BlueCross BlueShield of Texas

UT CARE

The University of Texas System

Summary of Benefits

UT CARE Medicare PPO[SM]

January 1 – December 31, 2024

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage Benefits Insert."

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UT CARE Medicare PPO is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-877-842-7562 (TTY 711) and request the "Evidence of Coverage" or access it online at https://www.bcbstx.com/retiree-medicare-ut.

To join UT CARE Medicare PPO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be a retiree, or Medicare-eligible dependent of a retiree, of The University of Texas System.

Our service area includes anywhere in the United States.

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at 1-877-842-7562 (TTY users should call 711), 7 days a week, 8 a.m. to 8 p.m. or visit us at https://www.bcbstx.com/retiree-medicare-ut.

Understanding the Benefits

NOTE: Services with a * may require prior authorization or a referral from your doctor.

	UT CARE® Medicare PPO℠
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium? ***(includes both medical and drugs)***	For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator. In addition, you must keep paying your Medicare Part B premium.
Deductible	This plan does not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility ***(does not include Part D prescription drugs)***	Your yearly limit(s) in this plan: • $0 combined for services you receive from in-network and out of network providers.
Inpatient Hospital Care*	Our plan covers an unlimited number of days for an inpatient hospital stay. **In-network:** $0 copay per stay **Out-of-network:** $0 copay per stay
Outpatient Hospital*	**In-network:** $0 copay **Out-of-network:** $0 copay
Ambulatory Surgical Center (ASC)*	**In-network:** $0 copay **Out-of-network:** $0 copay
Doctor Visits* • **Primary care provider** • **Specialists**	• **In-network:** $0 copay • **Out-of-network:** $0 copay • **In-network:** $0 copay • **Out-of-network:** $0 copay

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Preventive Care* **(e.g., flu vaccine, diabetic screenings)**	**In-network:** $0 copay **Out-of-network:** $0 copay **Important Message About What You Pay for Vaccines** Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information. *Other preventive services are available. There are some covered services that may have a cost.
Emergency Care	**In-network:** $0 copay **Out-of-network:** $0 copay Cost share waived if admitted within 3 days for the same condition.
Urgently Needed Services	**In-network:** $0 copay **Out-of-network:** $0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays*	
• **Diagnostic tests and procedures**	• **In-network:** $0 copay **Out-of-network:** $0 copay
• **Lab services**	• **In-network:** $0 copay **Out-of-network:** $0 copay
• **MRI, CAT Scan**	• **In-network:** $0 copay **Out-of-network:** $0 copay
• **X-Rays**	• **In-network:** $0 copay **Out-of-network:** $0 copay
Hearing Services*	
• **Medicare covered hearing exam**	• **In-network:** $0 copay • **Out-of-network:** $0 copay

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• **Routine hearing exam** • **Hearing aid**	• **In-network:** $0 copay for 1 routine hearing exam each year • **Out-of-network:** $0 copay for 1 routine hearing exam each year • **In-network and Out-of-network**: $2,000 allowance for both ears in-network and out-of-network on hearing aids every 3 years
Dental Services*	
• **Medicare covered dental**	• **In-network:** $0 copay • **Out-of-network:** $0 copay
• **Preventive Dental**	• Not Covered
• **Supplemental Dental Services**	• Not Covered
Vision Services*	
• **Medicare covered vision exam**	• **In-network:** $0 copay • **Out-of-network:** $0 copay
• **Medicare covered eyewear**	• **In-network:** $0 copay for 1 pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery • **Out-of-network:** $0 copay for 1 pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery
• **Routine vision exam**	• Not Covered
• **Routine eyewear**	• Not Covered

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Mental Health Care* • **Inpatient mental health** • **Outpatient group therapy/ individual therapy visit**	• **In-network:** $0 copay • **Out-of-network:** $0 copay **Individual** • **In-network:** $0 copay • **Out-of-network:** $0 copay **Group** • **In-network:** $0 copay • **Out-of-network:** $0 copay
Skilled Nursing Facility (SNF)*	**In-network:** $0 copay per day for days 1-20. $0 copay per day for days 21-180 (80 days are supplemental). **Out-of-network:** $0 copay per day for days 1-20 $0 copay per day for days 21-180 (80 days are supplemental).
Outpatient Rehabilitation* • **Occupational Therapy** • **Physical therapy and speech and language therapy visit**	**In-network:**$0 copay **Out-of-network:**$0 copay **In-network:** $0 copay **Out-of-network:** $0 copay

