BlueCross BlueShield of Texas

It's time to enroll in your group retiree Medicare plan.

This enrollment guide includes information about your Medicare plan benefits. Please review it and follow the instructions provided by your benefit administrator.

Look inside for:

- Details about your retiree Medicare plan.
- Getting started.
- Frequently asked questions.
- What happens next.

If you have questions about your plan benefits, call:

1-817-210-6387 (TTY 711).

We are available Monday - Friday, 8 a.m. - 4 p.m., CST.

HMO and PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). HMO and 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.

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Blue Cross Group
Medicare Advantage Open Access℠

The advantage is yours.

Look inside for details about your group retiree Medicare Advantage plan.

Keep this information for reference.

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

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Medicare coverage for retirees made easy

Blue Cross Group Medicare Advantage Open Access (PPO)℠ is your all-in-one group retiree plan.

Your benefit administrator offers Blue Cross Group Medicare Advantage Open Access (PPO) for your retiree Medicare coverage. It bundles Medicare Part A, Part B and Part D, 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, emergency care, as well as prescription drugs. It coordinates your care and offers disease prevention and management resources. The plan also takes care of claims, coordinates with Medicare and provides one number to call with questions.

Think of this 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.***

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 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 Medicare Advantage: Extra health and wellness benefits.

While your group retiree Medicare Advantage plan coordinates with Medicare to provide Medicare Part A, Part B and Part D, 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.*

* 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.

Part D rounds out your coverage.

Your plan includes prescription drug coverage, so you will not need a separate Medicare Part D plan. It covers common outpatient medications, like those used to treat blood pressure, cholesterol, depression and arthritis. Depending on the plan selected by your benefit administrator, you may have a copay or coinsurance for your Part D prescriptions. And there may be a deductible to meet before benefits start.

Due to Medicare reforms, the most out-of-pocket costs you will pay in 2025 for Part D drugs is $2,000. In the years that follow, annual limits will be adjusted based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs. Your monthly premium is also not included in your out-of-pocket costs. Review the Summary of Benefits to understand your costs.

List of Covered Drugs (Formulary)

Within the formulary, you will see that prescription drugs are placed into tiers. The costs for drugs in each tier are different. Tier 1 includes the drugs prescribed for common conditions and usually cost the least.

Transition Benefit

During the first few months of coverage, you may be able to fill a one-month supply of Part D eligible, non-formulary drugs or drugs that have restrictions. You and your provider will be alerted via mail of the transition fill and the requirements needed to continue receiving your drug. Such requirements include your provider submitting a formulary exception by calling the number on your new member ID card or filling out the formulary exception form found on **www.myprime.com**. If the formulary exception is approved, you will pay the non-preferred drug tier cost-share.

Insulin and Vaccine Costs

Insulin: You will not pay more than $35 for a one-month supply of each covered insulin product. It does not matter what cost-sharing tier it is on.

Vaccines: Your plan covers most Part D vaccines at no cost to you. The following vaccines are covered under Medicare Part D: Shingles, Tetanus/diphtheria (Td), Tetanus, diphtheria, and pertussis (whooping cough) (Tdap), Hepatitis A and Hepatitis B.

You do not need to meet any required deductible for these items.

Pharmacies Near and Far

Our national pharmacy network includes thousands of locations. All major national retail and grocery pharmacy chains participate in the network, including:

Albertsons · H-E-B · Kroger · Walgreens · Walmart

Other pharmacies are available in our network.

The following mail order and specialty pharmacies are in the network.

Once you enroll in your new plan, you will want to bookmark these websites and save the numbers to your phone:

Mail-Order Pharmacies

Walgreens Mail Service	
Visit **https://walgreensmailservice.com/**	Call **1-877-277-7895** TTY 711
Amazon Pharmacy	
Visit **https://pharmacy.amazon.com**	Call **1-855-393-4279** TTY 711
Express Scripts Pharmacy	
Visit **www.express-scripts.com/rx**	Call **1-833-599-0729** TTY 711

Specialty Pharmacies

Walgreens Specialty Pharmacy	
Visit **https://walgreensspecialtyrx.com/**	Call **1-877-627-6337** TTY 711
Accredo	
Visit **www.accredo.com**	Call **1-833-721-1619** TTY 711

Please note: Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Texas (BCBSTX) to provide pharmacy benefit management services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Texas. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Texas.

Walgreens Mail Service is contracted to provide pharmacy mail services to members of Blue Cross Group Medicare Advantage. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of Texas and is owned by 19 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of Blue Cross Group Medicare Advantage. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of Texas and is owned by 19 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

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.

Managing your medications.

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the formulary.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option starting in 2025 to help you manage your budget when it comes to out-of-pocket drug costs. It spreads them across monthly payments that vary throughout the plan year, instead of you paying all at once at the pharmacy. The new payment option might help you manage your expenses, it doesn't save you money or lower your drug costs. While the program is for anyone with Part D, it might not be right for everyone.

Do you need financial support for your drugs?

You can apply for Extra Help any time before or after you enroll in Part D. Visit Social Security to learn more at **www.ssa.gov**. Choose 'Medicare,' then 'Apply for Part D Extra Help.'

Before you enroll, you can search for your medicines online at **www.myprime.com**.*

Select 'Medicines,' then:

- 'Find medicines,' followed by
- 'Continue without sign in.'

Under 'Select Your Health Plan':

- Select BCBS Texas.
- Answer 'Yes.'
- Select the Blue Cross Group Medicare Advantage (PPO)℠ plan with your drug list.**
- Click 'Continue.'

Type your medicine and dosage.

