

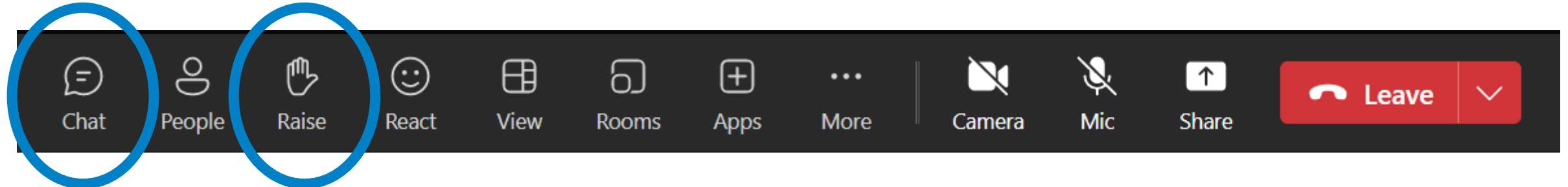
Welcome



Thank you for joining **The 65 Plus Medicare Advantage Plan (PPO)** Virtual Education Session. We will begin momentarily.

A few reminders before we get started:

- Please be sure to remain on mute during our presentation and keep your camera off.
- If you have a question, you can utilize the Microsoft Teams Chat feature at any time.
- If you prefer to ask your question verbally, please wait until the end of our presentation, and use the Raise hand feature, and we will answer questions one at a time.





BlueCross BlueShield
of Texas

THE TEXAS A&M
UNIVERSITY SYSTEM

The Texas A&M University System 65 Plus Medicare Advantage Plan (PPO)



Today's Topics

- Texas A&M University System Benefit Overview
- Visiting your Provider
- Supplemental Benefits Overview
- Questions



Benefit Overview

Texas A&M University System 65 Plus Medicare Advantage Plan (PPO) Highlights

Medical Coverage	
Annual Deductible	\$0
Out-of-Pocket Maximum	\$750
Inpatient Hospital Services	5% coinsurance
Outpatient Hospital Services	5% coinsurance
Emergency/Urgency Care	5% coinsurance
Advanced Imaging (MRI, MRA, CT Scan, PET)	5% coinsurance
Primary Care Office Visit	\$0 copay
Specialist Care Office Visit	5% coinsurance
Physical, Speech & Occupational Services	5% coinsurance
Ambulance Services	5% coinsurance

Supplemental Benefits (these are non-Medicare covered benefits)

Routine Hearing Exam	
Routine Hearing Exam <i>1 routine hearing exam each year</i>	20% coinsurance
Hearing Aid Allowance	\$2,000 Allowance per ear/36 months
Routine Vision	
Routine Eye Exam <i>1 routine eye exam each year</i>	\$0 copay
Other Supplemental Benefits	
Routine Chiropractic/Acupuncture Services <i>(30 visit limit, each)</i>	20% coinsurance
Private Duty Nursing	20% coinsurance

Prior Authorization

Prior Authorization (PA) is when a contracted provider needs to get approval from the health plan to deliver a service.

Prior Authorization is required for:

- Advanced Imaging (MRI, MRA, CT scans and PET scans)
- Lab Management Solutions – Molecular and Genomic Lab Testing
- Musculoskeletal: Pain / Joint / Spine Services – excluding exams, physical therapy, and occupational therapy
- Inpatient stay that is not the result of an emergency
- Outpatient Medical Oncology
- Outpatient Radiation Therapy
- Outpatient Sleep Study
- Outpatient Specialty Drugs
- 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.

Continuity of Care for Members

- CMS requires a 90-day continuation of care. **BCBS offers an additional extended continuity of care period for a total of 180 days for continuation of care.** To ensure we provide the least disruptive care to the members during this transition.
- **During the 180 days of continuity of care period, ongoing services will be paid without a prior authorization** being required for all Medicare covered benefits and services delivered by a Medicare provider based on contract effective date and member effective date going forward.
- **Outside of the 180-day continuity of care period,** standard prior authorization process and claims payment rules are applied. Any adverse determination from authorization or claims payment would be accompanied by specific **medical reason or explanation of benefit along with appeal rights.**

Visiting Your Provider

Open Access – Your Own National Provider Network

- Blue Cross Group Medicare Advantage Open Access (PPO) offers members access to care from any provider nationwide who will
 - see you as a patient
 - accepts Medicare
 - is willing to bill Blue Cross and Blue Shield of Texas (BCBSTX) or their local Blue Cross and Blue Shield plan
- 98% of U.S. physicians accept Medicare assignment, according to the U.S. Centers for Medicare & Medicaid Services (CMS)¹.
- Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits.
- Referrals are not required for specialist visits.



