

# MEDICARE COORDINATION OF BENEFITS

## UT SELECT Members with Medicare Primary

**Important:** If you are retired and you or your dependents do not enroll in Medicare Part B when eligible, Blue Cross and Blue Shield of Texas will assume that Medicare paid 80% of the Medicare allowed amount when processing your claim. Blue Cross and Blue Shield of Texas will calculate the benefits payable for the allowable expense under UT SELECT as if Blue Cross and Blue Shield of Texas were the primary payer. UT SELECT will pay up to this amount, but not more than the difference between the Medicare allowable and the Medicare paid amount. You may be responsible for deductibles, copayments or coinsurance amounts in some cases. This chart is effective 9/1/2022 – 12/31/2022. New benefits under the UT CARE Medicare PPO plan become effective 1/1/2023.

Provider Accepts Medicare Assignment Y/N	BCBSTX In-Network Provider Y/N	Service Covered by Medicare Y/N	Medicare Pays	UT SELECT Pays <sup>1</sup>	Member Pays
Y	Y	Y	80% MC Allowed	20% MC Allowed	No Charge
Y	N	Y	80% MC Allowed	20% MC Allowed	No Charge
Y	Y	N	0	80% of BCBSTX Allowed After \$600 UT SELECT Deductible or 100% after Copay, whichever is applicable	20% of BCBSTX Allowed After \$600 UT SELECT Deductible or Copay, whichever is applicable
Y	N	N	0	60% of BCBSTX Allowed after \$1,800 UT SELECT Deductible	\$1,800 UT SELECT Deductible + 40% of BCBSTX Allowed + Difference between Billed Charge and BCBSTX Allowed
N	Y	Y	After MC Deductible is satisfied, 80% MC Limiting Charge <sup>2</sup>	20% of allowed charges <sup>3</sup> after \$600 Deductible or 100% after Copay, whichever is applicable	\$600 UT SELECT Deductible and 20% coinsurance or Copay, whichever is applicable
N	N	Y	After MC Deductible is satisfied, 80% MC Limiting Charge <sup>2</sup>	20% of allowed charges <sup>3</sup> after \$1,800 UT SELECT Deductible	\$1,800 UT SELECT Deductible and 40% coinsurance
N	Y	N	0	80% of BCBSTX Allowed After \$600 UT SELECT Deductible or 100% after Copay, whichever is applicable	20% of BCBSTX Allowed After \$600 UT SELECT Deductible or Copay, whichever is applicable
N	N	N	0	60% of BCBSTX Allowed after \$1,800 UT SELECT Deductible	\$1,800 Deductible + 40% of BCBSTX Allowed + Difference between Billed Charge and BCBSTX Allowed

<sup>1</sup> If a service is not covered by the UT SELECT plan, no payment will be made.

<sup>2</sup> Provider who does not participate with Medicare may not bill more than the Medicare Limiting Charge (115% of MC Allowed).

<sup>3</sup> Allowed charges are the lesser of the Medicare Limiting Charge (115% of MC Allowed) or the BCBSTX allowed amount. If the BCBSTX allowed amount is less, the member may be billed the difference.