Ease into Medicare℠

Medicare and Your UT CARE™ Medicare PPO.
Getting ready for Medicare

As you get ready to enroll in the UT CARE Medicare PPO plan, you may be curious about Medicare and what it covers. This booklet can help you understand your UT CARE plan and how it works with Medicare.
Introduction to Medicare

What is Medicare?

Original Medicare is basic coverage that is guaranteed by the federal government. There are four parts, each providing coverage for the different types of health care services you may need. It was designed to cover about 80% of your hospital and medical costs. You may be responsible for paying the other 20%.*

* Source: Medicare 2023 costs at a glance; Medicare.gov.
How Medicare Works

There are four parts to Medicare, each providing coverage for different types of services.

Part A and Part B are considered Original Medicare.

Part A is hospital coverage.
Part A helps cover your inpatient care in hospitals, including critical access and long-term care hospitals, skilled nursing care and hospice. Most people automatically get Part A without having to pay a monthly premium.

Part B is medical coverage.
Part B helps cover medical services like doctors’ office visits and outpatient care when they are medically necessary. Most Medicare beneficiaries pay a monthly premium for Part B, even if they choose to add more coverage.

* Traditional Medicare Advantage plans usually require you to use network hospitals and doctors for maximum coverage and in non-emergency medical situations. UT CARE is an Open Access PPO plan without network restrictions, however providers must accept Medicare assignment.
Part C is Medicare Advantage.
Medicare Advantage — like your UT CARE Medicare PPO — combines Part A, Part B, and sometimes Part D. Medicare oversees private insurers like Blue Cross and Blue Shield of Texas (BCBSTX), that manage your coverage. Traditional Medicare Advantage plans usually require you to use network hospitals and doctors. UT CARE is an Open Access PPO plan without network restrictions. You can see any provider who will see you as a patient, accepts Medicare assignment (98% of providers) and will bill the plan.* With a Medicare Advantage plan, you may have coverage for things Original Medicare doesn’t cover, like fitness programs (gym memberships or discounts) and hearing services. Some plans, including UT CARE, cover even more benefits like disease management programs, chiropractic care and services that promote your health and wellness.

Part D is prescription drug coverage.
Part D prescription drug coverage is for common outpatient medicines you get from the pharmacy. These can include drugs used to treat blood pressure, high cholesterol, depression, osteoporosis, and other conditions. These types of prescription drugs are not covered under Medicare Part A or Part B.
Medicare Enrollment Basics

You are eligible to enroll in Original Medicare if you answer yes to at least one of the following questions.

☐ Are you age 65 or older and entitled to Social Security or Railroad Retirement Board benefits?

☐ Are you under age 65 with certain disabilities?

Part A and Part B

To be eligible for the UT CARE Medicare PPO and Part D plans, you must sign up for Medicare Part A and Part B and continue to pay your Part B premium.

If retired before turning 65, retirees and their covered dependents should each enroll in Medicare Part A and Part B 90 days before their 65th birthday so Part A and B will be active on the first of the month in which the individual is turning 65.

Employees and retirees who are still employed at a UT institution in a benefits-eligible position up until or after age 65 should enroll in Medicare Part A and Part B 90 days before the date of retirement, along with any Medicare-eligible dependents, so Parts A and B will be active for each covered family member on the first day of full retirement.

In advance of your enrollment into UT CARE Medicare PPO, you will receive a packet from BCBSTX with information about the plan.
How to enroll in Medicare Part A and Part B

Enroll through the Social Security Administration (SSA):

• In person at your local SSA office,
• Call SSA at 1-800-772-1213 (TTY 1-800-325-0778), or
• Visit SSA online at www.ssa.gov.

Part B Premium

You do need to pay a Part B premium. This is usually deducted from your monthly Social Security benefit.
When enrolling in UT CARE:

- You must provide the 11-character Medicare Beneficiary Identifier (MBI) located on your red, white, and blue Medicare card, along with your effective date.
- Enrollment in UT CARE cannot proceed without the MBI number.
- You can call UT CARE Customer Service with your MBI and add it to My UT Benefits at utbenefits.link/manager.

UT CARE coverage is effective on the first day of the month following the date the application was processed, or the Medicare Part A and Part B effective date, whichever is later.

You will be subject to late enrollment penalties if you delay signing up for Medicare Part A and Part B.

Enrollment Timing

If you plan to retire at age 65, you will enroll in UT CARE around the same time you enroll in Parts A and B. If you delay retirement, you’ll enroll in Part B and UT CARE when you retire.

If you’re retired and working in a benefits eligible position at a UT System institution, you and/or your 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 System institution, you and any Medicare-eligible dependents will be covered by UT CARE.
What are the costs of Medicare?

**Premiums**

You must continue to pay your **Part B premium** no matter what plan type you enroll in, including UT CARE. The Part B premium will increase slightly each year.

Your **UT CARE plan** remains free to the retiree and premiums are covered 50% for the dependent.

**Income-Related Monthly Adjustment Amounts** (IRMAA) is an addition to your Part B or Part D premium if your income is above a certain level. To see if you are subject to IRMAA, contact your local SSA office or log into your Medicare account at [www.mymedicare.gov](http://www.mymedicare.gov).

The **Low-Income Part D Subsidy**, also known as the **Extra Help Program**, helps people with limited income and resources lower their Part D costs. If you are eligible, you’ll receive a notice, or you can apply directly to SSA.
Coinsurance
A percentage of the cost of services paid after any deductibles are met. UT CARE requires no coinsurance payments from you.

