Blue Cross Group
Medicare Advantage Open Access℠

THE TEXAS A&M UNIVERSITY SYSTEM

live your Blue life℠

The advantage is yours.

Look inside for details about your Texas A&M University System retiree medical plan.

Keep this information for reference.

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

Y0096_GRPOAMABREK25_M 758829.0424

Medicare coverage for retirees made easy.

The Texas A&M University System provides the 65 Plus Medicare Advantage Plan (PPO)℠ for you and your Medicare-eligible dependents.

The plan bundles Medicare Part A and Part B, plus extra health and wellness benefits not offered by Original Medicare. It covers most common services such as provider visits, inpatient hospital and outpatient services, and emergency care. It coordinates your care and offers disease prevention and management resources. The plan also takes care of claims and coordinates with Medicare for you. This plan includes drugs and services covered under Medicare Part B, but it does **not** include Part D prescription drug coverage. Your Medicare Part D prescription drug coverage is provided through Express Scripts®. If you have questions about the Express Scripts® Medicare Part D plan, contact Express Scripts® Medicare Customer Service at **1-855-895-4647**. TTY users should call **1-800-716-3231**.*

Think of Open Access PPO as a national plan.

You can see any providers who accept Medicare. That is about 98 percent of them across the country. They do not need to be part of the Blue Cross and Blue Shield network. Your benefits are the same at home or when traveling in the United States. Providers will send claims to their local BCBS plan. If a provider says they are out-of-network or do not take the plan, show them the **`Your Providers, Your Personal Network**' flyer included in this kit. It explains your group retiree plan and how to submit claims. Call before your visit to be sure your providers understand and will see you as a patient. **Please note: Even providers that accept Medicare can decide which patients they want to see, except in an emergency. Some medical services may need prior authorization from the plan before the provider can proceed.**‡ The 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)℠.' This plan name also refers to the 65 Plus Medicare Advantage Plan.

Important!

- You must be a retiree enrolled in Medicare Part A and Part B. If you have not signed up yet, contact your local Social Security office or go to **www.ssa.gov** to enroll online.
- You must continue to pay any Part A or Part B premiums, Income-Related Monthly Adjustment Amount (IRMAA) surcharges and late enrollment penalties as required by the Federal Government.
- Medicare must approve your enrollment in this plan before you are officially a member. This generally takes about 10 business days.
- Review all the items in this packet to learn about your group retiree plan.
- Follow the enrollment instructions provided by your benefit administrator.

More advantages to the 65 Plus Medicare Advantage Plan (PPO): Extra health and wellness benefits.

While your group retiree Medicare Advantage plan coordinates with Medicare to provide Medicare Part A and Part B, members also enjoy these extra health and wellness benefits not covered by Original Medicare. Please read the enclosed Health & Wellness Benefit flyer or your plan documents for coverage details.

Fitness Designed for You

The SilverSneakers®‡ Fitness Program helps you achieve your health and fitness goals with access to thousands of fitness locations plus in-person and online classes led by certified instructors.

Virtual Visits

Virtual Visits allow you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you. Your current provider may offer virtual visits.

24/7 Nurseline

Your call is taken by a registered nurse who can help if you are sick or hurt and not sure what to do.

Rewards Program

Put up to $100 worth of gift cards in your pocket for choosing healthy activities. Earn gift cards for completing Healthy Actions throughout the year, like having your Annual Wellness Visit, getting your flu shot or taking a Fall Risk assessment.^

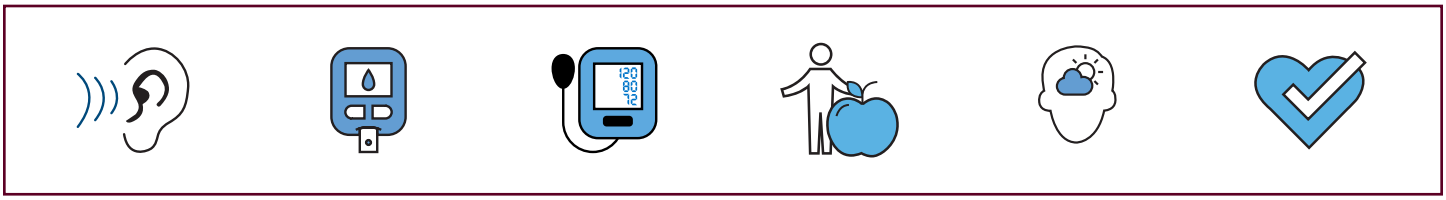
Gift card options include major national retailers. They may offer physical and/or eCards. The maximum annual rewards you can earn is $100 worth of gift cards. ***Please note:*** *Healthy Actions are subject to change.*

* Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Texas. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

† Non-contracted providers are not required to adhere to our prior authorization requirements; however, the member and/or provider may elect to request a medical necessity determination in advance as services should meet medical necessity criteria to be covered.

