



Blue Cross Group Medicare Advantage
Open Access (PPO)SM

UT CARETM



Welcome Guide

Important information about your UT CARETM Medicare PPO Plan

Keep this information for reference.

Estos materiales están disponibles en español. Póngase en contacto con Servicio al Cliente para obtener ayuda.

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When you get information from your **UT CARE™ Medicare PPO 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 the UT CARE Medicare PPO for The University of Texas System retirees.

Our goal is to help you manage and improve your health, so 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.

UT CARE Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference plan name 'Blue Cross Group Medicare Advantage Open Access (PPO)SM.' This plan name also refers to UT CARE Medicare PPO.



Let's Get Started

Make the most of your plan by taking the next steps.



Step 1

Check Your Member ID Card



You can use your benefits starting on your effective date.

Use your UT CARE Medicare PPO ID card from Blue Cross Group Medicare Advantage whenever you receive a medical service or benefit covered by your plan. When you receive your ID card, 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.

- Be sure to show the new card to your providers and pharmacy. Remind them that your old ID and number are no longer valid.
- Keep your ID cards safe like you would a credit or debit card.
- Update the Customer Service number you have saved in your phone with the number listed on the back of your new card.
- If something is wrong on your ID card, call us.

Step 2

Sign up for 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 is a secure website and, along with our mobile app, gives you the health information you need, anytime you need it.

On your computer or tablet, go to **mybam.bcbstx.com**.

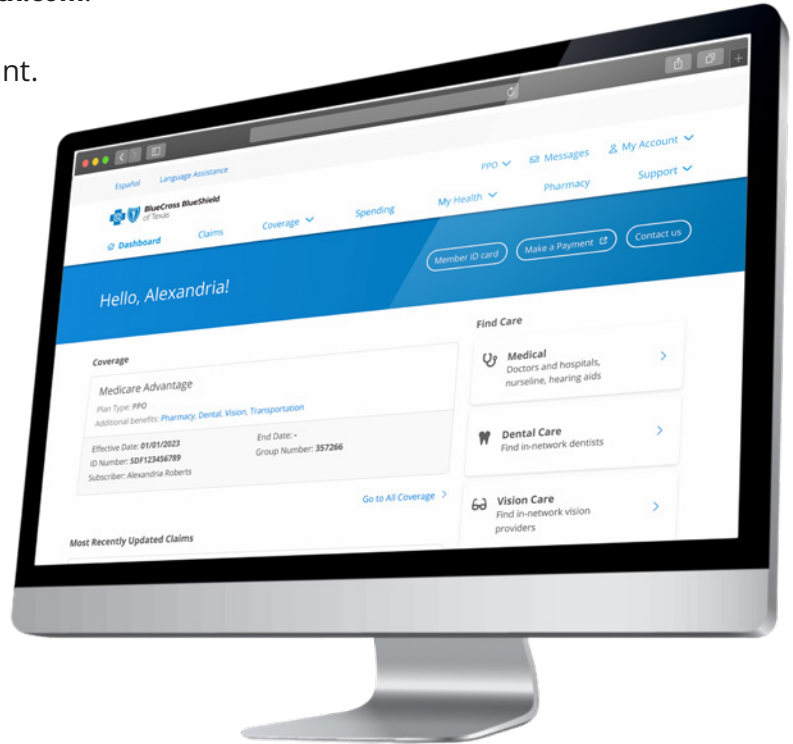
Click 'Member Login' to be directed to BAM.

Then, you'll be able to log in or create an account.

If you already have a BAM account, you do not need to set up a new one. After you set up your account and log in, try the 'Guide Me Through' tool near the bottom right of the BAM site for a quick tour.

Here are a few things you can do with BAM:

- Access your Evidence of Coverage.
- View your claims status and up to 18 months of claims activity
- Search for a health care provider, hospital, urgent care facility or pharmacy
- Request or print your ID card
- And more!



Go mobile! It's Easy to Get Started!

Go to **mybam.bcbstx.com** or grab your smartphone and ID card and text* **BCBSTXAPP** to **33633** and download the mobile app so you can use BAM while you're on the go.

* Message and data rates may apply.

Step 3

Understand Your Plan's Network



Selecting a provider.