Open Access – Your Own National Provider Network

The “**Your Providers, Your Personal Network**” flyer, which comes in your enrollment and welcome kits, is a helpful document to bring to your provider’s office should they have any questions about how to work with your plan.

Side 2 of the flyer has all the information your provider’s office needs, including a number to call with any questions.



Dear Valued Member,

You are part of a **Texas A&M University System 65 Plus Medicare Advantage Plan (PPO)**, meaning you are free to see any provider who will see you as a patient, accepts Medicare* and will bill the plan.

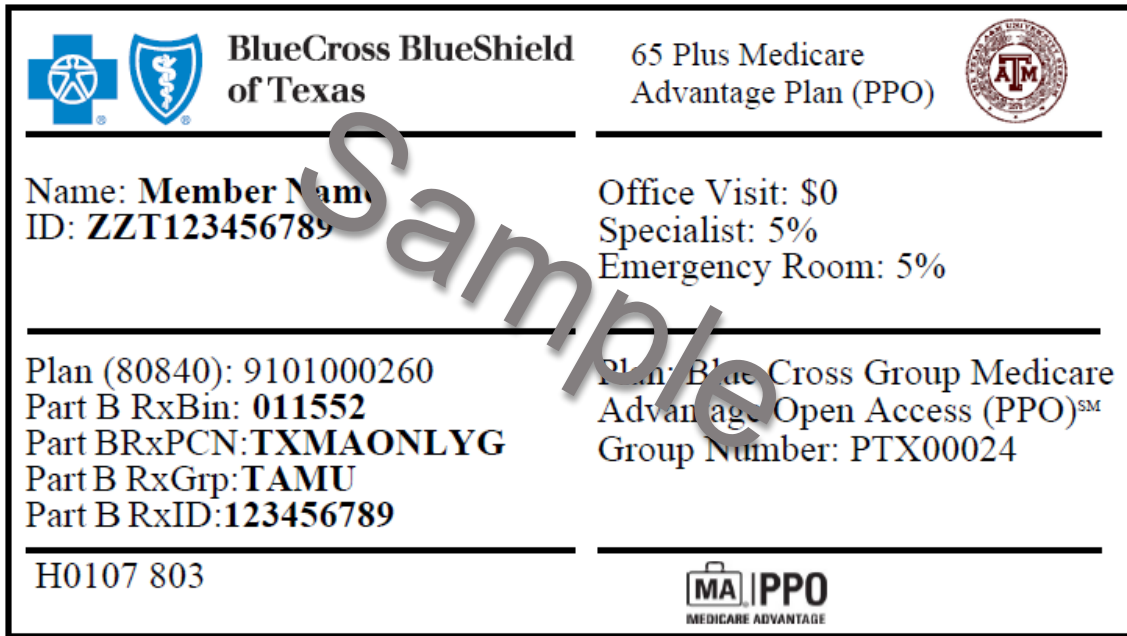
With this Open Access plan, in-network and out-of-network rules do not apply. Your benefit is the same for a visit to a provider who isn't in our network, because if they accept Medicare and will bill the plan, they're in **yours**.

Simply share this document with your provider's billing representative. We'll handle the rest.

If your provider has questions about your coverage or seeing you as a patient, ask them to call provider customer service at **1-877-299-1008**.

Member ID Card

- You will only need to present your member ID card whenever you receive a medical service or benefit covered by your plan. You do not need to show your Original Medicare card.
- Providers will send your claims directly to BCBSTX or their local BCBS.



