



BlueCross BlueShield of Texas

THE TEXAS A&M  
UNIVERSITY SYSTEM



## Welcome Guide

### Important information about the 65 Plus Medicare Advantage Plan (PPO)

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

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# Welcome to the 65 Plus Medicare Advantage Plan (PPO) for Texas A&M University System Retirees

## We’ll keep in touch.

Our goal is to help you manage your health. It's why we've developed this Welcome Guide and other helpful communications you'll receive throughout the year. This guide includes useful information about:

- Using your member ID card.
- Understanding your plan's coverage.
- Exploring your wellness solutions.
- Getting help when you need it.

**The 65 Plus Medicare Advantage Plan (PPO) is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference the plan name 'Blue Cross Group Medicare Advantage Open Access (PPO)'<sup>SM</sup>. This plan name is the same as the 65 Plus Medicare Advantage Plan (PPO).**

## Where to start.

Please review the information about your coverage and next steps, starting on page 4.

## We’re here for you.

Contact us before calling Medicare. We will let you know if your question can only be answered by Medicare.

When you get information from your **65 Plus Medicare Advantage Plan (PPO)**, 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.



### Call

**1-855-476-4149 TTY 711**

We are open 8 a.m. - 8 p.m, CT, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.



### Web

**Blue Access for Members (BAM<sup>SM</sup>)**

Get information about your plan, claim status and benefits.

**[www.bluemembertx.com](http://www.bluemembertx.com)**

**65 Plus Medicare Advantage Plan (PPO) Dedicated Website**

**[www.bcbstx.com/tamus-retiree-medicare](http://www.bcbstx.com/tamus-retiree-medicare)**



# Let's Get Started

Follow these easy steps to get the most from your plan.



## Step 1 Check Your Member ID Card



Present your 65 Plus Medicare Advantage Plan (PPO) member ID card whenever you receive a medical service or benefit covered by the plan. Make sure the personal information on the member ID card is accurate. If you have any questions or concerns, call Customer Service.

### Remember, you will have two insurance plan ID cards.

- Use your 65 Plus Medicare Advantage Plan (PPO) ID card for medical services and any drugs that are covered by Medicare Part B.
- Use the member ID card from a separate insurance carrier at the pharmacy for your outpatient medications.