Your UT CARE Medicare PPO 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. Review the Evidence of Coverage for details. All in-network providers have met our strict professional standards. While your plan lets you get care from any provider who accepts Medicare, we encourage you to choose in-network providers when possible.

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



Call ahead and be prepared.

We recommend that you confirm with providers that they accept your UT CARE Medicare PPO and will submit claims directly to the plan. At your appointment, show the office staff the **'Your Providers, Your Personal Network'** flyer that is included with this Welcome Guide. Detailed plan information, including cost-sharing that applies to services, can be found in your Evidence of Coverage.

We work closely with your provider to deliver care.







Before you can be covered for 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.

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



Your Options for Care.

With several choices for accessing medical advice and treatment, it can be challenging to know who to call when. Picking the best option can give you peace of mind and save you time and money.

 24/7 Nurseline	<p>Nurses can answer questions about ailments and medications and assist you in deciding where to go for care.</p> <p>Call 24/7 Nurseline at 1-800-631-7023 TTY 711 to connect with registered nurses at no additional cost.</p>
 Virtual Visits (MDLIVE®)	<p>See and talk to a doctor or therapist on your computer, tablet, or cellphone for non-emergency medical conditions.</p> <p>To activate your account, free of charge, you can:</p> <ul style="list-style-type: none">• Call MDLIVE at 1-866-954-3584 TTY users call 1-800-770-5531• Go to www.mdlive.com/bcbstx-medicare• Text BCBSTXMEDICARE to 635-483• Download the MDLIVE app
 Virtual primary care	<p>Your primary care provider knows your medical history best and may provide virtual options.</p>
 Doctor's office	<p>Your primary care provider can provide routine and preventive care and treatment for a current health issue or refer you to a specialist.</p>
 Urgent care center	<p>Urgent care can be a good choice for minor health issues that require timely attention but are not emergencies. It is a convenient choice after hours or if you can't get in to see your primary care provider.</p>
 Emergency room	<p>If you need immediate treatment for a critical condition or life-threatening illness, call 911 or go to the nearest ER.</p>

Step 4

Review Your Evidence of Coverage



The EOC explains:

- Your rights and responsibilities.
- What's covered.
- Your costs.

We encourage you to review your EOC. It lists the coverage, costs and extra health and wellness benefits that are provided by your UT CARE Medicare PPO. It's an important legal document, so keep it in a safe place. It can be found on BAM (see Step 2) or you can call Customer Service for a printed copy.

If you have questions about your covered benefits, call us.



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.

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	
<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	

Step 6

Get the Most from Your Plan

Notify your providers.

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

Your Medical Benefits

Your UT CARE Medicare PPO covers most commonly used services such as provider visits, inpatient and outpatient hospital services, and emergency care. And it bundles these with wellness solutions for comprehensive health coverage. 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

Does the plan cover any drugs?

This plan includes everything covered by Medicare Part A and Part B, including some drugs and services. These can include:

- Drugs that you don't administer yourself. These drugs can be given in a doctor's office as part of their service. Coverage may be limited to drugs that are given by infusion or injection in a hospital or outpatient facility.
- Diabetic supplies as detailed in your EOC.
- Certain shots (vaccinations):
 - COVID-19 vaccine
 - Flu shots
 - Pneumococcal shots
 - Hepatitis B shots
 - Other vaccines that are directly related to the treatment of an injury or illness (like a tetanus shot)
- Drugs infused through durable medical equipment like an infusion pump or a nebulizer. Medicare may cover insulin and insulin pumps worn outside the body.
- Injectable and infused drugs; some antigens; erythropoiesis stimulating agents to treat anemia; blood clotting factors; some immunosuppressive, oral cancer and anti-nausea drugs used as part of chemotherapy treatment; intravenous and tube feeding, and Immune Globulin (IVIG) provided in the home; some oral and intravenous drugs for those with end stage renal disease.
- Refer to your plan documents for details.

If you need to know if a drug you are prescribed is covered under Part B or Part D, please call Customer Service at the number listed on the back of your member ID card.



Step 7

Access Extra Health and Wellness Benefits

Your UT CARE Medicare PPO offers a number of benefits above and beyond standard insurance coverage.

