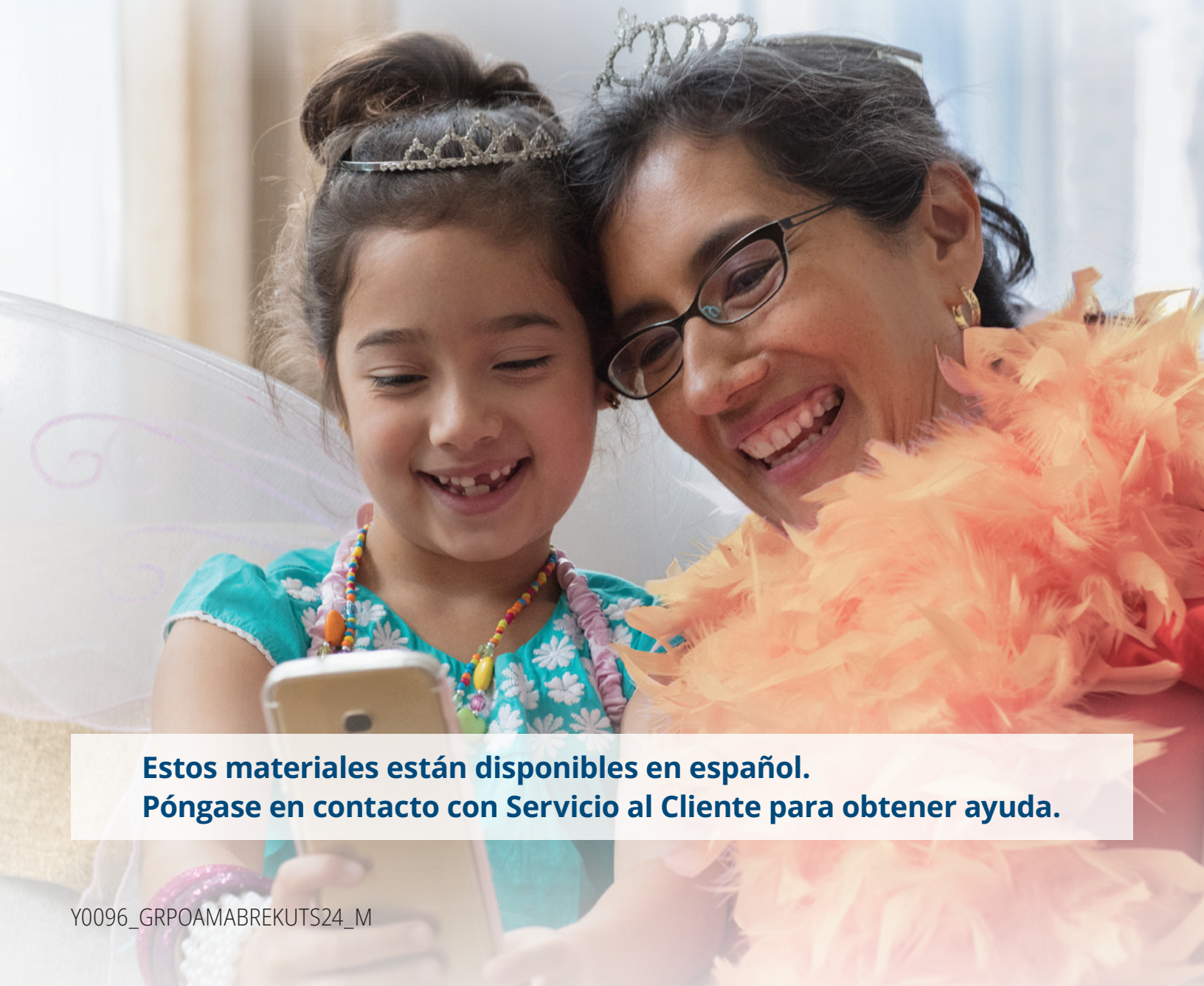
BlueCross BlueShield of Texas

UT CARE™

The advantage is yours.

