

Dear UT System Retiree,

Welcome to UT CARE Medicare PPO!

For many years UT System Medicare-eligible retirees and their dependents have been enrolled in the UT SELECT Medical plan with a Medicare Part D prescription drug plan. Effective January 1, 2023, Medicare-eligible retirees and dependents will continue receiving their medical coverage under a new plan. Prescription coverage will continue under your same prescription plan.

The UT CARE Medicare PPO (UT CARE) plan will be provided by Blue Cross and Blue Shield of Texas (BCBSTX).

It combines the benefits of Original Medicare with added health and wellness benefits that can be important tools in maintaining ongoing good health.

This national PPO plan allows you to see any provider that accepts Medicare and agrees to submit claims to BCBSTX, and you are not required to get a referral to see a specialist.

The opportunity to form a new plan for Medicare-eligible retirees makes sense to the overall UT Benefits program from both a benefits and service model, and from a financial model.

Please note: you must be enrolled in Medicare Part A and Part B to be a member of this retiree plan. You must also continue to pay your Part B premium just as you do today. If you are eligible for Medicare Part A and/or Part B but are not enrolled, please contact Social Security right away.

As long as you are enrolled in Medicare Parts A and B you will be automatically enrolled in UT CARE for a January 1, 2023 effective date.

There is no form to complete or action needed on your part. However, if you prefer to opt out of the UT CARE medical and prescription plan you must do so between November 1 and November 15, 2022 by declining the coverage through the *My UT Benefits* online system. To access *My UT Benefits*, please visit the "Manage Your UT Benefits" page at <http://utbenefits.link/manage>.

Important: If you take action to opt out of the UT CARE plan, you will not have any UT medical, prescription, or basic life coverage.

If CMS does not accept your enrollment because a federal requirement was not met for enrollment, then you will still have UT SELECT medical coverage. However, the benefit will be limited to what the plan would pay after Medicare pays. Typically, that means the plan will pay about 20%.

Questions?



Visit

bcbstx.com/retiree-medicare-ut
for more enrollment information.



Call for personalized help.

1-877-842-7562 TTY 711

Beginning August 15, help is available 24 hours per day, 7 days per week.

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You'll find details about your new UT CARE Medicare PPO inside this packet.

It includes an informational brochure, plan benefit chart and summary of benefits. We are confident you will be pleased with the new, enhanced plan and encourage you to take advantage of all the benefits available to you.

Sincerely,

Blue Cross and Blue Shield of Texas

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)SM.' This plan name also refers to UT CARE Medicare PPO.

Medicare-assigned providers can decide what patients they want to see. We recommend that you confirm with providers that they will accept your Open Access PPO plan and bill us directly. Out-of-network/non-contracted providers are under no obligation to treat BCBSTX members, except in emergency situations. At your appointment, give the provider a copy of the Open Access Provider Notice letter that will be included in your welcome guide. Call Customer Service or see your Summary of Benefits for more information, including cost sharing that applies to out-of-network services.

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.



BlueCross BlueShield of Texas

UT CARE™

The advantage is yours.

Look inside for:

- Details about your UTS retiree medical plan
- How UT CARE™ works
- Frequently Asked Questions





Medicare coverage made easy with UT CARE Medicare PPO.

The University of Texas System provides UT CARE Medicare PPO for retiree medical coverage for you and your Medicare-eligible dependents.

Administered by Blue Cross and Blue Shield of Texas (BCBSTX), it bundles extra health and wellness benefits with Original Medicare. It covers most commonly-used medical services such as provider visits, inpatient hospital and outpatient services, and emergency care.

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)SM.' This plan name also refers to UT CARE Medicare PPO.

Here's how UT CARE works.



Your Providers

UT CARE is an Open Access Medicare Advantage PPO plan that does not require the use of a network provider for coverage. Your benefit levels are the same if you use a Blue Cross and Blue Shield network or non-network provider. You may seek care from any providers nationwide that accept Medicare and agree to submit claims to BCBSTX.

Please note: even Medicare-assigned providers can decide what patients they want to see. We recommend that you confirm with providers that they will accept your UT CARE plan and file claims with us directly.

Find providers at www.bcbstx.com/retiree-medicare-ut.

Some high-cost medical services have more cost-effective alternatives that require prior authorization from the plan before your provider can proceed.



Medicare Part D Prescription Drugs

There is no change to how you get your Part D prescription drugs. You still have the UT SELECT prescription drug plan with a \$200 annual deductible and these copays:

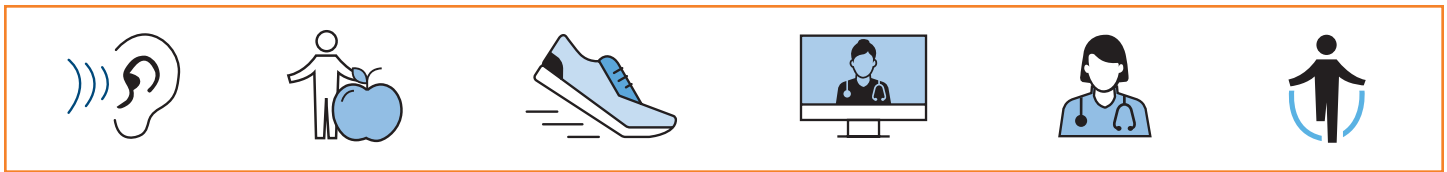
	Retail Pharmacy (30-Day Supply)	Home Delivery, UTS Pharmacy 90-Day
Generic Drug	\$10	\$20
Preferred Brand Drug	\$35	\$87.50
Non-Preferred Brand Drug	\$60	\$150

Smart90 — Save time and money with a 90-day supply of maintenance medications at Walgreens or a UT pharmacy.