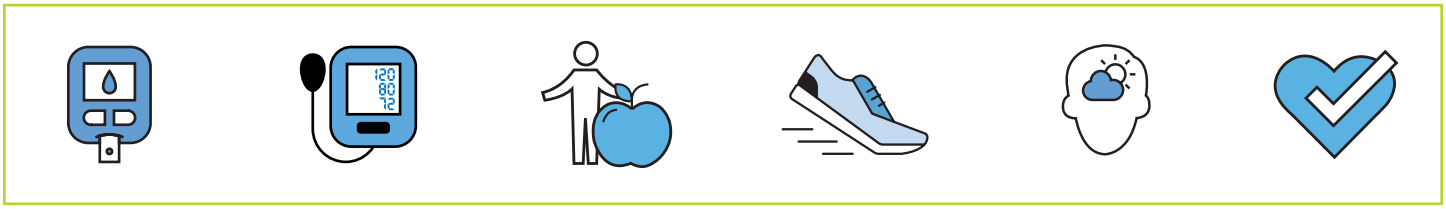
- Review the drug tier and requirements.
- Refer to the Summary of Benefits for your cost.

* MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

** Your drug list name is located on the Plan Chart in your Enrollment Kit. Call the Education Helpline if you don't have a chart or need help finding out your drug list name.

Medicare Advantage helps manage both your health and your care.

Medicare Advantage plans are managed care plans. They can lower 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 about the plan are different.



Managing your health.

Once you are a 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%, 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 medicine or type of care first. Or your provider may ask for 'prior authorization' or 'pre-approval' from the plan before you can receive some services.

Covered drugs

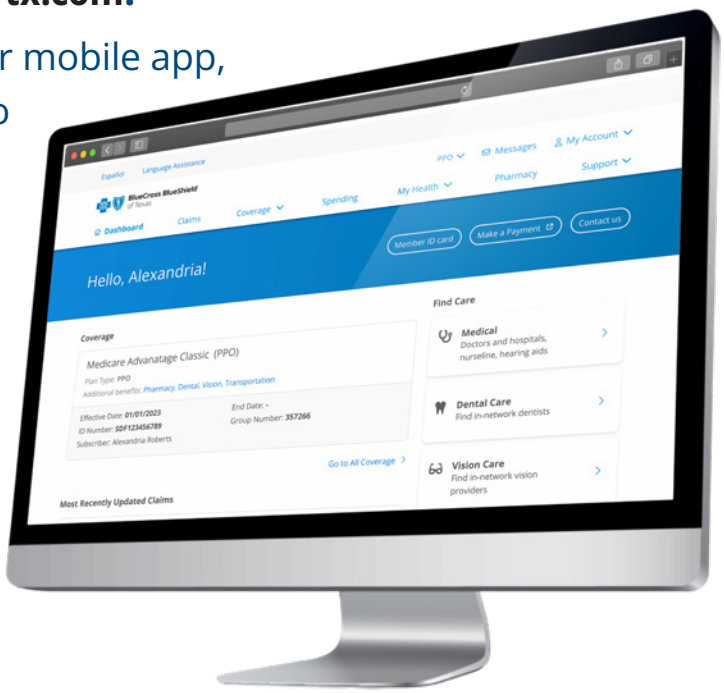
Another feature of managed care plans is the formulary. Covered drugs are placed in tiers. The tiers may range from generic drugs in a lower tier, to brand drugs in a middle tier and specialty drugs in a higher tier. Your cost is based on the drug's tier. Those in the lower tiers usually cost less and can be generic or brand drugs. Generic drugs can cost much less than brand drugs. There are two types of generic drugs: 1) generic equivalents – drugs with the same active ingredients as brand drugs and 2) generic alternatives – drugs that treat the same condition as the brand drug but use different active ingredients. This is one way the managed care plan helps to control your costs while maintaining quality.

Blue Access for Members℠

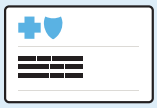
Register for BAM℠ at www.bluemembertx.com.

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 and pharmacies.
- See your prescription history.
- Link to **www.myprime.com** to view your drug list/formulary.
- 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 and pharmacy. 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 IEP. 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 separate 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 group retiree plan. 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. 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. We can offer support as you go through this change.

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

A. Coverage 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 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 usually Part D coverage into one plan. 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 plan?

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 group retiree Medicare Advantage Prescription Drug plan covers drugs or services that are normally covered by Medicare Part B and Part D.

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 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 get 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. Can I continue to use manufacturer coupons and/or discount cards with this plan?

A. Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

Q. Are there resources to help with the high cost of drugs?

A. Financial assistance to help with the costs of prescription drugs, like deductibles and copays, may be available through the government's Low Income Subsidy program, also called Extra Help. You can apply for it any time. Visit the Social Security website at **www.ssa.gov** and click 'Medicare,' then 'Apply for Part D Extra Help.'

* Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

Q. Will I be covered if I travel internationally?

A. Blue Cross Blue Shield Global® Core program 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 I select?

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 or fill a prescription. 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 group retiree Medicare plan?

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

Or call the Education Helpline for more information. 1-877-842-7564 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 formulary and pharmacy network may change at any time. You will receive notice when necessary.

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.

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BlueCross BlueShield of Texas

City of Hurst, TX

Effective 1/1/2025 – 12/31/2025	Blue Cross Group Medicare Advantage Open Access (PPO)℠
Annual Medical Deductible	$0
Annual Out-of-Pocket Maximum Includes the Deductible	$500
Inpatient Hospital Care	$100 copay per stay
Emergency Care	$65 copay
Ambulance Services	$0 copay
Primary Care Office Visit	$0 copay
Specialist Office Visit	$0 copay
The following items are your extra health and wellness benefits.	
Dental Services – Preventive	$0 copay: 2 exams, 2 cleanings, 1 X-ray each year Out-of-network providers may charge any amount above the in-network allowable charges.
Dental Services – Comprehensive	$1,000 combined in and out-of-network annual allowance 100% plan pays: Basic restorative: e.g. cavities, non-surgical extractions, dental pain aid. Major restorative: e.g. surgical tooth extractions, root canals; includes crown and dentures. Out-of-network providers may charge any amount above the in-network allowable charges.
Vision Services – Routine Eye Exam	In-network: $0 copay Out-of-network: $40 allowance
Vision Services – Eyewear	$150 allowance In-network and out-of-network alllodance on eyewear every 2 years
Hearing Services – Routine Hearing Exam	In-network: $0 copay Out-of-network: $40 allowance
Hearing Services – Hearing Aids	$2,000 hearing aid allowance for both ears combined, every 3 years
Over-the-Counter Allowance	$30 per month with rollover to next month
Meal Service	14 meals per 7 days; max 3 times per year (Authorization required after in-patient stay)
Non-emergency Transportation	$0 copay for up to 12 one-way trips to plan-approved locations every year
Fitness Program	SilverSneakers® Fitness Program
Rewards Program	Up to $100 worth of gift cards per year

