



**BlueCross BlueShield  
of Texas**



# The all-in-one package: Medicare Advantage Prescription Drug Plans

Your presenter today:

**<Presenter Name>**

**<Presenter Title>**



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**Through It All.®**

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# Today's Topics



- Medicare Overview
- Medicare Advantage Plan Overview
- Why choose a Blue Cross Medicare Advantage<sup>SM</sup> Plan
- Blue Cross Medicare Advantage<sup>SM</sup>
- Enrolling in a Blue Cross Medicare Advantage Plan
- Blue Cross Medicare Advantage Plan Extras
- Questions

# Your Presenter Today

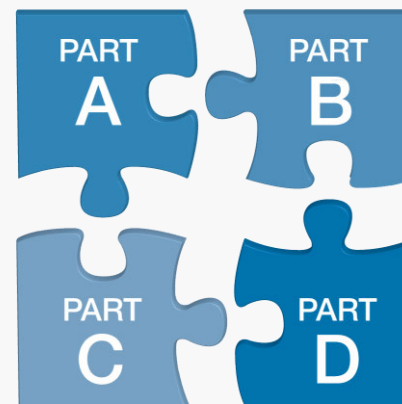


- I am an Authorized Agent licensed to sell health insurance in Texas and have been certified to sell Medicare Advantage and Prescription Drug Plan products for Blue Cross and Blue Shield of Texas. I may be compensated based upon your enrollment in a plan.
- I am here to help you make an informed decision about selecting a Medicare Advantage Prescription Drug Plan.



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# Medicare Basics



# When are you eligible for Medicare?



- Age 65 or older
- Under 65 with certain disabilities
- Any age with End-Stage Renal Disease (ESRD – permanent kidney failure requiring dialysis or a kidney transplant)



# Medicare Overview



**Part A**  
**Hospitalization Insurance**



**Part B**  
**Medical Insurance**

**Medigap**  
Covers some of  
what A & B don't



**Part C**  
Includes A & B,  
often has Part D

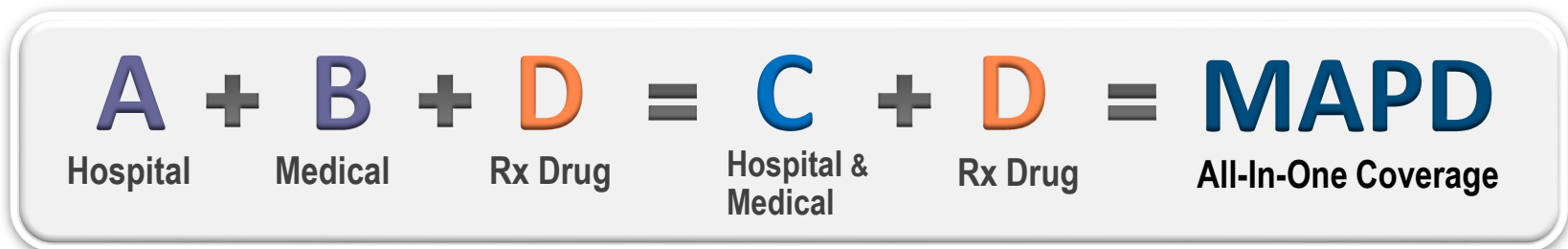


**Part D**  
**Prescription Drugs**

# What is a Medicare Advantage Plan?



- A Medicare Advantage Plan (Part C or MA Plan) is a private health insurance plan that provides all of the benefits of Original Medicare (Parts A & B)
- Some MA plans include prescription drug coverage (Part D) and are referred to as Medicare Advantage Prescription Drug plans (MAPD)
- Think of MAPD as **your all-in-one plan**, covering all your hospital and medical insurance and prescription drugs



- If you join or already are a member of a Medicare Advantage Plan, you cannot purchase or be sold a Medicare Supplement Insurance Plan