‡ Classes and amenities vary by location.

^ Registration is required to participate. Visit www.BlueRewardsTX.com to register and see what Healthy Actions earn rewards. If you do not have internet access, call customer service using the phone number on the back of your insurance card. Maximum annual rewards of $100 in gift cards. One reward per Healthy Action per year. Healthy Action dates of service must be in the current plan year. Healthy Actions that earn rewards are subject to change.



Hearing Care

Hearing loss can affect your quality of life, both physically and emotionally. Your plan includes benefits through TruHearing** or other hearing providers:

- 1 routine $0 copay hearing exam per year with 20% coinsurance.
- Hearing aid fitting and adjustments.
- $2,000 hearing aid allowance per ear, in-network and out-of-network, every 3 years.

Hypertension and Diabetes Programs

Teledoc^^ (formerly Livongo) programs help make living with either hypertension or diabetes easier. Improve blood pressure management with free at-home monitoring and personalized support. If you're living with Type 1 or Type 2 diabetes, you'll receive a connected meter, free strips and lancets. Both programs provide coaching.

Musculoskeletal and Chronic Pain Programs

Hinge Health^^ can help you conquer chronic back, knee or hip pain without surgery or drugs, and is similar to at-home physical therapy. Charges will not exceed $995 per Enrolled Member in 365 days.

Behavioral Health

Learn to Live*** offers unlimited access to digital behavorial programs with access to clinical coaching sessions.

** TruHearing® is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids.

^^ Teladoc Health and Hinge Health are independent companies that have contracted with Blue Cross and Blue Shield of Illinois to provide health management solutions for members with coverage through BCBSTX.

*** Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an educational program and should not be considered medical treatment.

Medicare Advantage helps manage both your health and your care.

Your 65 Plus Medicare Advantage Plan (PPO) is a managed care plan. It can cut your costs and improve your health by helping to coordinate care with your providers. If you have not been in a managed care plan before or currently have Original Medicare alone, you may find some things in the plan are different.

Managing your health.

Once you are a 65 Plus Medicare Advantage Plan (PPO) member, your plan becomes your partner in health. You can expect us to call, welcoming you to the plan. You will receive your member ID card and welcome guide in two separate mailings. And we will reach out during the year with helpful reminders and health tips. If you have a special health issue, you may get personal communications from our health care experts. Our Care Coordinators can help you manage your health and find support just for you. Some of the other ways we can help are:

- In-home health assessments.
- Diabetes self-care.
- Managing blood pressure.
- Eating well and staying at a healthy weight.
- Stopping tobacco or substance use.
- Stress management and mental health.
- Safety tips at home.

While it's not required, members who don't have one are encouraged to find a primary care provider (PCP). A PCP can get to know you over time and understand your unique health needs. This relationship can improve health outcomes and reduce care costs.

Your plan also encourages prevention. Not only are many services such as yearly health exams, routine screenings and certain vaccines covered at 100 percent, but they also count towards the Rewards Program. Each year you are eligible to earn up to $100 in gift cards.

You may hear from companies who work with us to manage your care and offer extra health and wellness benefits. Feel free to reach out to Customer Service with questions or if you are unsure about any communications you get about your plan. And please tell us if you have any special needs we should know about.

Managing your care.

Using the network

Managed care plans often have a network of providers for members to use. Your plan does not. As an Open Access plan, it lets you see any provider who accepts Medicare, will treat you and will send claims to the plan. Some providers may be unfamiliar with 'Open Access' plans, but instead know them as a 'passive PPO' or 'non-differential' plans. If your providers have any concerns about taking your plan, they can call us at the number on the back of your member ID card. We will explain how it works.

Utilization Management

Part of the plan's job is to make sure treatments and medicines are the best fit for your individual needs. You may be asked to try a different type of care first. Or your provider may ask for 'prior authorization' or 'pre-approval' from the plan before you can receive some services.

