

Dear UT System Retiree,

Welcome to UT CARE Medicare PPO!

For many years UT System Medicare-eligible retirees and their dependents have been enrolled in the UT SELECT Medical plan with a Medicare Part D prescription drug plan. Effective January 1, 2023, Medicare-eligible retirees and dependents will continue receiving their medical coverage under a new plan. Prescription coverage will continue under your same prescription plan.

The UT CARE Medicare PPO (UT CARE) plan will be provided by Blue Cross and Blue Shield of Texas (BCBSTX).

It combines the benefits of Original Medicare with added health and wellness benefits that can be important tools in maintaining ongoing good health.

This national PPO plan allows you to see any provider that accepts Medicare and agrees to submit claims to BCBSTX, and you are not required to get a referral to see a specialist.

The opportunity to form a new plan for Medicare-eligible retirees makes sense to the overall UT Benefits program from both a benefits and service model, and from a financial model.

Please note: you must be enrolled in Medicare Part A and Part B to be a member of this retiree plan. You must also continue to pay your Part B premium just as you do today. If you are eligible for Medicare Part A and/or Part B but are not enrolled, please contact Social Security right away.

As long as you are enrolled in Medicare Parts A and B you will be automatically enrolled in UT CARE for a January 1, 2023 effective date.

There is no form to complete or action needed on your part. However, if you prefer to opt out of the UT CARE medical and prescription plan you must do so between November 1 and November 15, 2022 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>.

Important: If you opt out of the UT CARE plan, you will not have the same robust coverage you have today for medical claims. You will be enrolled in a UT SELECT plan that assumes you are enrolled in Medicare, and Medicare is paying all claims first. The UT SELECT plan will only pay approximately 20% of the amount of your claims, and you will be responsible for the remainder of the cost of the claims. Dependents will remain eligible for coverage and will have their coverage through the appropriate plan reflecting their Medicare eligibility.

Questions?



Visit

bcbstx.com/retiree-medicare-ut
for more enrollment information.



Call for personalized help.

1-877-842-7562 TTY 711

Beginning August 15, help is available 24 hours per day, 7 days per week.

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You'll find details about your new UT CARE Medicare PPO inside this packet.

It includes an informational brochure, plan benefit chart and summary of benefits. We are confident you will be pleased with the new, enhanced plan and encourage you to take advantage of all the benefits available to you.

Sincerely,

Blue Cross and Blue Shield of Texas

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)SM.' This plan name also refers to UT CARE Medicare PPO.

Medicare-assigned providers can decide what patients they want to see. We recommend that you confirm with providers that they will accept your Open Access PPO plan and bill us directly. 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.

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.