

## Texas A&M University System Retiree Medical Benefit Highlight Comparison

Effective 1/1/2024 - 12/31/2024

	A&M Care Plan	65 Plus Medicare Advantage Plan (PPO) <sup>SM</sup>
Annual Medical Deductible	\$400	\$0
Annual Out-of-Pocket Maximum	\$5,000	\$750
<b>Inpatient Hospital Services</b>		
Inpatient Hospital – Acute	90% after deductible (Tier 1) 80% after deductible (Tier 2)	5% coinsurance
Inpatient Mental Health Care	90% after deductible (Tier 1) 80% after deductible (Tier 2)	5% coinsurance Medicare limits to 190 lifetime days
<b>Skilled Nursing Facility</b>		
Benefit Period 1–20 days	90% after deductible (Tier 1) 80% after deductible (Tier 2)	\$0 per day
Benefit Period 21–100 days	90% after deductible (Tier 1) 80% after deductible (Tier 2) 60 day maximum	5% coinsurance 100 day maximum
<b>Emergent and Urgent Care</b>		
Emergency Care (Worldwide) Urgently Needed Services (Worldwide)	90% after \$200 copay and deductible (Tier 1) 80% after \$200 copay and deductible (Tier 2) Virtual Urgent Visit: \$10 copay through MDLIVE only	Emergency/Urgent: 5% coinsurance Cost share waived if admitted within 3 days for the same condition. Virtual Urgent Visit: \$10 copay through MDLIVE only
Ambulance Services (Ground & Air)	90% after deductible (Tier 1) 80% after deductible (Tier 2)	5% coinsurance
<b>Health Care Professional Services</b>		
Primary Care Physician Services	100% after \$5 copay (Tier 1) 100% after \$20 copay (Tier 2)	\$0 copay
Physician Specialist Services	100% after \$15 copay (Tier 1) 100% after \$30 copay (Tier 2)	5% coinsurance

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<b>Outpatient Rehabilitation Services</b>		
Cardiac Rehabilitation Services	100% after \$5/\$15 copay (Tier 1) 100% after \$20/\$30 copay (Tier 2)	5% coinsurance Medicare allows a maximum of 2 one-hour sessions per day up to 36 sessions in 36 weeks. Medicare-covered Intensive Cardiac Rehab up to 72 sessions per year
Pulmonary Rehabilitation Services	100% after \$5/\$15 copay (Tier 1) 100% after \$20/\$30 copay (Tier 2)	5% coinsurance Medicare allows a maximum of 36 sessions per year.
Occupational & Physical Therapy and Speech Pathology Services	100% after \$5/\$15 copay (Tier 1) 100% after \$20/\$30 copay (Tier 2)	5% coinsurance
<b>Outpatient Mental Health</b>		
Psychiatric & Mental Health Specialty Services	100% after \$5 copay (Tier 1) 100% after \$20 copay (Tier 2)	5% coinsurance
	Virtual Visit: \$10 copay through MD LIVE only	Virtual Visit: \$0 copay through MD LIVE only
<b>Outpatient Substance Abuse Services</b>		
Outpatient Substance Abuse	100% after \$5 copay (Tier 1) 100% after \$20 copay (Tier 2)	5% coinsurance
Opioid Services	100% after \$5 copay (Tier 1) 100% after \$20 copay (Tier 2)	\$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)	Lab Services: 100% (Tier 1 & Tier 2) Diagnostic Tests & Procedures: 90% after deductible (Tier 1) 80% after deductible (Tier 2)	5% coinsurance
<b>Other Outpatient Services</b>		
Outpatient Hospital Services, Ambulatory Surgical Center (ASC) Services, End-Stage Renal Disease/ Dialysis Services	90% after deductible (Tier 1) 80% after deductible (Tier 2)	5% coinsurance

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<b>DME, Prosthetics, Diabetic Supplies</b>		
Durable Medical Equipment (DME) / Medical Supplies Diabetes Supplies and Services	90% after deductible (Tier 1) 80% after deductible (Tier 2)	5% coinsurance
<b>Medicare Part B Rx Drugs</b>		
Medicare Part B Rx Drugs	Generic \$10 copay Preferred \$35 copay Non-preferred \$60 copay All copays apply after \$50 deductible.	5% coinsurance
<b>Supplemental Benefits (These are non-Medicare covered benefits)</b>		
<b>Routine Eye Exam</b>		
Routine Eye Exam	100% after \$5/\$15 (Tier 1) 100% after \$20/\$30 (Tier 2)	\$0 copay
<b>Routine Hearing Exam</b>		
Routine Hearing Exam <i>1 routine hearing exam each year</i>	100% after \$5/\$15 (Tier 1) 100% after \$20/\$30 (Tier 2)	20% coinsurance
Hearing Aids Allowance	90% after deductible (Tier 1) 80% after deductible (Tier 2) (1 per ear 36-month period)	\$2,000 allowance every 36 months (per ear)
<b>Other Supplemental Benefits</b>		
Annual Physical Exam	\$0 copay	\$0 copay
Routine Chiropractic Services <i>(30 visit limit)</i>	90% after deductible (Tier 1) 80% after deductible (Tier 2)	20% coinsurance
Routine Acupuncture	90% after deductible (Tier 1) 80% after deductible (Tier 2)	20% coinsurance
Private Duty Nursing	90% after deductible (Tier 1) 80% after deductible (Tier 2)	20% coinsurance

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<b>Wellness Programs</b>		
<b>Fitness Program</b> <i>(Provided by SilverSneakers®† Fitness Program)</i>	SilverSneakers is included if retired, over 65 and enrolled in Medicare.	SilverSneakers Included
<b>NurseLine</b>	Included	Included
<b>Blue365®</b> <i>Discount Platform</i>	Included	Included
<b>Hinge Health</b>	Included	Included
<b>Learn to Live</b>	Included	Included
<b>Livongo</b>	Included	Included
<b>Omada</b>	Included	Included
<b>Wondr</b>	Included	Included



### Questions?

Call the Education Helpline for personalized help at **1-855-476-4149 TTY 711**.

We are open October 1 – January 31: Daily, 8:00 a.m. to 8:00 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.

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)<sup>SM</sup>'. This plan name also refers to 65 Plus Medicare Advantage Plan (PPO).

This provides only highlights of the plan benefits. Please refer to the accompanying plan documents that more fully describe the terms of coverage.

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 will be included in your enrollment kit and welcome guide. Call Customer Service or see your Summary of Benefits for more information, including cost-sharing that applies to out-of-network services.

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Blue365 is a discount program only for BCBSTX members. This is NOT insurance. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. BCBSTX reserves the right to stop or change this program at any time without notice. The relationship between the Blue365 vendors and BCBSTX is that of independent contractors. Hearing services are provided by American Hearing Benefits, Beltone<sup>™</sup>, HearUSA and TruHearing<sup>®</sup>. Vision services are provided by ContactsDirect<sup>®</sup>, Croakies, Davis Vision<sup>SM</sup>, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus<sup>®</sup>.

Livongo, Omada, and Hinge Health are independent companies that have contracted with Blue Cross and Blue Shield of Texas to provide chronic disease prevention and 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.

PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.