BlueCross BlueShield of Texas

City of Hurst, TX

	Prescription Drug Benefits	
Annual Part D Deductible	$0	
Your Drug List/Formulary Name	5 Tier **Complete** Formulary	
Your Out-of-Pocket Costs (30-day supply at retail pharmacies) Annual drug costs up to $2,000	**Standard Pharmacy**	
	Tier 1 – Preferred Generic Drugs	**$0**
	Tier 2 – Generic Drugs	**$5**
	Tier 3 – Preferred Brand Drugs	**$20**
	Tier 4 – Non-Preferred Drugs	**$35**
	Tier 5 – Specialty Drugs	**$55**
Catastrophic Coverage	You pay $0 after your Part D maximum out-of-pocket costs reach $2,000. This includes drugs purchased through retail and mail order pharmacies but does not apply to out-of-pocket spending on Part B drugs or your monthly premium.	
Network Pharmacies	Albertsons, Brookshire's, H-E-B, Kroger, Randalls, Tom Thumb, United Supermarkets, Walgreens, Walmart and independents	

Coupons and Discount Programs

Federal law forbids people who have Medicare from using coupons or other discounts with their Medicare Part D plan. These may only be used outside of your Medicare Part D benefit.

Call Retiree First at **1-817-210-6387 (TTY 711)** for more information.

We are available Monday - Friday, 8 a.m. - 4 p.m., CST.

9100808.0324

BlueCross BlueShield of Texas

Health & Wellness Benefits

These extra health and wellness benefits complete your coverage and are important to staying well. These benefits are in addition to those listed in the enrollment brochure:

- 24/7 Nurseline
- Rewards Program
- SilverSneakers®
- Virtual Visits

If you choose to enroll in the plan, keep this document so you can easily find the contact information for these benefits. Check your plan documents for more information or call the Education Helpline at **1-817-210-6387 (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.

Blue365® Discount Program

With Blue365, you may save money on health and wellness products and services such as contacts, dental care, fitness devices, glasses, healthy meals, hearing aids, clothes and shoes, and more from trusted retailers. Availability of discounts is subject to change.

See all the deals and learn more at **www.blue365deals.com/bcbstx**.

Dental Care

Your Medicare Advantage plan includes coverage for dental care and procedures. Once you become a member, you will receive a separate member ID card for your dental coverage. Services covered by your plan:

Preventive Care

- 2 routine oral exams per year
- 2 cleanings per year
- 1 bitewing X-ray per year

Comprehensive Care*

- Oral surgery
- Restorative services
- Non-surgical extractions
- Surgical and non-surgical periodontal services
- Endodontic services
- Prosthodontic services

Need to find dental providers near you? Visit Provider Finder® at **www.bcbstx.com/retiree-medicare-tools**.

*Not all plans cover all services. Read your plan documents for details or call Customer Service if you have questions about your coverage.

Hearing Care

Through our partnership with TruHearing®, your plan covers routine hearing exams and may include an allowance on hearing aids. Check your Summary of Benefits for details about what your plan covers.

Visit the TruHearing website at **www.truhearing.com** or call **1-844-855-9536 (TTY 711)** to learn more.

Modivcare | Non-Emergency Transportation Services

Getting to the doctor or pharmacy is easier with transportation services through Modivcare. Check your Summary of Benefits for details about how many one-way rides are covered each year.

Arrange trips by calling the Customer Service number on the back of your member ID card.

Mom's Meals | Post Discharge Meals at Home

Mom's Meals offers healthy meals to aid in your recovery for a limited period after getting discharged from an inpatient hospital stay.

To learn more, check your Summary of Benefits. Once you are a member, call the Customer Service number on the back of your member ID card to arrange meals.

Over-the-Counter (OTC) Products Allowance

Your purchase allowance helps cover over-the-counter (OTC) drugs and other health-related products. Items include antacids, first aid supplies, pain relievers, and more. Any unused allowance rolls over to the next month.

To learn more, check your Summary of Benefits or visit **www.myblueTX.com/otc/guide**. You'll receive more information about the program after you enroll.

Vision Care

Look good and see better with your vision benefit. Beyond an annual routine exam and glaucoma screening, your plan may include an allowance for eyewear including frames, lenses and contacts.

Need to find vision providers near you? Visit Provider Finder at **www.bcbstx.com/retiree-medicare-tools**.

The relationship between these vendors and Blue Cross and Blue Shield of Texas 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 Vision℠, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus®.

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

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans. MDLIVE is a separate company that operates and administers Virtual Visits 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 permission

ModivCare is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide transportation services for members with coverage through BCBSTX.

Convey Health Solutions, Inc. is an independent company that offers supplemental Medicare Services such as non-prescription medications and other medical supplies on behalf of Blue Cross and Blue Shield of Texas.

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.

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.

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSTX. BCBSTX has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSTX, FAA, and EyeMed is that of independent contractors.

HMO and PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). HMO and 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

Your Providers, Your Personal Network

Dear Valued Member,

You are part of a **Blue Cross Group Medicare Advantage Open Access (PPO)℠ plan**, meaning you are free to see any provider who will see you as a patient, accepts Medicare* and will bill the plan.