## Step 2 Visit Blue Access for Members

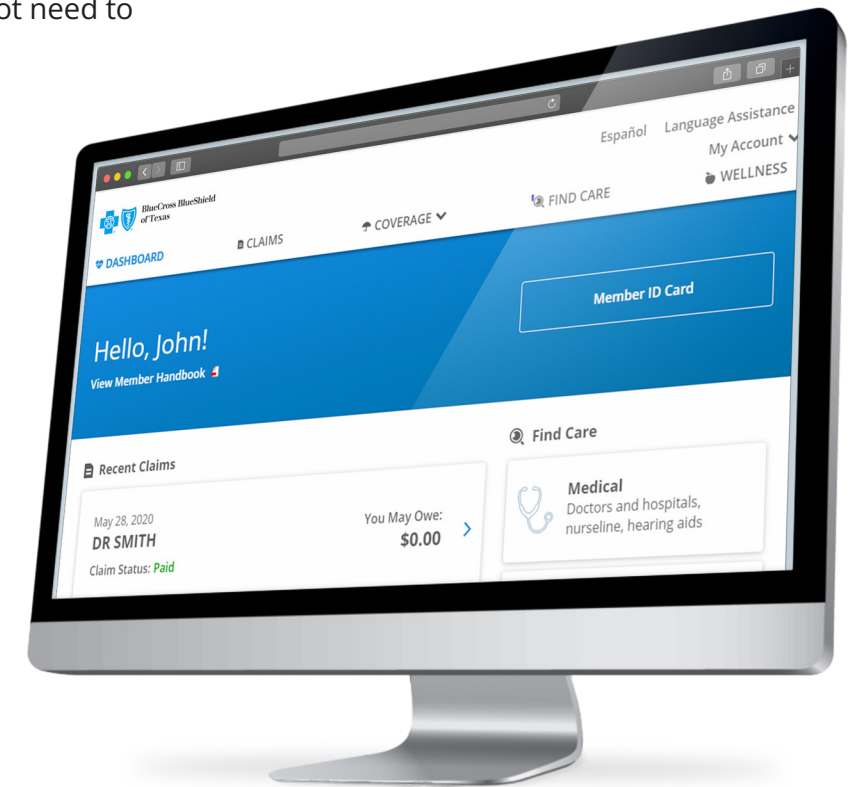


### Everything you need to know about your coverage — in one place.

Get the most out of your health care benefits with Blue Access for Members (BAM™), a secure website and mobile app. It's the health information you need, any time you need it. If you already have a BAM account, you do not need to set up a new one.

### Here are a few things you can do with BAM:

- View claims status and up to 18 months of claims activity.
- Search for a health care provider, hospital or urgent care facility.
- Compare providers on a single page and sort providers by quality, cost and accessibility.
- Request or print your ID card.
- View or print Explanation of Benefits statements and more!



### Go Mobile! It's Easy to Get Started!

You can log in to BAM from the member website. Or, grab your smartphone and your member ID card and text† BCBSTXAPP to 33633 to 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

65 Plus Medicare Advantage Plan (PPO) is a Medicare Advantage Open Access PPO plan, giving 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.\*

### We make it easy for providers to submit claims.

Instead of sending them to Medicare, providers submit directly to the plan. We take care of any interactions with Medicare on behalf of the provider and you. We offer provider education and they can reach Customer Service any time they have questions.



### Call ahead and be prepared.

We recommend that you confirm with providers that they accept the 65 Plus Medicare Advantage Plan (PPO) and will submit claims to the plan. At your appointment, show the office staff your new 65 Plus Medicare Advantage Plan (PPO) member ID card and the 'Your Providers, Your Personal Network' flyer included with this Welcome Guide. Detailed plan information can be found in your Evidence of Coverage Benefit Insert.

### We work closely with your provider to deliver care.

Before you can be covered for some 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.



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

*Please note: It's important to give your doctor the full name of your specific Medicare Advantage plan and network. Do not just say you have Blue Cross and Blue Shield, since many physicians are usually part of more than one Blue Cross and Blue Shield network. This information is located on your member ID card.*

\*Out-of-network/non-contracted providers are under no obligation to treat BCBSTX members, except in emergency situations.

## Step 4

## Review Your Evidence of Coverage Benefit Insert (EBI)



### The EBI in this guide explains:

- Your rights and responsibilities.
- What's covered.
- What you pay as a member of the plan.

We encourage you to review your EBI. It lists the coverage, costs and extra health and wellness benefits provided by your 65 Plus Medicare Advantage Plan (PPO). It's an important legal document, so keep it in a safe place. It is part of your complete EOC which can be found on BAM (see Step 2).





## Step 5 Schedule Your Annual Wellness Visit



Wellness begins with understanding. Your 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 (BMI)	
<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

The 65 Plus Medicare Advantage Plan (PPO) covers most commonly used medical 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 65 Plus Medicare Advantage Plan (PPO) 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



### What drugs are covered by the 65 Plus Medicare Advantage Plan (PPO)?

**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 Evidence of Coverage Benefit Insert (EBI).

#### 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.

**How you access your Medicare Part D prescription drug benefits has not changed.** Part D covers common outpatient medications you get from the pharmacy, like those used to treat blood pressure, cholesterol, depression, and osteoporosis. These types of prescription drugs are not covered under Original Medicare Part A or Part B. If you have questions about your Part D benefits, call your Part D plan Customer Service.