# Medicare Advantage Plans: Key Points



- When you join a Medicare Advantage Plan, **you are still in the Medicare program**
- The plan must offer the same benefits as Original Medicare (Part A & Part B)
  - Usually have different rules, costs, and restrictions for covering those services
- Your Medicare-eligible services are paid for by your plan
- When you go to the doctor, you will show your plan's Medicare Advantage card and NOT your Medicare card







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# Medicare Advantage Plan Options



# Why choose a Blue Cross Medicare Advantage Plan?



- We have many great plans to choose from that include Plan Extras!
- Discounts for health care products and services including monthly over-the-counter purchase allowance
- Low copay for visits to your primary care doctor and specialists
- Diabetic supplies available for \$0 for Medicare-covered items



The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

# Why choose a Blue Cross Medicare Advantage Plan?



- **Prescription drug coverage is included**

- Generic prescription drug copays are low
- Blue Cross Medicare Advantage has pharmacies nationwide, giving you peace of mind while traveling



- Certain MAPD plans will cover all drugs in Tier 1 and Tier 2 in the Part D coverage gap
  - For a 30-day supply, members will pay \$0-\$5 for Tier 1 drugs and \$6-\$11 for Tier 2 drugs; the lower copay amounts apply at our preferred network pharmacies

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# Value-Added Benefits



**Additional Benefits** that may be part of your plan:

- Dental
- Vision
- Hearing Care
- Prescription drug coverage through the coverage gap for Tier 1 and Tier 2 formulary items



# Value-Added Benefits



- **SilverSneakers<sup>®†</sup>**

- Fitness classes
- Social events
- Health education seminars



- **OTC (Over-The-Counter) Card**

This additional benefit offers a monthly monetary allowance toward the purchase of certain health products for select MAPD plans at participating retailers



Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> 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.

†SilverSneakers<sup>®</sup> is a registered mark of Healthways, Inc. Healthways SilverSneakers<sup>®</sup> Fitness Program is a wellness program owned and operated by Healthways, Inc, an independent company.

# Blue Cross Medicare Advantage Choice Premier (PPO)



Monthly Premium	\$55.00
Maximum out-of-pocket	\$3,400
Copay for doctor visits	\$15 primary care \$35 specialists
Inpatient hospital stay	\$30 per day (co-insurance days 1-7)
Outpatient hospital services / surgery	\$125 copay
Prescription drug coverage	<p>\$0 deductible</p> <p>Generic prescription drug copays range from \$0-\$5 for Tier 1 to \$6-\$11 for Tier 2</p> <p>Full coverage for Tiers 1 and 2 in the gap</p>

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# Blue Cross Medicare Advantage Choice Plus (PPO)

Dallas Metro Area

<b>Monthly Premium</b>	\$35.00	
<b>Maximum out-of-pocket</b>	\$3,400	
<b>Copay for doctor visits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	\$20 primary care \$30 specialists	40% coinsurance 40% coinsurance specialists
<b>Inpatient hospital stays</b>	\$500 per day copay (Days 1-7)	40% coinsurance
<b>Outpatient hospital services, surgery</b>	\$25 copay	40% coinsurance
<b>Prescription drug coverage</b>	\$0 deductible Generic Rx drug copays range from \$0-\$5 for Tier 1 to \$6-\$11 for Tier 2; full coverage for Tiers 1 and 2 in the gap	

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

# Blue Cross Medicare Advantage Choice Plus (PPO)



<b>Monthly Premium</b>	\$35.00	
<b>Maximum out-of-pocket</b>	\$3,400	
<b>Copay for doctor visits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	\$20 primary care \$30 specialists	40% coinsurance primary care 40% coinsurance specialists
<b>Inpatient hospital stays</b>	\$300 per day copay (Days 1-7) 40% coinsurance	
<b>Outpatient hospital services, surgery</b>	\$0-\$2 copay (depending on service)	40% coinsurance
<b>Prescription drug coverage</b>	\$0 deductible Generic Rx drug copays range from \$0-\$5 for Tier 1 to \$6-\$11 for Tier 2; full coverage for Tiers 1 and 2 in the gap	

