BlueCross BlueShield of Texas

Blue Cross Group Medicare Advantage℠		
Medical Benefits	**Blue Cross Group Medicare Advantage Open Access (PPO)℠**	**Blue Cross Group Medicare Advantage (HMO)℠**
Annual Combined **Medical** Deductible	$0	$0
Annual Combined Out-of-Pocket Maximum	$0	$6,700
Referral Requirement	None	None
Inpatient Hospital		
Inpatient Hospital — Acute	$0 copay per stay	$250 copay per stay
Inpatient Mental Health Care *Limited to 190 lifetime days*	$0 copay per stay	$250 copay per stay
Skilled Nursing Facility		
Benefit Period 1–20 days *No prior hospitalization required*	$0 copay per day	$0 copay per day
Benefit Period 21–100 days *Limited to 100 days per Medicare Benefit Period*	$0 copay per day	$50 copay per day
Home Health/Hospice		
Home Health	$0 copay	$0 copay
Hospice (Medicare-covered)	Covered by Original Medicare at a Medicare certified hospice facility	Covered by Original Medicare at a Medicare certified hospice facility
Emergent & Urgent Care		
Emergency Care (Worldwide) *Cost share waived if admitted within 3 days for the same condition.*	$0 copay	$50 copay
Urgently Needed Services (Worldwide) *Cost share waived if admitted within 3 days for the same condition.*	$0 copay	$20 copay
Virtual Urgent Care — *Visit through MDLIVE*	$0 copay (through MDLIVE only)	$0 copay (through MDLIVE only)
Ambulance Services (Ground)	$0 copay	$50 copay
Ambulance Services (Air)	$0 copay	$50 copay

Blue Cross Group Medicare Advantage		
Medical Benefits	**Blue Cross Group Medicare Advantage Open Access (PPO)**	**Blue Cross Group Medicare Advantage (HMO)**
Health Care Professional Services		
Primary Care Physician Services	$0 copay	$20 copay
Physician Specialist Services *Excluding Psychiatric and Radiology Services*	$0 copay	$40 copay
Other Health Care Professional Services	$0 copay	$20 copay/PCP $40 copay/SPC
Medicare-Covered Specialist Visits		
Chiropractic Services (Medicare-covered) *Coverage limited to manual manipulation of the spine to correct for subluxation.*	$0 copay	40% coinsurance
Podiatry Services (Medicare-covered) *Coverage limited to foot exams or treatment for diabetes-related nerve damage or medically necessary treatment for foot injuries or diseases.*	$0 copay	$40 copay
Acupuncture (Medicare-covered) *Coverage for chronic low back pain up to 12 visits in 90 days. No more than 20 acupuncture treatments may be administered annually.*	$0 copay	20% coinsurance
Dental Services (Medicare-covered) *Coverage for inpatient hospital care for emergency or complicated dental procedures.*	$0 copay	$40 copay
Eye Exam (Medicare-covered) *Coverage for eye exams limited to specific condition.*	$0 copay	$40 copay
Eyewear (Medicare-covered) *Coverage for corrective lenses if you have cataract surgery to implant an intraocular lens - one pair of eyeglasses with standard frames or one set of contact lenses.*	$0 copay	$0 copay
Hearing Exam (Medicare-covered) *Coverage for diagnostic hearing and balance evaluations to determine if you need medical treatment.*	$0 copay	$40 copay

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Medical Benefits	**Blue Cross Group Medicare Advantage Open Access (PPO)**	**Blue Cross Group Medicare Advantage (HMO)**
Outpatient Rehabilitation Services		
Cardiac Rehabilitation Services *Maximum of 2 one-hour sessions per day up to 36 sessions in 36 weeks. Limit to 36 per year.* *Medicare-covered Intensive Cardiac Rehab up to 72 sessions per year.*	$0 copay	$0 copay Medicare-covered Cardiac Rehab/ $10 copay for Medicare-covered Intensive Cardiac Rehab/ $10 copay Supplemental Cardiac Rehab - No limits
Intensive Cardiac Rehabilitation Services *Medicare-covered Intensive Cardiac Rehab up to 72 sessions per year.*	$0 copay	$0 copay
Pulmonary Rehabilitation Services *Limit to 36 sessions per year*	$0 copay	$0 copay Medicare-covered $0 copay Supplemental - No limits
Supervised Exercise Therapy for Peripheral Artery Disease *Up to 36 sessions in 12 weeks*	$0 copay	$0 copay
Occupational Therapy Services	$0 copay	$40 copay
Physical Therapy and Speech Language Pathology Services	$0 copay	$40 copay
Outpatient Mental Health Services		
Mental Health Specialty Services — *Individual Visit*	$0 copay	$40 copay
Mental Health Specialty Services — *Group Visit*	$0 copay	$40 copay
Virtual Mental Health Specialty Services — *Visit through MDLIVE*	$0 copay (through MDLIVE only)	$40 copay (through MDLIVE only)
Psychiatric Services — *Individual Visit*	$0 copay	$40 copay
Psychiatric Services — *Group Visit*	$0 copay	$40 copay
Virtual Psychiatric Services — *Visit through MDLIVE*	$0 copay (through MDLIVE only)	$40 copay (through MDLIVE only)
Partial Hospitalization	$0 copay	$0 copay
Outpatient Substance Abuse Services		
Outpatient Substance Abuse: *Individual Visit*	$0 copay	$40 copay
Outpatient Substance Abuse: *Group Visit*	$0 copay	$40 copay
Opioid Services	$0 copay	$0 copay

