Dear Stephen F. Austin Retiree,

Welcome!

As part of your transition to the University of Texas System, Blue Cross and Blue Shield of Texas is pleased to welcome you to UT CARE™ Medicare PPO, your retiree Medicare plan.

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

This national Open Access PPO plan allows you to see any provider that agrees to see you as a patient, accepts Medicare and agrees to submit claims to BCBSTX or the provider’s local Blue Cross and Blue Shield plan. You are not required to get a referral to see a specialist.

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

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

You will receive an acknowledgment letter that explains that we have received your information and are waiting for Medicare to approve your eligibility. After Medicare approves, we will send you a confirmation letter followed by your member ID card. Should your member ID card be delayed, your confirmation letter from Blue Cross and Blue Shield of Texas can be used in its place.

Under Medicare rules, you cannot be enrolled in two Medicare plans at the same time. Upon automatic enrollment in UT CARE, you will be disenrolled from any current Medicare plan. You will receive a notice from your previous plan carrier that indicates you have been disenrolled. Your effective date in the UT CARE Medicare plan will ensure there will be no gap in coverage.

There is no form to complete or action needed on your part to enroll in UT CARE. However, if you prefer to opt out of the UT CARE medical and prescription plan, you can decline the coverage by logging into the My UT Benefits online enrollment platform and cancelling your UT Medical insurance plan during the August 21 through September 30 enrollment period.

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

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

Questions?

Visit bcbstx.com/retiree-medicare-ut/stephen-f-austin for more enrollment information.

Call for personalized help.
1-877-842-7562 TTY 711.
Help is available 24 hours per day, seven days per week.

(continues on back)
You’ll find details about your new UT CARE Medicare PPO inside this packet. It includes an informational brochure, plan benefit chart and summary of benefits. We are confident you will be pleased with the enhanced plan and encourage you to take advantage of all the benefits available to you.

Sincerely,

Blue Cross and Blue Shield of Texas

Suggestions to help you get off to a great start with your UT CARE™ Medicare PPO plan

• Share your new UT CARE™ member ID card with your providers so they have the most up-to-date insurance information for you.
• If for any reason your member ID card is delayed, your confirmation letter from Blue Cross and Blue Shield of Texas can be used in its place.
• Share ‘Your Providers. Your Personal Network’ flyer with provider offices. It will help them understand your plan and how to file claims. There is one in this kit, and you will receive a second one in your Welcome Kit.
• Assistance is always available. Call a UT CARE customer service advocate at 1-877-842-7562 with any questions. You can also find additional information on the UT CARE web site at bcbstx.com/retiree-medicare-ut.

Frequently Asked Questions Related to your UT CARE™

Q. What is a Medicare Advantage Plan? How is it different from my traditional coverage?
A. Medicare Advantage plans are government-authorized plans offered by private health insurance companies like Blue Cross and Blue Shield of Texas that expand upon the benefits offered by Medicare Parts A and B. Also known as ‘Medicare Part C’ plans, they include some medical benefits not traditionally covered by Original Medicare Parts A and B. For example, the UT CARE plan includes non-Medicare covered benefits such as hearing services, including a hearing aid allowance, the SilverSneakers® fitness program, chiropractic services, private duty nursing, a 24-hour nurse line, and virtual visits.

Q. Will I be able to see my current providers?
A. Yes. Under the UT CARE plan, which is an ‘open access’ or ‘passive’ PPO, you can go to any providers who: 1) accept Medicare; 2) agree to see you as a patient; and 3) agree to submit claims to Blue Cross and Blue Shield of Texas or their local Blue Cross and Blue Shield (BCBS) plan. They do not need to be part of any BCBS network.

Q. Help me understand how the provider network works if I don’t need to see a network provider.
This is an Open Access PPO plan. Any provider who accepts Medicare assignment and agrees to bill BCBS, will be paid. Providers who have contracted to be in the BCBS network will be paid their contracted rate. Providers who are not in the BCBS network will be paid the Medicare allowable rate for your care. You can see providers inside and outside of the BCBS network who agree to the rules stated above. Providers outside of Texas can file claims with their local BCBS plan and are familiar with this process.
Q. When will my UT CARE ID card arrive?