Specialty Medicines — You'll still use Accredo and UT Specialty Pharmacies for specialty medicines. You'll have access to a specialty pharmacist with expertise specific to your condition.

SaveonSP — This copay assistance program can help you save money on certain specialty medicines. If your prescription qualifies, it will be free of charge (\$0) and you will be contacted by SaveonSP. Specialty medicines that do not qualify for the program stay at the home delivery copay level.

Extra health and wellness benefits complete your UT CARE coverage.



Hearing Care

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

- 1 routine \$0 copay hearing exam per year.
- Hearing aid fitting and adjustments.
- \$1,000 per ear hearing aid allowance, once every 3 years.
- \$0 hearing deductible.

Private Duty Nursing

Up to 90 visits for medically necessary, temporary private duty nursing helps you and your caregiver manage complex medical conditions.

Wellness Solutions

Track your health and keep learning with our wellness and education tools. You can set and track progress towards your health goals. You can also learn about:

- diabetes self-care.
- managing blood pressure.
- eating well and healthy weight.
- stopping tobacco use.
- stress management and mental health.
- safety concerns.

* Classes and amenities vary by location.

† 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 Texas.

Fitness Designed for You

The SilverSneakers®* Fitness Program is included in your plan. It helps you achieve your health and wellness goals with access to more than 15,000+ fitness locations and online classes led by certified instructors.

Virtual Visits[†]

Consult with independently contracted, board-certified doctors or therapists for non-emergency situations by phone, mobile app or online video anytime, anywhere. With virtual visits powered by MDLive, you may speak to a doctor or schedule an appointment at a time that works best for you. Virtual visits may also be available through a UT institution health care provider and your current provider.

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.

Diabetes Prevention

Omada® is a clinically proven program to help reduce the risk of Type 2 diabetes and helps participants build healthy habits.



Hypertension and Diabetes Programs

Livongo programs help make living with 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.

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.

Prevention Made Easy

Catapult provides in-person and virtual, personalized prevention check-ups. They include lab tests, biometric screenings and a brief private consultation with a nurse practitioner. You'll receive an action plan based on your results, and a follow-up phone call if you are at high-risk for disease. You'll be able to see your results in Blue Access for MembersSM (BAMSM).

Rehab at Home

Airrosti provides personalized care for acute and chronic musculoskeletal pain and conditions. In-person and virtual treatment plans include assessment and orthopedic testing, conservative manual treatment, and personalized, active rehab. At-home exercises are designed to speed recovery and prevent future injuries.

Mental Health Help

Digital mental health programs offered by Learn to Live[®] can help get you on track if you're facing a mental health concern.

Wondr Health

Wondr Health is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. This behavioral science-based program was created by a team of doctors and clinicians and is clinically-proven for lasting results.

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Blue Access for Members

If you haven't already, register for BAM at www.bluemembertx.com.

This secure site and mobile app provide you easy access to view your health benefit information from anywhere.

You can:

- Search for health care providers.
- View claims status and up to 18 months of claims activity.
- Request an ID card or print a temporary ID.
- Find health and wellness information.



It's Easy to Get Started!

Go to www.bluemembertx.com or grab your smartphone and your member ID card and text[†] BCBSTXAPP to 33633 so you can use BAM while you're on the go.

[†] Message and data rates may apply.

What are the UT CARE enrollment stages?

1. Medicare Approval

You will be automatically enrolled in UT CARE. Even if you already have a Medicare plan, Medicare must approve your enrollment in this plan before you are officially a member. This generally takes about 10 business days. Remember, you must be a retiree enrolled in Medicare Part A and Part B to be eligible for this plan.

2. Acknowledgment and Confirmation Letters

These letters let you know the status of your UT CARE enrollment. Within 10–14 days of receiving your enrollment we'll send you an acknowledgment letter. It explains that we've received your information and are waiting for Medicare to approve your eligibility. After Medicare approves, you'll get a confirmation letter followed by your member ID card.

3. Member ID Card

Always show your BCBSTX ID card when you visit a doctor or other place for care. Information on the ID card helps the provider file your claim with us.

Your card will have this information:

- **Your Name.**
- **The name of your Group Medicare plan.**
- **Member ID number:** This number is unique to you.
- **Plan number:** This number is used by your provider to make claims.
- **Network:** This is the name of your provider network.
- **Copays:** These are the fixed amounts you may have to pay when you visit a provider or the ER.
- **Part B prescription drug information.**
- **Customer service phone number:** This is where to find the phone number(s) to call if you or your providers have questions or need help with your benefits.
- **Our website.**
- **And more.**

If your UT CARE ID card hasn't come in the mail by your effective date, you can still use your medical benefits. Just show your confirmation letter as proof of insurance.