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Medical Benefits	**Blue Cross Group Medicare Advantage Open Access (PPO)**	**Blue Cross Group Medicare Advantage (HMO)**
Outpatient Diagnostic/Therapeutic Radiation Services		
Lab Services	$0 copay	$0 copay
Diagnostic Procedures	$0 copay	$0 copay
Therapeutic Radiology	$0 copay	$0 copay
Diagnostic Radiology Services/X-ray	$0 copay	$0 copay
Advanced Imaging (MRI, MRA, CT Scan, PET)	$0 copay	$0 copay
Other Outpatient Services		
Outpatient Observation	$0 copay	$0 copay
Outpatient Hospital Services	$0 copay	$125 copay
Ambulatory Surgical Center (ASC) Services	$0 copay	$125 copay
OP Blood Services — *Coverage begins with the first pint of blood*	$0 copay	$0 copay
End-Stage Renal Disease/Dialysis Services	$0 copay	$0 copay
Kidney Disease Education Services	$0 copay	$0 copay
DME, Prosthetics, Diabetic Supplies		
Durable Medical Equipment (DME)	$0 copay	$0 copay
Prosthetics/Orthotics *Wig(s) w/Cancer Diagnosis*	$0 copay *Not Covered*	$0 copay *Not Covered*
Medical Supplies	$0 copay	$0 copay
Diabetes Supplies and Services — *Preferred Testing Supplies*	0% coinsurance	0% coinsurance
Diabetes Supplies and Services — *Non Preferred Testing Supplies*	0% coinsurance (prior authorization required)	0% coinsurance
Diabetes Supplies and Services — *All other supplies*	0% coinsurance	0% coinsurance
Therapeutic Shoes and Inserts *Limit to 1 pair of diabetic shoes per year; Limit to 2 pairs of inserts per year for custom fitted shoes; Limit to 3 pairs of inserts per year for off-the-shelf shoes*	0% coinsurance	0% coinsurance

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Medicare Preventive Services		
Medicare-covered Preventive Services	$0 copay	$0 copay
Medicare Part B Rx Drugs		
Medicare Part B Rx Drugs: Chemotherapy/Radiation	0% coinsurance	0% coinsurance
Medicare Part B Rx Drugs: Other	0% coinsurance	0% coinsurance
Part B Insulin Drugs	0% with a maximum copay per month of $35 for Part B insulins. Lesser copays will be applied as required by the IRA.	0% with a maximum copay per month of $35 for Part B insulins. Lesser copays will be applied as required by the IRA.
Home Infusion Therapy Administration	$0 copay	$0 copay
Supplemental Benefits		
Routine Vision (Vendor: EyeMed)		
Routine Eye Exam *1 routine eye exam each year*	$0 copay	$40 copay
Routine Hearing (Vendor: TruHearing®)		
Routine Hearing Exam *1 routine hearing exam provided by TruHearing each year*	$0 copay	$0 copay
Hearing Aid Allowance	$500 Allowance	$500 Allowance
Benefit Per Ear or Both Ears	Both Ears	Both Ears
Hearing Aid Allowance Benefit Period	36 months	36 months
Other Supplemental Benefits		
Annual Physical Exam	$0 copay	$0 copay
Routine Podiatry Services	$0 copay (6 visits per year)	Not Covered
Outpatient Private Duty Nursing	$0 copay (40 visits per year)	$0 copay (40 visits per year)

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Other Supplemental Benefits *continued*		
Post-Discharge Meal Benefit *(Provided by Mom's Meals)*	28 meals/14 days Max 3 times per year (Authorization required after inpatient stay)	28 meals/14 days Max 3 times per year (Authorization required after inpatient stay)
Non-Emergency Transportation Services *(Provided by Medical Transportation Management (MTM))*	$0 copay 12 one-way trip(s) to plan approved location per year	$0 copay 12 one-way trip(s) to plan approved location per year
Wellness/Clinical Programs		
Fitness Program *(Provided by SilverSneakers®)*	Included	Included
Member Rewards Program *(Provided by Healthmine)*	Up to $100 in gift cards per year	Up to $100 in gift cards per year
NurseLine	Included	Included
Blue365® *Discount Platform*	Included	Included
Intensive Case Management	Included	Included
Complex Care Management Programs	Included	Included
Transplant Management Program	Included	Included
Preferred Diabetic Supply Program	Included	Included
TruHearing Aid Discount Program	Included	Included
In-Home Health Evaluations (Signify Health)	Included	Included