ID cards for effective date 9/1/2023 will mail in August. Retirees who enroll throughout the year receive their cards 10-14 days after Medicare confirms their enrollment.

Here are the items you can expect, in order. You will receive an acknowledgment letter, followed by a confirmation letter and then your new member ID card. You may use your confirmation letter as proof of insurance until your card arrives. Your UT CARE plan card is for use with hospital and medical providers, and for Medicare Part B drugs ordered or administered by your provider. You will need to use your separate UT CARE Part D member ID card for outpatient prescriptions covered by your Part D plan.

As a UT CARE member, you have a new member number and ID card. Be sure to show your new card to your providers or their office staff. Remind them that your old ID is no longer valid. If the provider does not use your new number, your benefits cannot be confirmed and there may be delays processing your claims. You will also receive a new Part D card from a separate carrier.

A full FAQ and additional information about your plan are available at bcbstx.com/retiree-medicare-ut.

UT CARE Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference plan name ‘Blue Cross Group Medicare Advantage Open Access (PPO). This plan name also refers to UT CARE Medicare PPO℠.

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

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

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

**Watch your mailbox for these items.**

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

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

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

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

UT CARE Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference plan name ‘Blue Cross Group Medicare Advantage Open Access (PPO)SM.’ This plan name also refers to UT CARE Medicare PPO.

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

Look inside for:

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

Estos materiales están disponibles en español. Póngase en contacto con Servicio al Cliente para obtener ayuda.
Medicare coverage made easy with UT CARE Medicare PPO.

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

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

UT CARE Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference plan name ‘Blue Cross Group Medicare Advantage Open Access (PPO)™.’ This plan name also refers to UT CARE Medicare PPO.
Here’s how UT CARE works.

Your Providers
UT CARE is an Open Access Medicare Advantage PPO plan that does not require the use of a network provider for coverage. Your benefit levels are the same if you use a Blue Cross and Blue Shield network or non-network provider. You may seek care from any providers nationwide that accept Medicare and agree to submit claims to the plan. Please note: even Medicare-assigned providers can decide what patients they want to see. We recommend that you confirm with providers that they will accept your UT CARE plan and file claims with us directly.

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

Medicare Part D Prescription Drugs
Your prescription drug plan is through the UT CARE Medicare Part D prescription drug program. You still have the same prescription drug plan with a $200 annual deductible and these copays:

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<th>30-Day Supply at Retail Pharmacy</th>
<th>90-Day Supply at Retail Pharmacy or by Home Delivery</th>
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<td>Generic Drug</td>
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<td>Preferred Brand Drug</td>
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<td>Non-Preferred Brand Drug</td>
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Smart90 — You may receive up to a 90-day supply of certain maintenance drugs through Express Scripts® Pharmacy. You can also get a 90-day supply of covered prescription drugs at a network retail pharmacy, including Walgreens and UT pharmacies. Not all drugs are available at a 90-day supply.

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

Specialty Medicines — You’ll still use Accredo and UT Specialty Pharmacies for specialty medicines. You’ll have access to a specialty pharmacist with expertise specific to your condition.
Extra health and wellness benefits complete your UT CARE coverage.

**Hearing Care**
Hearing loss can affect your quality of life, both physically and emotionally. Your plan includes benefits through TruHearing or other hearing providers:
- 1 routine $0 copay hearing exam per year.
- Hearing aid fitting and adjustments.
- $1,000 per ear hearing aid allowance, once every 3 years.
- $0 hearing deductible.

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

**Wellness Solutions**
Track your health and keep learning with our wellness and education tools. You can set and track progress towards your health goals. You can also learn about:
- diabetes self-care.
- managing blood pressure.
- eating well and healthy weight.
- stopping tobacco use.
- stress management and mental health.
- safety concerns.

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

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

**24/7 Nurseline**
Your call is taken by a registered nurse who can help if you are sick or hurt and not sure what to do.

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

* Classes and amenities vary by location.
† Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas.
Hypertension and Diabetes Programs
Livongo programs help make living with hypertension or diabetes easier. Improve blood pressure management with free at-home monitoring and personalized support. If you’re living with Type 1 or Type 2 diabetes, you’ll receive a connected meter, free strips and lancets. Both programs provide coaching.

Chronic Pain Programs
Hinge Health can help you conquer chronic back, knee or hip pain without surgery or drugs, and is similar to at-home physical therapy.

