



BlueCross BlueShield  
of Texas

UT CARE™

# The University of Texas System

## Summary of Benefits

UT CARE™ Medicare PPO

**January 1, 2023 – December 31, 2023**

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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# INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2023 – December 31, 2023

<b>UT CARE™ Medicare PPO<sup>SM</sup></b>	
<b>You have choices about how to get your Medicare prescription drug benefits</b>	<ul style="list-style-type: none"> <li>• One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.</li> <li>• Another choice is to get your Medicare benefits by joining a Medicare health plan (such as <b>UT CARE™ Medicare PPO</b>).</li> </ul>
<b>Tips for comparing your Medicare choices</b>	<p>This Summary of Benefits booklet gives you a summary of what <b>UT CARE™ Medicare PPO</b> covers and what you pay.</p> <ul style="list-style-type: none"> <li>• If you want to compare our plans with other Medicare Health Plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</li> <li>• If you want to know more about the coverage and costs of Original Medicare, look in your current "<b>Medicare &amp; You</b>" handbook. View it online at <a href="http://www.medicare.gov">www.medicare.gov</a> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</li> </ul>
<b>Sections in this booklet</b>	<ul style="list-style-type: none"> <li>• Things to Know About <b>UT CARE™ Medicare PPO</b></li> <li>• Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</li> </ul>
<b>Hours of Operation</b>	<ul style="list-style-type: none"> <li>• From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. – 8:00 p.m. local time.</li> <li>• From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. – 8:00 p.m. local time.</li> </ul>
<b>Phone Numbers</b>	<ul style="list-style-type: none"> <li>• Call toll-free 1-877-842-7562. (TTY users should call 1-877-842-7562).</li> </ul>
<b>Who can join?</b>	<p>To join <b>UT CARE™ Medicare PPO</b>, you must be enrolled in Part A and B, and be a retiree, or Medicare-eligible dependent of a retiree, of The University of Texas System.</p> <p>Our service area includes anywhere in the United States.</p>

<b>UT CARE™ Medicare PPO<sup>SM</sup></b>	
<b>Which doctors and hospitals can I use?</b>	<p><b>UT CARE™ Medicare PPO</b> has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.</p> <ul style="list-style-type: none"> <li>You can see our plan's <i>Provider Directory</i> at <a href="https://www.bcbstx.com/ut">https://www.bcbstx.com/ut</a>.</li> </ul>
<b>What do we cover?</b>	<p>Like all Medicare health plans, we cover everything that Original Medicare covers—and <i>more</i>.</p> <p><b>Our plan members get <i>all</i> of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.</b> For others, you may pay less.</p> <p><b>Our plan members also get <i>more than what is covered by Original Medicare</i>.</b> Some of the extra benefits are outlined in this booklet.</p>

## SUMMARY OF BENEFITS

January 1, 2023 – December 31, 2023

<b>UT CARE™ Medicare PPO<sup>SM</sup></b>	
<b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b>	
How much is the monthly premium?	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.
How much is the deductible?	This plan does not have a deductible for medical services.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$0 for services you receive from any provider. Your limit for services received from in-network providers and your limit for services received from out-of-network providers will count toward this limit.</li> </ul>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain supplemental benefits. Contact us for the services that apply.
<b>COVERED MEDICAL AND HOSPITAL BENEFITS</b>	
NOTE: Services with a * may require prior authorization or a referral from your doctor.	
<b>INPATIENT CARE</b>	
Inpatient Hospital Care*	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay per stay</li> <li>• \$0 copay per stay</li> </ul>

**OUTPATIENT CARE AND SERVICES**

Outpatient Hospital Care/Surgery\*

**Outpatient hospital**

- In-network: \$0 copay
- Out-of-network: \$0 copay

**Ambulatory surgical center**

- In-network: \$0 copay
- Out-of-network: \$0 copay

Doctor's Office Visits\*

**Primary care physician visit**

- In-network: \$0 copay
- Out-of-network: \$0 copay

**Specialist visit**

- In-network: \$0 copay
- Out-of-network: \$0 copay

UT CARE™ Medicare PPO <sup>SM</sup>		
Preventive Care*	<ul style="list-style-type: none"> <li>In-network: \$0 copay</li> <li>Out-of-network: \$0 copay</li> </ul>	
	Our plan covers many preventive services, including:	
	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>Abdominal aortic aneurysm screening</li> <li>Alcohol misuse counseling</li> <li>Bone mass measurement</li> <li>Breast cancer screening (mammogram)</li> <li>Cardiovascular disease (behavioral therapy)</li> <li>Cardiovascular screenings</li> <li>Cervical and vaginal cancer screening</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>Depression screening</li> <li>Diabetes screenings</li> <li>HIV screening</li> <li>Medical nutrition therapy services</li> <li>Obesity screening and counseling</li> <li>Prostate cancer screenings (PSA)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>Abdominal aortic aneurysm screening</li> <li>Alcohol misuse counseling</li> <li>Bone mass measurement</li> <li>Breast cancer screening (mammogram)</li> <li>Cardiovascular disease (behavioral therapy)</li> <li>Cardiovascular screenings</li> <li>Cervical and vaginal cancer screening</li> </ul>
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	UT CARE™ Medicare PPO <sup>SM</sup>
	<ul style="list-style-type: none"> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> <li>• Yearly "Wellness" visit</li> </ul> <p><b>Any additional preventive services approved by Medicare during the contract year will be covered.</b></p>
Emergency Care	<ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p>See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Urgently Needed Services	<ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>