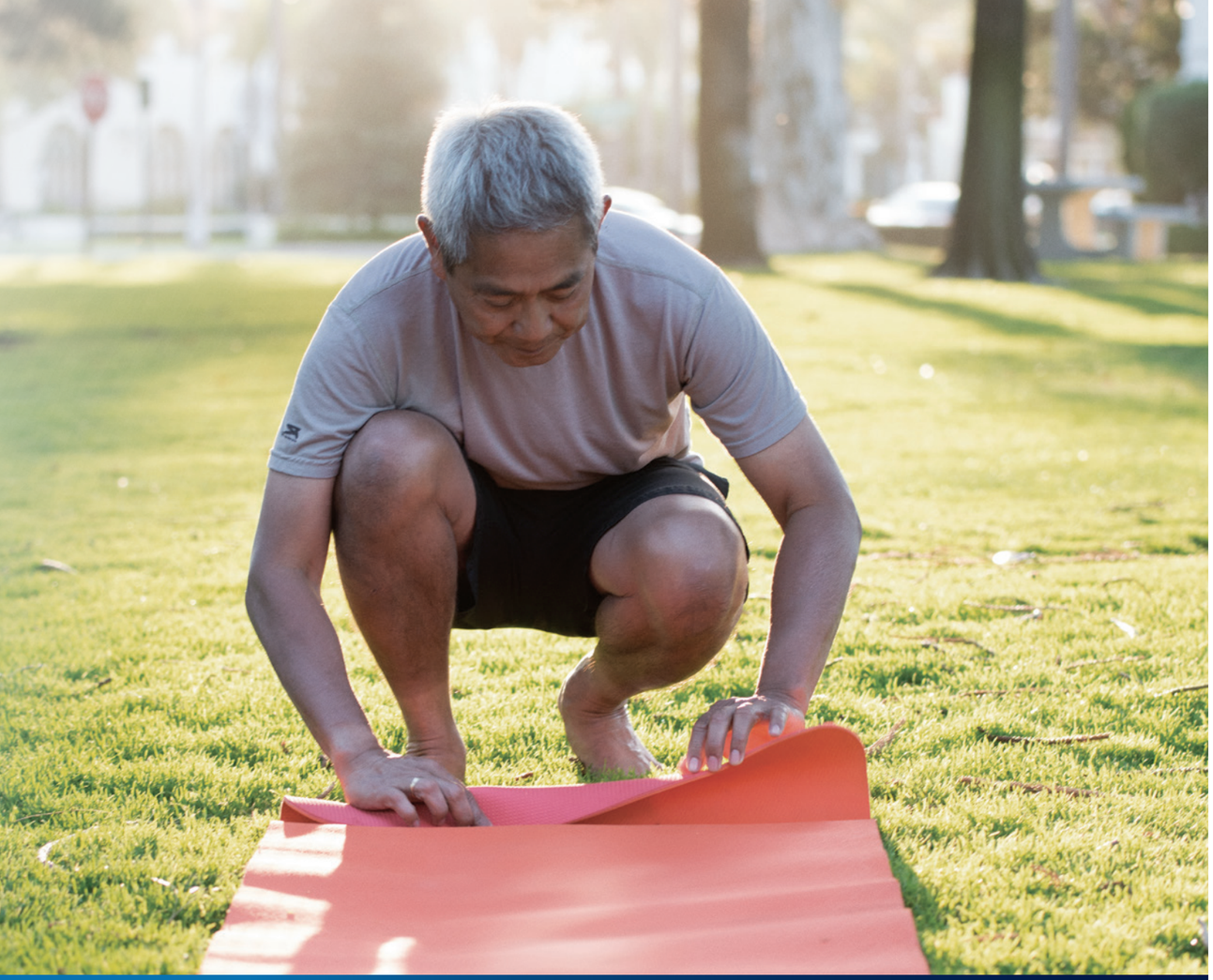
Look inside for:

- 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.

Y0096_GRPOAMABREKUTS24_M



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.

Find providers at **www.bcbstx.com/retiree-medicare-ut**.

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 UT CARE Part D prescription drug plan is similar to the UT SELECT drug plan. There is a $200 annual deductible and these copays:

	30-Day Supply at Retail Pharmacy	90-Day Supply at Retail Pharmacy or by Home Delivery
Generic Drug	$10	$20
Preferred Brand Drug	$35	$87.50
Non-Preferred Brand Drug	$60	$150

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.

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.

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.

* 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.

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.

Home Health Visits and Assessments

Signify Health provides an In-home Health Evaluation by a licensed and credentialed clinician (Certified Nurse Practitioner, Physician Assistant or MD) at no cost. This evaluation can help members discuss health concerns, learn more about disease management programs and have their home checked for possible safety issues. This is in addition to your annual wellness visit with your primary care provider.

Signify Health is an independent company that provides care management activities and member care services 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.

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** 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**.

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.

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

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.

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.

758298.0823