With this Open Access plan (sometimes referred to as a national or non-differential PPO), your benefits are the same for a visit to a provider who isn't in our network. In-network and out-of-network rules do not apply.

*98% of U.S. providers accept Medicare

Simply share this document with your provider's billing representative. We'll handle the rest.

If your provider has questions about your coverage or seeing you as a patient, ask them to call Provider Customer Service at **1-877-299-1008 TTY 711**. We are open 8 a.m. - 8 p.m., local time, 7 days a week.
If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

BlueCross BlueShield of Texas

Dear Provider/Billing Representative,

This patient is enrolled in the Blue Cross Group Medicare Advantage Open Access (PPO) plan. *This is a non-differential/passive PPO.* **If your practice accepts Medicare, you can see this patient and will be reimbursed the Medicare-allowable rate, regardless of your network status with Blue Cross and Blue Shield of Texas. Please call 1-877-299-1008 if you have questions about payment.**

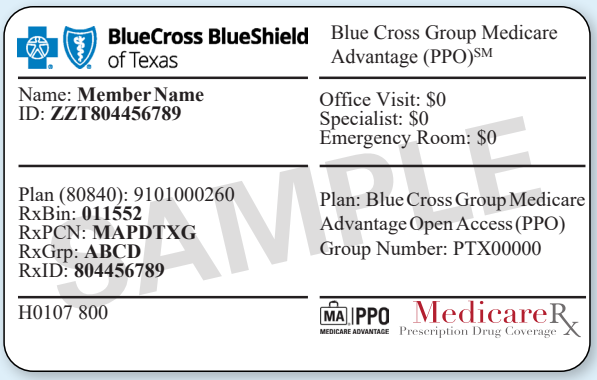
The only requirement is that you accept Medicare assignment and will submit the claims to BCBSTX or your local BCBS plan. You don't need to participate in Blue Cross and Blue Shield of Texas Medicare Advantage networks or in any other Blue Cross and Blue Shield networks.

Seeing Patients

- Members' coverage levels are the same for covered benefits nationwide, inside and outside the plan service area.
- Referrals are not required for office visits.
- Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSTX.
- If you currently see this patient, be sure to update their full member ID number when submitting claims.

Billing & Reimbursement

- Billing is simple because you only submit claims to the plan, not Medicare. You may collect any copay or coinsurance as shown on the member ID card at the time of service.
- For reimbursement, follow the instructions on the member ID card and file claims with BCBSTX or your local BCBS plan.
- If you are a BCBS network provider, you'll receive your Medicare Advantage contracted rate.
- Medicare providers who aren't contracted for Medicare Advantage with any BCBS plan receive the Medicare-allowed amount for covered services, less any member cost-share.



ID CARD QUICK REFERENCE

Customer Service: 1-877-299-1008
TTY **711**

Member ID Number: Use the entire ID number including the three-letter prefix.

Group #: No Group number is needed for billing or to verify benefits.

We understand you can decide what patients you want to see, except in an emergency. If you agree to see an Open Access PPO plan member but don't have a contract with any BCBS plan, you should still send BCBSTX the bill to meet your obligations as a provider under Medicare assignment, per Centers for Medicare and Medicaid Services regulations.

If you have questions about eligibility, prior authorization or claims, use Availity® Essentials or call the number on the back of the member ID card.

*Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

BlueCross BlueShield of Texas

TruHearing®
1-844-855-9536 | TTY 711

Life's better when you're connected.

Better hearing helps you stay connected to the ones you love. That's why Blue Cross and Blue Shield of Texas partners with TruHearing® to give you a broad hearing care solution. Your 2025 hearing program saves you up to 60% off retail pricing.

Example Savings (per aid)

Product	Retail Price	Savings	TruHearing Price
TruHearing Advanced	$2,720	**$1,470**	**$1,250**
⚡ Signia 3IX	$2,113	**$763**	**$1,350**
⚡ Widex® SmartRIC™ 220	$2,332	**$982**	**$1,350**
⚡ ReSound NEXIA™ 9	$3,047	**$797**	**$2,250**
⚡ Starkey® Genesis® AI 1600	$2,129	**$579**	**$1,550**
⚡ Phonak® Lumity® L-RL 90	$3,349	**$1,099**	**$2,250**
Oticon® Real® 2	$3,018	**$1,243**	**$1,775**

⚡ Rechargeable | Listed products are smartphone-compatible[1]

You can use your 2025 TruHearing Aid Discount Program to purchase a new pair of hearing aids. See your Evidence of Coverage for hearing aid allowance and eye exam costs.

Your journey to better hearing made easy.
Get Started with **Five Simple Steps**.

1. Call TruHearing
2. Schedule an exam
3. Go to your exam
4. Order hearing aids
5. Fitting and follow-up

Your hearing benefit includes:

- **60-day**, risk-free trial
- **1 year** of follow-up visits
- **80 free batteries** per non-rechargeable hearing aid
- **3-year** manufacturer warranty

Schedule an appointment

1-844-855-9536 | TTY **711**
Hours: 7 a.m. - 7 p.m. CST,
Monday - Friday

Learn more

https://www.truhearing.com/how-it-works/

Or scan with your smartphone to see how it works.

[1]Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory.

Prices and products subject to change.

HMO and PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). HMO and 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.

 Savings and retail pricing based on a survey of national average hearing aid prices compared to TruHearing pricing. Savings may vary. Listed hearing aid prices are subject to change. Confirm hearing aid pricing at your appointment with your provider. Pricing of TruHearing-branded aids based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing Hearing Consultant. [505300-17-0424]

Blue Cross Group Medicare Advantage℠

What happens after you enroll in Blue Cross Group Medicare Advantage?

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 member ID card will be mailed next. Show your new card when you get services so you are giving the right information.
- **Welcome Guide:** This helpful kit includes plan documents and other useful information.