BlueCross BlueShield of Texas 65 Plus Medicare Advantage Plan (PPO)

Name: Member Name
ID: ZZT123456789

Office Visit: \$0
Specialist: 5%
Emergency Room: 5%

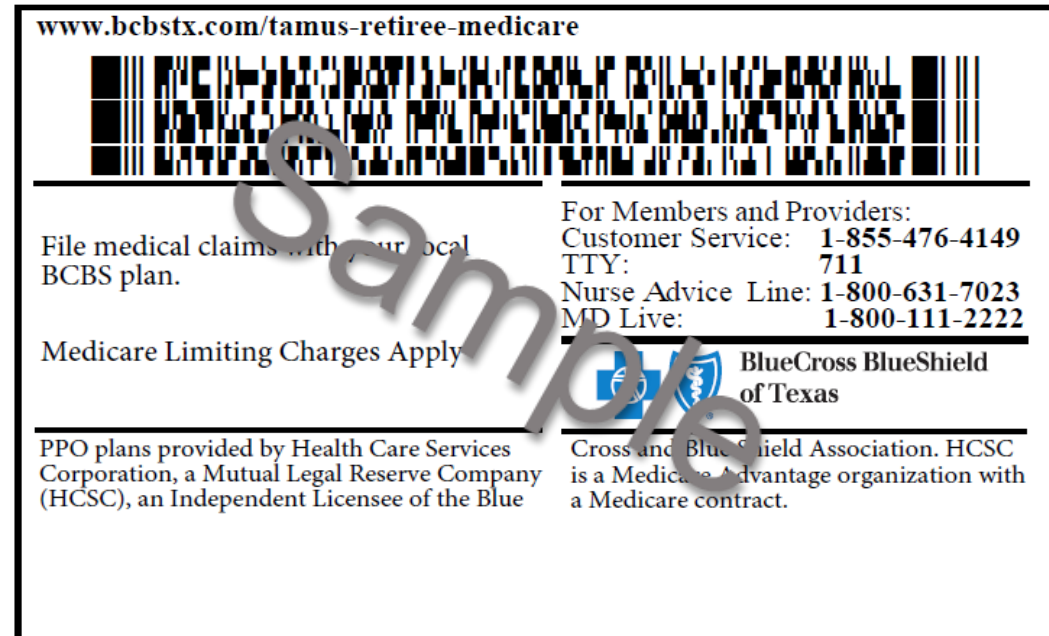
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Part B RxBin: 011552
Part BRxPCN: TXMAONLYG
Part B RxGrp: TAMU
Part B RxID: 123456789

Plan: Blue Cross Group Medicare Advantage Open Access (PPO)SM
Group Number: PTX00024

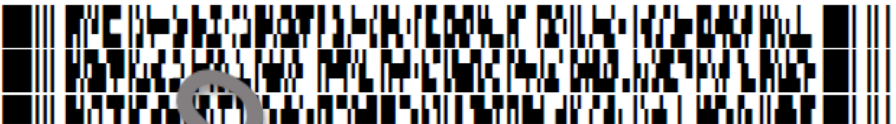
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MA PPO
MEDICARE ADVANTAGE

Front of ID Card



www.bcbstx.com/tamus-retiree-medicare



For Members and Providers:
Customer Service: 1-855-476-4149
TTY: 711
Nurse Advice Line: 1-800-631-7023
MD Live: 1-800-111-2222

File medical claims with your local BCBS plan.

Medicare Limiting Charges Apply

BlueCross BlueShield of Texas

PPO plans provided by Health Care Services Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract.

Back of ID Card

Frequently Asked Questions

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

A. Most likely, yes. Under the 65 Plus Medicare Advantage Plan (PPO), which 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 submit claims to Blue Cross and Blue Shield of Texas. They do not need to be part of any Blue Cross and Blue Shield network.

Q. How will my provider know my plan has changed?

A. Please inform your providers that your plan has changed when you call for an appointment and when you arrive for your visit. As a 65 Plus Medicare Advantage Plan (PPO) member, you have a new member number and ID card. Be sure to show your new card to your providers or their office staff. Remind them that your old ID is no longer valid. If your provider does not use your new number, care may be delayed. Your enrollment and welcome kits will also have a notice to bring with you when you see your provider.