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# Blue Cross Medicare Advantage Basic (HMO)



<b>Monthly Premium</b>	\$123.00	
<b>Maximum out-of-pocket</b>	\$3,400	
<b>Copay for doctor visits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	\$15 primary care \$25 specialists	30% coinsurance 30% coinsurance
<b>Inpatient hospital stays</b>	\$500 per day copay (Days 1-7)	40% coinsurance
<b>Outpatient hospital services, surgery</b>	\$200 copay	40% coinsurance
<b>Prescription drug coverage</b>	\$0 deductible Generic Rx drug copays range from \$0-\$5 for Tier 1 to \$6-\$11 for Tier 2; full coverage for Tiers 1 and 2 in the gap	

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

# Blue Cross Medicare Advantage Plans



## **Preventive Care and Additional Services:**

- \$0 copay for annual physical exams (in-network)
- \$0 copay for X-rays (in-network)
- \$65 copay for emergency care
- Travel Benefits: Available for members who are out of the service area for up to 6 months

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# Blue Cross Medicare Advantage Built-in Prescription Drug Coverage



## What counts toward the Initial Coverage Limit?

- **Initial Coverage Limit: \$2,960**
- Deductible **\$0**
- Your copayments/coinsurance
- Plan payments

**Deductible**

**\$0**

**Initial Limit**

**\$2,960**

# Blue Cross Medicare Advantage Built-in Prescription Drug Coverage



- **Coverage Gap: \$2,960 to \$4,700**
- You will reach the Coverage Gap after you and your plan have reached **\$2,960** in drug costs
- Certain MAPD plans will cover all drugs on Tier 1 and Tier 2 in the Part D coverage gap until you reach **\$4,700** in **True Out-Of-Pocket** (TrOOP) costs

Deductible

**\$0**

Initial Limit

**\$2,960**

TrOOP

**\$4,700**

# Blue Cross Medicare Advantage Built-in Prescription Drug Coverage



- **Catastrophic Coverage: \$4,700**
- Medicare pays **95%** of your approved drug costs once you reach the True Out-Of-Pocket (TrOOP) maximum of **\$4,700**
- **Note:** you pay a minimum cost share of \$2.65 for Generic or \$6.60 for Brand Name drugs, and 5% for Specialty drugs for the remainder of 2015

Deductible

**\$0**

Initial Limit

**\$2,960**

TrOOP

**\$4,700**

Catastrophic

# TrOOP – True Out-of-Pocket Costs

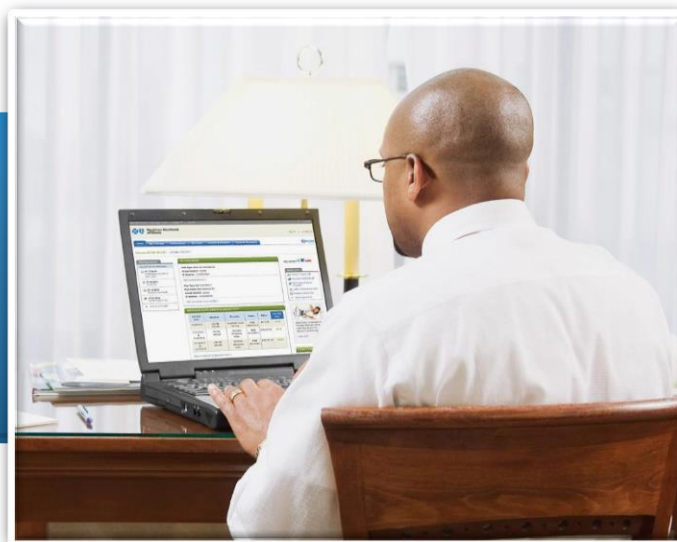


- The TrOOP maximum amount is the amount of money you need to spend to reach Catastrophic Coverage
- TrOOP consists of:
  - Deductible = **\$0** in 2015
  - Copays or coinsurance you pay in 2015
  - Once you reach **\$4,700** out of your own pocket, the Medicare Catastrophic Coverage benefit begins