4. Welcome Kit

This usually arrives after your UT CARE member ID card and contains a welcome guide, evidence of coverage benefit insert and information to help you get the most from your plan.



Staying Connected

Once you are a UT CARE member, your plan becomes your partner in health. We will reach out during the year with helpful reminders and health tips. If you have a special medical condition, you may receive personalized communication from our medical professionals who can help you manage your health and find resources just for you. Feel free to reach out to customer service with questions about your plan. And please tell us about any special needs we should know about.

Let's get started.

1. You must be a retiree enrolled in both Medicare Part A and Part B. You must continue to pay any required Part A or Part B premiums. These are usually deducted from your Social Security benefit. If you haven't signed up for Medicare yet, contact your local Social Security office or go to www.ssa.gov to enroll online.
2. Review the enclosed Summary of Benefits for details about your UT CARE plan.
3. You will be automatically enrolled in UT CARE, so there is no form to complete. However, if you prefer to opt out of the UT CARE medical and prescription plan you must do so between November 1 and November 15, 2022 by declining the coverage through the *My UT Benefits* online system. To access *My UT Benefits*, please visit the "Manage Your UT Benefits" page at <http://utbenefits.link/manage>.
4. Watch your mailbox for your enrollment acknowledgment and confirmation letters, followed by your new UT CARE member ID card, and your Welcome Kit.



Blue Cross and Blue Shield of Texas is honored that the University of Texas System has entrusted us with your care.

We are committed to providing outstanding service, medical expertise and convenience to you and your Medicare-eligible family members.

Frequently Asked Questions about Medicare and Medicare Advantage plans.

Q. What is Medicare?

A. Medicare is the 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. Under certain circumstances, people under 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

Q. Do I need to enroll in Medicare with the government or just with this plan?

A. Enrollment in Medicare Part A and Part B through the federal government is required for retirees to be eligible for any retiree Medicare plans, including this UT CARE plan. Retiree Medicare Advantage plans work with Medicare, and provide most of your benefits, but pay secondary to Medicare. To have full coverage, you must sign up for Medicare Parts A & B and continue to pay your Part B premium. Check with the benefit office at your institution to learn how your retiree plan will work with Medicare.

Q. I am enrolling in Medicare for the first time. When will 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 & B effective date, whichever is later. When enrolling in the UT CARE plan, you will need to provide your 11-character Medicare Beneficiary Identifier (MBI), located on your red, white and blue Medicare card along with your effective date. The earliest someone who is turning age 65 can sign up for Parts A & B is three months before the month they will turn age 65.

Q. I'm not 65 yet. When do I enroll in Medicare Part A and B?

A. You have an Initial Enrollment Period (IEP) of 7 months to sign up: the three months leading up to the month you turn age 65, the month you turn 65, and three months following the month you turn 65.

Q. How do I enroll?

A. Enrollment is done through the Social Security Administration (SSA). Most people should enroll in Medicare Part A (hospital coverage) during the Initial Enrollment Period (IEP). SSA will send you enrollment instructions at the beginning of your IEP. 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.

If you're 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.

Because enrollment takes time to process, if you plan to retire at 65, we recommend enrolling three months prior to your 65th birthday.

IMPORTANT: In order to participate in an employer-sponsored 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 can be subject to late enrollment penalties.

Q. Are there costs to Medicare outside of my plan?

A. Part A will not cost you anything if you or your spouse paid into Social Security for a minimum of 10 years. But signing up for Part A and/or Part B means you can no longer add funds to a health savings account. You pay a premium each month for Part B. 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 don't get these benefit payments, you will receive a Part B premium bill. The Part B monthly premium changes each year and can vary according to income through what's known as IRMAA: income-related monthly adjustment amount. Most people will pay the standard premium amount. Medicare uses the modified adjusted gross income reported on your IRS tax return from 2 years ago to determine your Part B premium. This is the most recent tax return information provided to Social Security by the IRS.

A notice from Medicare will be mailed to those who will pay the IRMAA surcharge.

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

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

Q. Where can I find additional Medicare resources?

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

Group vs. Individual Medicare Plans

Q. What are the advantages of a group Medicare plan like UT CARE over an individual Medicare plan?

A. As a rule, group Medicare plans have better benefits than individual plans. And, because many employers or unions offer a defined contribution plan or subsidy (paying part of the cost you would pay wholly on your own with an individual plan), the cost is likely less as well.

Q. Do I have to choose a plan offered by UTS?

A. You may choose not to enroll in UT CARE Medicare PPO. Opting out of this plan means you will not have medical or prescription drug coverage through the UT Benefits program or the basic life coverage that is included with the medical plan. You may still continue other coverage types and may enroll in UT CARE at a later date during Annual Enrollment or following a qualifying change of status.

