BlueCross BlueShield of Texas

Public Employee Benefit Cooperative

2025 Summary of Benefits

Blue Cross Group Medicare Advantage Plan (HMO)[SM]

January 1, 2025 – December 31, 2025

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."

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-877-842-7564 (TTY: 711). We are open October 1 – March 31, daily, 8 a.m. to 8 p.m., local time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.bcbstx.com/retiree-medicare-tools or call 1-877-299-1008 (TTY: 711) to request a copy of the EOC.
- ☐ Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider Finder*).

1 SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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." You can also see the Evidence of Coverage on our website, www.bcbstx.com/retiree-medicare-tools.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Blue Cross Group Medicare Advantage Plan (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue Cross Group Medicare Advantage Plan (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov 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.

Sections in this booklet

- Things to Know About **Blue Cross Group Medicare Advantage Plan (HMO).**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille, large print or audio.

This document may be available in a non-English language. For additional information, call us at 1-877-299-1008 (TTY: 711).

Things to Know About Blue Cross Group Medicare Advantage Plan (HMO)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m. Local Time, 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m. Local Time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.
- If you are a member of this plan, call us at 1-877-299-1008, (TTY: 711).
- If you are not a member of this plan, call us at 1-877-842-7564, (TTY: 711).
- Our website: www.bcbstx.com/retiree-medicare-tools.

Who can join?

To join **Blue Cross Group Medicare Advantage Plan (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

Which doctors, hospitals, and pharmacies can I use?

Blue Cross Group Medicare Advantage Plan (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's *Provider Finder* and *Pharmacy Directory* at our website (www.bcbstx.com/retiree-medicare-tools).

Or, call us at 1-877-299-1008 (TTY: 711) and we will send you a copy of the *Provider Directory* and *Pharmacy Directory*.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, www.bcbstx.com/retiree-medicare-tools.
- Or, call us at 1-877-299-1008 (TTY: 711) and we will send you a copy of the *Formulary*.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Blue Cross and Blue Shield of Texas

2 SECTION II - SUMMARY OF BENEFITS

Blue Cross Group Medicare Advantage Plan (HMO)[SM]

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan 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.
Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. Your yearly limit(s) in this plan: • $6,700 for services you receive from in-network providers.
COVERED MEDICAL AND HOSPITAL BENEFITS	
Inpatient Hospital	**In-Network:** $250 copay per stay. May require prior authorization.
Outpatient Hospital	**In-Network:** $125 copay. May require prior authorization.

Ambulatory Surgical Center	**<u>In-Network:</u>** $125 copay. May require prior authorization.
Doctor's Office Visits	**<u>In-Network:</u>** Primary care physician visit: $20 copay. Specialist visit: $40 copay. May require prior authorization.
Preventive Care *(e.g., flu vaccine, diabetic screenings)*	**<u>In-Network:</u>** $0 copay for all preventive services covered under Original Medicare at zero cost sharing. Other preventive services are available. There are some covered services that have a cost. Please reference EOC for more detail. **Important Message About What You Pay for Vaccines** Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
Emergency Care	$50 copay per visit. Worldwide Emergency Coverage: $50 copay. Copay is waived if you are admitted to the hospital within 3 days for the same condition. See the "Inpatient Hospital" section of this booklet for other costs.
Urgently Needed Services	$20 copay per visit. Worldwide Urgent Coverage: $20 copay.
Diagnostic Services / Labs/ Imaging	**<u>In-Network:</u>** Diagnostic tests and procedures: $0 copay. Lab services: $0 copay. MRIs, CT Scans: $0 copay. X-rays: $0 copay. Therapeutic radiology services (such as radiation treatment for cancer): $0 copay. May require prior authorization.
Hearing Services	**<u>In-Network:</u>** **<u>Medicare-covered:</u>**

