

# UT CARE<sup>™</sup> Medicare PPO



# **UT CARE Medical Benefit Highlights**

# 2025 UTS Retiree Medical Benefits Overview

	In-Network and Out-of-Network
Annual Medical Deductible	\$0
Annual Out-of-Pocket Maximum	\$0
<b>Inpatient Hospital Services</b>	
Inpatient Hospital – Acute	\$0 copay
Inpatient Mental Health Care	\$0 copay
<b>Skilled Nursing Facility</b>	
Benefit Period 1–20 days	\$0 copay
Benefit Period 21–180 days	\$0 copay Members allowed 180 days
<b>Emergent and Urgent Care</b>	
Emergency Care (Worldwide) Urgently Needed Services (Worldwide)	\$0 copay
Ambulance Services (Ground & Air)	\$0 copay
<b>Health Care Professional Services</b>	
Primary Care Physician Services	\$0 copay
Physician Specialist Services	\$0 copay

\* For Medicare Part A & B services at Medicare assigned-providers. Member must be enrolled in Medicare Parts A & B and continue to pay Part B premium.

# 2025 UTS Retiree Medical Benefits Overview cont.

<b>Outpatient Rehabilitation Services</b>	
Cardiac Rehabilitation Services	\$0 copay Medicare allows a maximum of 2 one-hour sessions per day up to 36 sessions in 36 weeks.
Pulmonary Rehabilitation Services	\$0 copay Medicare allows a maximum of 36 sessions.
Occupational & Physical Therapy and Speech Pathology Services	\$0 copay Medicare allows unlimited visits when medically necessary.
<b>Outpatient Mental Health</b>	
Psychiatric & Mental Health Specialty Services	\$0 copay
<b>Outpatient Substance Abuse Services</b>	
Outpatient Substance Abuse & Opioid Services	\$0 copay
<b>Outpatient Diagnostic/Therapeutic Radiation Services</b>	
Lab Services, Diagnostic Procedures, Therapeutic Radiology, Diagnostic Radiology Services/X-Ray, Advanced Imaging (MRI, MRA, CT Scan, PET)	\$0 copay
<b>Other Outpatient Services</b>	
Outpatient Hospital Services, Ambulatory Surgical Center (ASC) Services, End-Stage Renal Disease/ Dialysis Services	\$0 copay
<b>DME, Prosthetics, Diabetic Supplies</b>	
Durable Medical Equipment (DME)/Medical Supplies Diabetes Supplies and Services	\$0 copay
<b>Medicare Preventive Services</b>	
Medicare-covered Preventive Services	\$0 copay
<b>Medicare Part B Rx Drugs</b>	
Medicare Part B Rx Drugs	0% coinsurance

# 2025 UTS Retiree Medical Benefits Overview cont.

Supplemental Benefits (These are non-Medicare covered benefits)		
<b>Routine Hearing Exam</b>		
Routine Hearing Exam <i>1 routine hearing exam each year</i>	\$0 copay	
Hearing Aid Allowance	\$2,000 allowance for both ears in-network and out-of-network every 3 years	
<b>Other Supplemental Benefits</b>		
Routine Chiropractic Services	\$0 copay (35 visits per year)	
Private Duty Nursing	\$10,000 allowance	
Supplemental Benefits (These are non-Medicare covered benefits)		
<b>Wellness Programs</b>		
Fitness Program <i>(Provided by SilverSneakers®)</i>	SilverSneakers Included	Not Applicable
NurseLine	Included	Not Applicable
Blue365® <i>Discount Platform</i>	Included	Not Applicable
Hinge Health	Included	Not Applicable
Learn to Live®	Included	Not Applicable
Wondr Health	Included	Not Applicable
MDLIVE	Included	Not Applicable
TruHearing	Included	Not Applicable

# Hearing Services

Your plan includes benefits through TruHearing or another hearing provider.

## Exams

- A hearing exam/year plus necessary follow-up visits for fitting and adjustments. \$0 copay.