**If you need to know if a drug you are prescribed is covered under Part B or Part D, please call Customer Service.**



## Step 7 Access Extra Health and Wellness Benefits

The 65 Plus Medicare Advantage Plan (PPO) offers a number of benefits above and beyond standard insurance coverage. Plus, you can continue to use these services:

- Omada® Diabetes Prevention Program
- Livongo® Hypertension and Diabetes Program
- Hinge Health Chronic Pain Program
- Learn to Live Mental Health Program
- Wondr Health™ Weight Loss Program



### Blue365®

Blue365 is just one more advantage of being a Blue Cross and Blue Shield of Texas member. 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 at [www.blue365deals.com/bcbstx](http://www.blue365deals.com/bcbstx), 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](http://www.blue365deals.com/bcbstx).**

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



### 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 the 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.



### 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](http://SilverSneakers.com)

**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](http://www.silversneakers.com/StartHere) or email [support@silversneakers.com](mailto:support@silversneakers.com).**

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### Telehealth Services (Virtual Visits)

65 Plus Medicare Advantage Plan (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, seven 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](http://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 1-866-954-3585 (TTY 1-800-770-5531) or go to [www.mdlive.com](http://www.mdlive.com).**



### Hearing Care

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

- 20% coinsurance payment for one routine hearing exam per year
- Hearing aid fitting and adjustments
- \$2,000 per ear hearing aid allowance, once every three years

**To learn more about your benefits through TruHearing, call 1-888-990-5523 TTY 711.**

\* Your current provider also may offer telehealth services.

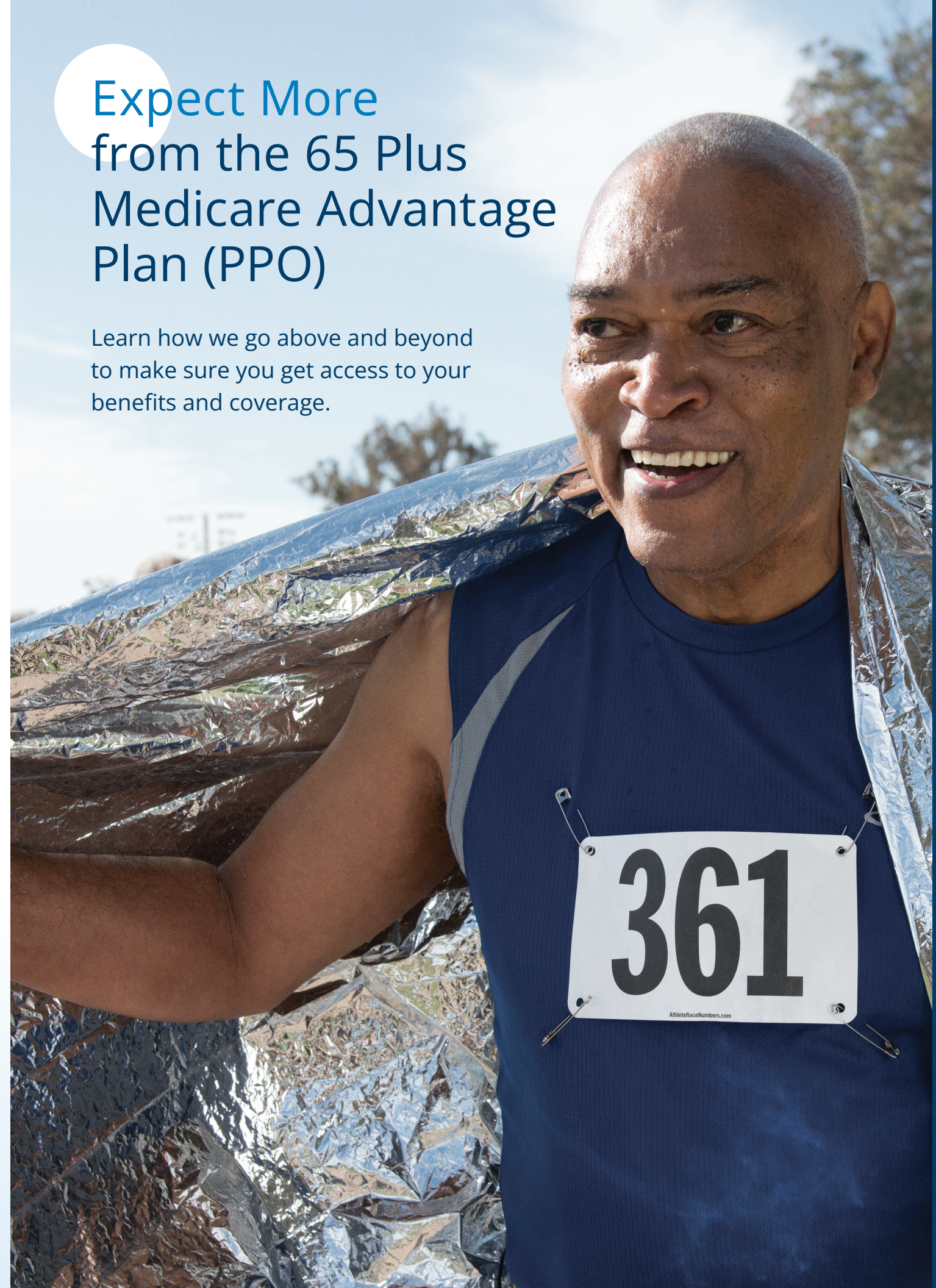
Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's 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.