	Exam to diagnose and treat hearing and balance issues: $40 copay. **<u>Routine Hearing:</u>** Routine hearing exam (1 each year): $0 copay.
Dental Services	**<u>In-Network:</u>** Medicare-covered: $40 copay.
Vision Services	**<u>In-Network:</u>** **<u>Medicare-covered:</u>** • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $40 copay for an eye exam. • Eyeglasses or contact lenses after cataract surgery: $0 copay **<u>Routine Vision:</u>** • Routine eye exam (1 every year): $40 copay
Mental Health Services	**<u>In-Network:</u>** 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. 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. Inpatient Mental Health Care: $250 copay per stay. Outpatient group therapy visit: $40 copay. Outpatient Individual therapy visit: $40 copay. May require prior authorization.
Skilled Nursing Facility (SNF)	**<u>In-Network:</u>** Days 1-20: $0 copay per day. Days 21-100: $50 copay per day. May require prior authorization.
Physical Therapy	**<u>In-Network:</u>**

	$40 copay. May require prior authorization.
Outpatient Rehabilitation	**<u>In-Network:</u>** Cardiac rehab services (Maximum of 2 one-hour sessions per day up to 36 sessions in 36 weeks. Limit to 36 per year): $0 copay. Occupational therapy visit: $40 copay. May require prior authorization.
Ambulance	Ground Ambulance: $50 copay for each one-way trip. Air Ambulance: $50 copay for each one-way trip. May require prior authorization.
Transportation	$0 copay. 12 one-way trips every year to plan-approved locations. May require prior authorization.
Medicare Part B Drugs	**<u>In-Network:</u>** For Part B drugs such as chemotherapy drugs: 0% of the total cost. Other Part B drugs: 0% of the total cost. For Part B Insulin Drugs: 0% of the total cost with a maximum copay amount per month of $35. May require prior authorization.

<table>
<tr><th colspan="2">PRESCRIPTION DRUG BENEFITS</th></tr>
<tr><td>Deductible</td><td>Prescription Drug Deductible: This plan does not have a deductible.
Important Message About What You Pay for Insulin
You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.</td></tr>
<tr><td>Initial Coverage</td><td>You pay the following until your yearly out-of-pocket drug costs reach $2,000.
<table>
<tr><th colspan="3">Standard Retail Cost-Sharing</th></tr>
<tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$10 copay</td><td>$30 copay</td></tr>
<tr><td>Tier 2 (Generic)</td><td>$10 copay</td><td>$30 copay</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>$20 copay</td><td>$60 copay</td></tr>
<tr><td>Tier 4 (Non-Preferred Drug)</td><td>$40 copay</td><td>$120 copay</td></tr>
<tr><td>Tier 5 (Specialty)</td><td>$40 copay</td><td>$120 copay</td></tr>
<tr><th colspan="3">Standard Mail Order</th></tr>
<tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$10 copay</td><td>$20 copay</td></tr>
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<tr><td>Tier 5 (Specialty)</td><td>$40 copay</td><td>$80 copay</td></tr>
</table></td></tr>
<tr><td>Long-term Care Tiers 1-5</td><td>If you reside in a long-term facility, you pay the same as at a standard retail pharmacy.</td></tr>
<tr><td>Out-of-network Tiers 1-5</td><td>You may get drugs from an out-of-network pharmacy in specific situations. You generally must use a network pharmacy to fill your prescription.</td></tr>
<tr><td>Catastrophic Coverage</td><td>After your yearly out-of-pocket drug costs reach $2,000, you pay nothing for covered Part D drugs.</td></tr>
</table>

Please note: Federal law prohibits individuals enrolled in Medicare from using manufacturer coupons or other drug discounts with their drug plan. Financial assistance to help with the costs of prescription drugs may be available through the government’s Extra Help/Low Income Subsidy program. You can apply for Extra Help any time before or after you enroll in Part D. For more information or to apply, visit the Social Security website at www.ssa.gov and click “Medicare,” then “Apply for Part D Extra Help.”