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

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

Mental Health Help
Digital mental health programs offered by Learn to Live® can help get you on track if you’re facing a mental health concern.

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

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

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

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

It’s Easy to Get Started!

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

† Message and data rates may apply.
What are the UT CARE enrollment stages?

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

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

3. Member ID Card
   You will receive a new member number and ID card. Present your new card to your providers or their office staff. Remind them that your old ID is no longer valid. **If the provider does not use your new ID card and number, your benefits cannot be confirmed and there may be delays processing your claims.**

   Your new member ID card will have this information:
   - Your name.
   - Plan name.
   - **Member ID number:** This number is unique to you.
   - **Copays:** If applicable, these are the fixed amounts you may have to pay when you visit a provider or the ER.
   - **Part B prescription drug information.**
   - **Customer service phone number:** You or your provider can call the number on the back of your card with any questions.
   - **Our website.**
   - And more.

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

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

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

1. Medicare-eligible retirees and Medicare-eligible dependents of retirees must be enrolled in both Medicare Part A and Part B. You must continue to pay any required Part A or Part B premiums. These are usually deducted from your Social Security benefit. If you haven’t signed up for Medicare yet, contact your local Social Security office or go to [www.ssa.gov](http://www.ssa.gov) to enroll online.

2. Review the enclosed Summary of Benefits for details about your UT CARE plan.

3. You will be automatically enrolled in UT CARE, so there is no form to complete. However, if you prefer to opt out of the UT CARE medical and prescription plan you must do so as soon as possible by declining the coverage through the *My UT Benefits* online system. To access *My UT Benefits*, please visit the “Manage Your UT Benefits” page at [http://utbenefits.link/manage](http://utbenefits.link/manage).

4. Watch your mailbox for your enrollment acknowledgment and confirmation letters, followed by your new UT CARE member ID card, and your Welcome Kit.

Blue Cross and Blue Shield of Texas is honored that the University of Texas System has entrusted us with your care. We are committed to providing outstanding service, medical expertise and convenience to you and your Medicare-eligible family members.
Frequently Asked Questions about Medicare and Medicare Advantage plans.

Q. What is Medicare?
A. Medicare is the government health care program designed for people ages 65 and over. Most U.S. citizens earn the right to enroll in Medicare by working and paying their taxes for a minimum of 10 years. Under certain circumstances, people under 65 may be eligible for Medicare. There are four parts of Medicare related to specific services:

Part A — Hospital coverage
Part B — Medical coverage
Part C — Medicare Advantage Plans (private insurers like BCBSTX that contract with the government to provide Medicare coverage through a variety of insurance products).
Part D — Prescription drug coverage

Q. Do I need to enroll in Medicare with the government or just with this plan?
A. Enrollment in Medicare Part A and Part B through the federal government is required for retirees to be eligible for any retiree Medicare plans, including this UT CARE plan. To have full coverage, you must sign up for Medicare Parts A & B and continue to pay your Part B premium. Check with the benefit office at your institution to learn how your retiree plan will work with Medicare.

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

Q. I’m not 65 yet. When do I enroll in Medicare Part A and B?
A. You have an Initial Enrollment Period (IEP) of 7 months to sign up: the three months leading up to the month you turn age 65, the month you turn 65, and three months following the month you turn 65.

Q. I am already enrolled in a Medicare plan. Will it continue?
A. You can only be enrolled in one Medicare plan at a time and we offer help as you move to UT CARE.
Q. How do I enroll?
A. Enrollment is done through the Social Security Administration (SSA). Most people should enroll in Medicare Part A (hospital coverage) during the Initial Enrollment Period (IEP). SSA will send you enrollment instructions at the beginning of your IEP. This is the period during which you can enroll in Medicare for the first time. It is a 7-month period that begins three months before the month you turn 65, includes the month you turn 65, and runs for three months after the month you turned 65. For example, if you were born in June, your window to enroll is March 1 through September 30.

If you’re already receiving Social Security benefits, you will be automatically enrolled in Medicare Part A at the start of your Initial Enrollment Period. However, you will need to contact SSA to sign up for Part B.

If you do not receive instructions from the SSA, please call 1-800-772-1213 (TTY 1-800-325-0778) or go to www.ssa.gov to enroll in Medicare.

