

**Don't pay more
for personalized care**
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BLUE BENEFITS YOU



Changes to NSF and Reinstatement Policies

You should have received a letter recently telling you about BlueCross BlueShield of Tennessee's revised Non-sufficient Fund and Reinstatement policies. Beginning October 1, 2008, subscribers will be charged a \$50 fee to reinstate a medical policy that is terminated for non-payment. In addition, subscribers will be charged a \$25 non-sufficient funds fee for payments not honored by their financial institution. This non-sufficient funds fee applies to any denied payments received on or after October 1, 2008.

If you would like additional information about the new fees, please contact 1-800-725-6849, extension 3037 between 8 a.m. and 5 p.m. ET Monday through Friday. ■

Help Fight Fraud, Waste and Abuse

Insurance fraud and abuse hurts everyone involved. If you suspect fraud, please contact us by one of the following methods:

1. Report fraud via our Web site at: www.bcbst.com/fraud/report.shtml
2. Report by phone to our Fraud Hotline: 1-800-824-4391 ■

Time for a Health Plan Check-up

Today, Medicare beneficiaries have more health plan choices than ever before. That's why a periodic health plan "check-up" is such a good idea. You may not be aware of some Medicare plan options that have become available since the last time you made a change. Or, maybe you've just never had time to research the different plans that are out there. Your Annual Coordinated Election Period for Medicare Advantage and Medicare Part D Prescription Drug Plans is coming up, November 15 through December 31, so now is a great time to look into all the options that are available and find out if the plan you have now is still the one that's right for you. By comparing your options, you can know whether the Medicare supplement coverage you have today – or, a different type of plan – is better for your overall needs.

Other Medicare health plan options that may be available to you include:

- **BlueRx Medicare Part D Prescription Drug Plan**
BlueRx is our standalone prescription drug plan. The Medicare Part D Prescription drug program was created to help Medicare beneficiaries lower their out-of-pocket prescription drug costs. You can only purchase a BlueRx plan if you have Original Medicare A and/or B, with or without a supplement, or a Medicare Advantage **medical-only** policy. If you have a Medicare Advantage plan that **includes** prescription drug coverage, you are not eligible to purchase a BlueRx plan.
- **BlueAdvantage PFFS***
Our BlueAdvantage PFFS plans are part of the Medicare program and offer you all the benefits covered by Medicare Parts A and B, including benefits for hospital, medical and surgical services. These plans also include benefits for preventive services. You can choose the doctors and medical facilities you want, as long as they accept Medicare and agree to the terms and conditions of payment under the plan. Some plan options include dental, vision and hearing benefits.

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Don't Pay More for Personalized Health Care

Recently, doctors nationwide have begun to implement programs that offer personalized health care to their patients in exchange for a “membership fee.” The doctors cut their patient loads in order to offer a smaller group of patients more personalized care. This personalized care can cost patients anywhere from \$1,500 to \$25,000 per year, depending on the arrangement. In most cases, these fees are paid **in addition** to the health plan's payment and your out-of-pocket expenses for services, such as your copay or deductible.

BlueCross BlueShield of Tennessee would like to inform you that it is a violation of Medicare's terms of participation for any doctor who accepts Medicare to charge a Medicare member an extra fee for seeing you. This is considered billing you outside the contracted fee for covered services, and is a clear violation of terms and conditions of payment.

If any of your doctors who accept Medicare offer you a chance to join a group such as this for an extra fee, they are in violation of their Medicare participation agreement. **You should not pay this fee to a doctor who accepts Medicare.** Instead, contact BlueCross BlueShield of Tennessee at the number on the back of your ID card to report this. We will assist you in finding a new doctor. ■

Time for a Health Plan Check-up *(continued from page 1)*

— Medical-only Medicare Advantage Plan

With a BlueAdvantage PFFS Medical-only, you have just one ID card to show when you visit the doctor. If you need coverage for your prescriptions drugs, you would need to purchase a separate prescription drug policy, which would come with a separate ID card.

— BlueAdvantage PFFS Medicare Advantage Plan with Prescription Drug Coverage

With a BlueAdvantage PFFS with Prescription Drug policy, you have just one ID card to show when you go to the doctors AND when you go to the pharmacy.

With either type of BlueAdvantage PFFS plan, you can choose the premium** you want to pay each month. There are three premium levels available for each plan type. Each premium corresponds to a different set of copays. This gives you the freedom to decide how much you pay each month, and how much you pay when you go to the doctor.

• BlueAdvantage PPO

Medicare Advantage Plan with Prescription Drug Coverage. BlueAdvantage PPO is only available to residents of the following counties: Shelby, Carroll, Dyer, Weakly, Davidson, Bradley, Hamilton, Marion, Polk, Anderson, Campbell, Hamblen, Jefferson, Knox, Loudon, Roane, Sevier, Warren, Greene, Hancock, Hawkins, Sullivan.

Our BlueAdvantage PPO plans are also part of the Medicare program, and like our BlueAdvantage PFFS plans, they offer you all the benefits covered by Medicare Parts A and B, including benefits for hospital, medical and surgical services, as well as preventive care benefits. As with BlueAdvantage PFFS, you have the freedom to choose from two monthly premium levels. With a BlueAdvantage PPO plan, you enjoy a more economical premium by using a network of doctors and hospitals. You are free to use out-of-network*** providers, but services may cost you more.