Personal Phone Call

We will call 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 talk more about the Rewards Program.

Ongoing Communication

Once you are a member, your plan 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.

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BlueCross BlueShield of Texas

City of Hurst

2025 Summary of Benefits

Blue Cross Group Medicare Advantage Open Access (PPO)SM

January 1, 2025 – December 31, 2025

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-817-210-6387 (TTY: 711). We are open October 1 – March 31, daily, 8 a.m. to 8 p.m., local time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Understanding the Benefits

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

Understanding Important Rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ Blue Cross Group Medicare Advantage Open Access (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You may seek care from any provider that accepts Medicare and agrees to bill us. Your benefit levels are the same whether or not you utilize a network provider. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider Directory and/or Pharmacy Directory at www.bcbstx.com/retiree-medicare-tools.

1 SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, www.bcbstx.com/retiree-medicare-tools.

You have choices about how to get your Medicare benefits

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

Tips for comparing your Medicare choices

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

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

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

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

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

Things to Know About Blue Cross Group Medicare Advantage Open Access (PPO)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m., Local Time, 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Local Time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.
- If you are a member of this plan, call us at 1-877-299-1008, (TTY: 711).
- If you are not a member of this plan, call us at 1-817-210-6387, (TTY: 711).
- Our website: www.bcbstx.com/retiree-medicare-tools.

Who can join?

To join **Blue Cross Group Medicare Advantage Open Access (PPO)**, you must have both Medicare Part A and Medicare Part B, meet your employer's eligibility requirements, and be retired. Our service area includes anywhere in the United States.

Which doctors, hospitals, and pharmacies can I use?

Blue Cross Group Medicare Advantage Open Access (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You may seek care from any provider that accepts Medicare and agrees to bill us. Your benefit levels are the same whether or not you utilize a network provider.

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

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

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

What do we cover?

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

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

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

How will I determine my drug costs?

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

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

2 SECTION II - SUMMARY OF BENEFITS

Blue Cross Group Medicare Advantage Open Access (PPO)SM

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan Premium	For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator. In addition, you must keep paying your Medicare Part B premium.
Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. Your yearly limit(s) in this plan: • $500 for services you receive from in- and out-of-network providers combined.
COVERED MEDICAL AND HOSPITAL BENEFITS	
Inpatient Hospital	Our plan covers unlimited number of days for an inpatient hospital stay. **In-Network:** $100 copay per stay. **Out-of-Network:** $100 copay per stay. May require prior authorization.

Outpatient Hospital	**In-Network:** $0 copay. **Out-of-Network:** $0 copay. May require prior authorization.
Ambulatory Surgical Center	**In-Network:** $0 copay. **Out-of-Network:** $0 copay. May require prior authorization.
Doctor's Office Visits	**In-Network:** Primary care physician visit: $0 copay. Specialist visit: $0 copay. **Out-of-Network:** Primary care physician visit: $0 copay. Specialist visit: $0 copay. May require prior authorization.
Preventive Care *(e.g., flu vaccine, diabetic screenings)*	**In-Network:** $0 copay for all preventive services covered under Original Medicare at zero cost sharing. **Out-of-Network:** $0 copay for all preventive services covered under Original Medicare at zero cost sharing. **Important Message About What You Pay for Vaccines** Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
Emergency Care	$65 copay per visit. Worldwide Emergency Coverage: $65 copay. Copay is waived if you are admitted to the hospital within 3 days for the same condition. See the "Inpatient Hospital" section of this booklet for other costs.

Urgently Needed Services	$0 copay per visit. Worldwide Urgent Coverage: $0 copay.
Diagnostic Services / Labs/ Imaging	**In-Network:** Diagnostic tests and procedures: $0 copay. Lab services: $0 copay. MRIs, CT Scans: $0 copay. X-rays: $0 copay. Therapeutic radiology services (such as radiation treatment for cancer): $0 copay. **Out-of-Network:** Diagnostic tests and procedures: $0 copay. Lab services: $0 copay. MRIs, CT Scans: $0 copay. X-rays: $0 copay. Therapeutic radiology services (such as radiation treatment for cancer): $0 copay. May require prior authorization.
Hearing Services	**In-Network:** **Medicare-covered:** Exam to diagnose and treat hearing and balance issues: $0 copay. **Routine Hearing:** Routine hearing exam (1 each year): $0 copay. **Out-of-Network:** **Medicare-covered:** Exam to diagnose and treat hearing and balance issues: $0 copay. **Routine Hearing:** $40 allowance maximum for one routine hearing exam every year. **In-Network and Out-of-Network:** **Hearing Aid:** $2,000 Allowance for both ears combined in-network and out-of-network on hearing aids every three years. May require prior authorization.

Dental Services	**In-Network:** Medicare-covered: $0 copay. **Out-of-Network:** Medicare-covered: $0 copay. **In-Network and Out-of-Network:** Preventive dental services: • Oral exam (2 every year): $0 copay. • Cleaning (2 every year): $0 copay. • Dental X-ray (1 every year): $0 copay. Comprehensive dental services: • $1,000 annual maximum coverage combined in-network and out-of-network allowance on supplemental comprehensive dental services each year. For more details on benefits and benefit limitations regarding your dental coverage, please see your Evidence of Coverage. May require prior authorization.
Vision Services	**In-Network:** **Medicare-covered:** • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0 copay for an eye exam. • Eyeglasses or contact lenses after cataract surgery: $0 copay **Routine Vision:** • Routine eye exam (1 every year): $0 copay • $150 eyewear allowance maximum (Eyewear includes: frames, lenses, and contact lenses) every two years. **Out-of-Network:** **Medicare-covered:** • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0 copay for an eye exam. • Eyeglasses or contact lenses after cataract surgery: $0 copay **Routine Vision:** • $40 Annual allowance maximum for 1 routine eye exam.