Q. If I decline participation in this Group plan now, can I sign up later?

A. Yes, you can opt in or out of the plan anytime you have a qualified change of status or life event.

Q. Are my dependents eligible?

A. Yes. Dependents are defined as a spouse, a child under the age of 26, or an eligible, incapacitated dependent over the age of 26 who is included under the retiree's medical coverage through UTS. Different plan scenarios apply depending on Medicare eligibility:

- If the retiree and dependents are all eligible for Medicare, then all will be enrolled in the UT CARE.
- If the retiree is eligible for Medicare but dependents are not, then retiree will be enrolled in a UT CARE plan and dependents will be enrolled in UT SELECT.
- If retiree is not eligible for Medicare but dependents are, then the retiree will be enrolled in UT SELECT and dependents will be enrolled in UT CARE.
- If neither the retiree nor dependents are eligible for Medicare, then all will be enrolled in UT SELECT.

Q. What if I keep working past age 65?

A. If you're retired and working 20 hours or more in a benefits eligible position at a UT institution, you and/or any dependent(s) will be enrolled in the UT SELECT plan, regardless of your Medicare status. If you are retired and working less than 20 hours at a UT institution, you and any Medicare eligible dependents will be covered by UT CARE.

Below are additional coverage examples for when the retiree is working less than 20 hours at a UT institution:

- If the retiree is eligible for Medicare but dependents are not, the retiree will be enrolled in UT CARE and dependents will be enrolled in UT SELECT.
- If the retiree is not eligible for Medicare but dependents are, then the retiree will be enrolled in UT SELECT and dependents will be enrolled in UT CARE.
- If neither the retiree nor dependents are eligible for Medicare, then all will be enrolled in UT SELECT.

Q. What is a Medicare Advantage Plan? How is it different from my traditional coverage?

A. Medicare Advantage plans are government-authorized plans offered by private health insurance companies like Blue Cross and Blue Shield of Texas (BCBSTX) that expand upon the benefits offered by Medicare Parts A and B.

Also known as 'Medicare Part C' plans, they include some medical benefits not traditionally covered by Original Medicare Parts A and B. For example, the UT CARE plan includes non-Medicare covered benefits such as hearing services, including a hearing aid allowance, the SilverSneakers® fitness program, chiropractic services, private duty nursing, a 24-hour nurse line, and virtual visits.

Q. Are Medicare Advantage plans joint? 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 would each enroll as individuals in a Medicare plan option.

Q. Can I be refused coverage due to a pre-existing condition? Can my policy be canceled once I am enrolled because of my condition?

A. You cannot be refused coverage because of a pre-existing condition. Your coverage cannot be canceled and your claims for covered services cannot be denied because of a pre-existing condition.

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

A. Yes. Under the UT CARE 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 bill BCBSTX. They do not need to be part of any Blue Cross and Blue Shield network.

Q. Does my plan cover any prescription drugs?

A. Your plan includes everything covered by Medicare Part B, including some drugs and services. To learn more about drugs covered under Medicare Part B, visit www.medicare.gov/coverage/prescription-drugs-outpatient.

Q. What are my other options for prescription drug coverage?

A. Part D prescription drug coverage for UTS retirees is available through a separate carrier and included when you enroll in UT CARE.

Q. Will I have access to dental, vision or hearing benefits?

A. The UT CARE plan includes a \$0 copay for one hearing exam annually plus an allowance of \$2,000 over 36 months for hearing aids. Dental and vision care are not covered as part of the plan, however UTS retirees may be covered for these benefits through different insurance carriers.

Q. When will I see my new UT CARE member ID card?

A. You will receive an acknowledgment letter, followed by a confirmation letter and then your new member ID card. You may use your confirmation letter as proof of insurance until your card arrives. Your UT CARE plan card is only for use with hospital and medical providers. You will need to use membership cards from other providers when using services (i.e., Part D prescription drugs) covered by their plans.

Q. Are chiropractic services covered?

A. Routine chiropractic visits are covered with a \$0 copay for 35 visits per year.

Q. Can I use private duty nursing with this plan?

A. Private duty nursing is covered with a \$0 copay for 90 visits per year for medically necessary, temporary private duty nursing.

Q. What are all of my supplemental benefits?

A. Your supplemental benefits include:

- Hearing Care
- Private Duty Nursing
- Wellness Solutions
- SilverSneakers® Fitness Program
- 24/7 Nurseline
- Virtual Visits
- Chronic Disease Prevention and Support
- Hypertension and Diabetes Programs
- Musculoskeletal and Chronic Pain Programs
- Weight Management Program

Q. How often will I be billed? By whom?

A. Discuss premium payments with the benefit office at your institution. Remember, you are still required to pay your Medicare Part B premium.

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

A. If you enroll in UT CARE, you will receive your Explanation of Benefits (EOB) from Blue Cross and Blue Shield of Texas. How often you receive it depends on how often you see your provider. This statement is not a bill. It simply details what you have paid and indicates the level of benefits you've used.

Post-enrollment

Q. When will my UT CARE coverage be effective?

A. Coverage for this plan is effective January 1, 2023.

Q. Will I have access to the same health and wellness benefits I had under UT SELECT?

A. Yes. You may continue to use all of these health and wellness tools:

- Airrosti
- Hinge Health
- Nurseline
- Blue365™
- Learn to Live
- Omada
- Catapult
- Livongo
- SilverSneakers®
- Wondr Health

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®.