Blue Cross Group Medicare Advantage

Pharmacy	Blue Cross Group Medicare Advantage Open Access (PPO)				Blue Cross Group Medicare Advantage (HMO)			
Annual Part D Prescription Drug Deductible	$0				$0			
	Initial Coverage Stage							
	The following copays will apply up to the out-of-pocket cap							
	Retail Pharmacy		Mail Order Pharmacy		Retail Pharmacy		Mail Order Pharmacy	
	30-day supply		30-day supply		30-day supply		30-day supply	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic	n/a	$10	n/a	$10	n/a	$10	n/a	$10
Tier 2: Generic	n/a	$10	n/a	$10	n/a	$10	n/a	$10
Tier 3: Preferred Brand	n/a	$20	n/a	$20	n/a	$20	n/a	$20
Tier 4: Non-Preferred Drug	n/a	$35	n/a	$35	n/a	$40	n/a	$40
Tier 5: Specialty Drug	n/a	$35	n/a	$35	n/a	$40	n/a	$40
Maximum Out-of-Pocket *When member reaches the maximum out-of-pocket limit, cost shares will no longer apply.*	$2,400							
Catastrophic Coverage *Member Cost Share*	$0							

Blue Cross Group Medicare Advantage

Pharmacy	Blue Cross Group Medicare Advantage Open Access (PPO)				Blue Cross Group Medicare Advantage (HMO)			
Annual Part D Prescription Drug Deductible	$0				$0			
	Initial Coverage Stage							
	The following copays will apply up to the out-of-pocket cap							
	Retail Pharmacy		Mail Order Pharmacy		Retail Pharmacy		Mail Order Pharmacy	
	60-day supply		60-day supply		60-day supply		60-day supply	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic	n/a	$20	n/a	$20	n/a	$20	n/a	$20
Tier 2: Generic	n/a	$20	n/a	$20	n/a	$20	n/a	$20
Tier 3: Preferred Brand	n/a	$40	n/a	$40	n/a	$40	n/a	$40
Tier 4: Non-Preferred Drug	n/a	$70	n/a	$70	n/a	$80	n/a	$80
Tier 5: Specialty Drug	n/a	$70	n/a	$70	n/a	$80	n/a	$80
Maximum Out-of-Pocket *When member reaches the maximum out-of-pocket limit, cost shares will no longer apply.*	$2,400							
Catastrophic Coverage *Member Cost Share*	$0							

Blue Cross Group Medicare Advantage

Pharmacy	Blue Cross Group Medicare Advantage Open Access (PPO)				Blue Cross Group Medicare Advantage (HMO)			
Annual Part D Prescription Drug Deductible	$0				$0			
	Initial Coverage Stage							
	The following copays will apply up to the out-of-pocket cap							
	Retail Pharmacy		Mail Order Pharmacy		Retail Pharmacy		Mail Order Pharmacy	
	90-day supply		90-day supply		90-day supply		90-day supply	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic	n/a	$30	n/a	$20	n/a	$30	n/a	$20
Tier 2: Generic	n/a	$30	n/a	$20	n/a	$30	n/a	$20
Tier 3: Preferred Brand	n/a	$60	n/a	$40	n/a	$60	n/a	$40
Tier 4: Non-Preferred Drug	n/a	$105	n/a	$70	n/a	$120	n/a	$80
Tier 5: Specialty Drug	n/a	$105	n/a	$70	n/a	$120	n/a	$80
Maximum Out-of-Pocket *When member reaches the maximum out-of-pocket limit, cost shares will no longer apply.*	$2,400							
Catastrophic Coverage *Member Cost Share*	$0							

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSTX. BCBSTX has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSTX, FAA, and EyeMed is that of independent contractors.

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.

Visit www.BlueRewardsTX.com to register and see what Healthy Actions earn rewards. 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.

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.

Hearing services are provided by American Hearing Benefits, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis Vision℠, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus®.

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.

MTM Health is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide non-emergent transportation services for members with coverage through BCBSTX.

Signify Health is an independent company that provides care management activities and member care services for Blue Cross and Blue Shield of Texas.

SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

TruHearing® is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids.

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

HMO employer/union group plans are provided by HCSC Insurance Services Company (HISC)-H9706 and GHS Insurance Company (GHSIC)-H8133 and H8544. PPO employer/union group plans are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC)-H0107,H3822, and H8634, and HCSC Insurance Services Company (HISC)-H1666. HISC, HCSC and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HISC, HCSC, and GHSIC are Medicare Advantage organizations with Medicare contracts. Enrollment in these plans depends on contract renewal.

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