

Feel Better.
with Blue...
BlueAdvantage!®

2009 Summary of Benefits
(Medical Only Plan)
BlueAdvantage PFFS MA2SM
BlueAdvantage PFFS MA3SM

Section 1

Introduction to the Summary of Benefits for BlueAdvantage PFFS MA2 and MA3 January 1, 2009 – December 31, 2009 State of Tennessee

Thank you for your interest in BlueAdvantage PFFS MA2 or MA3. Our plan is offered by BlueCross BlueShield of Tennessee, a Medicare Advantage Private Fee-for-Service organization. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call BlueCross BlueShield of Tennessee and ask for the "Evidence of Coverage."

You Have Choices in Your Health Care.

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare Advantage Private Fee-for-Service plan, like BlueAdvantage PFFS MA2 or MA3. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call BlueCross BlueShield of Tennessee at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call the number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare BlueAdvantage PFFS MA2 and MA3 and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where are BlueAdvantage PFFS MA2 and MA3 Available?

The complete service area for BlueAdvantage PFFS MA2 and MA3 is listed on page 14 of this document. You must live in one of these areas to join these plans. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may only do so at certain times of the year. Please call Customer Service for more information. If you move out of the county where you live, you must call Customer Service in order to update your information. If you do not, you may be disenrolled from BlueAdvantage PFFS MA2 and MA3. If you move into a county not listed on page 14, please call Customer Service to find out if BlueAdvantage PFFS MA2 and MA3 have plans in your new state or county.

Who is Eligible to Join BlueAdvantage PFFS MA2 or MA3?

You can join BlueAdvantage PFFS MA2 or MA3 if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in BlueAdvantage PFFS MA2 or MA3, unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies.

Does My Plan Cover Medicare Part B or Part D Drugs?

BlueAdvantage PFFS MA2 and MA3 do cover Medicare Part B prescription drugs.

BlueAdvantage PFFS MA2 and MA3 do NOT cover Medicare Part D prescription drugs.

What Types of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact BlueCross BlueShield of Tennessee for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and infusion drugs provided through DME.

Please call BlueCross BlueShield of Tennessee for more information about this plan. Visit us at www.bcbst-medicare.com or, call us:

Customer Service Hours

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
8:00 a.m. – 9:00 p.m. Eastern

From March 2 to September 30, you may be required to leave a message on weekends and holidays. Calls will be returned the next business day.

Current members should call toll-free: (800) 841-7434. (TTY/TDD (888) 423-9490)

Prospective members should call toll-free: (800) 292-5146. (TTY/TDD (877) 664-6422)

Current members should call locally: (800) 841-7434. (TTY/TDD (888) 423-9490)

Prospective members should call locally: (800) 292-5146. (TTY/TDD (877) 664-6422)

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call (877) 486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Section 2 Summary of Benefits

| IMPORTANT INFORMATION | | | |
|---|---|---|---|
| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
| <p>1. Premium and Other Important Information</p> | <p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> | <p>General</p> <p>\$44 to \$59 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p>\$4,000 out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit with the following exclusions: plan premiums, expenses for Medicare Part D-covered diabetic supplies and health expenses incurred during foreign travel.</p> | <p>General</p> <p>\$81 to \$97 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p>\$2,500 out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit with the following exclusions: plan premiums, expenses for Medicare Part D-covered diabetic supplies and health expenses incurred during foreign travel.</p> |
| <p>2. Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p> | <p>You may go to any doctor, specialist or hospital that accepts Medicare.</p> | <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> | <p>You may have to pay a separate copay for certain doctor office visits.</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> |

INPATIENT CARE

| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|--|---|---|---|
| <p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p> | <p>In 2009 the amounts for each benefit period are: Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day.</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> | <p>General</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's Terms & Conditions of payment except in emergencies.</p> <p>\$250 copay for each Medicare-covered hospital stay</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p> | <p>General</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's Terms & Conditions of payment except in emergencies.</p> <p>\$0 copay</p> <p>No limit to the number of days covered by the plan each benefit period.</p> |
| <p>4. Inpatient Mental Health Care</p> | <p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day limit in a Psychiatric Hospital.</p> | <p>\$250 copay for each Medicare-covered hospital stay</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> | <p>\$0 copay</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> |

INPATIENT CARE Continued

| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|--|---|---|--|
| <p>5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p> | <p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$133.50 per day</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> | <p>For SNF stays:</p> <p>Days 1 - 20: \$0 copay per day</p> <p>Days 21 - 100: \$75 copay per day</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> | <p>\$0 copay for SNF services</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> |
| <p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p> | <p>\$0 copay</p> | <p>\$0 copay for Medicare-covered home health visits.</p> | <p>\$0 copay for Medicare-covered home health visits.</p> |
| <p>7. Hospice</p> | <p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p> | <p>General</p> <p>You must get care from a Medicare-certified hospice.</p> | <p>General</p> <p>You must get care from a Medicare-certified hospice.</p> |