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

IMPORTANT: In order to participate in an employer-sponsored Medicare plan, you will need to enroll in both Parts A and B. If you do not enroll in Medicare Parts A, B and D when you are first eligible, you can be subject to late enrollment penalties.

Q. Are there costs to Medicare outside of my plan?
A. Part A will not cost you anything if you or your spouse paid into Social Security for a minimum of 10 years. But signing up for Part A and/or Part B means you can no longer add funds to a health savings account. You pay a premium each month for Part B. Your Part B premium will be automatically deducted from your benefit payment if you get benefits from one of these:

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

If you don’t get these benefit payments, you will receive a Part B premium bill. The Part B monthly premium changes each year and can vary according to income through what’s known as IRMAA: income-related monthly adjustment amount. Most people will pay the standard premium amount. Medicare uses the modified adjusted gross income reported on your IRS tax return from 2 years ago to determine your Part B premium. This is the most recent tax return information provided to Social Security by the IRS.

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

Q. What happens if I do not pay my Part B premiums?
A. Non-payment of Part B premiums and/or IRMAA surcharge will result in termination of coverage.

Q. Where can I find additional Medicare resources?
A. The following web sites may be helpful: www.medicare.gov; www.ssa.gov; www.cms.gov.
Group vs. Individual Medicare Plans

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

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

Q. If I decline participation in this Group plan now, can I sign up later?
A. Yes, you can opt in or out of the plan anytime you have a qualified change of status or life event.

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

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

Q. What if I keep working past age 65?
A. If you’re retired and working 20 hours or more in a benefits eligible position at a UT institution, you and/or any dependent(s) will be enrolled in the UT SELECT plan, regardless of your Medicare status. If you are retired and working less than 20 hours at a UT institution, you and any Medicare eligible dependents will be covered by UT CARE.

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

• If the retiree is eligible for Medicare but dependents are not, the retiree will be enrolled in UT CARE and dependents will be enrolled in UT SELECT.
• If the retiree is not eligible for Medicare but dependents are, then the retiree will be enrolled in UT SELECT and dependents will be enrolled in UT CARE.
• If neither the retiree nor dependents are eligible for Medicare, then all will be enrolled in UT SELECT.
Q. **What is a Medicare Advantage Plan? How is it different from my traditional coverage?**

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

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

Q. **Are Medicare Advantage plans joint? Can my spouse or partner be on a different plan?**

A. All Medicare-based plans are individual plans. A retiree and their eligible spouse/partner would each enroll as individuals in a Medicare plan option.

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

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

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

A. Yes. Under the UT CARE plan which is an ‘open access’ or ‘passive’ PPO, you can go to any providers who: 1) accept Medicare; 2) agree to see you as a patient; and 3) agree to bill the plan. They do not need to be part of any Blue Cross and Blue Shield network.

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

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

Q. **Will my provider be able to submit claims easily to UT CARE?**

A. Yes. In fact, we simplified the UT CARE claims process for providers. Instead of submitting claims to Medicare, providers can now submit directly to the plan. Providers outside of Texas can file claims with their local BCBS plan and are familiar with this process. We take care of any interactions with Medicare. In addition, we offer providers education and dedicated online resources about UT CARE. 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. Does my plan cover any prescription drugs?
A. Your plan includes everything covered by Medicare Part B, including some drugs and services. To learn more about drugs covered under Medicare Part B, visit www.medicare.gov/coverage/prescription-drugs-outpatient.

Q. What are my other options for prescription drug coverage?
A. Part D prescription drug coverage for UTS retirees is available through a separate carrier and included when you enroll in UT CARE.

Q. How do I know if a drug is covered under my Part D prescription drug plan or the UT CARE Medicare PPO plan?
A. How you access your UT Part D prescription drug benefit has not changed. Part D covers common outpatient medications you get from the pharmacy, like those used to treat high blood pressure, high cholesterol, depression, and osteoporosis. These types of prescription drugs are not covered under Medicare Part A or Part B. If you have questions about your pharmacy benefits, call Part D customer service at 1-800-860-7849 TTY 711.