	• $150 eyewear allowance maximum (Eyewear includes: frames, lenses, and contact lenses) every two years. May require prior authorization.
Mental Health Services	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. **In-Network:** Inpatient Mental Health Care: $100 copay per stay. Outpatient group therapy visit: $0 copay. Outpatient Individual therapy visit: $0 copay. **Out-of-Network:** Inpatient Mental Health Care: $100 copay per stay. Outpatient group therapy visit: $0 copay. Outpatient Individual therapy visit: $0 copay. May require prior authorization.
Skilled Nursing Facility (SNF)	**In-Network:** Days 1-20: $0 copay per day. Days 21-100: $0 copay per day. **Out-of-Network:** Days 1-20: $0 copay per day. Days 21-100: $0 copay per day. May require prior authorization.
Physical Therapy	**In-Network:** $0 copay. **Out-of-Network:**

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

<table>
<tr><th colspan="2">PRESCRIPTION DRUG BENEFITS</th></tr>
<tr><td>Deductible</td><td>Prescription Drug Deductible: This plan does not have a deductible.
Important Message About What You Pay for Insulin
You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.</td></tr>
<tr><td>Initial Coverage</td><td>You pay the following until your yearly out-of-pocket drug costs reach $2,000.
<table>
<tr><th colspan="3">Standard Retail Cost-Sharing</th></tr>
<tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$0 copay</td><td>$0 copay</td></tr>
<tr><td>Tier 2 (Generic)</td><td>$5 copay</td><td>$15 copay</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>$20 copay</td><td>$60 copay</td></tr>
<tr><td>Tier 4 (Non-Preferred Drug)</td><td>$35 copay</td><td>$105 copay</td></tr>
<tr><td>Tier 5 (Specialty)</td><td>$55 copay</td><td>$165 copay</td></tr>
<tr><th colspan="3">Standard Mail Order</th></tr>
<tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$0 copay</td><td>$0 copay</td></tr>
<tr><td>Tier 2 (Generic)</td><td>$5 copay</td><td>$10 copay</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>$20 copay</td><td>$40 copay</td></tr>
<tr><td>Tier 4 (Non-Preferred Drug)</td><td>$35 copay</td><td>$70 copay</td></tr>
<tr><td>Tier 5 (Specialty)</td><td>$55 copay</td><td>$110 copay</td></tr>
</table></td></tr>
<tr><td>Long-term Care Tiers 1-5</td><td>If you reside in a long-term facility, you pay the same as at a standard retail pharmacy.</td></tr>
<tr><td>Out-of-network Tiers 1-5</td><td>You may get drugs from an out-of-network pharmacy in specific situations. You generally must use a network pharmacy to fill your prescription.</td></tr>
<tr><td>Catastrophic Coverage</td><td>After your yearly out-of-pocket drug costs reach $2,000, you pay nothing for covered Part D drugs.</td></tr>
</table>

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

Additional Member Benefits	Blue Cross Group Medicare Advantage Open Access (PPO)[SM]
Acupuncture for Chronic Low Back Pain	**In-Network:** **Medicare-covered:** • $0 copay **Routine Acupuncture:** • Routine acupuncture: Not Covered. **Out-of-Network:** **Medicare-covered:** • $0 copay **Routine Acupuncture:** • Routine acupuncture: Not Covered. May require prior authorization.
Chiropractic Care	**Medicare-covered manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)** **In-Network:** **Medicare-covered:** • $0 copay **Routine Chiropractic Care:** • Routine chiropractic: Not Covered. **Out-of-Network:** **Medicare-covered:** • $0 copay **Routine Chiropractic Care:** • Routine chiropractic: Not Covered. May require prior authorization.
Diabetes Supplies and Services	**In-Network:** **Diabetes monitoring supplies**

Additional Member Benefits	Blue Cross Group Medicare Advantage Open Access (PPO)[SM]
	• 0% cost sharing is limited to diabetic testing supplies (meters and strips) obtained through the pharmacy for Lifescan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio IQ, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). Prior Authorization will be required for all other diabetic testing supplies (meters and strips) and will be subject to 0% cost sharing. All test strips will also be subject to a quantity limit of 204 per 30 days. **Diabetes self-management training** • $0 copay **Therapeutic shoes or inserts** • 0% of the total cost **<u>Out-of-Network:</u>** **Diabetes monitoring supplies** • 0% cost sharing is limited to diabetic testing supplies (meters and strips) obtained through the pharmacy for Lifescan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio IQ, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). Prior Authorization will be required for all other diabetic testing supplies (meters and strips) and will be subject to 0% cost sharing. All test strips will also be subject to a quantity limit of 204 per 30 days. **Diabetes self-management training** • $0 copay **Therapeutic shoes or inserts** • 0% of the total cost May require prior authorization.
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*	**<u>In-Network:</u>** • $0 copay **<u>Out-of-Network:</u>** • $0 copay May require prior authorization.
Wellness Programs	$0 copay for SilverSneakers®† Fitness Program

Additional Member Benefits	Blue Cross Group Medicare Advantage Open Access (PPO)[SM]
	SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations.[1] [1]You have access to a nationwide network of participating locations where you can take classes. [†]SilverSneakers is a registered trademark of Tivity Health, Inc.© 2023 Tivity Health, Inc. All rights reserved.
Foot Care ***(podiatry services)***	**Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions** **In-Network:** **Medicare-covered:** • $0 copay **Routine Podiatry:** • Routine podiatry: $0 copay per visit for up to 6 routine podiatry visit(s) every year. **Out-of-Network:** **Medicare-covered:** • $0 copay **Routine Podiatry:** • Routine podiatry: $0 copay per visit for up to 6 routine podiatry visit(s) every year. May require prior authorization.