Copay
A set amount paid depending on the product or service received. UT CARE medical coverage requires no copays. There are copays for your Part D prescription drugs.

Deductible
UT CARE Medicare PPO has no medical deductible to meet. There is a deductible for Part D prescription drugs.

Out-of-pocket limits
UT CARE Medicare PPO has no medical out-of-pocket maximum. The Part D plan does include an out-of-pocket maximum.
If you don’t enroll in Part B or Part D when you are first eligible for Medicare, or when you retire after age 65, **you may have to pay a penalty later, when you do enroll.**
Compare the UT CARE Medicare PPO plan to your UT System medical plan.

UT CARE replaces your UT System plan which also provided coverage beyond Medicare benefits for UTS retirees. UT CARE covers all the services that Medicare Parts A and B cover and includes the additional benefits that were included in your previous UT System plan. UT CARE fills the gaps left by Original Medicare.

What is different?

• As an active employee, your dependent family members were covered by your UT System plan. UT CARE covers the retiree and their Medicare-eligible dependents. Your dependents who are not Medicare eligible will stay in their current UT System health plan.

• The UT CARE plan includes a $0 copay for one hearing exam annually plus a hearing aid allowance of $1,000 per ear, over 36 months.

• The UT CARE plan includes free health and wellness benefits such as fitness memberships, disease management, virtual consultations and in-home testing services.

What is the same?

There is no change to how you get your Part D prescription drugs, however the retiree plan does have a new name: UT CARE™ Part D Plan.

It is administered by a different insurance company, not BCBSTX. You will have a separate member ID card, customer service number and plan documents for your Part D prescription drug plan. You will still have a $200 annual deductible and copays, as you do now. If you have questions about your Part D benefits, call UT CARE Part D Plan customer service at 1-800-860-7849 TTY 711.
Prior authorization, step therapy and quantity limits

Like your current plan, prescription drugs are placed into tiers. The costs for drugs in lower tiers are less than in higher tiers. And before you can be covered for some medications,

- Your doctor may need to get prior authorization from the plan.
- You may first need to try other clinically appropriate or cost-effective drugs.
- Quantity limits may be set for some drugs for cost or safety reasons.

Your move to UT CARE should have no gaps in coverage or care. This applies if you are being treated now, have procedures planned or are working with a case manager. There will be a 180-day continuity of care period in which your current care will be covered without a pre-approval (prior authorization) if the service is covered by Medicare. This applies to both BCBSTX-contracted and non-contracted providers who accept Medicare assignment.

Watch your mailbox for a UT CARE enrollment kit when you turn 65 or announce your retirement after age 65. It has details about plan benefits and answers many questions. Or download the materials from our dedicated website. www.bcbstx.com/retiree-medicare-ut.
Your Providers

UT CARE Medicare PPO is an Open Access plan, meaning you have no network restrictions and may see any provider who agrees to see you as a patient, accepts Medicare assignment (98% of providers across the country accept Medicare) and is willing to bill the plan. If you live outside of Texas, your provider can submit claims to your local Blue Cross plan.

While we communicate regularly to providers, some may be unfamiliar with the Open Access model. You’ll receive an Open Access Provider Notice with your Enrollment materials and Welcome Kit that you can take to the doctor. It answers any questions your provider may have.

Additionally, we simplified the UT CARE claims process for providers so they can now submit claims directly to the plan. We take care of any interactions with Medicare on behalf of the provider and you. And we make it easy for them to reach customer service any time they have questions.

Traveling Outside of the United States

The Blue Cross and Blue Shield Global Core program gives UT CARE members traveling outside of the United States and its territories access to urgent and emergency medical services, doctors and hospitals in more than 200 countries around the world. If you have questions about what medical care is covered when you travel, please call customer service or access information at www.bcbsglobalcore.com.
Annual Notice of Change

Near the end of the year, you’ll receive an Annual Notice of Change from UT CARE Medicare PPO. This notice outlines the premium/benefit changes (if any) for your plan. These changes will begin January 1 of the following calendar year. Review this document carefully and keep it in a safe place.
1. Talk with the Benefits Administrator at your institution about any questions you have about the UT CARE Medicare PPO and your retirement timeline.

2. Make sure you are enrolled in Medicare Parts A and B before you sign up for UT CARE.
   
   **Enroll through the Social Security Administration (SSA):**
   - In person at your local SSA office,
   - Call SSA at 1-800-772-1213 (TTY 1-800-325-0778)
   - Visit SSA online at www.ssa.gov

3. If and when you’re ready to enroll in UT CARE, provide the 11-character Medicare Beneficiary Identifier (MBI) located on your red, white, and blue Medicare card, along with your effective date, to BCBSTX by calling UT CARE Customer Service.

   **Remember, enrollment in UT CARE cannot proceed without the MBI number.**
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.

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.

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.

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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-842-7562 TTY 711.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-842-7562 TTY 711.
Questions about Medicare?

Look for helpful resources online:

**UTS Benefits**
Find your UTS benefits office at:
www.utsystem.edu/offices/employee-benefits/who-contact

**Medicare**
You’ll find good information on the government website:
www.Medicare.gov

**Social Security Administration**
Visit your local office or save time by using the website.
www.ssa.gov

**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.