UT CARE Medicare PPO covers some drugs and services normally covered by Medicare Part B. These can include:

- Drugs that you don't administer yourself. These drugs can be given in a doctor's office as part of their service. Coverage may be limited to drugs that are given by infusion or injection in a hospital or outpatient facility.
- Diabetic supplies as detailed in your evidence of coverage
- Certain shots (vaccinations):
  - COVID-19 vaccine.
  - Flu shots.
  - Pneumococcal shots.
  - Hepatitis B shots.
- Other vaccines that are directly related to the treatment of an injury or illness (like a tetanus shot).
- Injectable and infused drugs; some antigens; erythropoiesis stimulating agents to treat anemia; blood clotting factors; some immunosuppressive, oral cancer and anti-nausea drugs used as part of chemotherapy treatment; intravenous and tube feeding, and Immune Globulin (IVIG) provided in the home; some oral and intravenous drugs for those with end stage renal disease.

If you need to know if a drug you are prescribed is covered under Part B or Part D, please call UT CARE Medicare PPO Customer Service.

Q. Will I have access to dental, vision or hearing benefits?
A. The UT CARE plan includes a $0 copay for one hearing exam annually plus an allowance of $1,000 per ear every 3 years for hearing aids. Dental and vision care are not covered as part of the plan, however UTS retirees may be covered for these benefits through different insurance carriers.
Q. When will I see my new UT CARE member ID card?
A. You will receive an acknowledgment letter, followed by a confirmation letter and then your new member ID card. You may use your confirmation letter as proof of insurance until your card arrives. Your UT CARE plan card is only for use with hospital and medical providers. You will need to use membership cards from other providers when using services (i.e., Part D prescription drugs) covered by their plans. Remember, you will have a new member number and ID card. Be sure to show your new card and new member ID number to your providers or their office staff. Remind them that your old ID is no longer valid. If the provider does not use your new card and number, your benefits cannot be confirmed and there may be delays processing your claims.

Q. Are chiropractic services covered?
A. Routine chiropractic visits are covered with a $0 copay for 35 visits per year.

Q. Can I use private duty nursing with this plan?
A. Private duty nursing is covered with a $0 copay for 90 visits per year for medically necessary, temporary private duty nursing.

Q. Which medical services need prior authorization?
A. Prior Authorization (PA) is when a contracted provider needs to get approval from the health plan to deliver a service. The goal is to make sure the service is the best choice for the patient and to avoid costly services that have low value. Prior Authorization is needed for:

- Advanced Imaging (MRI, MRA, CT scans and PET scans)
- Musculoskeletal – Pain/Joint/Spine
- Outpatient Medical Oncology
- Outpatient Radiation Therapy
- Outpatient Sleep Study
- Outpatient Specialty Drugs
- Lab Management Solutions – Molecular and Genomic Lab Testing
- Select Durable Medical Equipment
- Some procedures that are performed as part of an inpatient stay

Twenty-three (23) hour observation and emergency room visits do not need prior authorization.

Your provider will work with UT CARE to get any PA you may need, and may talk with you about other options if necessary. If you have a PA in place when you enroll in UT CARE, that PA continues for the first six months of coverage.

Q. What are all of my supplemental benefits?
A. Your supplemental benefits include:

- Hearing Care
- Private Duty Nursing
- Wellness Solutions
- SilverSneakers® Fitness Program
- 24/7 Nurseline
- Virtual Visits
- Chronic Disease Prevention and Support
- Hypertension and Diabetes Programs
- Musculoskeletal and Chronic Pain Programs
- Weight Management Program
Q. How often will I be billed? By whom?
A. Discuss premium payments with the benefit office at your institution. Remember, you are still required to pay your Medicare Part B premium.

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

Post-enrollment

Q. When will my UT CARE coverage be effective?
A. As a retiree, your UT CARE coverage is usually effective the first of the month in which you turn 65 or the first of the next month. Enrollment in Medicare Part A and Part B is required to be enrolled in UT CARE.

Q. Will I have access to the same health and wellness benefits I had under UT SELECT?
A. Yes. You may continue to use all of these health and wellness tools:
   - Airrosti
   - Hinge Health
   - Nurseline
   - Blue365℠
   - Learn to Live
   - Omada
   - Catapult
   - Livongo
   - SilverSneakers®
   - Wondr Health

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program.

