a plan will pay for a covered health care service. If you are charged more than the plan's allowed amount, you may have to pay the difference.

Amount Billed

The amount your provider billed for the service(s) rendered.

Coinsurance

An amount you pay after any deductibles. This is usually a percentage of the cost. For example, if the plan pays 80% of the allowed amount, then 20% would be your coinsurance.

Copayment (Copay)

Your share of the cost for each provider visit, service or prescription drug. This is usually a set dollar amount (for example: \$10).

Deductible

An amount, if any, you pay before a plan begins to share the cost of covered drugs and services.

Formulary (Drug List)

A list of drugs covered by your plan.

Non-Participating Provider

An out-of-network provider who does not accept rates for services we set to keep your costs down.

Out-of-Pocket Limit

Once you pay this amount in deductibles, copays and coinsurance for covered services, the plan pays 100% of the allowed amount for covered services for the rest of the benefit period.

Participating Provider

An in-network or out-of-network provider who accepts Medicare and the agreed-upon rates for services.

Pharmacy Network

Pharmacies that contract with a Part D plan to fill prescriptions for its members. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Prior Authorization (PA)*

Some drugs may need to be approved by the plan before they are covered.

Quantity Limits (QL)*

A limit to how much of a medication will be covered in a certain time period. Limits may be applied on select drugs.

Step Therapy*

You may need to try less expensive options before 'stepping up' to certain high-cost drugs.

*Your formulary will indicate if a drug is subject to one of these special programs. Look for the abbreviation for the program to the right of the drug name and tier.



Important Plan Information

Discover how your
coverage works for you.

2024 mandated materials
will go here

Contact Information



Have questions or concerns? Call us first. We can help!

Contact us before calling Medicare. Blue Cross Group Medicare Advantage is your Medicare plan. You should call us with all your questions. We will let you know if your question can only be answered by Medicare.



Call

Call the Customer Service number listed on the back of your member ID card. We are open 8 a.m. – 8 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 weekends and holidays.



Web

Blue Access for Members

Search for providers and get information about your plan, claim status and benefits.

www.bluemembertx.com

Rewards Program

www.bluerewardstx.com



Connect Community

Connect is a fun way to interact with other members through our online blog-style format. Learn about health and wellness, benefits and coverage, how health insurance works and much more.

Connect at <http://connect.bcbstx.com/medicare>.

This information is not a complete description of benefits. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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.