



Blue Cross Medicare Advantage (HMO)SM



BENEFIT OF BLUE[®]



HMO Benefits Guide



Get more from your Medicare with the **Benefit of Blue.**



For more than 90 years, Blue Cross and Blue Shield of Texas has offered affordable solutions for health and wellness. The strength of BCBSTX is grounded in our commitment to the health of our members and the communities we serve. Our strength is your strength. And your good health is our goal.

Introduction to Medicare

Medicare is the nation's largest health insurance program, covering health care services such as hospital stays, skilled nursing and physician services for tens of millions of Americans.

There are four parts to Medicare, each providing different types of health care services.



Hospital Insurance

Helps pay for inpatient hospital care, skilled nursing facility care, home health care and hospice care. While most Americans

are enrolled automatically in Medicare Part A, it may not cover all of your health care costs. Parts B, C and D are voluntary programs that provide additional coverage.

Medical Insurance

Helps pay for covered doctor's services and many other medical services and supplies. If you don't enroll in Part B when you are first eligible, you may have to pay a penalty later.



Medicare Advantage Plans

Offer medical coverage through a network of providers, such as an HMO or PPO, that are alternatives to Original Medicare (Parts A and B). These plans may or may not cover prescription drugs.

Prescription Drug Coverage

Helps pay for covered prescription medications. As with Part B, if you do not enroll when first eligible, you may have to pay a penalty later.



Health Maintenance Organization

HMO plans provide:



Care from local doctors, specialists and hospitals who are in your HMO provider network



Convenient, all-in-one coverage, close to home



Affordable care with low or \$0 money-saving benefits

\$0 HMO plans are the real deal

While they may sound too good to be true, \$0 HMO plans are exactly what they sound like: **Medicare Advantage plans that do not charge you a monthly premium for coverage.**

Here's how \$0 plans work:

Medicare Advantage plans have a contract with the federal government to provide health coverage to their members. These plans must include the same coverage as Original Medicare but often offer additional benefits and limit your out-of-pocket costs.

When plans save, you save too

Medicare Advantage plans negotiate lower rates with networks of doctors and hospitals. When members use these in-network providers, their medical services cost less. The plans save money — and so do their members.

In the end, Medicare Advantage plans pass any savings along to their members in the form of low or \$0 premiums, deductibles and other out-of-pocket costs, and additional health benefits.

If you choose a Medicare Advantage plan, you will continue to pay your Part B premium.

Medicare Coverage Checklist

Do the plans you are reviewing offer these benefits?

Check the statements that apply:

- Prescription drug coverage
- Low deductibles and copays
- Limited out-of-pocket costs
- Ability to see specialists without a referral

Do the plans include extra benefits?

Check the statements that apply:

- Dental, vision or hearing services
- Coverage when you travel
- Fitness membership

Do the plans provide a large network of doctors and hospitals?

Check the statement that applies:

- Yes, and it includes my doctor(s)
- No, but that's not important to me

Do the plans offer an affordable monthly premium and out-of-pocket maximum?

Check the statement that applies:

- Yes, it fits my budget
- No, it would be a financial strain

Is it important for you to have doctor, hospital and prescription coverage in one plan?

Check the statement that applies:

- I prefer to have all my coverage in one plan
- I don't mind having to carry and use a different card for my doctor visits, prescription drugs and hospital stays

What other plan aspects are important to you?

Check all that apply:

- A variety of plan options
- Responsive customer service
- An established plan with a strong reputation for quality coverage
- A local plan



See next page to learn more about your options with a Medicare Advantage plan.

Blue Cross Medicare AdvantageSM is your all-in-one plan.

These plans bundle prescription drug coverage plus extra health and wellness options with your Original Medicare Parts A and B benefits.

Blue Cross Medicare Advantage Basic (HMO), Blue Cross Medicare Advantage Core, Blue Cross Medicare Advantage Secure, Blue Cross Medicare Advantage Value (HMO), Blue Cross Medicare Advantage Saver (HMO) and Blue Cross Medicare Advantage Dental Value (HMO) plans may include these benefits and more.

See the Plan Comparison Chart for the highlights. Full details can be found in the Summary of Benefits.

Save more



Get discounts on vision, hearing and dental services.*



Choose from our network of providers. Look online for providers at www.getbluetx.com/mapd/providers.



Lower your prescription copays with preferred network pharmacies and convenient mail-order service. For a current pharmacy listing, visit www.getbluetx.com/mapd/pharmacies.

Preferred network pharmacies and their affiliates include:



Other pharmacies are available in our network.