Questions about UT CARE? Here's help:



Visit the UT CARE website.

www.bcbstx.com/retiree-medicare-ut



Call for one-on-one help.

1-877-842-7562 TTY 711

Beginning August 15, help is available 24 hours per day, 7 days per week.

This information is not a complete description of benefits.

* Out-of-network/non-contracted providers are under no obligation to treat BCBSTX members, except in emergency situations. At your appointment, give the provider a copy of the Open Access Provider Notice letter that will be included in your 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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TruHearing[®] is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids. The relationship between TruHearing and Blue Cross and Blue Shield of Texas is that of independent contractors.

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.

Livongo, Omada, and Hinge Health are independent companies that have contracted with Blue Cross and Blue Shield of Texas to provide health management solutions for members with coverage through BCBSTX.

Learn to Live (L2L) offers customized, user-paced, online programs based on the proven principles of Cognitive Behavioral Therapy (CBT). The programs are confidential, accessible anywhere and based on years of research showing online CBT programs to be as effective as face-to-face therapy. L2L coaches are not providing services as licensed therapists, social workers or doctors and do not offer services requiring professional licensure such as psychotherapy. Coaches do not provide crisis support or emergency behavioral health services. Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas.

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) 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.



2023 UTS Retiree Medical Benefit Highlight Comparison

	Current UT SELECT Retiree Plan*		UT CARE™ Medicare PPO*
	In-Network	Out-of-Network	In-Network and Out-of-Network
Annual Medical Deductible	\$0	\$0	\$0
Annual Out-of-Pocket Maximum	\$0	\$0	\$0
Inpatient Hospital Services			
Inpatient Hospital – Acute	\$0 copay	\$0 copay	\$0 copay
Inpatient Mental Health Care	\$0 copay	\$0 copay	\$0 copay
Skilled Nursing Facility			
Benefit Period 1–20 days	\$0 copay	\$0 copay	\$0 copay
Benefit Period 21–180 days	\$0 copay Members allowed 180 days	\$0 copay Members allowed 180 days	\$0 copay Members allowed 180 days
Emergent and Urgent Care			
Emergency Care (Worldwide) Urgently Needed Services (Worldwide)	\$0 copay	\$0 copay	\$0 copay
Ambulance Services (Ground & Air)	\$0 copay	\$0 copay	\$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.



2023 UTS Retiree Medical Benefit Highlight Comparison

	Current UT SELECT Retiree Plan		UT CARE Medicare PPO
	In-Network	Out-of-Network	In-Network and Out-of-Network
Health Care Professional Services			
Primary Care Physician Services	\$0 copay	\$0 copay	\$0 copay
Physician Specialist Services	\$0 copay	\$0 copay	\$0 copay
Outpatient Rehabilitation Services			
Cardiac Rehabilitation Services	\$0 copay	\$0 copay	\$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	\$0 copay	\$0 copay Medicare allows a maximum of 36 sessions.
Occupational & Physical Therapy and Speech Pathology Services	\$0 copay Occupational Therapy Services — 35 visits per condition Physical Therapy — 35 visits per condition Speech Therapy — 60 visits		\$0 copay Medicare allows unlimited visits when medically necessary.
Outpatient Mental Health			
Psychiatric & Mental Health Specialty Services	\$0 copay	\$0 copay	\$0 copay



2023 UTS Retiree Medical Benefit Highlight Comparison

	Current UT SELECT Retiree Plan		UT CARE Medicare PPO
	In-Network	Out-of-Network	In-Network and Out-of-Network
Outpatient Substance Abuse Services			
Outpatient Substance Abuse & Opioid Services	\$0 copay	\$0 copay	\$0 copay
Outpatient Diagnostic/Therapeutic Radiation Services			
Lab Services, Diagnostic Procedures, Therapeutic Radiology, Diagnostic Radiology Services / X-Ray, Advanced Imaging (MRI, MRA, CT Scan, PET)	\$0 copay	\$0 copay	\$0 copay
Other Outpatient Services			
Outpatient Hospital Services, Ambulatory Surgical Center (ASC) Services, End-Stage Renal Disease/ Dialysis Services	\$0 copay	\$0 copay	\$0 copay
DME, Prosthetics, Diabetic Supplies			
Durable Medical Equipment (DME) / Medical Supplies Diabetes Supplies and Services	\$0 copay	\$0 copay	\$0 copay
Medicare Preventive Services			
Medicare-covered Preventive Services	\$0 copay	\$0 copay	\$0 copay
Medicare Part B Rx Drugs			
Medicare Part B Rx Drugs	0% coinsurance	0% coinsurance	0% coinsurance