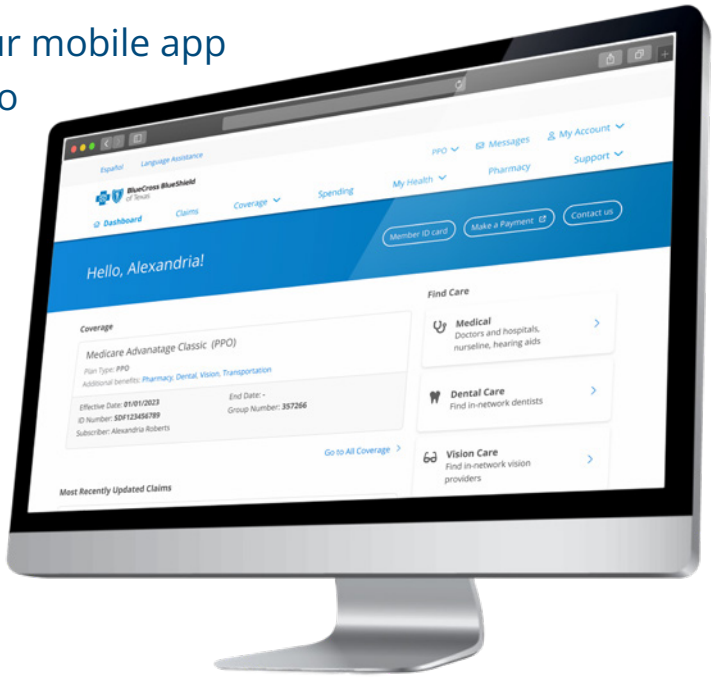
Blue Access for Members℠

Register for BAM℠ at www.bluemembertx.com.

BAM is a secure website and, along with our mobile app is designed to give you quick, easy access to the health information you need. You can:

- Access your Evidence of Coverage.
- Search for providers.
- View claims status and up to 18 months of activity.
- Request an ID card or print a temporary ID.
- And much more.

If you already have a BAM account, you will not need to create a new one.



Your new member ID card will have this information:

Your member ID card will be mailed to you. You can also find it on BAM.

- **Your name**
- **The name of your group retiree Medicare plan**
- **Your new member ID number** - This number is unique to you.
- **Plan and Group numbers** - These numbers are used by the plan only.
- **Copays** - These are the fixed amounts you may have to pay when you visit a provider.
- **Customer service phone number**
- **Our website**

Be sure to show the new card to your providers. Remind them that your old ID and number are no longer valid, even if you were a BCBSTX member before enrolling in this Medicare Advantage plan. If they do not use the new card and number, your benefits cannot be confirmed and there may be delays in processing your claims.

Remember to keep your ID card safe like you would a credit or debit card. You will not need to use your red, white and blue Medicare card to receive services, so don't carry it with you. Keep it secure, not in your wallet.

You may want to update the customer service number you have saved in your phone or other devices with the number listed on the back of your new card.

Frequently Asked Questions about Medicare and Open Access Medicare Advantage plans

Q. What is Medicare?

A. Medicare is the Federal government health care program designed for people ages 65 and over. Most U.S. citizens earn the right to enroll in Medicare by working and paying their taxes for a minimum of 10 years. The earliest someone who is turning age 65 can sign up for Original Medicare Parts A and B is three months before the month they will turn age 65. Under certain circumstances, people under age 65 may be eligible for Medicare.

There are four parts of Medicare related to specific services:

Part A — Hospital coverage

Part B — Medical coverage

Part C — Medicare Advantage Plans (private insurers like BCBSTX that contract with the government to provide Medicare coverage through a variety of insurance products)

Part D — Prescription drug coverage

IMPORTANT: To participate in a group retiree Medicare plan, you will need to enroll in both Parts A and B. If you do not enroll in Medicare Parts A, B and D when you are first eligible, you may be subject to late enrollment penalties.

Q. Where can I find additional Medicare resources?

A. The following websites may be helpful: **www.medicare.gov**; **www.ssa.gov**; **www.cms.gov**.

Q. How do I enroll in Medicare?

A. Medicare enrollment is done through the Social Security Administration. It takes time to process. If you plan to retire at 65, we recommend enrolling three months prior to your 65th birthday.