* Not available on all plans.

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

‡ 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.

Registration is required to participate. Visit www.BlueRewardsTX.com to register and see what Healthy Actions earn rewards. 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.

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

Get more

Dental Care*

Dental care can take a bite out of your budget and isn't covered by Original Medicare and some Medicare Supplemental plans. Blue Cross Medicare Advantage plan options include coverage for preventive and comprehensive dental care.

Vision Care*

Vision exams and eyewear are clearly important benefits. Blue Cross Medicare Advantage plans include discounts on the cost of an annual eye exam, eyeglasses and/or contact lenses.

Hearing Care*

Blue Cross Medicare Advantage plans provide supplemental routine hearing exams and a hearing aid allowance on some plans through TruHearing®†.

Rewards Program‡*

Put up to \$100 of gift cards in your pocket for choosing healthy activities. It's simple to register. Then you'll choose a gift card for completing Healthy Actions throughout the year. You can start with your Annual Wellness Visit. Plus, earn rewards for these Healthy Actions:

- Annual flu vaccine
- Colorectal cancer, bone density and mammogram screenings

Gift card options include major retailers. Retailers may offer physical and/or e-cards. The maximum annual rewards you can earn is \$100. *Please note: Healthy Actions that earn rewards are subject to change. One reward per Healthy Action per year. Healthy Action dates of service must be in the current plan year.*

Fitness Focus

The SilverSneakers® Fitness Program** helps you achieve your health and fitness goals with access to more than 14,000 fitness locations that have certified instructors, fitness equipment, pools and saunas.

Urgent Care Virtual Visits

See a doctor from the comfort and safety of your home with telehealth services.

Over-the-Counter Benefit*

Order over-the-counter medicines and other health-related items online, by mail or over the phone. Use your purchase allowance every three months for specific OTC drugs and other health-related pharmacy products. Unused amounts do not roll over to the next calendar year.

24/7 Nurseline

Health problems don't follow a 9-to-5 schedule. That's why we have registered nurses available to talk to you 24 hours a day, 7 days a week, 365 days a year.

When are you eligible to enroll?

Initial Enrollment Period: Medicare Parts A and B, Medicare Advantage Plans (Part C), and Medicare Prescription Drug Plans (Part D)

The Initial Enrollment Period is designed only for those turning 65 and reaching Medicare eligibility for the first time — not for those who are switching Medicare plans. It is a seven-month period — the three months before your birthday month, your birthday month and the three months after your birthday month.



- If you sign up before your birthday month, and your birthday isn't on the first day of the month, your coverage begins the first day of your birthday month.
- If your birthday is on the first day of the month, coverage may start the first day of the prior month. If you sign up during your birthday month, coverage begins one month after you enroll.
- If you sign up a month after you turn 65, coverage begins two months after you enroll. And if you sign up two or three months after you turn 65, coverage begins three months after you enroll.

Open Enrollment Period: Medicare Supplement Insurance Plans (also known as Medigap)

You have a one-time, six-month Open Enrollment Period that starts the first month you are 65 and enrolled in Parts A and B. This period gives you the guaranteed right to buy any Medicare Supplement Insurance Plan sold in Texas, regardless of your health status. After that period, insurance companies selling Medicare Supplement Insurance Plans may refuse to sell a plan based on your health status.

General Enrollment Period: Medicare Parts A and B

If you didn't sign up for Part A and/or Part B when you were first eligible, and you aren't eligible for a Special Enrollment Period, you can sign up during the General Enrollment Period from January 1 through March 31 of each year. Your coverage will start July 1. You may have to pay an ongoing penalty for late enrollment if you didn't have creditable health insurance coverage beforehand.

Special Enrollment Period: Medicare Parts A and B

If you're covered under a group health plan based on current employment for an employer with 20 or more employees, you have a Special Enrollment Period in which to sign up for Part A and/or Part B. You can do this as long as you or your spouse work, and you're covered by a group health plan through the employer or union based on that work. You also have an eight-month Special Enrollment Period to sign up for Part A and/or Part B that starts the month after the employment ends or the group health plan insurance based on current employment ends, whichever happens first. Usually, you don't pay a late enrollment penalty if you sign up during a Special Enrollment Period. COBRA and retiree health plans aren't considered creditable coverage based on current employment. You're not eligible for a Special Enrollment Period when that coverage ends.

Annual Enrollment Period: Medicare Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D)

From October 15 to December 7, any qualified Medicare member can join a Medicare Advantage plan or prescription drug plan. Or, you may switch Medicare Advantage plans or prescription drug plans.