Plus, you can continue to use these services:

- Airrosti® Home Rehab Program.
- Learn to Live Mental Health Program.
- Wondr Health™ Weight Loss Program.



Blue365®

Blue365 is just one more advantage of being a member of Blue Cross and Blue Shield of Texas. 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 for Blue365, 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**.

Virtual SilverSneakers classes may also be available. 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 (Virtual Visits)

Your UT CARE Medicare PPO 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 provided by MDLIVE, call 1-866-954-3586 (TTY 1-800-770-5531) or go to www.mdlive.com.

* Your current provider also may offer telehealth services.

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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.

Forms You May Need

You may need these forms during the year. All forms can be found on BAM at mybam.bcbstx.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 and bills (if you have a premium). 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.

- **Authorization to Disclose Protected Health Information**

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 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 UT CARE Medicare PPO, we'll be in touch with you throughout the year.

We'll contact you occasionally to check in and are also available to:

- Help you schedule an Annual Wellness Visit — a valuable part of your plan.
- Answer any questions you have.



In-Home Health Assessment

As part of our commitment to your health and wellbeing, your Medicare Advantage group retiree plan includes an optional, In-Home Health Evaluation by a licensed and credentialed clinician (certified nurse practitioner, physician assistant or medical doctor) from one of our trusted partners listed on page 18. All members can receive an In-Home Health Evaluation. There is no obligation or cost.

The 45-to-60-minute IHE or telehealth visit provides extra time outside of a Primary Care Provider for you to discuss your physical, emotional and mental health in the comfort of your home. This evaluation can help you discuss health concerns, learn more about disease management programs and have your home checked for possible safety issues.

You will first receive a letter from our partner, followed by phone calls on behalf of the plan to further explain IHE and steps for scheduling a visit.

All clinicians will answer COVID-19 screening questions before entering your home. CDC guidelines are being followed to ensure the safety of both you and the clinician.



Annual Notice of Change

Near the end of the plan year, you'll receive an ANOC from Blue Cross Group Medicare Advantage. This notice outlines the premium and benefit changes (if any) for your plan. These changes will begin at the start of the new plan year. Review this document carefully.



Explanation of Benefits

You'll receive a statement called an EOB. 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.

Our Partners

We partner with the following vendors to help you take care of your health and wellness. Please know these are our trusted partners in providing you unparalleled care.



In-Home Assessment Vendors:

You may receive communication from Matrix or Signify to help you schedule an In-Home Assessment. This convenient health touchpoint is completed by a nurse practitioner in the comfort and safety of your home, at no cost.

Findings from this visit will be shared with you and your doctor.



In-Home Test Kits:

You may receive one or more kits from Everlywell. These kits test your blood sugar levels, check for hidden blood in your stool or evaluate your kidney function. These easy to complete screenings are part of your coverage, sent to you at no extra cost, and results are shared with you and your doctor.



Cologuard Kit:

You may receive a Cologuard test kit from our partner, Exact Sciences. This test checks for hidden blood in your stool as an important screening for colorectal cancer. This easy to complete screening is part of your coverage, sent to you at no extra cost, and results are shared with you and your doctor.

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

Matrix Medical Network is an independent company that conducts mobile medical examination services for Blue Cross and Blue Shield of Texas. Matrix Medical Network operates and administers the mobile examination services they provide and are solely responsible for its operations and that of its contracted providers.

Everlywell Health Solutions is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide health screenings for members with coverage through BCBSTX.

Cologuard is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide laboratory services for members with coverage through BCBSTX.



Common Terms

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.

IRMAA: Income-Related Monthly Adjustment Amount.

A Part B and Part D surcharge based on the modified adjusted gross income reported on your IRS tax return from two years ago. A notice from Medicare will be mailed to those who will pay the IRMAA surcharge(s).

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.

Prior Authorization

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

Important Plan Information



Contact Information



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

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



Call

Call the Customer Service number listed on the back of your member ID card. Help is available 24 hours per day, 7 days per week.



Web

UT CARE™ Dedicated Website

www.bcbstx.com/retiree-medicare-ut

Blue Access for Members

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

mybam.bcbstx.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.

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 Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) and HCSC Insurance Services Company (HISC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.