Additional Member Benefits	Blue Cross Group Medicare Advantage Open Access (PPO)[SM]
Home Health Care	**In-Network:** • $0 copay **Out-of-Network:** • $0 copay May require prior authorization.
Opioid Treatment Program Services	**In-Network:** • $0 copay **Out-of-Network:** • $0 copay May require prior authorization.
Outpatient Substance Abuse Services	**In-Network:** **Group therapy visit** • $0 copay **Individual therapy visit** • $0 copay **Out-of-Network:** **Group therapy visit** • $0 copay **Individual therapy visit** • $0 copay May require prior authorization.
Over-the-Counter Items	$30 monthly allowance on the Wellness Benefit Card, a preloaded debit card. The Wellness Benefit Card can be used for approved over-the-counter health and wellness items at participating retail locations or for home delivery through our OTC catalog. Unused monthly allowance amounts roll over to the next month. All funds expire at the end of the plan year, or when you leave the plan. Please see your Evidence of Coverage for details.

Additional Member Benefits	Blue Cross Group Medicare Advantage Open Access (PPO)[SM]
Prosthetic Devices ***(braces, artificial limbs, etc.)***	**<u>In-Network:</u>** **Prosthetic devices** • $0 copay **Related medical supplies** • $0 copay **<u>Out-of-Network:</u>** **Prosthetic devices** • $0 copay **Related medical supplies** • $0 copay May require prior authorization.
Meals	14 meals/7 days Max 3 times per year (Authorization required after inpatient stay) May require prior authorization.
Renal Dialysis	**<u>In-Network:</u>** • $0 copay **<u>Out-of-Network:</u>** • $0 copay May require prior authorization.
Telehealth Services	• Virtual Urgent Care -$0 copay (through MDLive only), Virtual Mental Health Specialty Services - $0 copay (through MDLive only), Virtual Psychiatric Services - $0 copay (through MDLive only)
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the total costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

DISCLAIMERS

This document is available in other alternate formats.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-299-1008 (TTY: 711). Someone who speaks English can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-299-1008 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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

You must continue to pay your Medicare Part B premium.

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

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Texas members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Service number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact a Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

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

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

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-299-1008 (TTY/TDD: 711). Someone who speaks English can help you. This is a free service.

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Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-299-1008 (TTY/TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-877-299-1008 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-299-1008 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-299-1008 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-299-1008 (TTY/TDD: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phi.

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-299-1008 (TTY/TDD: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-299-1008 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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

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

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-299-1008 (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-299-1008 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-299-1008 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-299-1008 (TTY/TDD: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用 命になるには、1-877-299-1008 (TTY/TDD: 711). にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Call 1-877-299-1008 (TTY: 711) for more information.

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

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.

THANK YOU

Connect with us

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

Organization Name: Blue Cross and Blue Shield of Texas

Organization website: www.bcbstx.com

IMPORTANT INFORMATION:

Official U.S. Government Medicare Information

2025 Medicare Star Ratings

Blue Cross Group Medicare Advantage - H0107

For 2025, Blue Cross Medicare Advantage - H0107 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★½☆

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.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. local time at 1-877-583-8129 (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 1-877-299-1008 (toll-free) or 711 (TTY).

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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

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal,

available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and

Human Services 200
Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html
https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-299-1008** (TTY/TDD: **711**). Someone who speaks English/Language can help you. This is a free service.

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Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-877-299-1008** (TTY/TDD: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-299-1008** (TTY/TDD: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-877-299-1008** (TTY/TDD: **711**). sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-299-1008** (TTY/TDD: **711**). 번으로 문의해 주십시오. 한국어를 하는 담당 자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Arabic: العربية إننا نقدم خدمات المترجم الفوري المجانية لإلجابة عن أي أسئلة تتعلق بالصحة أو جدول هذه خدمة مجانية على مترجم فوري، ليس عليك سوى سيقوم شخص ما يتحدث ألدوية لدينا. للحصول **1-877-299-1008** (TTY/TDD: **711**). بمساعدتك.
االتصال بنا على

जो हिन्दी

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-299-1008** (TTY/TDD: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-299-1008** (TTY/TDD: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Hindi: हमारेा या दवा की योजना केबारेमें आपकेकिसी भी पर केजवाब देने केलिए हमारेपास मु दुभाषिया सेवाएँ उपलस्व हैं. एक दुभाषिया परा करने केि लए, बस हमें **1-877-299-1008** (TTY/TDD: **711**). पर फोन करें कोई बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-299-1008** (TTY/TDD: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-299-1008** (TTY/TDD: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-299-1008** (TTY/TDD: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サ ービスがありますございます。通訳をご用命になるには、**1-877-299-1008** (TTY/TDD: **711**). にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Blue Cross Group Medicare Advantage℠

Proposed Effective Date:
__ __ / 0 1 / 2 0 __ __
(Must be after enrollee signature date)

Blue Cross Group Medicare Advantage Plan Retiree Enrollment Form

To enroll in Blue Cross Group Medicare Advantage, please provide the following information:

Please check the plan you want to enroll in:

☐ **Blue Cross Group Medicare Advantage Open Access (PPO)**

Employer: City of Hurst	Group #: PTX00028
Legal LAST Name: Legal FIRST Name: Middle Initial:	☐ Mr. ☐ Mrs. ☐ Ms.
Birth Date: __ __ / __ __ / __ __ __ __	Sex: ☐ M ☐ F
Employee ID: __ __ __ __ __ __ __ __ __ __ __	
Home Phone Number: (__ __ __) __ __ __ – __ __ __ __	Alternate Phone Number: (__ __ __) __ __ __ – __ __ __ __
Permanent Residence Street Address (don't enter a PO Box unless you're experiencing homelessness):	
City:	County: State: ZIP Code: __ __ __ __ __
Mailing Address (only if different from your Permanent Residence Street Address):	
Street Address:	City: State: ZIP Code: __ __ __ __ __
Emergency Contact Name:	
Phone Number: (__ __ __) __ __ __ – __ __ __ __	Relationship to You:
Member Email Address:	

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

– **OR** –

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Name (as it appears on your Medicare Card):

Medicare Number:

__ __ __ __ __ __ __ __ __ __ __

Some boxes may be blank.

is Entitled to: Effective Date:

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

Applicant LAST name: FIRST name:

All fields for the next four questions are optional.