Special Enrollment Periods: Medicare Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D)

You may be able to join, switch or drop a plan during any time of the year due to certain special circumstances. This is known as a Special Enrollment Period. Check with the plan to find out if you can enroll outside of the typical enrollment periods. These are some reasons you might qualify:

- You moved out of a plan's service area
- You qualify for 'extra help' with Medicare prescription drug costs
- You receive care in an institution (like a long-term care facility)
- You are eligible for Medicaid
- You lost your group employer retiree coverage

Check with your plan to determine when coverage begins, as the time may vary.

The Bottom Line

To avoid paying a higher premium, make sure you (and your spouse, if applicable) sign up for Medicare when you're first eligible, or during a Special Enrollment Period. COBRA and retiree insurance participants are not eligible for a Special Enrollment Period. You may also want to consider enrolling in a Medicare Supplement Insurance Plan and/or a prescription drug plan (Part D), or a Medicare Advantage plan (Part C) at that same time.[^]

If you are thinking about turning down Part B, you should call the Social Security Administration at 1-800-772-1213 and ask if you can do so without any penalties. TTY users should call 1-800-325-0778.

[^] When you enroll in a Medicare Advantage plan you cannot have a Medicare Supplement Insurance Plan, as well.

Let's get started!

Are you new to Medicare or thinking about switching plans?

Here are some important things to know before choosing your plan.

- Be sure you are eligible for Medicare.**
- Are you still working?**
If so and you're planning to retire, talk to your benefits administrator about your options.
- Look at the Blue Cross Medicare Advantage plans.**
- Check the formulary to make sure your drugs are included.**
- Look for your local doctors in the Provider Directory or online Provider Finder®.**
- Enroll in a Blue Cross Medicare Advantage plan.** Enrollment occurs only during specific times of the year. Contact us or your licensed, authorized agent to learn more.

What happens after you enroll?

1. Medicare Approval

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

2. Enrollment Confirmation and ID Card

Within 10 days of receiving your enrollment form, we'll send you an acknowledgement letter. After Medicare approves your enrollment, you'll get a confirmation letter, then your member ID card will arrive in the mail. Share your new ID card with your providers and pharmacy so they have your correct information.

3. Welcome Guide

This arrives a couple of weeks after your member ID card and contains the drug formulary, Evidence of Coverage and other helpful information.

4. Personal Phone Call

We will call to welcome you to the plan. Ask us any questions about your benefits and any special needs we should know about. We might also ask you a few basic health questions, help you schedule your Annual Wellness Visit and talk more about the Rewards Program.

Ongoing Communication

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

Online Resources

Provider Finder

Looking for a new doctor, specialist or hospital? Do a quick online search at www.getbluetx.com/mapd/providers.

Formulary (list of covered drugs)

You'll find the most current list of covered drugs online, making it easy for you or your provider to see if a recommended drug is covered. Go to www.getbluetx.com/mapd/druglist.

Pharmacy Finder

Need to find a pharmacy?
Find one wherever you are at www.getbluetx.com/mapd/pharmacies.

Connect Community

Connect is a fun and interactive way to share important health information with members and our community. Read, engage and ask questions through our online blog-style format, or share valuable information with your friends on social media. Learn more at connect.bcbstx.com/medicare.

Blue Access for MembersSM

BAMSM is your one-stop online resource.

You get easy-to-use tools and access to information about your Medicare benefits.

Through BAM, you can:

- View claims status and history
- View out-of-pocket spending summaries
- See your prescription history list
- And much more!



Get more from your Medicare with the Benefit of Blue. Enroll today.

With multiple options to choose from, there's a Blue Cross Medicare Advantage plan for you. Need help deciding? Talk to your licensed, authorized agent, call one of our Medicare Plan Specialists or go online today to learn more and enroll.



Web

Our secure online form takes you through enrollment step-by-step.

Go to: www.getbluetx.com/mapd/enroll



One-on-One

Get personalized enrollment help from a Medicare Plan Specialist or your licensed, authorized agent.

Call our Medicare Plan Specialists: 1-877-260-0298 (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 the weekends and holidays.

Find an agent in your area: www.bcbstx.com/medicareagents



Free Seminar

Attend a free seminar to learn about your Medicare options.

Find one in your area: www.bcbstx.com/seminars.

HMO plans are provided by HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). HMO 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.

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.

If you speak another language, free language assistance services are available to you. Call Telesales 1-866-292-6745 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-292-6745 (TTY: 711).