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## Enrolling in a Blue Cross Medicare Advantage Plan



# Requirements to Enroll in a Blue Cross Medicare Advantage Plan



- You must have Medicare Part A and Part B coverage
  - Must be enrolled in Part B and continue to pay your Part B premium
- You live in the service area of the plan you want to join
- You do **NOT** have End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant) at the time of enrollment



# Three Enrollment Periods



## 1. Annual Enrollment Period (AEP)

- October 15 to December 7
- Enroll for the first time or switch plans
- Effective date: January 1

## 2. Initial Enrollment Period (IEP)

- Enroll when you first become eligible
  - 7-month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65
- Effective date: generally, first of the month following enrollment, or first of birthday month



## 3. Special Enrollment Period (SEP)

- Enroll or switch plans due to special circumstances
- Effective date: generally, first of the month following enrollment

# Ready to Enroll?



## Next Steps

☐ Meet with an Authorized Agent



☐ Review the Summary of Benefits



☐ Complete the Enrollment Application

Blue Cross Medicare Advantage<sup>SM</sup> Individual Enrollment Form  
Please contact Blue Cross Medicare Advantage if you need information in another language or format (Braille).

**To enroll in Blue Cross Medicare Advantage, please provide the following information:**

Please check which plan you want to enroll in: (Check only one)

Plan	Monthly Premium
<input type="checkbox"/> HMO Option: Blue Cross Medicare Advantage Basic (HMO) <sup>SM</sup>	\$0 per month
<input type="checkbox"/> Blue Cross Medicare Advantage Premier (HMO) <sup>SM</sup>	\$38.00 per month
<input type="checkbox"/> Blue Cross Medicare Advantage Value (HMO) <sup>SM</sup>	\$0 per month
<input type="checkbox"/> Blue Cross Medicare Advantage Premier Plus (HMO-POS) <sup>SM</sup>	\$31.00 per month
<input type="checkbox"/> PPO Option: Blue Cross Medicare Advantage Choice Plus (PPO) <sup>SM</sup>	\$11.00 per month
<input type="checkbox"/> Blue Cross Medicare Advantage Choice Premier (PPO) <sup>SM</sup>	\$78.50 per month

LAST name: FIRST name: Middle Initial: ☐ Mr. ☐ Mrs. ☐ Ms.

Birth Date: (M/M/D/Y) Sex: ☐ M ☐ F Home Phone Number: Alternate Phone Number:

Permanent Residence Street Address (P.O. Box is not allowed):  
City: County: State: ZIP Code:

Mailing Address (only if different from your Permanent Residence Address):  
Street Address: City: State: ZIP Code:  
Emergency contact: Relationship to You:  
Phone Number: Email Address:

**Please Provide Your Medicare Insurance Information**

Please take out your Medicare card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card.
- OR - Attach a copy of your Medicare card and your letter from Social Security or the Railroad Retirement Board.
- You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Name: \_\_\_\_\_  
Medicare Claim Number: \_\_\_\_\_ Sex: \_\_\_\_\_  
is Enrolled To: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
HOSPITAL (Part A)  
MEDICAL (Part B)

# The Disenrollment Period



## January 1 to February 14:

If you would like to change your Medicare coverage, you may choose to disenroll from your Medicare Advantage Plan and switch to Original Medicare (Part A and Part B) and purchase a stand-alone Part D (PDP) plan.