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin.
- ☐ **I choose not to answer**.

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian or Chamorro
- ☐ Japanese
- ☐ Korean
- ☐ Native Hawaiian
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Samoan
- ☐ Vietnamese
- ☐ White
- ☐ **I choose not to answer.**

What is your gender? Select one:

☐ Woman ☐ Man ☐ Non-binary ☐ I use a different term _____

☐ **I choose not to answer.**

Which of the following best represents how you think of yourself? Select one.

☐ Lesbian or gay ☐ Straight, that is, not gay or lesbian ☐ Bisexual ☐ I use a different term _____
☐ I don't know ☐ **I choose not to answer.**

Please read and answer these important questions:

1. Are you the retiree? ☐ Yes ☐ No

If **yes**, retirement date: ____ ____ / ____ ____ / ____ ____ ____ ____

If **no**, name of retiree: _____

2. Will you have other prescription drug coverage (like VA, TRICARE, other private insurance, federal employee health benefits coverage, or state pharmaceutical assistance programs) in addition to Blue Cross Medicare Advantage? ☐ Yes ☐ No

If **yes**, please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:	Member number for this coverage:	Group number for this coverage:

3. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If **yes**, please provide the following information:

Name of Institution: _____

Address & Phone Number of Institution (number and street):

_____

Applicant LAST name: FIRST name:

Please read and answer these important questions (Continued):

4. Are you enrolled in your state Medicaid program? ☐ Yes ☐ No

If yes, please provide your Medicaid number: _____

Please provide the name of a Primary Care Physician (PCP), clinic or health center:

PCP First Name:	PCP Last Name:	PCP ID#:

Select one if you want us to send you information in a language other than English.

☐ **Spanish**

Select one if you want us to send you information in an accessible format.

☐ **Braille** ☐ **Large Print** ☐ **Audio CD** ☐ **Data CD**

Call Blue Cross Group Medicare Advantage at 1-877-299-1008 if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. - 8 p.m., local time, 7 days a week. If you are calling from April 1 through Sept. 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY users can call 711.

Please Read and Sign Below

By completing this enrollment application, I agree to the following:

Blue Cross Group Medicare Advantage is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan at any time or make changes only at certain times of the year if an enrollment period is available, (Example: October 15 – December 7 of every year), or under certain special circumstances.

Blue Cross Group Medicare Advantage has a service area that includes the United States and its territories. If I move out of the area that Blue Cross Group Medicare Advantage serves, I need to notify my Employer Group Benefits Office so I can disenroll and find a new plan in my new area. Once I am a member of Blue Cross Group Medicare Advantage, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from Blue Cross Group Medicare Advantage when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Blue Cross Group Medicare Advantage coverage begins, I must get all of my health care from Blue Cross Group Medicare Advantage, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Blue Cross Group Medicare Advantage and other services contained in my Blue Cross Group Medicare Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **WITHOUT AUTHORIZATION, NEITHER MEDICARE NOR Blue Cross Group Medicare Advantage WILL PAY FOR THE SERVICES.**

Please Read and Sign Below (Continued)

Subscriber hereby expressly acknowledges its understanding this agreement constitutes a contract solely between Subscriber's Employer Group and Blue Cross and Blue Shield of Texas, which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans (the "Association"), permitting Blue Cross and Blue Shield of Texas to use the Blue Cross and/or Blue Shield Service Marks in the State of Texas, and that Blue Cross and Blue Shield of Texas is not contracting as the agent of the Association. Subscriber further acknowledges and agrees that it has not entered into this agreement based upon representations by any person other than Blue Cross and Blue Shield of Texas and that no person, entity, or organization other than Blue Cross and Blue Shield of Texas shall be held accountable or liable to Subscriber for any of Blue Cross and Blue Shield of Texas' obligations to Subscriber created under this agreement. This paragraph shall not create any additional obligations whatsoever on the part of Blue Cross and Blue Shield of Texas other than those obligations created under other provisions of this agreement.

Release of Information:

By joining this Medicare health plan, I acknowledge that Blue Cross Group Medicare Advantage will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Blue Cross Group Medicare Advantage will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that **1)** this person is authorized under State law to complete this enrollment and **2)** documentation of this authority is available upon request from Medicare.

Signature:	**Today's Date:** ____ ____ / ____ ____ / ____ ____ ____ ____
If you are the authorized representative, you must sign above and provide the following information: Name:	
Address:	
Phone Number: (____ ____ ____) ____ ____ ____ – ____ ____ ____ ____	
Relationship to Enrollee:	

Applicant LAST name:	FIRST name:

For individuals helping enrollee with completing this form only:

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, authorized representatives, or other third parties) helping an enrollee fill out this form.

Name: _____

Relationship to enrollee:

☐ Agent ☐ Broker ☐ SHIP Counselor ☐ Authorized Representative ☐ Other (third party) ☐ Self

Signature: _____ National Producer Number (Agents/Brokers only): _____

Office Use Only:

Plan ID #:			
☐ ICEP / IEP	☐ AEP	☐ SEP (type):	☐ Not Eligible
Name of staff member/agent/broker (if assisted in enrollment):			
LC:		Referral ID:	
Subgroup ID #:		Subgroup Description:	
Class ID #:		Plan ID #:	
Plan Description:			

MAIL APPLICATIONS TO:
Retiree First C/O City of Hurst
1000 Midlantic Dr. Suite 100
Mt. Laurel Township, NJ 08054

HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). PPO plan in New Mexico provided by HISC. HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HMO Special Needs Plan and PPO plans in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.

Applicant LAST name: FIRST name: