



Frequently Asked Questions about Medicare and Medicare Advantage plans.

FAQ Quick Links:

[Enrolling in Medicare](#)

[Medicare Advantage Plans](#)

[The MAPD Open Access PPO](#)

[Providers](#)

[Prescription Drug Coverage](#)

[Supplemental Benefits](#)

[Plan Effective Date and Communications](#)

Frequently Asked Questions about Medicare and Medicare Advantage plans.

Enrolling in Medicare

Q. What is Medicare?

A. Medicare is the Federal 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 Blue Cross and Blue Shield of Texas 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 MAPD Open Access PPO. To have full coverage, you must sign up for Medicare Parts A & B and continue to pay your Part B premium. You can call the dedicated City of Austin enrollment support at 1-855-476-4149 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 this MAPD Open Access PPO 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 3 months leading up to the month you turn age 65, the month you turn 65, and 3 months following the month you turn 65. We strongly encourage you to **start the enrollment process 3 months prior to turning age 65** so that there will be less chance of any gaps in coverage with your MAPD Open Access PPO.

Frequently Asked Questions about Medicare and Medicare Advantage plans.

Q. How do I enroll in Medicare Part A and B?

A. Enrollment is done through the Social Security Administration (SSA). If you are 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. Contact the Social Security Administration:

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

Most people should enroll during the Initial Enrollment Period (IEP), and 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 seven-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 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: If you plan to enroll in an employer-sponsored Medicare plan, you will need to enroll in both Parts A and B. And if you do not enroll in Medicare Parts A and B 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.

Q. What happens if I do not pay my Part B premiums?

A. Non-payment of Part B and/or IRMAA premiums 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

Frequently Asked Questions about Medicare and Medicare Advantage plans.

Medicare Advantage Plans

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, this MAPD Open Access PPO includes non-Medicare covered benefits such as a hearing exam and hearing aid allowance, the SilverSneakers® fitness program, routine chiropractic services, 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. Retirees and their eligible dependents are enrolled in Medicare as individual members; however sponsored plans determine their own eligibility and enrollment policies. See below for enrollment information specific to the City of Austin MAPD Open Access PPO.

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.

The MAPD Open Access PPO

Q. What are the advantages of a group Medicare plan like this Open Access PPO 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. Regarding Part C, will coverage through a supplemental plan be included?

A. This plan is a Part C Medicare Advantage plan, not to be confused with a Medicare Supplement Insurance plan. Unlike a Medicare Supplement Insurance plan, this plan has additional benefits that Medicare does not cover.

This MAPD Open Access PPO replaces your previous plan which also provided coverage beyond Medicare benefits for City of Austin retirees. This new plan covers all the services that Medicare Parts A and B cover and includes additional benefits not covered by Original Medicare (Parts A and B). Plan specifics and details are covered in enrollment materials. Please call customer service at 1-855-380-8542 for help understanding how the plans compare.

Frequently Asked Questions about Medicare and Medicare Advantage plans.

Q. Are my dependents eligible?

A. Yes. Spouses and/or dependents who are eligible for Medicare are eligible for this plan. They must join this Medicare Advantage Open Access PPO if the primary policyholder joins the plan. If the primary policyholder elects to enroll in a different plan, the spouse and/or dependent can choose *either* that plan or this Medicare Advantage Open Access PPO.

If a spouse and/or dependent are not Medicare-eligible, they have the option to remain on the City's active coverage.

Q. Am I covered by MAPD Open Access PPO when I travel outside the U.S.?

A. If you require medical treatment while out of the country, you are only covered in an emergency per [Medicare rules](#). The Blue Cross and Blue Shield Global Core program gives members traveling outside of the United States and its territories access to urgent and emergency medical assistance services and 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 the member services at 1-855-380-8542 or access information at www.bcbsglobalcore.com.

Q. Can I enroll in the MAPD Open Access PPO if I live abroad?

A. This plan is available to retirees who live in the United States and its territories. If you reside full time outside of the country, you are not eligible for this Medicare Advantage Open Access PPO. Your coverage may be continued through the current City of Austin active health care plan.

Q. Will this plan cover all that my current plan covers?

A. This **MAPD Open Access PPO** was designed to match or provide better benefits than your current plan. Based on the specific procedure or service, there could be some differences, but those are rare. In many cases, the **MAPD Open Access PPO** has additional benefits outside of what Medicare allows. Please see the plan overview and summary of benefits for coverage details. You can also call the pre-enrollment help line at 1-855-380-8542.

Q. Which “high-cost medical services” need prior authorization?

A. Some examples of higher cost services are diagnostic procedures such as MRI, MRA, CT scans and PET scans (Advanced Imaging). Prior Authorization (PA) is also needed for:

- ✓ Musculoskeletal – Pain/Joint/Spine
- ✓ Outpatient Medical Oncology
- ✓ Outpatient Radiation Therapy
- ✓ Outpatient Sleep Study
- ✓ Outpatient Specialty Drugs
- ✓ Lab Management Solutions – Molecular and Genomic Lab Testing

Services that are performed as part of an inpatient stay, 23-hour observation or emergency room visit do not need PA.

Frequently Asked Questions about Medicare and Medicare Advantage plans.

Your provider will work with MAPD Open Access PPO 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 the MAPD Open Access PPO, that PA continues for the first three months of coverage.

Q. Do I have to choose this MAPD Open Access PPO plan?

A. No, you have other plan options. The City of Austin and Blue Cross and Blue Shield of Texas are proud to partner in providing a coverage option dedicated to Retirees. City of Austin Retirees will have the option to join a Medicare plan with a lower monthly premium and \$0 out of pocket costs for medical services. This plan is designed to improve your experience, lower out of pocket costs, and provide a support team with training and experience supporting Retirees participating in Medicare. This is a highly customized option, designed for City of Austin Retirees and their eligible spouses/dependents, which includes additional benefits above and beyond original Medicare.

Q. How do I enroll in the MAPD Open Access PPO?

A. COA, could you provide instructions?

To enroll, view your existing coverages or make changes follow these steps:

Go to: <https://www.benselect.com/coa> or scan the QR Code below

Enter your **username**: Your unique username (printed on your Open enrollment packet from City of Austin)

Enter your **PIN**: Your PIN is the last 4 digits of your Social Security Number and the 2-digit year of your birth. *For example*, if the last 4 digits of your SSN are 3214 and you were born on September 21, 1968, your PIN would be “321468”

Click **Log in**.

You will be prompted to create a new PIN.

Login using your newly created User ID and Password.

You can begin enrollment by clicking NEXT in the top or bottom right-hand corner of the welcome page.

Q. When will my MAPD Open Access PPO coverage be effective?

A. Coverage for this plan is effective January 1, 2024. Or, if newly eligible for the plan after January 1, 2024, due to age or retirement, the plan is effective once CMS approves your coverage.

Providers

Q. Will I be able to see my current providers?

A. Most likely, yes. Under the **MAPD Open Access PPO** 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 submit claims to Blue Cross and Blue Shield of Texas. They do not need to be part of any Blue Cross and Blue Shield network.

Q. How will my provider know my plan has changed?

A. Please inform your providers that your plan has changed when you call for an appointment and when you arrive for your visit. As a **MAPD Open Access PPO** member, you have a new member number and ID card. Be sure to show your new card to your providers or their office staff. Remind them that your old ID is no longer valid. If your provider does not use your new number, care may be delayed. Your enrollment and welcome kits

Frequently Asked Questions about Medicare and Medicare Advantage plans.

will also have a notice to bring with you when you see your provider.

Q. Will my provider be able to submit claims easily to the MAPD Open Access PPO?

A. Yes. In fact, we simplified the claims process for providers. Instead of submitting claims to Medicare, providers can now submit directly to Blue Cross and Blue Shield of Texas. We take care of any interactions with Medicare on behalf of the provider and you.

Q. Will most providers agree to bill the new program?

A. 98% of providers across the country accept Medicare. Open Access PPO plans cover everything covered by Medicare Part A and B. For most **MAPD Open Access PPO** patients, providers will file claims with their local BCBS plan and are familiar with this process. If your providers accept Medicare, we've made it easy for them to submit claims for your care.

Q. Help me understand how the provider network works if I do not need to see a network provider.

A. This is an Open Access PPO plan. Any provider who accepts Medicare assignment and agrees to bill BCBS, will be paid. Providers who have contracted to be in the BCBS network will be paid their contracted rate. Providers who are not in the BCBS network will be paid the Medicare allowable rate for your care. You can see providers inside and outside of the BCBS network who agree to the rules stated above. Providers outside of Texas can file claims with their local BCBS plan and are familiar with this process.

Q. The MAPD Open Access PPO requires that providers accept Medicare patients and must also “agree to submit claims to BCBSTX.” What does this claim process entail? Does it differ from the current billing procedures?

A. There is no difference in the submission of claims for providers accepting assignment and willing to submit claims to BCBS. With this process there will be no member intervention needed. Providers will not need to submit claims directly to Medicare. The claims will process seamlessly according to benefits allowed and based on medical necessity. Providers outside of Texas can file claims with their local BCBS plan and should be familiar with this process.

Q. If a provider is not on the PPO list, is it possible to continue to be treated by this healthcare provider without incurring significant copays and/or deductibles?

A. This is an Open Access PPO plan. Any provider who accepts Medicare assignment and agrees to bill BCBS will be paid. Providers who have contracted to be in the BCBS network will be paid their contracted rate. Providers who are not in the BCBS network will be paid the Medicare allowable rate for your care. Providers outside of Texas can file claims with their local BCBS plan and are familiar with this process.

Q. We live outside of Texas and our providers are not part of the BCBS network. Will they know what this plan is? What documents will we have to share with the provider to explain how to submit claims?

A. This is an Open Access PPO plan. Any provider who accepts Medicare assignment and agrees to bill BCBS will be paid. Providers who are not in the BCBS network will be paid the Medicare allowable rate for your care.

You will receive a notice in both your enrollment and welcome kits to share with your provider. Providers

Frequently Asked Questions about Medicare and Medicare Advantage plans.

outside of Texas can file claims with their local BCBS plan and are familiar with this process. 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. One of the joys of retirement is that retirees can travel to visit family and places outside of their home bases. If we become ill or are involved in an accident while traveling, will we be able to find care and how will the provider submit the claim?

A. This is an Open Access PPO plan. You can see any out-of-state provider who accepts Medicare assignment and agrees to bill BCBS.

If you require medical treatment while out of the country, you are only covered in an emergency or urgent situation. The Blue Cross and Blue Shield Global Core program gives members traveling outside of the United States and its territories access to urgent and emergency medical assistance services and doctors and hospitals in more than two hundred 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.

Claim Forms for care received abroad can be obtained at www.bcbsglobalcore.com or by calling 800-810-BLUE.

Submit claims to:

**BCBS Global Core Service Center
P.O Box 2048
Southeastern, PA 19399**

Q. What is the appeal process?

A. To request an appeal, you, your representative, or your doctor can mail or fax a written request as well as contact customer service. Appeals must be submitted within 60 days of receiving your Explanation of Benefits (EOB) for the visit in question.

If you submit a written request for appeal, you must include the following information:

Your name, member number, address, reasons for appealing, and any evidence you want us to review such as medical records, doctor's letters or other information that explains why you need the item or service.

Requests can be mailed to:

**Blue Cross Medicare Advantage
Attention: Appeals Department
P.O. Box 663099
Dallas, TX 75266**

For a standard appeal we will provide a written decision within 60 days.

Q. Can I see a provider who doesn't accept Medicare assignment?

A. Yes. If a member goes to a provider who does NOT accept Medicare assignment and is not in the national BCBS Medicare Advantage PPO network, the member may be expected to pay the billed amount directly to the provider at the time of service. The member can submit the claim to BCBSTX. We would then pay the claim to

Frequently Asked Questions about Medicare and Medicare Advantage plans.

the member at the Medicare limiting charge of 115% of the Medicare fee schedule for professional providers. If the provider has charged more than the 115% limiting charge, the member would not be reimbursed the difference of the billed amount they paid to the provider for services and 115% Medicare rates paid. The member would need to pursue a refund from the provider directly.

Example: Robert sees Dr. Smith, a non-participating provider and pays him \$200 after the visit. The Medicare allowed amount for the visit is \$80. Because Medicare limits what the provider can charge for covered services to 115% of the allowed amount for the service, Robert will be reimbursed \$92. The remaining \$108 will not be reimbursed.

\$ 80 Medicare allowed amount for the service

\$ 92 115% of the allowed amount

\$200 Robert pays Dr. Smith

\$ 92 Robert is reimbursed this amount by BCBS

\$108 Robert would need to seek this refund from the provider on his own

Q: Can I see a provider who has opted out of Medicare?

A. Less than 2% of providers opt out of Medicare. Providers who have opted out are unable to be reimbursed for services rendered. A member may see a provider who has opted out of Medicare; however, the visit will not be paid for by the plan or Medicare. A listing of providers that have opted out of Medicare can be found [here on the CMS website](#).

Q: How do I file a claim after seeing a provider who doesn't accept Medicare assignment?

A. If the provider does not accept Medicare assignment and refuses to bill BCBS, the member may need to pay the billed amount of the services directly to the provider at the time of service and submit the bill to BCBSTX for reimbursement. There is no reimbursement form to complete, however you can submit a claim for reimbursement in writing to:

NEED TEXAS ADDRESS

Blue Cross Medicare Advantage (Claims)

PO Box 4195

Scranton, PA 18505

Please include the following documentation:

- Copy of receipt showing payment was made,
- Member name and ID number including the alpha prefix listed on ID card, and
- An invoice showing services rendered OR another form of documentation that includes:
 - Diagnosis (or DX codes if available)
 - Procedure (or CPT codes if available)
 - Name and address of servicing provider

Prescription Drug Coverage

Frequently Asked Questions about Medicare and Medicare Advantage plans.

Q. Does my plan cover any prescription drugs?

A. Yes, your plan includes Medicare Part D coverage for 30-, 60-, and 90-day retail and mail order prescriptions.

Q. Where can I confirm my medications are covered?

A. Before you enroll, you can search your medicines online at www.myprime.com.

- Select ‘Medicines,’ then ‘Find a Medicine,’ followed by ‘Continue without sign in.’
- Under ‘Select Your Health Plan,’ select ‘BCBS Texas,’ then answer ‘Yes,’ select ‘Blue Cross Group Medicare Advantage (PPO),’ and click ‘continue.’
- Type your medicine and dosage. Review the drug tier requirements. Refer to the Summary of Benefits for your costs.

Post enrollment, use your Blue Access for Members (BAM) account or visit www.myprime.com.

Q. What do I do if Utilization Management applies to a medicine I am taking or the medication is not on the Drug List?

A. If you are transitioning from another plan, you are eligible for a one-time 30-day supply of non-formulary drugs or drugs with utilization management requirements during the first 90 days of enrollment. You should then talk to your doctor to decide if there is another option available on the formulary. You can also call us to find out if we cover another drug that is used to treat your condition. Or you or your doctor may ask for an exception. We will work with your doctor to help make sure you are getting the right medicine to meet your needs.

Supplemental Benefits

Q. Will I have access to hearing, chiropractic care or other benefits?

A. The MAPD Open Access PPO covers a routine hearing exam, a hearing aid allowance of \$5,000 for both ears over 36 months, and routine chiropractic care and acupuncture.

Q. Are chiropractic services covered?

A. Routine chiropractic visits are covered with 20% coinsurance for 20 visits per year.

Q. What are all my supplemental benefits?

A. Your supplemental benefits include:

- Hearing Care
- Wellness Solutions
- SilverSneakers® Fitness Program*
- 24/7 Nurseline

Frequently Asked Questions about Medicare and Medicare Advantage plans.

- Virtual Visits
- Post-Hospital Discharge Meals
- Routine Chiropractic Care
- Non-Emergency Transportation
- Chronic Disease Prevention and Support
- Hypertension and Diabetes Programs
- Musculoskeletal and Chronic Pain Programs
- Weight Management Program
- Over the Counter Discount Program
- Routine Acupuncture

Please check your summary of benefits for coverage levels.

* Classes and amenities vary by location.

Q. Can I still participate in the City's Diabetes Control Program?

A. You can still participate but you will not be eligible for free medication.

Plan Effective Date and Communications

Q. When will my MAPD Open Access PPO ID card arrive?

A. ID cards for effective date 1/1/2024 will be mailed in December. Retirees who enroll throughout the year receive their cards 10-14 days after Medicare confirms their enrollment.

Here are the items you can expect, in order. You will receive an acknowledgment letter, followed by a confirmation letter and then your new member ID card (mid-December for 1/1/2024 effective date). You may use your confirmation letter as proof of insurance until your card arrives. Your MAPD Open Access PPO card is for use with hospital and medical providers and pharmacies.

As an MAPD Open Access PPO, you have a new member number and ID card. Be sure to show 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 number, your benefits cannot be confirmed and there may be delays processing your claims.

Q. Will I receive a periodic Medicare statement based on the plan I select?

A. If you enroll in the **MAPD Open Access PPO**, 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 have used.

Frequently Asked Questions about Medicare and Medicare Advantage plans.

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®.

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.

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.

SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA or and/or other countries.

Livongo, Omada, Catapult, Wondr 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.

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.