If you think it might be time for a health plan “check-up,” call BlueCross BlueShield of Tennessee at **1-800-292-5146** or your insurance agent to find out if your current health plan is still the right choice for you. Hearing impaired members may call TTY/TDD at 1-877-664-6422.

Office hours: 8 a.m. to 9 p.m. ET, 7 days a week.

Note: from March 2 to September 30 you may be required to leave a voice mail on weekends and holidays. Return calls will be made within one business day. ■

** BlueAdvantage PFFS is not a Medicare Supplement plan. It is a Medicare Advantage Plan that pays instead of Original Medicare. 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 health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: www.bcbst.com/providers/BenefitHighlights.shtml.*

*** You must continue to pay your Medicare Part B premium.*

**** Deductibles, coinsurance and limitations apply to out-of-network services.*



It's Flu Season – Have You been Vaccinated?

It's that time of year again. Each year, about 5 to 20 percent of the U.S. population gets the flu. Nearly 36,000 people die and more than 200,000 people are hospitalized with flu-related complications. Ninety percent of these people are ages 50 and older. You can protect yourself from being part of this statistic by getting a flu vaccination. Many people get vaccinated in October or November, but getting vaccinated any time during the flu season may help you prevent the illness.

It is recommended that certain individuals at high risk for developing complications from the flu get vaccinated each year. This includes children ages 6 to 59 months; people 50 years or older; pregnant women; people of any

age with certain chronic medical conditions; and people who live with or care for others at high risk.

It is best to go to your doctor to receive your flu shot. If you receive your vaccine at another location that requires you to pay, you will have to file a claim with us.

You may want to ask your doctor if you would benefit from a pneumonia vaccination as well. This vaccine is recommended for adults over age 65 and anyone with chronic lung, heart or immune system diseases. The vaccine may not prevent you from getting pneumonia, but it can lessen the severity if you do. ■

Understanding Your Medicare Supplement Plan, Deductible and Coinsurance

Simply put, a **Medicare Supplement plan** supplements Medicare's payment for your covered health services. This means your Medicare supplement plan will pay some or all of your deductible and coinsurance for services that Medicare pays for. Medicare supplement plans do not cover all health services. Only services that are already covered by Medicare are eligible for payment by your Medicare Supplement.

Your **deductible** is an amount of money that must be paid toward covered medical services each year before your health plan will begin to pay anything. For Medicare, the deductible is \$135. Non-covered

services that you pay for out of pocket will not count toward your deductible. Your deductible must be met each calendar year (January through December).

Your **coinsurance** is the percent of covered expenses you pay each time you receive services. Medicare enrollees have a 20% coinsurance.

Depending on the type of coverage you have, you may have to pay a portion of your deductible and coinsurance out of your own pocket, or your Medicare Supplement plan may pay it for you. ■



Your Air Transportation Benefit: AirMed International

Your health plan includes a non-routine transportation benefit. This transportation benefit provides air medical transportation when you are hospitalized more than 150 miles away from home while traveling, or if you need transportation to a specialty facility more than 150 miles away. It does not provide routine transportation.

The air medical transportation benefit is provided through a membership in AirMed International. The cost of these services is covered at 100 percent by your plan only when transportation is arranged through AirMed International. You should have received a brochure detailing the benefits available to you and a wallet card with AirMed's toll-free phone number in your welcome packet.

Your AirMed International Membership includes:

- Hospital-to-hospital transportation when you are hospitalized more than 150 miles from your home.
- Air medical transportation to a specialty facility located more than 150 miles from your home.
- Transportation of your remains in the event of your death while traveling more than 150 miles from home.
- Transportation for your traveling companion if you receive air medical transportation.

If you need AirMed services, please call the toll-free number on the front of the AirMed International card to make your arrangements. Air transportation arranged through other services may not be covered by your BlueAdvantage plan.

For more information on using your AirMed benefit, visit the BlueAdvantage Web site at www.bcbst-medicare.com. ■

Blue Has its Perks

As a BlueCross BlueShield of Tennessee member, you are entitled to discounts on a variety of health services that are not covered by your medical plan. This discount program is called *BluePerks*. You can access your *BluePerks* discount details on the Web at bcbst-medicare.com, or you can call our discount partners directly using their convenient toll-free numbers.

- For discount information on **Jenny Craig**® weight loss programs, call **1-800-536-6920**.
- For information on LASIK vision surgery as low as \$895 per eye*, call **Truevision**™ at **1-866-338-2020**.
- For information on vision care service discounts including frames, lenses and exams, contact **Davis Vision** at **1-800-783-7792**. Remember to mention the Davis Vision program code **7018** to make sure you get your discount from the Davis Vision provider.
- Discounts on other services, such as cosmetic procedures, massage therapy, fitness centers, personal trainers and spa services are offered by participating practitioners through **American Whole Health**. Find out more by calling **1-800-227-5911**. ■

**Custom LASIK is available in some areas for an additional fee*

Problems or Questions?

Call Customer Service 1-800-292-5146
Hearing impaired members may call 1-877-664-6422

Office hours: 8 a.m. to 9 p.m. ET, 7 days a week.

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bcbst-medicare.com

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