## Hearing aids

- \$2,000 per ear hearing aid allowance, once every 3 years.
- TruHearing offers discounts on prescription hearing aids.

## Over-the-Counter (OTC) Hearing Aids

- TruHearing provides discounts on OTC hearing aids, but the plan hearing aid allowance does not apply.



# Health and Wellness Benefits

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

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

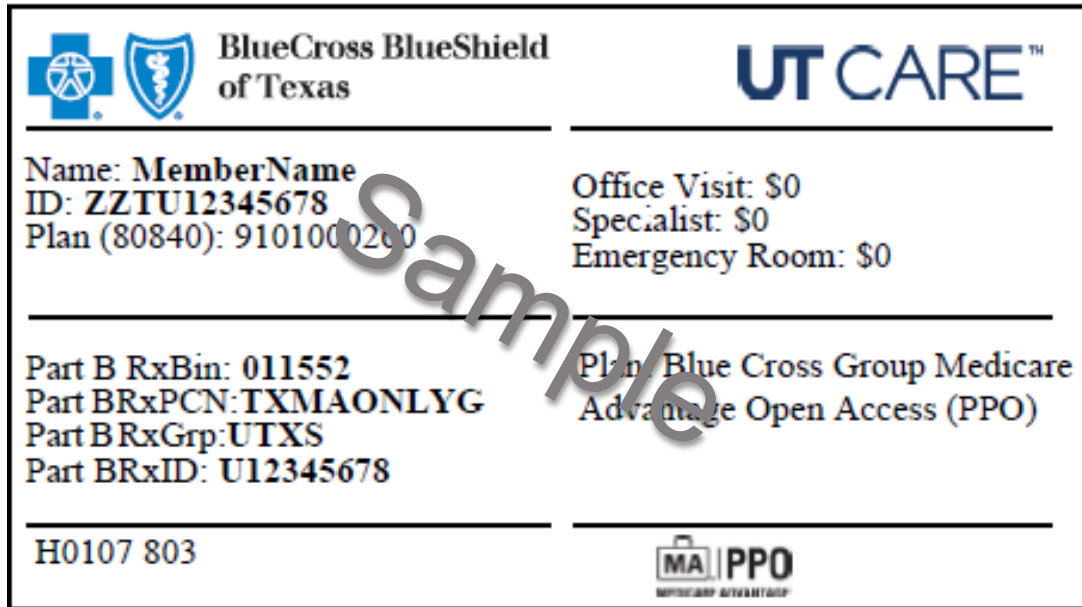


# Visiting Your Provider

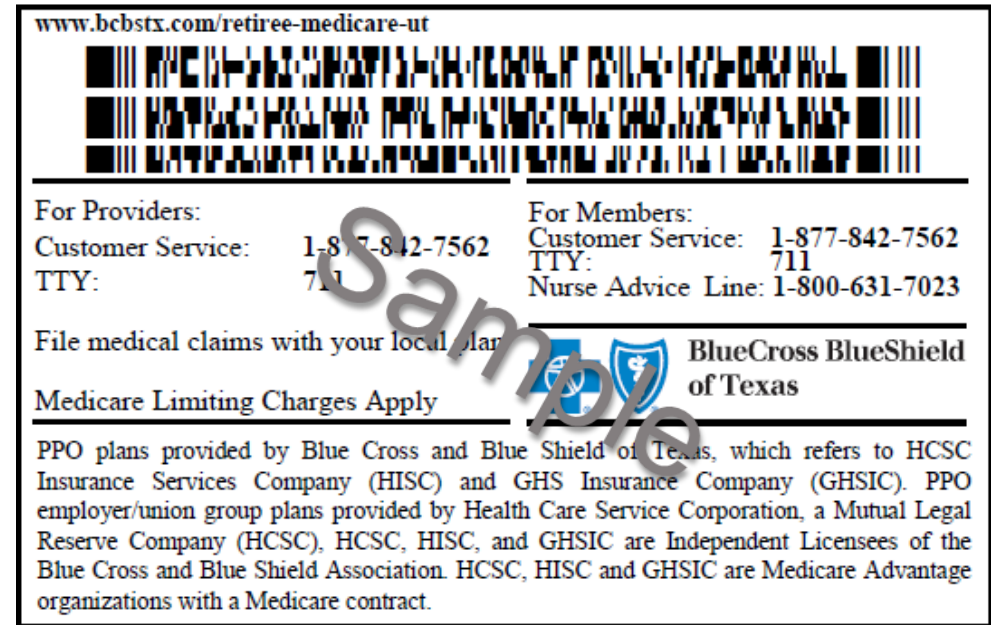


# Member ID Card

- You will only need to present your UT CARE 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.
- A group number is not necessary.



Front of ID Card



Back of ID Card

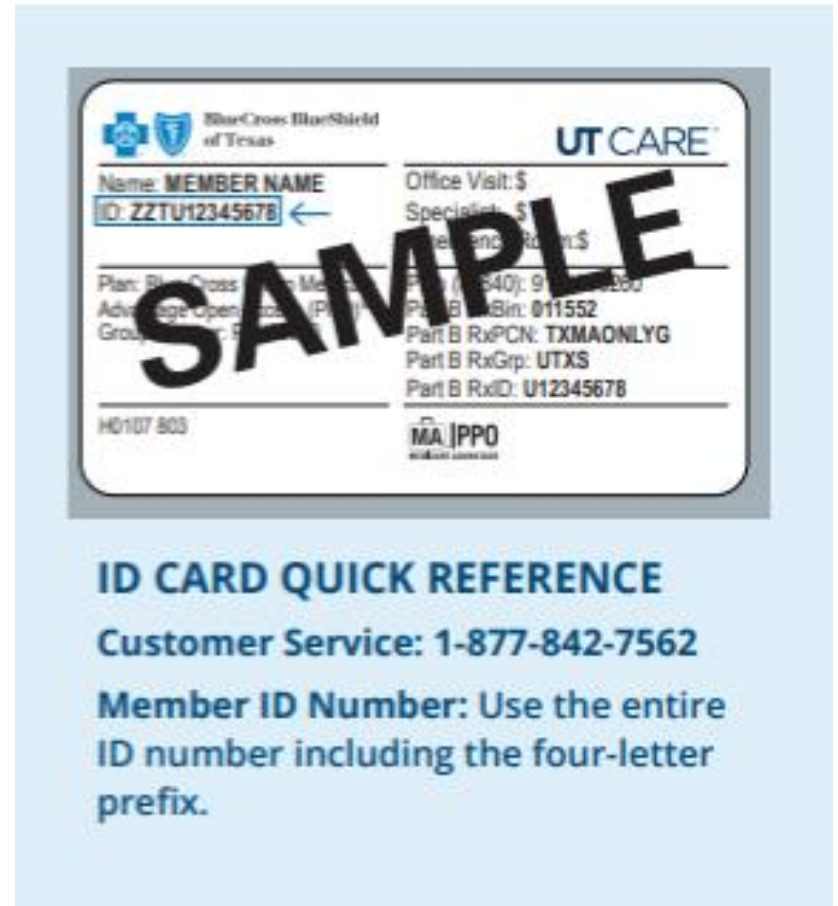
# Provider Notification Letter is Available

- Members' coverage levels are the same for covered benefits nationwide, inside and outside the plan service area.
- This simplifies the process for providers because they only submit claims to Blue Cross and Blue Shield instead of sending the claims to Medicare first.
- Referrals are not required for office visits.
- Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSTX.
- If your provider currently sees you as a patient, be sure to have them update your full member ID number when submitting claims.

# Provider Notification Letter, cont.

## Billing & Reimbursement

- Billing is simple because the provider only submits claims to the plan, not Medicare.
- For reimbursement, follow the instructions on the member ID card and file claims with BCBTX or your local BCBS plan.
- If provider is a BCBS network provider, they'll receive their MA contracted rate.
- Medicare providers who aren't contracted for MA with any BCBS plan receive the Medicare-allowed amount for covered services.