Most people should enroll in Medicare Part A (hospital coverage) during the Initial Enrollment Period. This is the period during which you can enroll in Medicare for the first time. It is a 7-month period that begins three months before the month you turn 65, includes the month you turn 65 and runs for three months after the month you turned 65. For example, if you were born in June, your window to enroll is March 1 through September 30. SSA will send you enrollment instructions at the beginning of your IEP.

If you are already receiving Social Security benefits, you will be automatically enrolled in Medicare Part A at the start of your Initial Enrollment Period. However, you will need to contact SSA to sign up for Part B. If you do not receive instructions from the SSA, please call **1-800-772-1213** (TTY **1-800-325-0778**) or go to **www.ssa.gov** to enroll in Medicare.

Q. When will my Medicare Parts A and B coverage be effective?

A. Coverage is effective on the first day of the month following the date the application was processed or the Medicare Parts A and B effective date, whichever is later.

Q. Do I need to enroll in both Original Medicare and this Medicare Advantage plan?

A. You have two enrollments: Original Medicare and this plan. Enrollment in Medicare Part A and Part B through the federal government is required to be eligible for any Medicare plans, including this 65 Plus Medicare Advantage Plan (PPO). To have full coverage, you must sign up for Medicare Parts A and B and continue to pay any required Part A or Part B premiums. This is no different than in previous years under the A&M Care plan and 65 Plus Plan, which required Medicare eligible retirees and covered dependents to enroll in Medicare Part A and Part B. Check with the benefit office at your institution to learn how your retiree plan will work with Medicare. You will need to do this first and get your 11-character Medicare Beneficiary Identifier before you can enroll in your group retiree plan.

When enrolling in your Medicare Advantage plan, you will provide your MBI located on your red, white and blue Medicare card, along with your effective date.

Q. I am already enrolled in a Medicare plan. Will it continue?

A. You can only be enrolled in one Medicare plan at a time. When your enrollment in this group retiree plan is final, Medicare will automatically cancel your previous Medicare Advantage or Medicare Supplement Insurance plan coverage. If you have a Part D plan, it will not be canceled. We can offer support as you go through this change.

Q. When will my group retiree Medicare Advantage plan start?

A. Coverage in the 65 Plus Medicare Advantage Plan (PPO) is effective on the first day of the month following the date your application was processed or your Medicare Part A and Part B effective date, whichever is later.

Q. When will I get my new Medicare Advantage member ID card?

A. You should receive it within 10-14 days after Medicare approves your enrollment. You will receive three separate mailings: an acknowledgment letter, followed by a confirmation letter and then your new card.

Q. What are the costs of Medicare outside my group retiree plan?

A. Part A will not cost you anything if you or your spouse paid into Social Security for a minimum of 10 years. You pay a premium each month for **Part B**. Most people will pay the standard premium amount. Your Part B premium will be automatically deducted from your benefit payment if you get benefits from one of these:

- Social Security
- Railroad Retirement Board
- Office of Personnel Management

If you do not get these benefit payments, you will receive a Part B premium bill.

Part B and Part D monthly premiums change each year. And, if your income is above a certain limit, you will pay a surcharge to the government in addition to your premium. This is called **IRMAA**: Income-Related Monthly Adjustment Amount. Any Part B and Part D IRMAA surcharge is based on the modified adjusted gross income reported on your IRS tax return from two years ago. A notice from Medicare will be mailed to those who will pay the IRMAA surcharge(s).

If you have had a life-changing event that reduced your household income, you can ask Social Security to lower the additional amount you will pay.

Q. What happens if I do not pay my Part B premiums?

A. Non-payment of any required Part A or Part B premiums and/or IRMAA surcharges will result in termination of coverage.

Q. What is a Medicare Advantage Plan? How does it work with Original Medicare?

A. Medicare Advantage plans bundle your Part A, Part B and sometimes Part D coverage into one plan. Your BCBS Group Medicare Advantage plan does not include Part D prescription drug coverage. Your Medicare Part D prescription drug coverage is through Express Scripts. Medicare Advantage, also known as 'Medicare Part C', must cover all emergency and urgent care and almost all medically necessary services Original Medicare covers. Your rights and protections are the same.

Medicare Advantage plans like this one may offer some extra benefits such as a fitness membership, 24-hour nurse advice line or discount program. Plans also coordinate care and offer disease prevention and management resources. The plan takes care of all claims and coordinates Original Medicare benefits for you. You will not need your Medicare card to receive services or prescription drugs, just your BCBSTX member ID card. Costs for monthly premiums and the services you receive vary depending on your group retiree plan. You must continue to pay your Part B premium.