Q. Will my provider be able to submit claims easily to 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 Blue Cross and Blue Shield of Texas. We take care of any interactions with Medicare on behalf of the provider and you.

Frequently Asked Questions

Q. Will most providers agree to bill the new program?

A. 98% of providers across the country accept Medicare. Open Access PPO plans like **65 Plus Medicare Advantage Plan (PPO)** cover everything covered by Medicare Part A and B. For most 65 Plus Medicare Advantage PPO patients, providers will file claims with their local BCBS plan and are familiar with this process. If your providers accept Medicare, we've made it easy for them to submit claims for your care.

Q. Help me understand how the provider network works if I do not need to see a network provider.

A. This is an Open Access PPO plan. Any provider who accepts Medicare assignment and agrees to bill BCBS, will be paid. Providers who have contracted to be in the BCBS network will be paid their contracted rate. Providers who are not in the BCBS network will be paid the Medicare allowable rate for your care. You can see providers inside and outside of the BCBS network who agree to the rules stated above. Providers outside of Texas can file claims with their local BCBS plan and are familiar with this process.

Pharmacy - Medicare Part B and Part D Overview



Q. How do I know if a drug is covered under my Part D prescription drug plan or the 65 Plus Medicare Advantage Plan (PPO)?

A. How you access your A&M System 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 Express Scripts Medicare customer service at **1-855-895-4647. TTY 1-800-716-3231.**

Medicare Part B and Part D Overview

B

VS

D

Medicare Part B covers **medical outpatient care**, and it may cover drugs that are administered in a doctor's office or outpatient setting.

Part B also covers **durable medical equipment** and **diabetic testing** supplies.

Medicare Part D covers **most prescription drugs** that aren't covered by Part B.

COVERED BY PART B IF
You had a Medicare-covered transplant and the drug is medically necessary to prevent or treat rejection of the transplanted organ.