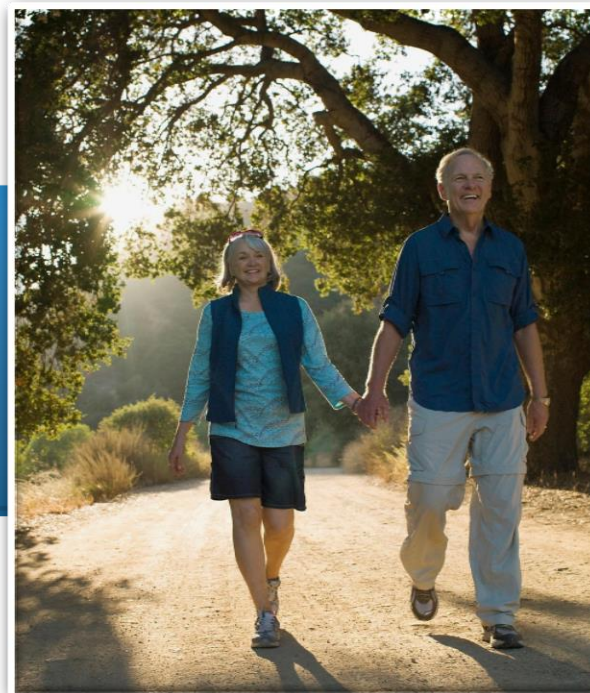
During this period, you **cannot** do the following:

- Switch from Original Medicare to a Medicare Advantage Plan
- Switch from one Medicare Advantage Plan to another
- Switch from one Medicare Prescription Drug Plan to another
- Join, switch, or drop a Medicare Medical Savings Account Plan

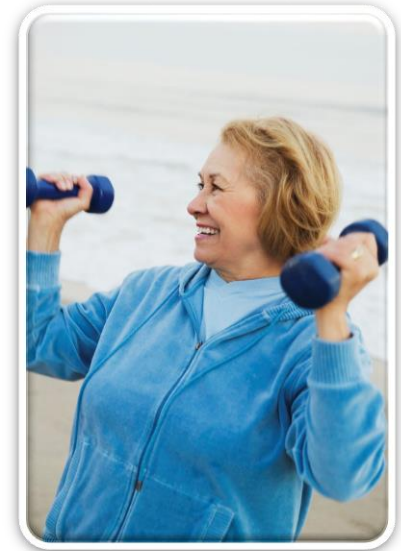


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## **Blue Cross Medicare Advantage Plan Extras**



- Wellness tools and content
- Save money on health care products and services
  - Gym memberships and fitness gear
  - Family activities and healthy eating
- [www.blue365deals.com/BCBSTX](http://www.blue365deals.com/BCBSTX)



The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors.

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. Please check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

# Taking Service a Step Further



- **Blue Access for Members<sup>SM</sup> (BAM)**
  - Access wellness tools and resources
  - View medical and pharmacy claims information
  - Search available doctors and pharmacies
- **Education**
  - *LifeTimes* member email
  - Seminars
  - Health Fairs
  - Community Events
  - Visit [www.bcbstx.com/medicare/seminars](http://www.bcbstx.com/medicare/seminars)





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# Questions & Discussion





- **Medicare**

- Visit [www.medicare.gov](http://www.medicare.gov)
- 1-800-MEDICARE (633-4227), 24 hours a day, 7 days a week
- TTY 1-877-486-2048, 24 hours a day, 7 days a week

- **Social Security**

- Visit [www.ssa.gov](http://www.ssa.gov)
- 1-800-772-1213, Monday-Friday, 7 a.m. - 7 p.m.
- TTY 1-800-325-0778, Monday-Friday, 7 a.m. - 7 p.m.



# Additional Information



- HMO plan available in Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery, and Orange counties.
- PPO plans available in Bastrop, Burnet, Caldwell, Chambers, Collin, Dallas, Denton, Fayette, Fort Bend, Harris, Hays, Lee, Montgomery, Tarrant, Travis, and Williamson counties.
- Plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) (PPO plans), and also to GHS Insurance Company (GHS) (HMO plans). HISC and GHS are Independent Licensees of the Blue Cross and Blue Shield Association. HISC and GHS are Medicare Advantage organizations with a Medicare contract. Enrollment in HISC's and GHS' plans depends on contract renewal.



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# **Enroll Today in Blue Cross Medicare Advantage**



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