OUTPATIENT CARE

| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|-------------------------------------|--|---|---|
| 8. Doctor Office Visits | 20% coinsurance | <p>General</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>See "Physical Exams," for more information.</p> <p>\$20 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 copay for each specialist visit for Medicare-covered benefits.</p> | <p>General</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>See "Physical Exams," for more information.</p> <p>\$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 copay for each specialist visit for Medicare-covered benefits.</p> |
| 9. Chiropractic Services | Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. | \$20 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. | \$10 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. |
| 10. Podiatry Services | Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. | \$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care. | \$10 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care. |
| 11. Outpatient Mental Health Care | 50% coinsurance for most outpatient mental health services. | \$20 copay for each Medicare-covered individual or group therapy visit. | \$10 copay for each Medicare-covered individual or group therapy visit. |
| 12. Outpatient Substance Abuse Care | 20% coinsurance | \$20 copay for Medicare-covered individual or group visits. | \$10 copay for Medicare-covered individual or group visits. |
| 13. Outpatient Services/Surgery | 20% coinsurance for the doctor 20% of outpatient facility charges | \$100 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$100 copay for each Medicare-covered outpatient hospital facility visit. | \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit. |

OUTPATIENT CARE *Continued*

| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|--|--|---|---|
| <p>14. Ambulance Services</p> <p>(medically necessary ambulance services)</p> | 20% coinsurance | \$100 copay for Medicare-covered ambulance benefits. | \$100 copay for Medicare-covered ambulance benefits. |
| <p>15. Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p> | <p>20% coinsurance for the doctor</p> <p>20% of facility charge, or a set copay per emergency room visit</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p> | <p>\$50 for Medicare-covered emergency room visits.</p> <p>\$25,000 limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit</p> | <p>\$50 for Medicare-covered emergency room visits.</p> <p>\$25,000 limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit</p> |
| <p>16. Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p> | <p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p> | <p>General</p> <p>Cost sharing is the same as Doctor Office Visit cost sharing.</p> | <p>General</p> <p>Cost sharing is the same as Doctor Office Visit cost sharing.</p> |
| <p>17. Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p> | 20% coinsurance | <p>\$20 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> | <p>\$10 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> |

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|---|--|--|--|
| 18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.) | 20% coinsurance | 20% of the cost for Medicare-covered items. | 10% of the cost for Medicare-covered items. |
| 19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | 20% coinsurance | 20% of the cost for Medicare-covered items. | 10% of the cost for Medicare-covered items. |
| 20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training) | 20% coinsurance Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. | \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies. | \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies. |
| 21. Diagnostic Tests, X-Rays, and Lab Services | 20% coinsurance for diagnostic tests and X-rays \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol. | \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests 0% of the cost for Medicare-covered X-rays. 0% to 10% of the cost for Medicare-covered diagnostic radiology services. 10% of the cost for Medicare-covered therapeutic radiology services. | \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests - X-rays - diagnostic radiology services (not including X-rays) - therapeutic radiology services |

PREVENTIVE SERVICES

| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|---|--|---|---|
| 22. Bone Mass Measurement (for people with Medicare who are at risk) | 20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. | \$0 copay for Medicare-covered bone mass measurements. | \$0 copay for Medicare-covered bone mass measurements. |
| 23. Colorectal Screening Exams (for people with Medicare age 50 and older) | 20% coinsurance Covered when you are high risk or when you are age 50 and older. | \$0 copay for Medicare-covered colorectal screenings. | \$0 copay for Medicare-covered colorectal screenings. |
| 24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine) | \$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. | \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. | \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. |
| 25. Mammograms (for women with Medicare age 40 and older) | 20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39. | \$0 copay for Medicare-covered screening mammograms. | \$0 copay for Medicare-covered screening mammograms. |
| 26. Pap Smears and Pelvic Exams (for women with Medicare) | \$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams | \$0 copay for pap smears and pelvic exams. | \$0 copay for pap smears and pelvic exams. |
| 27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older) | 20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50. | \$0 copay for Medicare-covered prostate cancer screening. | \$0 copay for Medicare-covered prostate cancer screening. |

