

Dear Texas A&M University System Employee,

Welcome to the 65 Plus Medicare Advantage Plan (PPO)!

As an active employee, you and your dependents are enrolled in a medical plan offered by the Texas A&M University System. When you reach retirement age, medical coverage for you and your Medicare-eligible dependents will change to the 65 Plus Medicare Advantage Plan (PPO), a retiree group Medicare Advantage plan provided by Blue Cross and Blue Shield of Texas. Your prescription drug coverage will be provided by Express Scripts® Pharmacy through the Texas A&M University System.

If you are the only individual enrolled in the plan, you pay nothing unless you are a tobacco user. If you have a covered dependent(s), **your premium will be lower under this new plan**. Your plan premium will continue to be billed, bank drafted, or deducted from your monthly TRS annuity payment.

The 65 Plus Medicare Advantage Plan (PPO) will be provided by Blue Cross and Blue Shield of Texas.

It combines the benefits of Original Medicare with added health and wellness benefits that can be important tools in maintaining good health.

This national PPO plan allows you to see any provider that accepts Medicare and agrees to submit claims to the plan, and you are not required to get a referral to see a specialist.

In addition, the 65 Plus Medicare Advantage Plan (PPO) has a lower annual out-of-pocket maximum of \$750 for medical coverage and no annual medical deductible.

As long as you are enrolled in Medicare Parts A and B, you will be automatically enrolled in the 65 Plus Medicare Advantage Plan (PPO) once you turn 65. Your plan coverage is effective on the first day of the month following the date your application was processed or the Medicare Part A and Part B effective date, whichever is later. You and your covered dependent(s), if enrolled, **will receive separate member ID cards** and will each be enrolled in the plan under your own names.

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Questions?



Visit bcbstx.com/tamus-retiree-medicare for more enrollment information.



Call for personalized help. **1-855-476-4149 (TTY 711)**

We are open Oct. 1 – Jan. 31: Daily, 8:00 a.m. to 8:00 p.m. CT

Feb. 1 – Sept. 30: Monday through Friday, 8:00 a.m. to 8:00 p.m. CT.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

There is no form to complete or action needed. **However, if you prefer to opt out of the plan, you must notify the benefits office of the institution from which you retired.**

Important: If you choose to opt out, you will not have any medical, prescription or basic retiree life insurance through The Texas A&M University System.

If CMS does not accept your enrollment because a federal requirement was not met for enrollment (not paying into Social Security, inaccurate or incomplete information, living abroad), then you need to contact the Human Resources office from which you retired. If you choose to opt out, you will have the opportunity in the future to enroll in the 65 Plus Medicare Advantage Plan (PPO) during each Open Enrollment period.

Enrollment in this plan **will cancel** any existing enrollment in a Medicare Advantage plan or Medicare Part D drug plan.

You will find details about your new 65 Plus Medicare Advantage Plan (PPO) inside this packet.

It includes an informational brochure, plan benefit chart and summary of benefits. We are confident you will be pleased with the new, enhanced plan and encourage you to take advantage of all the benefits available to you.

Sincerely,

Blue Cross and Blue Shield of Texas

65 Plus Medicare Advantage Plan (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 the 65 Plus Medicare Advantage Plan (PPO).

Express Scripts[®] Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Texas. Express Scripts[®] Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Medicare-assigned providers can decide what patients they want to see. We recommend that you confirm with providers that they will accept your Open Access PPO plan and bill us directly. Out-of-network/non-contracted providers are under no obligation to treat BCBSTX members, except in emergency situations. At your appointment, give the provider a copy of the enclosed Open Access Provider Notice letter that also will be included in your welcome guide. Call Customer Service or see your Summary of Benefits for more information, including cost sharing that applies to out-of-network services.

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.