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Ambulance*	
• **Ground services**	• **In-network:** $0 copay for each one-way trip • **Out-of-network:** $0 copay for each one-way trip
• **Air services**	• **In-network:** $0 copay for each one-way trip • **Out-of-network:** $0 copay for each one-way trip
Transportation*	• Not Covered
Medicare Part B Drugs*	
• **Chemotherapy drugs**	• **In-network:** 0% of the total cost • **Out-of-network:** 0% of the total cost
• **Other Part B drugs**	• **In-network:** 0% of the total cost • **Out-of-network:** 0% of the total cost

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ADDITIONAL MEMBER BENEFITS	
NOTE: Services with a * may require prior authorization or a referral from your doctor.	
Acupuncture	**<u>Acupuncture for chronic low back pain (Medicare-covered)</u>** • In-network: $0 copay • Out-of-network: $0 copay **<u>Routine Acupuncture (non-Medicare-covered)</u>** • Not Covered
Chiropractic Care*	**<u>Medicare-covered manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</u>** • In-network: $0 copay • Out-of-network: $0 copay **<u>Routine Chiropractic Care (non-Medicare-covered)</u>** In-network: $0 copay for up to 35 supplemental routine chiropractic visits every year. Out-of-network: $0 copay for up to 35 supplemental routine chiropractic visits every year.
Diabetes Supplies and Services*	**<u>Diabetes monitoring supplies</u>** • In-network: 0% of the total cost • Out-of-network: 0% of the total cost **<u>Diabetes self-management training</u>** • In-network: $0 copay • Out-of-network: $0 copay
Durable Medical Equipment *(wheelchairs, oxygen, etc.)**	• In-network: $0 copay • Out-of-network: $0 copay

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Wellness Programs	$0 copay for SilverSneakers® † Fitness Program This benefit includes SilverSneakers instructor-led group fitness classes. At participating locations, you can take classes plus use exercise equipment and other amenities. Additionally, SilverSneakers FLEX® gives you options to get active outside of traditional gyms. SilverSneakers also connects you to a support network and virtual resources through SilverSneakers Live, SilverSneakers On-Demand™ and a mobile app, SilverSneakers GO™. †SilverSneakers, SilverSneakers FLEX, SilverSneakers On-Demand, and SilverSneakers GO are registered trademarks or trademarks of Tivity Health, Inc.
Foot Care *(podiatry services)**	**Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions** • In-network: $0 copay • Out-of-network: $0 copay
Home Health Care*	• In-network: $0 copay • Out-of-network: $0 copay
Opioid Treatment Program Services*	• In-network: $0 copay • Out-of-network: $0 copay
Outpatient Substance Abuse Services*	**Group therapy visit** • In-network: $0 copay • Out-of-network: $0 copay **Individual therapy visit** • In-network: $0 copay • Out-of-network: $0 copay
Over-the-Counter Items	• Not Covered

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Prosthetic Devices *(braces, artificial limbs, etc.)**	**Prosthetic devices** • In-network: $0 copay • Out-of-network: $0 copay **Related medical supplies** • In-network: $0 copay • Out-of-network: $0 copay
Meals	• Not Covered
Renal Dialysis*	• In-network: $0 copay • Out-of-network: $0 copay
Supplemental Telehealth Services	• In-network: $0 copay for urgent care; $0 copay for Outpatient Mental Health; $0 copay for Outpatient Mental Health Psychiatric visit through MDLive. • Out-of-network: Not Covered
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the total costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

BlueCross BlueShield of Texas

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-842-7562** (TTY/TDD: **711**).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-842-7562** (TTY/TDD: **711**).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-842-7562** (TTY: **711**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-842-7562**（TTY/TDD：**711**）。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-842-7562** (TTY/TDD: **711**) 번으로 전화해 주십시오

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-842-7562** (TTY/TDD: **711**).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-842-7562** (رقم هاتف الصم والبكم: **711**).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-842-7562** (телетайп: **711**).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-842-7562** (TTY: **711**).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں **1-877-842-7562** (TTY: **711**).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-842-7562** (TTY/TDD: **711**).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-842-7562** (TTY/TDD: **711**).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-877-842-7562** (TTY/TDD: **711**) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-842-7562** (ATS : **711**).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-842-7562** (TTY: **711**).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-842-7562** (TTY/TDD: **711**).

BlueCross BlueShield of Texas

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Call 1-877-842-7562 (TTY: 711) for more information.

PPO plan provided by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC is an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment depends on contract renewal.