Additional Member Benefits	Blue Cross Group Medicare Advantage Plan (HMO)[SM]
Acupuncture for Chronic Low Back Pain	**In-Network:** **Medicare-covered:** • 20% of the total cost **Routine Acupuncture:** • Routine acupuncture: Not Covered. May require prior authorization.
Chiropractic Care	**Medicare-covered manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)** **In-Network:** **Medicare-covered:** • 50% of the total cost **Routine Chiropractic Care:** • Routine chiropractic - Not Covered. May require prior authorization.
Diabetes Supplies and Services	**In-Network:** **Diabetes monitoring supplies** • 0% cost sharing for all diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy. **Diabetes self-management training** • $0 copay **Therapeutic shoes or inserts** • 0% of the total cost May require prior authorization.
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*	**In-Network:** • $0 copay May require prior authorization.

Additional Member Benefits	Blue Cross Group Medicare Advantage Plan (HMO)[SM]
Wellness Programs	$0 copay for SilverSneakers®† Fitness Program SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations[1] [1] You have access to a nationwide network of participating locations where you can take classes. †SilverSneakers is a registered trademark of Tivity Health, Inc.© 2023 Tivity Health, Inc. All rights reserved.
Foot Care ***(podiatry services)***	**Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions** **In-Network:** **Medicare-covered:** • $40 copay **Routine Podiatry:** • Routine podiatry - Not Covered. May require prior authorization.
Private Duty Nursing	**In-Network:** $0 copay for Non Medicare-covered services. (40 visits per year)
Home Health Care	**In-Network:** • $0 copay May require prior authorization.
Opioid Treatment Program Services	**In-Network:** • $0 copay May require prior authorization.
Outpatient Substance Abuse Services	**In-Network:** **Group therapy visit**

Additional Member Benefits	Blue Cross Group Medicare Advantage Plan (HMO)[SM]
	• $40 copay **Individual therapy visit** • $40 copay May require prior authorization.
Over-the-Counter Items	Not Covered
Prosthetic Devices ***(braces, artificial limbs, etc.)***	**<u>In-Network:</u>** **Prosthetic devices** • $0 copay **Related medical supplies** • $0 copay May require prior authorization.
Meals	28 meals/14 days Max 3 times per year (Authorization required after inpatient stay) May require prior authorization.
Renal Dialysis	**<u>In-Network:</u>** • $0 copay May require prior authorization.
Telehealth Services	• $0 copay Virtual Urgent Care (through MDLive only), $40 copay Virtual Mental Health Specialty Services (through MDLive only), $40 copay Virtual Psychiatric Services (through MDLive only)
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.

DISCLAIMERS

This document is available in other alternate formats.

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 1-877-299-1008 (TTY: 711). Someone who speaks Spanish/Language can help you. This is a free service.

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 1-877-299-1008 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Texas members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

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., 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 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/smartscreen/main.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

https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

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 1-877-299-1008 (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 1-877-299-1008 (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 1-877-299-1008 (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1-877-299-1008 (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 1-877-299-1008 (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 1-877-299-1008 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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 quí vị cần thông dịch viên xin gọi 1-877-299-1008 (TTY/TDD: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phi.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-299-1008 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-299-1008 (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 1-877-299-1008 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

سيقوم شخصما يتحدث العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. (Arabic 711: 1-877-299-1008 (TTY/ بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليسعليك سوى الاتصال بنا على للحصول :TDD

Hindi: हमारेस्वास्थ्य या दवा की योजना केबारेमेंआपकेकिसी भी प्रश्न केजवाब देनेकेलिए हमारेपास मुफ्त दुभाषिया सेवाएँउपलब्ध हैं. एक दुभाषिया प्राप्त करनेकेलिए, बस हमें 1-877-299-1008 (TTY/TDD: 711). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता हैआपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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 1-877-299-1008 (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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 1-877-299-1008 (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 1-877-299-1008 (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 1-877-299-1008 (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ございます。通訳をご用 命になるには、1-877-299-1008 (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。

Out-of-network/non-contracted providers are under no obligation to treat 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 1-877-299-1008 (TTY: 711) for more information.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

HMO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). HMO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), HCSC, HISC, and GHSIC are Independent Licensees ofthe 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.

THANK YOU

Connect with us

Contact Information: 1-877-299-1008, TTY: 711

Organization Name: Blue Cross and Blue Shield of Texas

Organization website: www.bcbstx.com