TruHearing® is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids. The relationship between TruHearing and Blue Cross and Blue Shield of Texas is that of independent contractors.

# Expect More from the 65 Plus Medicare Advantage Plan (PPO)

Learn how we go above and beyond to make sure you get access to your benefits and coverage.





## Forms You May Need

You may need these forms during the year. All forms can be found on the member website.

- **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 Protected Health Information (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, seven days a week

## We'll Keep in Touch

Because we care about your well-being and want you to get the most from your Medicare plan, we'll be in touch with you throughout the year.



**TAKE ACTION: Provide your email address!**

Scan this **QR code** with your smartphone camera or go online at **[www.bcbstx.com/preferences](http://www.bcbstx.com/preferences)**.



**We will contact you.**

**You can expect to hear from us occasionally to check in. We are also available to:**

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



**Annual Notice of Change**

**Near the end of the year, you'll receive an Annual Notice of Change from the 65 Plus Medicare Advantage Plan (PPO).** This notice outlines the premium/benefit changes (if any) for your plan. These changes will begin January 1 of the following calendar year. Review this document carefully.



**Explanation of Benefits (EOB)**

**You'll receive a statement called Explanation of Benefits.** 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. 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.



## Glossary of Terms

We have described some commonly used terms to help you understand more about your plan. Refer to your benefit plan materials if you have questions.

### **Allowed Amount**

The maximum amount a plan will pay for a covered health care service.

### **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 or service. 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 services.