2023 UTS Retiree Medical Benefit Highlight Comparison

	Current UT SELECT Retiree Plan		UT CARE Medicare PPO
	In-Network	Out-of-Network	In-Network and Out-of-Network
Supplemental Benefits (These are non-Medicare covered benefits)			
Routine Hearing Exam			
Routine Hearing Exam <i>1 routine hearing exam each year</i>	Not Covered	Not Covered	\$0 copay
Hearing Aids Allowance	Plan pays 80% of cost up to \$2,000 maximum every 36 months (both ears)		\$1,000 per ear, once every 3 years
Other Supplemental Benefits			
Routine Chiropractic Services	\$35 copay (35 visits per year)	40% coinsurance (35 visits per year)	\$0 copay (35 visits per year)
Private Duty Nursing	10% – 20% coinsurance** after deductible. (90 visits per year)	40% coinsurance after deductible. (90 visits per year)	\$0 copay (90 visits per year)

** Coinsurance based on provider type



2023 UTS Retiree Medical Benefit Highlight Comparison

	Current UT SELECT Retiree Plan		UT CARE Medicare PPO	
	In-Network	Out-of-Network	In-Network and Out-of-Network	
Supplemental Benefits (These are non-Medicare covered benefits)				
Wellness Programs				
Fitness Program <i>(Provided by SilverSneakers®)</i>	SilverSneakers Included	Not Applicable	SilverSneakers Included	Not Applicable
NurseLine	Included	Not Applicable	Included	Not Applicable
Blue365® <i>Discount Platform</i>	Included	Not Applicable	Included	Not Applicable
Hinge Health	Included	Not Applicable	Included	Not Applicable
Livongo®	Included	Not Applicable	Included	Not Applicable
Omada®	Included	Not Applicable	Included	Not Applicable
Learn to Live®	Included	Not Applicable	Included	Not Applicable
Catapult	Included	Not Applicable	Included	Not Applicable
Wondr Health	Included	Not Applicable	Included	Not Applicable
MDLIVE	Included	Not Applicable	Included	Not Applicable
TruHearing	Included	Not Applicable	Included	Not Applicable

Questions about UT CARE Medicare PPO? Here's help:

Learn more about your plan.



Visit the UT CARE website.

www.bcbstx.com/retiree-medicare-ut



Call for one-on-one help.

1-877-842-7562 TTY 711

Beginning August 15, help is available
24 hours per day, 7 days per week.

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)™.' This plan name also refers to UT CARE Medicare PPO.

You must be a retiree or Medicare-eligible dependent of a UTS retiree and enrolled in Medicare Part A and Part B to enroll in this plan. You must continue to pay your Part B premiums. 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 welcome guide. Call Customer Service or see your Summary of Benefits for more information, including cost-sharing that applies to out-of-network services.

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.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Classes and amenities vary by location.

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.

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.

Learn to Live (L2L) offers customized, user-paced, online programs based on the proven principles of Cognitive Behavioral Therapy (CBT). The programs are confidential, accessible anywhere and based on years of research showing online CBT programs to be as effective as face-to-face therapy. L2L coaches are not providing services as licensed therapists, social workers or doctors and do not offer services requiring professional licensure such as psychotherapy. Coaches do not provide crisis support or emergency behavioral health services. If you are in a life-threatening emergency, please call 911. If you are in crisis, please call the National Suicide Prevention Lifeline at 800-273-8255.

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas.

The information provided here is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional.

Wondr Health is an independent company that provides Metabolic Syndrome Management for Blue Cross and Blue Shield of Texas. Wondr Health is solely responsible for the products and services that it provides.

Virtual Visits may not be available on all plans. Please call the number on the back of your member ID card to check your coverage or with other questions. Non-emergency medical service in Montana and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation.

MDLIVE is a separate company that operates and administers the Virtual Visits program for Blue Cross and Blue Shield of Texas. 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 written permission.

TruHearing® is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids. The relationship between TruHearing and Blue Cross and Blue Shield of Texas is that of independent contractors.

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™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis Vision™, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and Lasik*Plus*®.

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.



BlueCross BlueShield
of Texas

UT CARE™

The University of Texas System

Summary of Benefits

UT CARE™ Medicare PPO

January 1, 2023 – December 31, 2023

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 Benefits Insert."

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INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2023 – December 31, 2023

UT CARE™ Medicare PPOSM	
You have choices about how to get your Medicare prescription drug benefits	<ul style="list-style-type: none"> • 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 UT CARE™ Medicare PPO).
Tips for comparing your Medicare choices	<p>This Summary of Benefits booklet gives you a summary of what UT CARE™ Medicare PPO covers and what you pay.</p> <ul style="list-style-type: none"> • If you want to compare our plans 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	<ul style="list-style-type: none"> • Things to Know About UT CARE™ Medicare PPO • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
Hours of Operation	<ul style="list-style-type: none"> • From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. – 8:00 p.m. local time. • From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. – 8:00 p.m. local time.
Phone Numbers	<ul style="list-style-type: none"> • Call toll-free 1-877-842-7562. (TTY users should call 1-877-842-7562).
Who can join?	<p>To join UT CARE™ Medicare PPO, you must be enrolled in Part A and B, and be a retiree, or Medicare-eligible dependent of a retiree, of The University of Texas System.</p> <p>Our service area includes anywhere in the United States.</p>