PREVENTIVE SERVICES Continued

| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|-----------------------------|---|---|---|
| 28. End-Stage Renal Disease | <p>20% coinsurance for dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> | <p>\$10 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p> | <p>\$0 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p> |
| 29. Prescription Drugs | <p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p> | <p>Drugs covered under Medicare Part B</p> <p>General</p> <p>Most drugs not covered.</p> <p>0% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>This plan does not offer prescription drug coverage.</p> | <p>Drugs covered under Medicare Part B</p> <p>General</p> <p>Most drugs not covered.</p> <p>0% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>10% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>This plan does not offer prescription drug coverage.</p> |

MISCELLANEOUS SERVICES

| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|----------------------|---|---|---|
| 30. Dental Services | Preventive dental services (such as cleaning) not covered. | <p>\$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - oral exams - cleanings - fluoride treatments - dental x-rays <p>Plan offers additional comprehensive dental benefits.</p> <p>\$150 limit for dental benefits every year</p> | <p>\$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - oral exams - cleanings - fluoride treatments - dental x-rays <p>Plan offers additional comprehensive dental benefits.</p> <p>\$150 limit for dental benefits every year</p> |
| 31. Hearing Services | <p>Routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> - 20% coinsurance for Medicare-covered diagnostic hearing exams. | <p>\$0 copay for hearing aids.</p> <ul style="list-style-type: none"> - \$20 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 routine hearing test(s) every two years - \$20 copay for up to 1 hearing aid fitting evaluation(s) every two years <p>\$200 limit for hearing aids every two years.</p> | <p>\$0 copay for hearing aids.</p> <ul style="list-style-type: none"> - \$10 copay for Medicare-covered diagnostic hearing exams - \$10 copay for up to 1 routine hearing test(s) every two years - \$10 copay for up to 1 hearing aid fitting evaluation(s) every two years <p>\$200 limit for hearing aids every two years.</p> |

MISCELLANEOUS SERVICES Continued

| Benefit Category | Original Medicare | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|---------------------------|---|---|---|
| 32. Vision Services | <p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p> | <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after each cataract surgery - glasses - contacts - lenses - frames <p>\$20 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$20 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every year.</p> | <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after each cataract surgery - glasses - contacts - lenses - frames <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every year.</p> |
| 33. Physical Exams | <p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> | <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> | <p>\$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> |
| Health/Wellness Education | <p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> | <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Other Wellness Benefits | <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Other Wellness Benefits |
| Transportation (Routine) | Not covered. | This plan does not cover routine transportation. | This plan does not cover routine transportation. |
| Acupuncture | Not covered. | This plan does not cover acupuncture | This plan does not cover acupuncture |

Service Area and Premium Table

Use the chart below to determine exactly what your premium will be for each of the plans offered. The counties included in each region are listed below the chart. Find your county to determine your region and which premium you will pay.

| Region | BlueAdvantage PFFS MA2 | BlueAdvantage PFFS MA3 |
|--------------------|------------------------|------------------------|
| West Region | \$59 per month* | \$97 per month* |
| East Region | \$44 per month* | \$81 per month* |

* You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third-party.

West Region

| | | | |
|----------|------------|------------|------------|
| Bedford | Gibson | Lawrence | Rutherford |
| Benton | Giles | Lewis | Shelby |
| Carroll | Hardin | Lincoln | Stewart |
| Cheatham | Hardeman | Madison | Sumner |
| Chester | Haywood | Marshall | Tipton |
| Coffee | Henderson | Maury | Trousdale |
| Crockett | Henry | McNairy | Wayne |
| Davidson | Hickman | Moore | Weakley |
| Decatur | Houston | Montgomery | Williamson |
| Dickson | Humphreys | Obion | Wilson |
| Dyer | Lake | Perry | |
| Fayette | Lauderdale | Robertson | |

East Region

| | | | |
|------------|-----------|---------|------------|
| Anderson | Franklin | Macon | Sequatchie |
| Bledsoe | Grainger | Marion | Sevier |
| Blount | Greene | McMinn | Smith |
| Bradley | Grundy | Meigs | Sullivan |
| Campbell | Hamblen | Monroe | Unicoi |
| Cannon | Hamilton | Morgan | Union |
| Carter | Hancock | Overton | Van Buren |
| Claiborne | Hawkins | Pickett | Warren |
| Clay | Jackson | Polk | Washington |
| Cocke | Jefferson | Putnam | White |
| Cumberland | Johnson | Rhea | |
| DeKalb | Knox | Roane | |
| Fentress | Loudon | Scott | |

Benefits, premiums, copays and coinsurance may change on Jan. 1, 2010.

Please contact BlueCross BlueShield of Tennessee for more information.



bcbst-medicare.com

P.O. Box 180205
Chattanooga, TN 37402

A health plan with a Medicare contract.
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