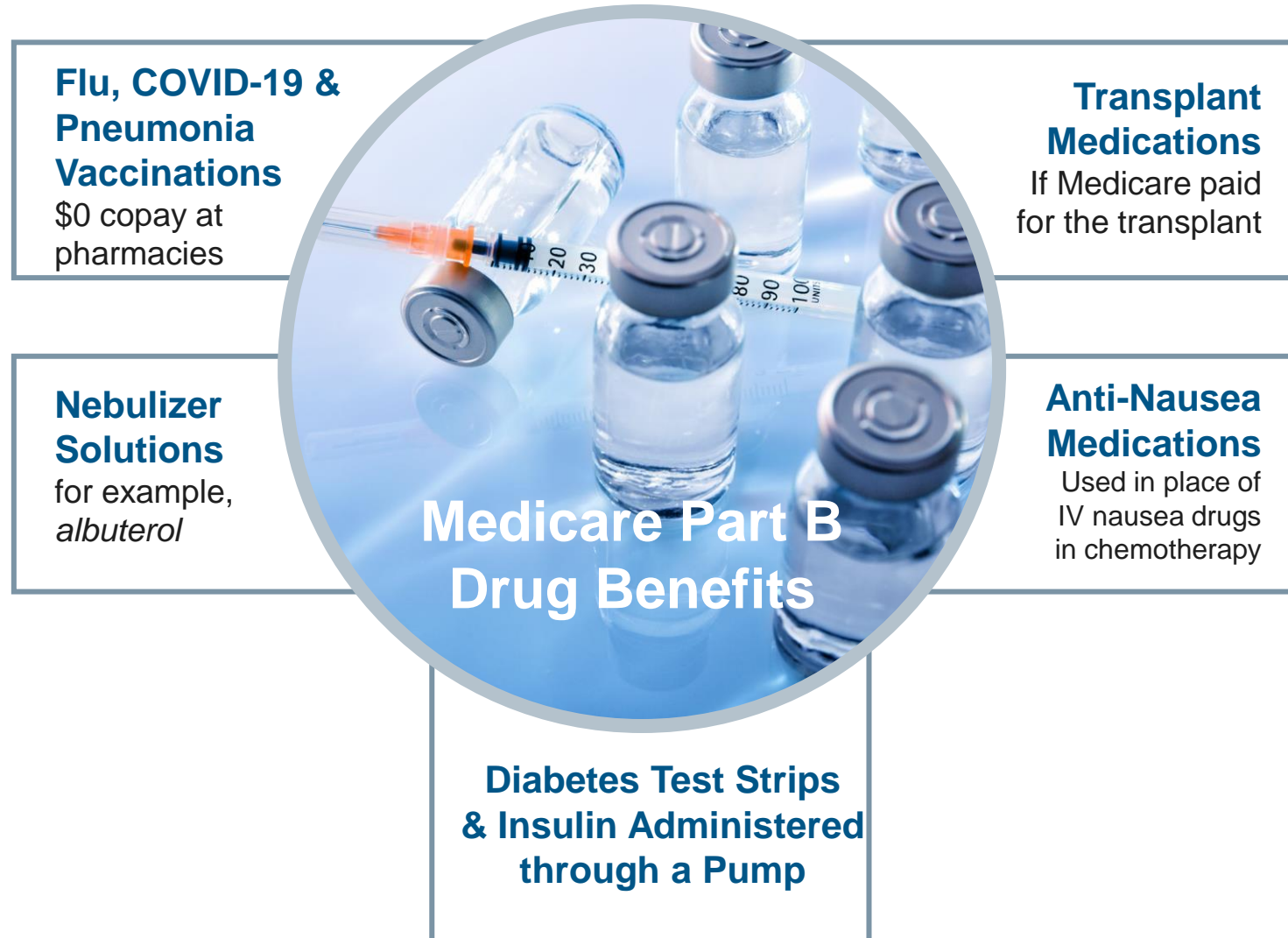
EXAMPLE

Transplant Drugs



COVERED BY PART D IF
The drug is not being used to treat a Medicare-covered transplant and the drug meets criteria to pay under Part D, per CMS guidelines

Medicare Part B Drug Benefits



Out of Country Coverage

- The Blue Cross and Blue Shield **Global Core program** gives retirees traveling outside of the United States and its territories access to **urgent and emergency** medical assistance services.
- Claim Forms for care received abroad can be obtained at www.bcbsglobalcore.com or by calling **1-800-810-BLUE**.
- **Texas A&M University System retirees** have the same emergency and urgent care benefits out of the country as they do within the United States.

Extra Health and Wellness Benefits

Health and Wellness Benefits

Included in your plan, you have access to extra health and wellness benefits:

- MDLIVE® Virtual Visits
- 24/7 Nurseline
- Blue365®
- TruHearing®
- SilverSneakers® Fitness Program
- Hinge Health
- Livongo®
- Omada®
- Learn to Live
- Wondr Health™

Visit the Texas A&M University System website at www.bcbstx.com/tamus-retiree-medicare for additional information



Questions

Questions and Assistance

Customer Service

1-855-476-4149 / TTY 711

- The dedicated Customer Service Advocates can answer questions about your Medicare plan.
- Visit the Texas A&M University System website at www.bcbstx.com/tamus-retiree-medicare for additional information including FAQs, presentations and a digital copy of plan materials.



Customer Service Hours of Operation

October 1 – March 31: Daily, 8a.m. – 8p.m.

April 1 – September 30: Monday through Friday, 8a.m. – 8 p.m.

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

Disclaimer

Important Plan 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.

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 Texas A&M University System 65 Plus Medicare Advantage Plan (PPO).

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Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois.

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.

Important Plan Information

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®.

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Livongo is an independent company that provides a chronic disease management solution for Blue Cross and Blue Shield of <state>. Livongo is solely responsible for the products and services that it provides.

Additional Information

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. You can file a grievance in person or by phone, 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>.

Additional Information

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: **711**). Someone who speaks English/Language can help you. This is a free service.

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: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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: **711**)。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。

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: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Additional Information

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: 711)**, sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-842-7562 (TTY/TDD: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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: 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: سيقوم شخص ما يتحدث العربية |لنا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول **1-877-842-7562 (TTY/TDD: 711)**. بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على

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: 711)**. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Additional Information

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: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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: 711). Ta usługa jest bezpłatna.

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: 711) 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。