UT CARE™ Medicare PPOSM	
Which doctors and hospitals can I use?	<p>UT CARE™ Medicare PPO has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.</p> <ul style="list-style-type: none"> You can see our plan's <i>Provider Directory</i> at https://www.bcbstx.com/ut.
What do we cover?	<p>Like all Medicare health plans, we cover everything that Original Medicare covers—and <i>more</i>.</p> <p>Our plan members get <i>all</i> of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.</p> <p>Our plan members also get <i>more than what is covered by Original Medicare</i>. Some of the extra benefits are outlined in this booklet.</p>

SUMMARY OF BENEFITS

January 1, 2023 – December 31, 2023

UT CARE™ Medicare PPOSM	
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly 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.
How much is the deductible?	This plan does not have a deductible for medical services.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. 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.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$0 for services you receive from any provider. Your limit for services received from in-network providers and your limit for services received from out-of-network providers will count toward this limit.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain supplemental benefits. Contact us for the services that apply.
COVERED MEDICAL AND HOSPITAL BENEFITS	
NOTE: Services with a * may require prior authorization or a referral from your doctor.	
INPATIENT CARE	
Inpatient Hospital Care*	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • In-network: \$0 copay per stay • \$0 copay per stay

OUTPATIENT CARE AND SERVICES

Outpatient Hospital Care/Surgery*

Outpatient hospital

- In-network: \$0 copay
- Out-of-network: \$0 copay

Ambulatory surgical center

- In-network: \$0 copay
- Out-of-network: \$0 copay

Doctor's Office Visits*

Primary care physician visit

- In-network: \$0 copay
- Out-of-network: \$0 copay

Specialist visit

- In-network: \$0 copay
- Out-of-network: \$0 copay

UT CARE™ Medicare PPO SM		
Preventive Care*	<ul style="list-style-type: none"> In-network: \$0 copay Out-of-network: \$0 copay 	
	<p>Our plan covers many preventive services, including:</p>	
	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screenings Cervical and vaginal cancer screening </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) Depression screening Diabetes screenings HIV screening Medical nutrition therapy services Obesity screening and counseling Prostate cancer screenings (PSA) </td> </tr> </table>	<ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screenings Cervical and vaginal cancer screening
<ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screenings Cervical and vaginal cancer screening 	<ul style="list-style-type: none"> Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) Depression screening Diabetes screenings HIV screening Medical nutrition therapy services Obesity screening and counseling Prostate cancer screenings (PSA) 	

	UT CARE™ Medicare PPO SM
	<ul style="list-style-type: none"> • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p>See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Urgently Needed Services	<ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay

	UT CARE™ Medicare PPO SM
Diagnostic Tests, Lab and Radiology Services, and X-Rays*	<p><u>Diagnostic radiology services (such as MRIs, CT scans)</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Diagnostic tests and procedures</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Lab services</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Outpatient X-rays</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Therapeutic radiology services (such as radiation treatment for cancer)</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay

UT CARE™ Medicare PPO SM	
Hearing Services*	<p><u>Exam to diagnose and treat hearing and balance issues</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Routine hearing exam</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay for 1 routine hearing exam each year • Out-of-network: \$0 copay for 1 routine hearing exam each year <p><u>Hearing aids</u></p> <ul style="list-style-type: none"> • In-network and Out-of-network: \$1,000 per ear in-network and out-of-network allowance on hearing aids every 3 years
Dental Services*	<p><u>Medicare-covered limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Preventive dental services</u></p> <ul style="list-style-type: none"> • Not Covered <p><u>Comprehensive dental services</u></p> <ul style="list-style-type: none"> • Not Covered

	UT CARE™ Medicare PPO SM
Vision Services*	<p><u>Exam to diagnose and treat diseases and conditions of the eye</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Yearly glaucoma screening</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Eyeglasses or contact lenses after cataract surgery</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay for 1 pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery • Out-of-network: \$0 copay for 1 pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery

UT CARE™ Medicare PPO SM	
Mental Health Care*	<p><u>Inpatient visit</u></p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • In-network: \$0 copay per stay • Out-of-network: \$0 copay per stay <p><u>Outpatient individual and group therapy visit with a mental health specialist</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
Skilled Nursing Facility (SNF)*	<p>Our plan covers up to 180 days in a SNF.</p> <ul style="list-style-type: none"> • In-network: \$0 copay per day for days 1-20 \$0 copay per day for days 21-180 • Out-of-network: \$0 copay per day for days 1-20 \$0 copay per day for days 21-180

	UT CARE™ Medicare PPO SM
Outpatient Rehabilitation*	<p><u>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions in 36 weeks)</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Occupational therapy visit</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Physical therapy and speech and language therapy visit</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
Ambulance* <i>(Medicare-covered ground and air transportation services)</i>	<p><u>Ground services</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay for each one-way trip • Out-of-network: \$0 copay for each one-way trip <p><u>Air services</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay for each one-way trip • Out-of-network: \$0 copay for each one-way trip
Transportation*	Not Covered

UT CARE™ Medicare PPO SM	
Medicare Part B Drugs*	<p><u>Part B chemotherapy drugs</u></p> <ul style="list-style-type: none">• In-network: 0% of the total cost• Out-of-network: 0% of the total cost <p><u>Other Part B drugs</u></p> <ul style="list-style-type: none">• In-network: 0% of the total cost• Out-of-network: 0% of the total cost

ADDITIONAL MEMBER BENEFITS

NOTE: Services with a * may require prior authorization or a referral from your doctor.