For more information about Medicare Advantage plans, visit **Medicare.gov**.

Q. Can my spouse or partner be on a different plan?

A. All Medicare-based plans are individual plans. A retiree and their eligible spouse/partner each enroll as individuals, even if they choose the same plan.

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

A. Under this Medicare Advantage Open Access plan, which is a 'non-differentiated' or 'passive' PPO, you can go to any providers who: 1) accept Medicare; 2) agree to see you as a patient; and 3) will send claims to the plan. Providers do not need to be part of any Blue Cross and Blue Shield network.

Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits. Referrals are not required for office visits. Prior authorization may be required for certain services from providers who are Medicare Advantage-contracted with BCBSTX.

Please note: Even providers who accept Medicare can decide which patients they want to see, except in an emergency. We recommend that you confirm that yours will accept and submit claims to this Open Access plan. **Share the enclosed 'Your Providers, Your Personal Network' flyer with your providers. It explains your plan and how to submit claims.**

Q. Will my provider be able to submit claims easily to the 65 Plus Medicare Advantage Plan (PPO)?

A. We make the claims process simple. Instead of submitting claims to Medicare, your providers will send them directly to the plan. Providers outside of Texas can file claims with their local BCBS plan. They are familiar with how to do this. We take care of any interactions with Medicare. The customer service number listed on the back of your member ID card is for you or your provider to call with any questions.

Q. What happens if I have a pre-existing condition?

A. If you have a pre-existing condition, you cannot be refused coverage, your coverage cannot be canceled and your claims for covered services cannot be denied.

Q. I am already on a care plan. Will it continue?

A. We offer help from a team of experts who will handle your care as you move to the new plan. This help is known as continuity of care or coordination of care.

Q. Does my plan cover any prescription drugs?

A. This 65 Plus Medicare Advantage Plan (PPO) covers drugs or services that are normally covered by Medicare Part B. Your Medicare Part D prescription drug coverage is through Express Scripts.

Q. Which medical services need prior authorization?

A. Prior Authorization is when a contracted provider needs to get approval from the health plan to deliver a service. The goal is to make sure the treatment or service is covered by Medicare, the best for the member, medically necessary and safe. Among the procedures a PA is needed for are (not a complete list):

- Advanced Imaging (MRI, MRA, CT scans and PET scans).
- Lab Management Solutions – molecular and genomic lab testing.
- Musculoskeletal – pain/joint/spine services – excludes exams, physical therapy and occupational therapy.
- Inpatient stay that is not the result of an emergency.
- Outpatient medical oncology, radiation therapy, sleep study and specialty drugs.
- Select Durable Medical Equipment.
- Some procedures that are performed as part of an inpatient stay.

Twenty-three hour observation and emergency room visits do not need PA. Your provider will work with the plan to get any PA you may need and they may talk with you about other options if necessary.

Q. What happens if a PA is not completed?

A. Your provider is responsible for getting a PA for you. If they fail to get a PA before providing a service, the plan may not pay the claim and the provider would have to absorb the cost of the service. You are not required to pay for the service if the provider fails to complete a required PA. Providers can request a PA by calling the customer service number listed on your member ID card or via fax. They may also use our provider service through Availity® Essentials.*

Q. Will I be covered if I travel internationally?

A. Blue Cross Blue Shield Global® Core gives members traveling outside of the United States and its territories access to urgent and emergency medical assistance services, doctors and hospitals in more than 200 countries around the world.

Q. Will I receive a periodic Medicare statement based on the plan?

A. You will receive your Explanation of Benefits from Blue Cross and Blue Shield of Texas. How often you receive one depends on how often you see a provider. The EOB is a statement, not a bill. It simply details what you have paid and indicates the level of benefits you have used.

Blue Cross and Blue Shield of Texas is honored to be entrusted with your care.

We are committed to providing you with outstanding service, medical expertise and convenience.

Questions about your 65 Plus Medicare Advantage Plan (PPO)?

Talk to your benefit administrator or refer to the plan documents for details.

Or call the Education Helpline for more information. 1-855-476-4149 TTY 711
We are open October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m., Local Time
April 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.

This information is not a complete description of benefits. Providers are under no obligation to treat BCBSTX members, except in emergency situations.

The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide digital health and personal clinical engagement tools and services 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.

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.

PPO plan provided by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC is an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment depends on contract renewal.