BCBSTX does not guarantee or make any claims or recommendations about the program’s services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice. Hearing services are provided by American Hearing Benefits, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis VisionSM, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus®.
Questions about UT CARE? Here’s help:

Visit the UT CARE website.
www.bcbstx.com/retiree-medicare-ut

Call for one-on-one help.
1-877-842-7562 TTY 711

Help is available 24 hours per day, 7 days per week except Thanksgiving and Christmas Day.

This information is not a complete description of benefits.
* Out-of-network/non-contracted providers are under no obligation to treat BCBSTX members, except in emergency situations. At your appointment, give the provider a copy of the Open Access Provider Notice letter that will be included in your welcome guide. Call Customer Service or see your Summary of Benefits for more information, including cost-sharing that applies to out-of-network services.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Texas.

Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

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

SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

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

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

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

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

758298.0223
# 2023 UT CARE™ Plan Overview

<table>
<thead>
<tr>
<th>UT CARE™ Medicare PPO*</th>
<th>In-Network and Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Medical Deductible</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
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<tr>
<td>Inpatient Hospital – Acute</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Inpatient Mental Health Care</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
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</tr>
<tr>
<td>Benefit Period 1–20 days</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Benefit Period 21–180 days</td>
<td>$0 copay</td>
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<tr>
<td>Members allowed 180 days</td>
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<tr>
<td><strong>Emergent and Urgent Care</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency Care (Worldwide)</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Urgently Needed Services (Worldwide)</td>
<td></td>
</tr>
<tr>
<td>Ambulance Services (Ground &amp; Air)</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

* For Medicare Part A & B services at Medicare assigned-providers. Member must be enrolled in Medicare Parts A & B and continue to pay Part B premium.
# 2023 UT CARE™ Plan Overview

<table>
<thead>
<tr>
<th>UT CARE Medicare PPO</th>
<th>In-Network and Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Care Professional Services</strong></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician Services</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Physician Specialist Services</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

**Outpatient Rehabilitation Services**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>
| Cardiac Rehabilitation Services | $0 copay  
Medicare allows a maximum of 2 one-hour sessions per day up to 36 sessions in 36 weeks. |
| Pulmonary Rehabilitation Services | $0 copay  
Medicare allows a maximum of 36 sessions. |
| Occupational & Physical Therapy and Speech Pathology Services | $0 copay  
Medicare allows unlimited visits when medically necessary. |

**Outpatient Mental Health**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Psychiatric &amp; Mental Health Specialty Services</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>
# 2023 UT CARE™ Plan Overview

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Currency</th>
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</thead>
<tbody>
<tr>
<td><strong>Outpatient Substance Abuse Services</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Outpatient Substance Abuse &amp; Opioid Services</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Outpatient Diagnostic/Therapeutic Radiation Services</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td>Lab Services, Diagnostic Procedures, Therapeutic Radiology, Diagnostic Radiology Services/X-Ray, Advanced Imaging (MRI, MRA, CT Scan, PET)</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Other Outpatient Services</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td>Outpatient Hospital Services, Ambulatory Surgical Center (ASC) Services, End-Stage Renal Disease/Dialysis Services</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>DME, Prosthetics, Diabetic Supplies</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)/Medical Supplies Diabetes Supplies and Services</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Medicare Preventive Services</strong></td>
<td>$0 copay</td>
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<tr>
<td>Medicare-covered Preventive Services</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Medicare Part B Rx Drugs</strong></td>
<td>0% coinsurance</td>
</tr>
</tbody>
</table>
2023 UT CARE™ Plan Overview

<table>
<thead>
<tr>
<th>Supplemental Benefits (These are non-Medicare covered benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Hearing Exam</strong></td>
</tr>
<tr>
<td>Routine Hearing Exam</td>
</tr>
<tr>
<td><em>1 routine hearing exam each year</em></td>
</tr>
<tr>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Hearing Aid Allowance</strong></td>
</tr>
<tr>
<td>$1,000 per ear, once every 3 years</td>
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<tr>
<td><strong>Other Supplemental Benefits</strong></td>
</tr>
<tr>
<td><strong>Routine Chiropractic Services</strong></td>
</tr>
<tr>
<td>$0 copay</td>
</tr>
<tr>
<td>(35 visits per year)</td>
</tr>
<tr>
<td><strong>Private Duty Nursing</strong></td>
</tr>
<tr>
<td>$0 copay</td>
</tr>
<tr>
<td>(90 visits per year)</td>
</tr>
</tbody>
</table>