<p>Acupuncture</p>	<p><u>Acupuncture for chronic low back pain (Medicare-covered)</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Routine Acupuncture (non-Medicare-covered)</u></p> <p>Not Covered</p>
<p>Chiropractic Care*</p>	<p><u>Medicare-covered manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Routine care visits</u></p> <ul style="list-style-type: none"> • \$0 copay for up to 35 supplemental routine chiropractic visit(s) every year
<p>Diabetes Supplies and Services*</p>	<p><u>Diabetes monitoring supplies</u></p> <ul style="list-style-type: none"> • In-network: Medicare-covered diabetic supplies: 0% of the total cost • Out-of-network: 0% of the total cost <p><u>Diabetes self-management training</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
<p>Durable Medical Equipment (wheelchairs, oxygen, etc.)*</p>	<ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay

	UT CARE™ Medicare PPO SM
Wellness Programs	<p>\$0 copay for SilverSneakers[®] † Fitness Program</p> <p>This benefit includes SilverSneakers instructor-led group fitness classes. At participating locations, you can take classes plus use exercise equipment and other amenities. Additionally, SilverSneakers FLEX[®] gives you options to get active outside of traditional gyms. SilverSneakers also connects you to a support network and virtual resources through SilverSneakers Live, SilverSneakers On-Demand™ and a mobile app, SilverSneakers GO™.</p> <p>†SilverSneakers, SilverSneakers FLEX, SilverSneakers On-Demand, and SilverSneakers GO are registered trademarks or trademarks of Tivity Health, Inc.</p>
Foot Care (<i>podiatry services</i>)*	<p><u>Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
Home Health Care*	<ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
Opioid Treatment Program Services*	<ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
Outpatient Substance Abuse Services*	<p><u>Group therapy visit</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Individual therapy visit</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
Over-the-Counter Items	Not Covered

	UT CARE™ Medicare PPO SM
Private Duty Nursing	<ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)*	<p><u>Prosthetic devices</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay <p><u>Related medical supplies</u></p> <ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
Meals	Not Covered
Renal Dialysis*	<ul style="list-style-type: none"> • In-network: \$0 copay • Out-of-network: \$0 copay
Supplemental Telehealth Services	<ul style="list-style-type: none"> • In-network: \$0 copay for urgent care; \$0 copay for Outpatient Mental Health; \$0 copay for Outpatient Mental Health Psychiatric visit through MDLive.
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.



BlueCross BlueShield of Texas

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/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>.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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: **1-877-842-7562**). 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: **1-877-842-7562**). 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: **1-877-842-7562**)。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: **1-877-842-7562**)。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: **1-877-842-7562**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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Arabic: سيقوم شخص ما يتحدث العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول (TTY/) **1-877-842-7562** :TDD: **1-877-842-7562**). 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: **1-877-842-7562**). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी 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 **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). 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 **1-877-842-7562** (TTY/TDD: **1-877-842-7562**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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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: **1-877-842-7562**). 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 Blue Cross Medicare 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 1-877-842-7562 (TTY: 1-877-842-7562) for more 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.

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Blue Cross Group Medicare Advantage - H0107



For 2022, Blue Cross Group Medicare Advantage - H0107 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. local time at 877-583-8129 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. local time and alternate technologies (for example, voicemail) will be used on weekends and holidays. Current members please call 877-299-1008 (toll-free) or 711 (TTY).

HMO and PPO plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HMO plans available for employer/union groups only. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plan depends on contract renewal.



**BlueCross BlueShield
of Texas**

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/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>.

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。

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What are the UT CARE™ Medicare PPO enrollment stages?

Medicare Approval

Medicare must approve your enrollment before you are officially a member. This generally takes about 10 business days.

Watch your mailbox for these items.

- **Acknowledgment Letter:** Within 10 days of getting your enrollment form, we will send an acknowledgment letter.
- **Confirmation Letter:** After your enrollment is approved by Medicare, we will send a confirmation letter. It can be used as proof of insurance if you have **not** received your member ID card by your effective date.
- **Member ID Card:** Your UT CARE member ID card will be mailed next. Show your new card when you get medical services so you are giving the right information. You may have member ID cards from other insurance carriers for some benefits, as well.
- **Welcome Guide:** This helpful kit includes plan documents and other useful information.

Personal Phone Call

We will be in touch to welcome you to the plan. We'd like to know if you have questions about your benefits or if you have special needs we should know about. We might also ask a few basic health questions, help you schedule your Annual Wellness Visit and more.

Ongoing Communication

Once you are a member, UT CARE becomes your partner in health. We'll send helpful reminders, and health tips and guidance throughout the year. If you have a special medical condition, you may receive even more personalized communication from our medical professionals who can help you manage your health and find resources just for you.

If you have any questions about your plan, please call the customer service number listed on your acknowledgment or confirmation letter or the back of your member ID card.

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)SM.' This plan name also refers to UT CARE Medicare PPO.

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