**Out of State  
and Out of Country  
Coverage**

# Out of State Coverage

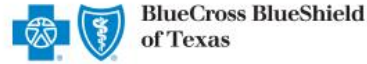
- Because this is an Open Access PPO plan, you can see any provider who agrees to see you as a patient, accepts Medicare assignment, and agrees to bill the local Blue Cross and Blue Shield plan. Providers are familiar with this claims process.
- You have the same coverage in your home state or while traveling the country.

# 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](http://www.bcbsglobalcore.com) or by calling **1-800-810-BLUE**.
- **UT CARE retirees** have the same emergency and urgent care benefits out of the country as they do within the United States.

# **Blue Access for Members (BAM)**

# Logging Into BAM – Flyer is available



UT CARE™

- Home
- Coverage and Benefits
- Find Care
- Healthy Living
- Tools and Resources
- FAQS
- Contact Us
- Log In

## Welcome The University of Texas System Retirees

Maximize your Retiree Medicare Options from UTS



### Coverage and Benefits

Your benefits are designed to provide the coverage for the care you need.

Learn more about your benefits

### Doctors and Hospitals

Get access to a wide network of contracting doctors and hospitals across the country.

Search now

### Tools and Resources

Access online tools and resources to help you manage your health care decisions and download our free apps.

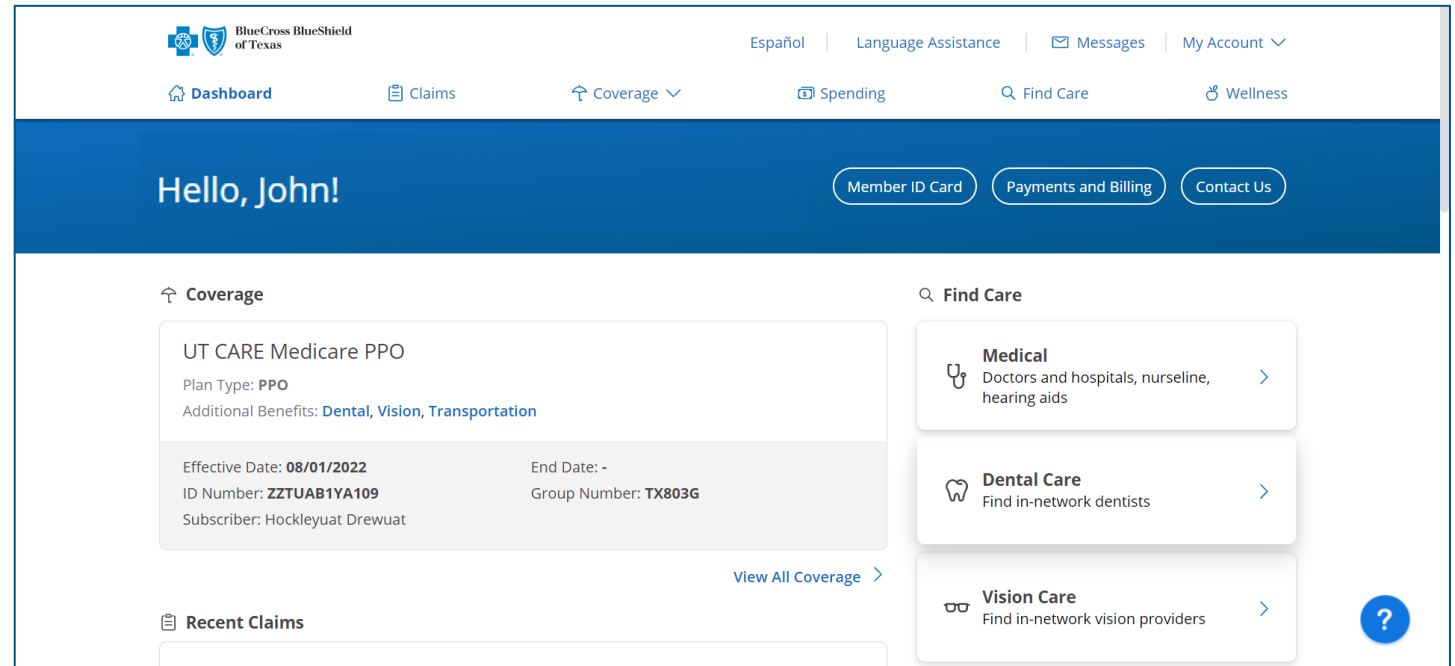
Get started today

- From the UT CARE Homepage:  
<https://www.bcbstx.com/retiree-medicare-ut>
- Locate the Tools and Resources section and click “Get started today”



# Dashboard/My Account

- On our Dashboard page, we currently highlight the three most recent claims as well as options to find care.
- The dashboard also has navigation links to the other areas of BAM. Which includes:
  - Profile and Preferences
  - Coverage
  - ID Card\*
  - Forms and Documents
  - Wellness



\* You can view your current Identification card and download a copy to your computer or cell phone. Members also have the option to order a new ID card from here if you would like a physical replacement.

# Care Coordination

# Care Coordination Overview

**Your plan offers the ability to work with Care Coordinators\* to help manage your health care needs. They can connect you with the right resources for overall care management.**

## **Care Coordinators are clinicians who can help you:**

- Adjust to being at home after a hospital stay
- Set up care with your doctor and other health care team members
- Better understand your health condition(s), medications and treatments
- Navigate the health care system to improve your quality of life and save money

**\*Care Coordinators are available to help you, but you do not have to use them to manage your care.**

# In-Home Health Assessment

Your plan includes an **In-Home Health Assessment (IHA)** by a licensed and credentialed clinician—Certified Nurse Practitioner, Physician Assistant or MD—from our trusted partners, Signify or Matrix, at no cost to you.

