BlueCross BlueShield of Texas

UT CARE™

Your Providers, Your Personal Network

Dear Valued Member,

You are part of a **Blue Cross Group Medicare Advantage Open Access (PPO)℠ plan**, meaning you are free to see any provider who will see you as a patient, accepts Medicare* and will bill the plan.

With this Open Access plan (sometimes referred to as a national or non-differential PPO), your benefits are the same for a visit to a provider who isn't in our network. In-network and out-of-network rules do not apply.

*98% of U.S. providers accept Medicare

Simply share this document with your provider's billing representative. We'll handle the rest.

If your provider has questions about your coverage or seeing you as a patient, ask them to call Provider Customer Service at **1-877-299-1008 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 weekends and holidays.

BlueCross BlueShield of Texas

Dear Provider/Billing Representative,

This patient is enrolled in the Blue Cross Group Medicare Advantage Open Access (PPO) plan. *This is a non-differential/passive PPO.* **If your practice accepts Medicare, you can see this patient and will be reimbursed the Medicare-allowable rate, regardless of your network status with Blue Cross and Blue Shield of Texas. Please call 1-877-299-1008 if you have questions about payment.**

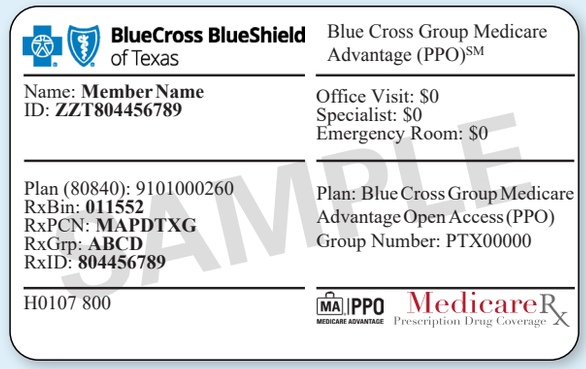
The only requirement is that you accept Medicare assignment and will submit the claims to BCBSTX or your local BCBS plan. You don't need to participate in Blue Cross and Blue Shield of Texas Medicare Advantage networks or in any other Blue Cross and Blue Shield networks.

Seeing Patients

- Members' coverage levels are the same for covered benefits nationwide, inside and outside the plan service area.
- Referrals are not required for office visits.
- Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSTX.
- If you currently see this patient, be sure to update their full member ID number when submitting claims.

Billing & Reimbursement

- Billing is simple because you only submit claims to the plan, not Medicare. You may collect any copay or coinsurance as shown on the member ID card at the time of service.
- For reimbursement, follow the instructions on the member ID card and file claims with BCBSTX or your local BCBS plan.
- If you are a BCBS network provider, you'll receive your Medicare Advantage contracted rate.
- Medicare providers who aren't contracted for Medicare Advantage with any BCBS plan receive the Medicare-allowed amount for covered services, less any member cost-share.



ID CARD QUICK REFERENCE

Customer Service: 1-877-299-1008
TTY **711**

Member ID Number: Use the entire ID number including the three-letter prefix.

Group #: No Group number is needed for billing or to verify benefits.

We understand you can decide what patients you want to see, except in an emergency. If you agree to see an Open Access PPO plan member but don't have a contract with any BCBS plan, you should still send BCBSTX the bill to meet your obligations as a provider under Medicare assignment, per Centers for Medicare and Medicaid Services regulations.

If you have questions about eligibility, prior authorization or claims, use Availity® Essentials or call the number on the back of the member ID card.

*Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

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.