**Coinsurance based on provider type**
## 2023 UT CARE™ Plan Overview

### UT CARE Medicare PPO

<table>
<thead>
<tr>
<th>In-Network and Out-of-Network</th>
</tr>
</thead>
</table>

### Supplemental Benefits (These are non-Medicare covered benefits)

<table>
<thead>
<tr>
<th>Wellness Programs</th>
<th>UT CARE Medicare PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fitness Program</strong> <em>(Provided by SilverSneakers®)</em></td>
<td>SilverSneakers Included</td>
</tr>
<tr>
<td><strong>NurseLine</strong></td>
<td>Included</td>
</tr>
<tr>
<td><strong>Blue365® Discount Platform</strong></td>
<td>Included</td>
</tr>
<tr>
<td><strong>Hinge Health</strong></td>
<td>Included</td>
</tr>
<tr>
<td><strong>Livongo®</strong></td>
<td>Included</td>
</tr>
<tr>
<td><strong>Omada®</strong></td>
<td>Included</td>
</tr>
<tr>
<td><strong>Learn to Live®</strong></td>
<td>Included</td>
</tr>
<tr>
<td><strong>Catapult</strong></td>
<td>Included</td>
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<tr>
<td><strong>Wondr Health</strong></td>
<td>Included</td>
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<tr>
<td><strong>MDLIVE</strong></td>
<td>Included</td>
</tr>
<tr>
<td><strong>TruHearing</strong></td>
<td>Included</td>
</tr>
</tbody>
</table>
Questions about UT CARE Medicare PPO? Here’s help:

Learn more about your plan.

Visit the UT CARE website.
www.bcbtx.com/retiree-medicare-ut

Call for one-on-one help.
1-877-842-7562 TTY 711
Help is available 24 hours per day, seven days per week.

UT CARE Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference plan name ‘Blue Cross Group Medicare Advantage Open Access (PPO)℠.’ This plan name also refers to UT CARE Medicare PPO.

You must be a retiree or Medicare-eligible dependent of a UTS retiree and enrolled in Medicare Part A and Part B to enroll in this plan. You must continue to pay your Part B premiums. This provides only highlights of the plan benefits. Please refer to the accompanying plan documents that more fully describe the terms of coverage.

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

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

Classes and amenities vary by location.

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Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas.
The information provided here is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional.

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

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

MDLIVE is a separate company that operates and administers the Virtual Visits program for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

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

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. BCBSTX does not guarantee or make any claims or recommendations about the program’s services or products. BCBSTX reserves the right to stop or change this program at any time without notice. The relationship between the Blue365 vendors and BCBSTX is that of independent contractors.

Hearing services are provided by American Hearing Benefits, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis Vision™, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus®.

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

1-888-990-5523 | TTY: 711

Hours: 8am–8pm, Monday–Friday
<table>
<thead>
<tr>
<th>Product</th>
<th>Retail Price</th>
<th>TruHearing Price</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>TruHearing Advanced</td>
<td>$2,370</td>
<td>$1,300</td>
<td>$1,070</td>
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<tr>
<td>Signia® Active</td>
<td>$2,339</td>
<td>$995</td>
<td>$1,344</td>
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<tr>
<td>Widex Moment® 110</td>
<td>$1,458</td>
<td>$895</td>
<td>$563</td>
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<tr>
<td>Oticon More® 3</td>
<td>$3,375</td>
<td>$1,525</td>
<td>$1,850</td>
</tr>
<tr>
<td>ReSound ONE® 7</td>
<td>$2,276</td>
<td>$1,770</td>
<td>$506</td>
</tr>
<tr>
<td>Starkey Evolv AI® 2000</td>
<td>$2,682</td>
<td>$1,625</td>
<td>$1,057</td>
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<tr>
<td>Phonak® Audéo® P-R50</td>
<td>$2,450</td>
<td>$1,395</td>
<td>$1,055</td>
</tr>
</tbody>
</table>

* Rechargeable | Listed products are smartphone-compatible

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**Your benefit also includes:**

- Risk-free 60-day trial period
- 1 year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full 3-year manufacturer warranty

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1 Ask your provider to enable app features. In-app interfacing requires provider activation. 2 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. 3 Available on select models.