## How can you make the most of your 45-to 60-minute IHE or telehealth visit?

- Discuss health concerns and learn more about disease management programs
- Have your home checked for possible safety issues
- Take the extra time outside of a primary care provider visit to ask questions about your physical, emotional and mental health in the comfort of your home

**You receive a 1-page summary of the evaluation. With your permission, a full report of the IHE is shared with your primary care provider (PCP).**



# Planning for Retirement

# Planning for Retirement

- If you are already retired, approximately 60 days before you (subscriber, spouse, active or retiree) turn 65, you will receive a letter from BCBSTX.
- This letter will instruct you about what you need to do to enroll in Medicare, and we will give you the Social Security Administration phone number and website.
- You must sign up for Medicare Parts A and Part B coverage and begin to pay your Part B premium.
- Once you receive your Medicare card, please call 1-877-842-7562 and provide the 11-character Medicare Beneficiary Identifier (MBI) and Medicare effective date located on your red, white, and blue Medicare card. Enrollment in UT CARE cannot proceed without the MBI number.
- You will receive your new UT CARE Member ID Card and a Welcome Kit 10-14 days after Medicare confirms your enrollment.

# UT CARE Customer Service

## For more information...

- Call UT CARE dedicated customer service for one-on-one help with your questions. **1-877-842-7562 / TTY 711**.
- This number is on the back of your ID card.
- Customer Service is available 24/7.
- Neither your institution HR office nor OEB has access to your claims or coverage information, so be sure to call customer service.
- Visit the UT CARE website at [www.bcbstx.com/retiree-medicare-ut](http://www.bcbstx.com/retiree-medicare-ut) for additional information including FAQs, presentations and a digital copy of plan materials.



# Questions

# 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.

UT CARE™ Medicare 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)<sup>SM</sup>.' This plan name also refers to UT CARE Medicare PPO.

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.

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.

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.

# 1557 Instructions

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 1-877-774-8592. Someone who speaks English/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 1-877-774-8592. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

# 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., 35<sup>th</sup> 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>.