



BlueCross BlueShield
of Texas

THE TEXAS A&M
UNIVERSITY SYSTEM

The advantage is yours.

Look inside for:

- Details about your Texas A&M University System retiree medical plan
- How the 65 Plus Medicare Advantage Plan (PPO)SM works
- Frequently Asked Questions



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

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Medicare coverage made easy with the 65 Plus Medicare Advantage Plan PPO.

The Texas A&M University System provides the 65 Plus Medicare Advantage Plan (PPO) for you and your Medicare-eligible dependents.

Administered by Blue Cross and Blue Shield of Texas (BCBSTX), it bundles extra health and wellness benefits with Original Medicare. It covers most commonly-used medical services such as provider visits, inpatient hospital and outpatient services, and emergency care.

The 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).

Here's how the 65 Plus Medicare Advantage Plan (PPO) works.



Your Providers

65 Plus Medicare Advantage Plan (PPO) is an Open Access Medicare Advantage PPO plan that does not require the use of a network provider for coverage. Your benefit levels are the same if you use an in-network or out-of-network provider. You may seek care from any provider nationwide that accepts Medicare and agrees to submit claims to BCBSTX or their local Blue Cross and Blue Shield plan.

Please note: Even Medicare-assigned providers can decide what patients they want to see. We recommend that you confirm with providers that they will accept your 65 Plus Medicare Advantage Plan (PPO) plan and file claims with us directly.

Find providers at www.bcbstx.com/tamus-retiree-medicare.

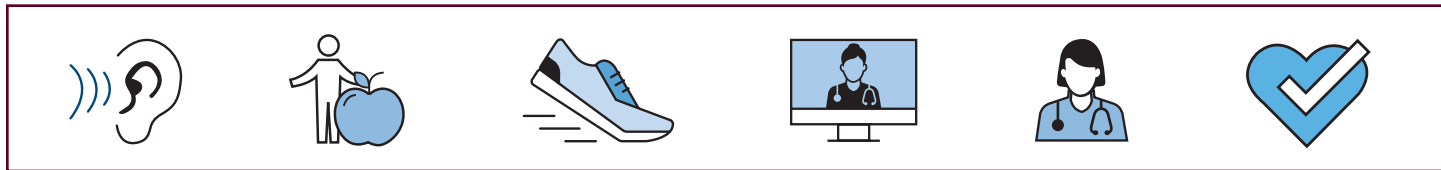
Some high-cost medical services have more cost-effective alternatives that require prior authorization from the plan before your provider can proceed.



Medicare Part D Prescription Drugs

There is no change to how you get your prescription drugs. You still have the Express Scripts Medicare Part D prescription drug plan provided by the current 65 Plus Plan.

Extra health and wellness benefits complete your coverage.



Hearing Care

Hearing loss can affect your quality of life, both physically and emotionally. Your plan includes benefits through TruHearing or other hearing providers:

- 1 routine \$0 copay hearing exam per year with 20% coinsurance.
- Hearing aid fitting and adjustments.
- \$2,000 hearing aid allowance per ear, in-network and out-of-network, every 3 years.

Private Duty Nursing

Visits for medically necessary, temporary private duty nursing help you and your caregiver manage complex medical conditions.

Wellness Solutions

Track your health and keep learning with our wellness and education tools. You can set and track progress towards your health goals.

You can also learn about:

- eating well and healthy weight.
- stopping tobacco use.
- stress management and mental health.
- safety concerns.

Fitness Designed for You

The SilverSneakers® Fitness Program is included in your plan. It helps you achieve your health and wellness goals with access to more than 15,000+ fitness locations and online classes led by certified instructors.

Virtual Visits

Virtual Visit through MDLIVE allows you to consult independently contracted, board-certified doctors or therapists for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you. Your current provider may offer virtual visits.

24/7 Nurseline

Call in. Your call is taken by a registered nurse who can help if you are sick or hurt and not sure what to do.

Diabetes and Hypertension Prevention

Omada® is a clinically proven program to help reduce the risk of Type 2 diabetes and/or heart disease and helps participants build healthy habits.

Hypertension and Diabetes Programs

Livongo programs help make living with either hypertension or diabetes easier. Improve blood pressure management with free at-home monitoring and personalized support. If you're living with Type 1 or Type 2 diabetes, you'll receive a connected meter, free strips and lancets. Both programs provide coaching.

Musculoskeletal and Chronic Pain Programs

Hinge Health can help you conquer chronic back, knee or hip pain without surgery or drugs, and is similar to at-home physical therapy.

What happens after you enroll?

1. Medicare Approval

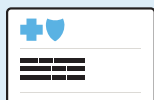
You will be automatically enrolled in the 65 Plus Medicare Advantage Plan (PPO). Even if you already have a Medicare plan, Medicare must approve your enrollment in this plan before you are officially a member. This generally takes about 10 business days. Remember, you must be a retiree enrolled in Medicare Part A and Part B to be eligible for this plan.

2. Acknowledgment and Confirmation Letters

These letters let you know the status of your enrollment. Within 10–14 days of receiving your enrollment we'll send you an acknowledgment letter. It explains that we've received your information and are waiting for Medicare to approve your eligibility. After Medicare approves, you'll get a confirmation letter followed by your member ID card.

3. Member ID Card

You will receive a new member number and ID card. Present your new card to your providers or their office staff. Remind them that your old ID is no longer valid. If the provider does not use your new ID card and number, your benefits cannot be confirmed and there may be delays processing your claims.



Your card will have this information:

- **Your Name**
- **The name of your Group Medicare plan**
- **Member ID number**
This number is unique to you.
- **Plan number**
This number is used by the plan only.
- **Copays**
If applicable, these are the fixed amounts you may have to pay when you visit a provider or the ER.
- **You or your provider can call the number on the back of your card with any questions.**
- **Our website**

If your ID card hasn't come in the mail by your effective date, you can still use your benefits. Just show your confirmation letter as proof of insurance.

4. Welcome Kit

This usually arrives after your member ID card and contains a welcome guide, Evidence of Coverage benefit insert and information to help you get the most from your plan.



Staying Connected

Once you are a 65 Plus Medicare Advantage Plan (PPO) member, your plan becomes your partner in health. We will reach out during the year with helpful reminders and health tips. If you have a special medical condition, you may receive personalized communication from our medical professionals who can help you manage your health and find resources just for you. Feel free to reach out to Customer Service with questions about your plan.

Blue Access for MembersSM (BAMSM)

If you haven't already, register for BAM at www.bluemembertx.com.

This secure site and mobile app provide you easy access to view your health benefit information from anywhere.

You can:

- Search for health care providers.
- View claims status and up to 18 months of claims activity.
- Request an ID card or print a temporary ID.
- Find health and wellness information.



It's Easy to Get Started!

Go to www.bluemembertx.com or grab your smartphone and your member ID card and text[†] BCBSTXAPP to 33633 so you can use BAM while you're on the go.

[†] Message and data rates may apply.

Blue Cross and Blue Shield of Texas is honored that The Texas A&M University System has entrusted us with your care.

We are committed to providing outstanding service, medical expertise and convenience to you and your Medicare-eligible family members.

Let's get started.

1. Medicare-eligible retirees and Medicare-eligible dependents of retirees must be enrolled in both Medicare Part A and Part B. You must continue to pay any required Part A or Part B premiums. These are usually deducted from your Social Security benefit. If you haven't signed up for Medicare yet, contact your local Social Security office or go to www.ssa.gov to enroll online.
2. Review the enclosed Summary of Benefits for details about your 65 Plus Medicare Advantage Plan (PPO).
3. You will be automatically enrolled, so there is no form to complete. However, if you prefer to opt out of the plan you must do so as soon as possible through the benefit office of the institution from which you retired. **If you take action to opt out, you will not have any medical, prescription or basic retiree life insurance through The Texas A&M University System.**
4. Watch your mailbox for your enrollment acknowledgment and confirmation letters, followed by your new 65 Plus Medicare Advantage Plan (PPO) member ID card, and your welcome kit.

Frequently Asked Questions about Medicare and Medicare Advantage plans.

Medicare is the government health care program designed for people ages 65 and over. Most U.S. citizens earn the right to enroll in Medicare by working and paying their taxes for a minimum of 10 years. Under certain circumstances, people under 65 may be eligible for Medicare. There are four parts of Medicare related to specific services:

Part A — Hospital coverage

Part B — Medical coverage

Part C — Medicare Advantage Plans (private insurers like BCBSTX that contract with the government to provide Medicare coverage through a variety of insurance products).

Part D — Prescription drug coverage

Q. Do I need to enroll in Medicare with the government or just with this plan?

A. Enrollment in Medicare Part A and Part B through the federal government is required for retirees to be eligible for any retiree Medicare plans, including this 65 Plus Medicare Advantage Plan (PPO). To have full coverage, you must sign up for Medicare Parts A & B and continue to pay your Part B premium. This is no different than in previous years under the A&M Care plan and 65 Plus Plan, which required Medicare eligible retirees and covered dependents to enroll in Medicare Part A and Part B. Check with the benefit office at your institution to learn how your retiree plan will work with Medicare.

Q. I am enrolling in Medicare for the first time. When will coverage be effective?

A. Coverage is effective on the first day of the month following the date the application was processed or the Medicare Parts A & B effective date, whichever is later. When enrolling in the TAMUS Medicare PPO plan, you will need to provide your 11-character Medicare Beneficiary Identifier (MBI), located on your red, white and blue Medicare card along with your effective date. The earliest someone who is turning age 65 can sign up for Parts A & B is three months before the month they will turn age 65.

Q. I'm not 65 yet. When do I enroll in Medicare Part A and B?

A. You have an Initial Enrollment Period (IEP) of seven months to sign up: the three months leading up to the month you turn age 65, the month you turn 65, and three months following the month you turn 65.

Q. I am already enrolled in a Medicare plan. Will it continue?

A. You can only be enrolled in one Medicare plan at a time and we offer help as you move to 65 Plus Medicare Advantage plan (PPO).

Q. Where can I find additional Medicare resources?

A. The following web sites may be helpful: www.medicare.gov; www.ssa.gov; www.cms.gov.

Q. How do I enroll?

A. Medicare enrollment is done through the Social Security Administration (SSA). Most people should enroll in Medicare Part A (hospital coverage) during the Initial Enrollment Period (IEP). SSA will send you enrollment instructions at the beginning of your IEP. This is the period during which you can enroll in Medicare for the first time. It is a seven-month period that begins three months before the month you turn 65, includes the month you turn 65, and runs for three months after the month you turned 65. For example, if you were born in June, your window to enroll is March 1 through September 30.

If you're already receiving Social Security benefits, you will be automatically enrolled in Medicare Part A at the start of your Initial Enrollment Period. However, you will need to contact SSA to sign up for Part B.

If you do not receive instructions from the SSA, please call **1-800-772-1213 (TTY 1-800-325-0778)** or go to www.ssa.gov to enroll in Medicare.

Because enrollment takes time to process, if you plan to retire at 65, we recommend enrolling three months prior to your 65th birthday.

IMPORTANT: In order to participate in an employer-sponsored Medicare plan, you will need to enroll in both Parts A and B. If you do not enroll in Medicare Parts A and B when you are first eligible, you can be subject to late enrollment penalties.

Q. Are there costs to Medicare outside of my plan?

A. Part A will not cost you anything if you or your spouse paid into Social Security for a minimum of 10 years. But signing up for Part A and/or Part B means you can no longer add funds to a health savings account. You pay a premium each month for Part B. Your Part B premium will be automatically deducted from your benefit payment if you get benefits from one of these:

- Social Security
- Railroad Retirement Board
- Office of Personnel Management

If you don't get these benefit payments, you will receive a Part B premium bill. The Part B monthly premium changes each year and can vary according to income through what's known as IRMAA: income-related monthly adjustment amount. Most people will pay the standard premium amount. Medicare uses the modified adjusted gross income reported on your IRS tax return from two years ago to determine your Part B premium. This is the most recent tax return information provided to Social Security by the IRS.

A notice from Medicare will be mailed to those who will pay the IRMAA surcharge.

Q. What happens if I do not pay my Part B premiums?

A. Non-payment of Part B premiums and/or IRMAA surcharge will result in termination of coverage.

Group vs. Individual Medicare Plans

Q. What are the advantages of a group Medicare plan like 65 Plus Medicare Advantage plan (PPO) over an individual Medicare plan?

A. As a rule, group Medicare plans have better benefits than individual plans. And, because many employers or unions offer a defined contribution plan or subsidy (paying part of the cost you would pay wholly on your own with an individual plan), the cost is likely less as well.

Q. Do I have to choose a plan offered by The TAMUS System?

A. You may choose not to enroll. Opting out of this plan means you will not have any medical, prescription or basic retiree life insurance through The Texas A&M University System. You may still continue other coverage types and may enroll in the 65 Plus Medicare Advantage plan (PPO) at a later date during Annual Enrollment or following a qualifying event.

Q. If I decline participation in this Group plan now, can I sign up later?

A. Yes, you can opt in or out of the plan anytime you have a qualifying life event or during Open Enrollment.

Q. Are my dependents eligible?

A. Yes. Dependents are defined as a spouse, a child under the age of 26, or an eligible, incapacitated dependent over the age of 26 who is included under the retiree's medical coverage through the TAMUS System. Different plan scenarios apply depending on Medicare eligibility:

- If the retiree and dependents are all eligible for Medicare, then all will be enrolled in the 65 Plus Medicare Advantage plan (PPO).
- If a spouse or dependent is not eligible for Medicare, then all will remain on the active plan until all are eligible for Medicare.
- If the retiree is not eligible for Medicare but dependents are, then all will remain on the active plan until all are eligible for Medicare.
- If neither the retiree nor dependents are eligible for Medicare, then all will remain on the active plan until all are eligible for Medicare.

Q. What is a Medicare Advantage plan? How is it different from my traditional coverage?

A. Medicare Advantage plans are government-authorized plans offered by private health insurance companies like Blue Cross and Blue Shield of Texas that expand upon the benefits offered by Medicare Parts A and B.

Also known as 'Medicare Part C' plans, they include some medical benefits not traditionally covered by Original Medicare Parts A and B. For example, this 65 Plus Medicare Advantage Plan (PPO) includes non-Medicare covered benefits such as hearing services, including a hearing aid allowance, the SilverSneakers® fitness program, chiropractic services, private duty nursing, a 24-hour nurse line, and virtual visits.

Q. Can I be refused coverage due to a pre-existing condition? Can my policy be canceled once I am enrolled because of my condition?

A. You cannot be refused coverage because of a pre-existing condition. Your coverage cannot be canceled and your claims for covered services cannot be denied because of a pre-existing condition.

Q. Will I be able to see my current providers?

A. Yes. This is an 'open access' or 'passive' PPO. You can go to any providers who: 1) accept Medicare; 2) agree to see you as a patient; and 3) agree to bill the plan. They do not need to be part of any Blue Cross and Blue Shield network.

Q. I am already on a care plan. Will it continue?

A. Yes. We offer help from a team of experts who will handle your care as you move to the TAMUS Medicare Advantage Plan (PPO). This help is known as continuity of care or coordination of care.

Q. Will my provider be able to submit claims easily to the 65 Plus Medicare Advantage Plan (PPO)?

A. Yes. In fact, we simplified the claims process for providers. Instead of submitting claims to Medicare, providers can now submit directly to the plan. Providers outside of Texas can file claims with their local BCBS plan and are familiar with this process. We take care of any interactions with Medicare. In addition, we offer providers education about open access plans. The customer service number listed on the back of your member ID card is for you or your provider to call with any questions.

Q. Does my plan cover any prescription drugs?

A. Your plan includes everything covered by Medicare Part B, including some drugs and services. To learn more about drugs covered under Medicare Part B, visit www.medicare.gov/coverage/prescription-drugs-outpatient.

Q. What are my other options for prescription drug coverage?

A. Part D prescription drug coverage for Texas A&M System retirees is available through a separate carrier and included when you enroll in 65 Plus Medicare Advantage Plan (PPO).

Q. How do I know if a drug is covered under my Part D prescription drug plan or the TAMUS Medicare PPO plan?

A. How you access your TAMUS Part D prescription drug benefit has not changed. Part D covers common outpatient medications you get from the pharmacy, like those used to treat high blood pressure, high cholesterol, depression, and osteoporosis. These types of prescription drugs are not covered under Medicare Part A or Part B. If you have questions about your pharmacy benefits, call Part D customer service at 1-800-860-7849 TTY 711.

The 65 Plus Medicare Advantage Plan (PPO) covers some drugs and services normally covered by Medicare Part B. 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 evidence of coverage
- 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).
- 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.

If you need to know if a drug you are prescribed is covered under Part B or Part D, please call 65 Plus Medicare Advantage Plan (PPO) Customer Service.

Q. Will I have access to vision, hearing or other benefits?

A. The 65 Plus Medicare Advantage Plan (PPO) covers a routine eye exam, routine hearing exam, hearing aid allowance and routine acupuncture.

Q. When will I see my new 65 Plus Medicare Advantage member ID card?

A. You will receive an acknowledgment letter, followed by a confirmation letter and then your new member ID card. You may use your confirmation letter as proof of insurance until your card arrives. Your 65 Plus Medicare Advantage Plan (PPO) card is only for use with hospital and medical providers. You will need to use membership cards from other providers when using services (i.e., Part D prescription drugs) covered by their plans.

Remember, you will have a new member number and ID card. **Be sure to show your new card and new member ID number to your providers or their office staff. Remind them that your old ID is no longer valid.** If the provider does not use your new card and number, your benefits cannot be confirmed and there may be delays processing your claims.

Q. Are chiropractic services covered?

A. Routine chiropractic visits are covered with a 20% coinsurance for 30 visits per year.

Q. Can I use private duty nursing with this plan?

A. Private duty nursing is covered with a 20% coinsurance for medically necessary, temporary private duty nursing.

Q. Which medical services need prior authorization?

A. Prior Authorization (PA) is when a contracted provider needs to get approval from the health plan to deliver a service. The goal is to make sure the service is the best choice for the patient and to avoid costly services that have low value. Prior Authorization is needed for:

- Advanced Imaging (MRI, MRA, CT scans and PET scans)
- Musculoskeletal – Pain/Joint/Spine
- Outpatient Medical Oncology
- Outpatient Radiation Therapy
- Outpatient Sleep Study
- Outpatient Specialty Drugs
- Lab Management Solutions – Molecular and Genomic Lab Testing
- Select Durable Medical Equipment
- Some procedures that are performed as part of an inpatient stay

Twenty-three (23) hour observation and emergency room visits do not need prior authorization.

Your provider will work with us to get any PA you may need, and may talk with you about other options if necessary. If you have a PA in place when you enroll in 65 Plus Medicare Advantage Plan (PPO), that PA continues for the first six months of coverage.

Q. What are all of my supplemental benefits?

A. Your supplemental benefits include:

- Hearing Care
- Private Duty Nursing
- Wellness Solutions
- SilverSneakers® Fitness Program
- 24/7 Nurseline
- Virtual Visits
- Chronic Disease Prevention and Support
- Hypertension and Diabetes Programs
- Musculoskeletal and Chronic Pain Programs
- Weight Management Program

Q. How often will I be billed? By whom?

A. The billing process through the A&M System will not change. For questions regarding your premium payments for the 65 Plus Medicare Advantage Plan (PPO), contact System Insurance Billing at 1-979-845-0015. Remember, you are still required to pay your Medicare Part B premium.

Q. Will I receive a periodic Medicare statement based on the plan I select?

A. If you enroll in 65 Plus Medicare Advantage Plan (PPO), you will receive your Explanation of Benefits (EOB) from Blue Cross and Blue Shield of Texas. How often you receive it depends on how often you 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.

Post-enrollment

Q. When will my coverage be effective?

A. As a retiree, your 65 Plus Medicare Advantage Plan (PPO) coverage is usually effective the first of the month in which you turn 65 or the first of the next month. Enrollment in Medicare Part A and Part B is required to be enrolled in 65 Plus Medicare Advantage plan (PPO).

Q. Will I have access to the same health and wellness benefits I had under A&M Care or 65 Plus Plan?

A. Yes. You may continue to use all of these health and wellness tools:

- Hinge Health
- 24/7 Nurseline
- Blue365®
- Learn to Live
- Omada
- Livongo
- SilverSneakers®
- Wondr Health

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

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 VisionSM, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus®.



Questions about 65 Plus Medicare Advantage Plan (PPO)?



Learn more about your plan via WebMD ONE or at our dedicated website for Texas TAMUS University System retirees. bcbstx.com/tamus-retiree-medicare



Call the Education Helpline for personalized help.

1 855-476-4149 TTY 711

We are open October 1 – January 31: Daily, 8:00 a.m. to 9:00 p.m. CT
February 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m. local time.
Alternate technologies (for example, voicemail) will be used on weekends and holidays.

Refer to your plan documents for details.

This information is not a complete description of benefits. Refer to your plan documents for details.

Out-of-network/non-contracted providers are under no obligation to treat BCBSTX members, except in emergency situations. We recommend that you confirm with providers that they will accept your Medicare Advantage Open Access PPO plan and bill us directly. At your appointment, give the provider a copy of the Open Access Provider Notice letter that is included here and 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.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Texas.

Classes and amenities vary by location.

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.

Livongo, Omada, and Hinge Health are independent companies that have contracted with Blue Cross and Blue Shield of Texas to provide health management solutions for members with coverage through BCBSTX.

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

EvokeHealth, LLC. is an independent company that provides healthcare communications and a digital member platform for Blue Cross and Blue Shield of Texas.

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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.