Prices and products subject to change. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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All content ©2022 TruHearing, Inc. All Rights Reserved. TruHearing® and (Re)™ are trademarks of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Listed retail prices and savings based on a survey of national average retail hearing aid prices compared to average TruHearing pricing. Savings may vary. Retail 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.

Schedule an appointment 1-888-990-5523 | TTY: 711
Hours: 8am–8pm, Monday–Friday
Check your hearing TruHearing.com/TXMA-HS
SilverSneakers® is more than a fitness program. It’s an opportunity to improve your health, gain confidence and connect with your community. Plus, it’s included with select Medicare plans at no additional cost.

With SilverSneakers, you’re free to move in the ways that work for you.

**At home or on the go**
- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers LIVE virtual classes and workshops throughout the week
- SilverSneakers GO™ mobile app with adjustable workout plans and more

**In participating fitness locations**
- Thousands of participating locations¹ with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes² designed for all levels

**In your community**
- Group activities and classes² offered outside the gym
- Events including shared meals, holiday celebrations and class socials

**You may already have SilverSneakers.** If your health plan offers it, you just need your member ID to get started. Visit the website below to find out.

Find out if you have SilverSneakers and get started today.

SilverSneakers.com/StartHere

Questions? Call us.
1-888-423-4632 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. ET

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Did you know?

86% of participants say SilverSneakers has improved their quality of life.³
Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

3. 2019 SilverSneakers Annual Participant Survey

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Blue365®
A Discount Program for You

Blue365 is just one more advantage of being a Blue Cross and Blue Shield of Texas (BCBSTX) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbstx, weekly ‘Featured Deals’ will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

**EyeMed  |  Davis Vision**
Save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get savings on laser vision correction.

**TruHearing®  |  Beltone™  |  Start Hearing Benefits**
You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

**Dental Solutions℠**
You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts at more than 70,000 dentists and more than 254,000 locations.*

**Jenny Craig®  |  Sun Basket  |  Nutrisystem®**
Get help reaching your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), and nutritional products and services.

**Fitbit®**
You can customize your workout routine with Fitbit’s family of trackers and smartwatches that work seamlessly with your lifestyle, your budget and your goals. You’ll get a discount on Fitbit devices plus free shipping.

See all the deals and learn more at blue365deals.com/bcbstx.
Reebok | SKECHERS®
Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get a discount on select styles. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get additional discounts plus free shipping for your online orders.

InVite® Health
InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value.

Livekick
Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and a discount on a monthly plan with any Live Online Personal Training.

eMindful
Get a discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

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The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

*Dental Solutions requires a $9.95 signup and $6 monthly fee.

Blue365 is a discount program only for BCBTX 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, BeltoneTM, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis Vision™, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus®.

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

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Virtual Visits: Speak with a doctor - anytime, anywhere

With your Virtual Visits benefit, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE, you can speak with a board-certified doctor from the safety and comfort of your own home.

Why Virtual Visits?

• 24/7 access to an independently contracted, board-certified MDLIVE doctor
• Access via phone, online video or mobile app from almost anywhere
• Average wait time of less than 20 minutes

MDLIVE doctors can treat a variety of non-emergency conditions, including:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear infections
- Fever
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Sinus infections
- Stress
- And more

Prepare for the Unexpected—Activate Your MDLIVE Account Now!

There is no charge to set up your account, but you may have a charge for your visit depending on your benefit plan.

To activate your account, you can choose what is easiest for you:

• Call MDLIVE at 1-866-954-3585
• TTY users call 1-800-770-5531
• Go to www.mdlive.com/bcbstx-medicare
• Text BCBSTXMEDICARE to 635-483
• Download the MDLIVE app

If needed, you may receive an e-prescription from Virtual Visits to your local pharmacy.
Virtual Visits may not be available on all plans. Please call the number on the back of your member ID card to check your coverage or with other questions. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

UT CARE™ Medicare PPO is an open access Medicare Advantage PPO plan. On occasion, you may receive automated communications that reference plan name 'Blue Cross Group Medicare Advantage Open Access (PPO)℠.' This plan name also refers to UT CARE Medicare PPO.

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.

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