### **Out-of-Pocket Limit**

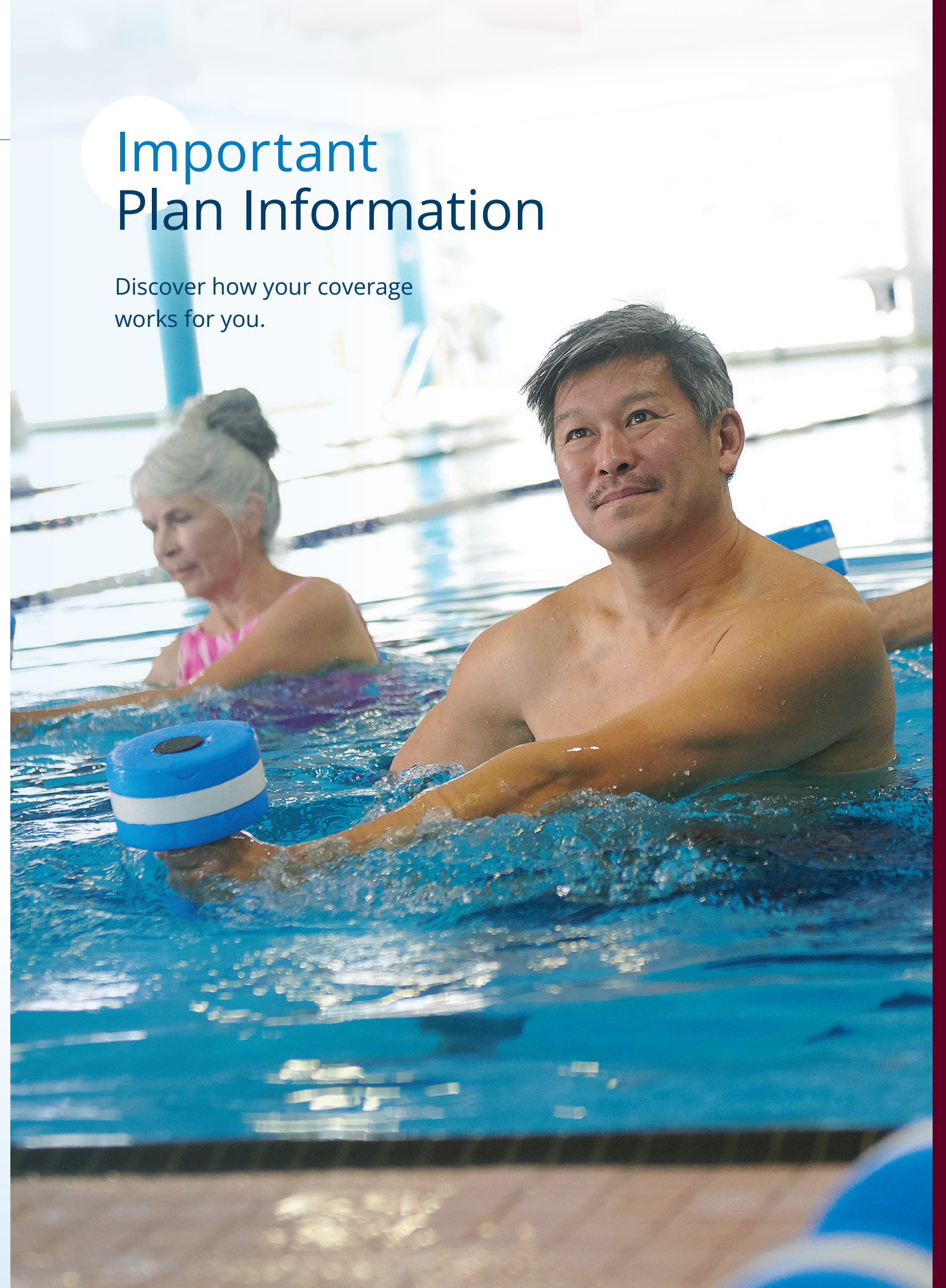
Once you pay this amount in deductibles, copays and coinsurance for covered services, the plan pays 100% of the allowed amount for covered services for the rest of the benefit period.

### **Participating Provider**

An in-network or out-of-network provider who accepts Medicare and the agreed-upon rates for services.

## Important Plan Information

Discover how your coverage works for you.





2024 Mandated Materials  
will go here

## Contact Information



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

Contact us before calling Medicare. We will let you know if your question can only be answered by Medicare.



#### Call

**1- 855-476-4149 TTY 711**

We are open 8 a.m. - 8 p.m, CT, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.



#### Web

**Blue Access for Members**

Get information about your plan, claim status and benefits.

**[www.bluemembertx.com](http://www.bluemembertx.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.

65 Plus Medicare plan (PPO) is an open access Medicare Advantage PPO plan. On occasion, members may receive automated communications that reference plan name 'Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup>'. This plan name also refers to 65 Plus Medicare plan (PPO).

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 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.