	UT CARE™ Medicare PPO <sup>SM</sup>
Diagnostic Tests, Lab and Radiology Services, and X-Rays*	<p><b><u>Diagnostic radiology services (such as MRIs, CT scans)</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Diagnostic tests and procedures</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Lab services</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Outpatient X-rays</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Therapeutic radiology services (such as radiation treatment for cancer)</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>



UT CARE™ Medicare PPO <sup>SM</sup>	
Hearing Services*	<p><b><u>Exam to diagnose and treat hearing and balance issues</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Routine hearing exam</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay for 1 routine hearing exam each year</li> <li>• Out-of-network: \$0 copay for 1 routine hearing exam each year</li> </ul> <p><b><u>Hearing aids</u></b></p> <ul style="list-style-type: none"> <li>• In-network and Out-of-network: \$1,000 per ear in-network and out-of-network allowance on hearing aids every 3 years</li> </ul>
Dental Services*	<p><b><u>Medicare-covered limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Preventive dental services</u></b></p> <ul style="list-style-type: none"> <li>• Not Covered</li> </ul> <p><b><u>Comprehensive dental services</u></b></p> <ul style="list-style-type: none"> <li>• Not Covered</li> </ul>

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Vision Services*	<p><b><u>Exam to diagnose and treat diseases and conditions of the eye</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Yearly glaucoma screening</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Eyeglasses or contact lenses after cataract surgery</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay for 1 pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery</li> <li>• Out-of-network: \$0 copay for 1 pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery</li> </ul>

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Mental Health Care*	<p><b><u>Inpatient visit</u></b></p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay per stay</li> <li>• Out-of-network: \$0 copay per stay</li> </ul> <p><b><u>Outpatient individual and group therapy visit with a mental health specialist</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
Skilled Nursing Facility (SNF)*	<p><b>Our plan covers up to 180 days in a SNF.</b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay per day for days 1-20 \$0 copay per day for days 21-180</li> <li>• Out-of-network: \$0 copay per day for days 1-20 \$0 copay per day for days 21-180</li> </ul>

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Outpatient Rehabilitation*	<p><b><u>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions in 36 weeks)</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Occupational therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Physical therapy and speech and language therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
Ambulance* <i>(Medicare-covered ground and air transportation services)</i>	<p><b><u>Ground services</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay for each one-way trip</li> <li>• Out-of-network: \$0 copay for each one-way trip</li> </ul> <p><b><u>Air services</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay for each one-way trip</li> <li>• Out-of-network: \$0 copay for each one-way trip</li> </ul>
Transportation*	Not Covered

UT CARE™ Medicare PPO <sup>SM</sup>	
Medicare Part B Drugs*	<p><b><u>Part B chemotherapy drugs</u></b></p> <ul style="list-style-type: none"><li>• In-network: 0% of the total cost</li><li>• Out-of-network: 0% of the total cost</li></ul> <p><b><u>Other Part B drugs</u></b></p> <ul style="list-style-type: none"><li>• In-network: 0% of the total cost</li><li>• Out-of-network: 0% of the total cost</li></ul>

**ADDITIONAL MEMBER BENEFITS**

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

<p>Acupuncture</p>	<p><b><u>Acupuncture for chronic low back pain (Medicare-covered)</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Routine Acupuncture (non-Medicare-covered)</u></b></p> <p>Not Covered</p>
<p>Chiropractic Care*</p>	<p><b><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></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Routine care visits</u></b></p> <ul style="list-style-type: none"> <li>• \$0 copay for up to 35 supplemental routine chiropractic visit(s) every year</li> </ul>
<p>Diabetes Supplies and Services*</p>	<p><b><u>Diabetes monitoring supplies</u></b></p> <ul style="list-style-type: none"> <li>• In-network: Medicare-covered diabetic supplies: 0% of the total cost</li> <li>• Out-of-network: 0% of the total cost</li> </ul> <p><b><u>Diabetes self-management training</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
<p>Durable Medical Equipment (wheelchairs, oxygen, etc.)*</p>	<ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>

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Wellness Programs	<p>\$0 copay for SilverSneakers<sup>®</sup> † Fitness Program</p> <p>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<sup>®</sup> 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™.</p> <p>†SilverSneakers, SilverSneakers FLEX, SilverSneakers On-Demand, and SilverSneakers GO are registered trademarks or trademarks of Tivity Health, Inc.</p>
Foot Care ( <i>podiatry services</i> )*	<p><b><u>Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
Home Health Care*	<ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
Opioid Treatment Program Services*	<ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
Outpatient Substance Abuse Services*	<p><b><u>Group therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Individual therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
Over-the-Counter Items	Not Covered

	UT CARE™ Medicare PPO <sup>SM</sup>
Private Duty Nursing	<ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
Prosthetic Devices ( <i>braces, artificial limbs, etc.</i> )*	<p><b><u>Prosthetic devices</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Related medical supplies</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
Meals	Not Covered
Renal Dialysis*	<ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>
Supplemental Telehealth Services	<ul style="list-style-type: none"> <li>• In-network: \$0 copay for urgent care; \$0 copay for Outpatient Mental Health; \$0 copay for Outpatient Mental Health Psychiatric visit through MDLive.</li> </ul>
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 a 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., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a 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>.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Someone who speaks English/Language can help you. This is a free service.

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-877-842-7562** (TTY/TDD: **1-877-842-7562**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-877-842-7562** (TTY/TDD: **1-877-842-7562**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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Arabic: سيقوم شخص ما يتحدث العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول (TTY/) **1-877-842-7562** TDD: **1-877-842-7562**). بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على

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Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Ta usługa jest bezpłatna.

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Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-877-842-7562** (TTY/TDD: **1-877-842-7562**). にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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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: 1-877-842-7562) for more information.

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.