



Medicare Advantage

You've Got This.
And We've Got You.

2021 BlueAdvantage (PPO)SM



of Tennessee

WELCOME

With You Step By Step

We can't wait to tell you all about your new Medicare benefits – and how to get the most out of them. Remember, we've got you every step of the way. If you need anything, give us a call.

IT'S EASY TO GET STARTED.
HERE'S HOW:

1

Read through this booklet.

It shows you what you can expect from your plan.

2

Talk with us. We want to say hello and talk to you about your Health History and Needs. You'll get a **\$20 gift card** for answering a few questions.





3

Check our drug list to see which drugs are covered.

4

Be on the lookout for your Member ID card. We're mailing it soon.

5

It's a good idea to check your network before you get care. Sometimes, it changes.

BENEFITS

We've Got You Covered

We want to make sure you know what's included in your plan. The chart to the right is an overview of benefits in BlueAdvantage plans. Exact costs depend on your plan. You can find your plan's benefit details in your Evidence of Coverage booklet online at bcbstmedicare.com/documents.





Primary Care



Telehealth



Dental Care

PREVENTIVE AND
COMPREHENSIVE



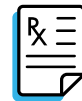
Eyewear

GLASSES,
LENSES AND
CONTACTS



Preferred Generic Drugs

\$1 COPAY



Pharmacy

\$0
DEDUCTIBLE



Hearing Aid Coverage



Fitness Membership

\$0
ALL YEAR



Medical

\$0
DEDUCTIBLE

BENEFITS

Preferred Pharmacy Coverage

BENEFIT PHASE		Garnet/ Sapphire	Emerald	Ruby	Diamond
DEDUCTIBLE		\$0			
INITIAL COVERAGE LIMIT	Tier 1 - Preferred Generic Drugs	\$1 copay			
	Tier 2 - Generic Drugs	\$10 copay	\$5 copay	\$5 copay	\$5 copay
	Tier 3 - Preferred Brand Drugs Select Insulin(s)	\$30 copay	\$30 copay	\$28 copay	\$28 copay
	Tier 3 - Preferred Brand Drugs	\$42 copay	\$35 copay	\$28 copay	\$28 copay
	Tier 4 - Non- Preferred Drugs	\$92 copay	\$80 copay	\$65 copay	\$50 copay
	Tier 5 - Specialty Drugs	33% coinsurance			
COVERAGE GAP OR DONUT HOLE	Tier 1 - Generic Drugs	\$1 copay	\$1 copay	\$1 copay	\$1 copay
	Tier 3 - Preferred Brand Drugs Select Insulin(s)	\$30 copay	\$30 copay	\$28 copay	\$28 copay
	All Other Tiers	You pay 25% of the plan's cost for covered brand-name and generic drugs.			
CATASTROPHIC COVERAGE		You pay the greater of: \$3.70 for generic drugs and \$9.20 for all other drugs or 5% of the cost.			

The amounts shown are for a 30 day supply. You can see the list of covered drugs (also called a formulary) at [bcbstmedicare.com/documents](https://www.bcbstmedicare.com/documents).



All Medicare Part D plans have benefit phases. The phase you're in depends on how much you and your plan or you alone have paid for drugs. You move to the next phase when costs reach the next limit, or a new year starts. So what you pay for drugs depends on what benefit phase you're in.

INITIAL COVERAGE LIMIT

The initial coverage limit is **\$4,130**

What you and your plan pay counts toward it. We'll help you keep track of the payments each month.

COVERAGE GAP

"The Donut Hole"

You get out of this phase when your payments reach **\$6,550**.

If you get Extra Help, you'll skip the coverage gap.

CATASTROPHIC COVERAGE

This phase ends on **Dec. 31** of each year.

Your coverage resets for the next calendar year.

BENEFITS

Prescription Drug Benefits



Here's some more important info about the Medicare Part D prescription coverage in your plan.

Your Costs

What you'll pay for your drugs depends on what tier they're in. Your plan includes five tiers. See page 5 for more info.

Mail Order Option

Save time and money with the mail order benefit. You get preferred pharmacy savings plus standard shipping at no additional cost to you.

Pharmacies to Use

Our wide network includes Preferred and Standard Pharmacies. You'll usually save more money with our Preferred Pharmacies.

Extra Help

You may be able to get Extra Help to pay for your prescription drug premiums and costs. Call your local Social Security office or go to **www.socialsecurity.gov/prescriptionhelp** to check.

You can find our drug and pharmacy lists and copays online at **bcbstmedicare.com/pharmacy**. Or, you can call us.

EXTRAS

All The Perks

We've included some extras in your plan to make living well a little easier.



Member Discounts

As a BlueCross member, you can get discounts of up to 50% on health-related products and services such as:

- LASIK corrective vision surgery
- Vitamins, minerals and supplements
- Fitness accessories

Visit [bcbstmedicare.com](https://www.bcbstmedicare.com) to learn more. These are not covered benefits. Discounts change regularly.



Free Fitness Membership

Your plan includes a free fitness membership. It gives you access to:

- Thousands of fitness centers
- Social events and group fitness classes
- Free exercise videos online

You can find more info at [silverandfit.com](https://www.silverandfit.com) or call **1-888-797-8091**, TTY **711** Monday through Friday, 8 a.m. to 9 p.m. ET.

NETWORK

Getting Your Care

BlueAdvantage has a broad network of providers, pharmacies, hospitals and specialists. The costs we just mentioned are for providers and preferred pharmacies in your network. And your plan doesn't require referrals. To find a provider in your network, you can visit bcbstmedicare.com/findcare.





WHERE TO GO	WHY GO HERE?
PRIMARY CARE PROVIDER (PCP)	For routine, non-emergency care, try your PCP first.
TELEHEALTH AND VIRTUAL VISITS	Some of our in-network providers offer this for routine care. You can also use PhysicianNow Powered by MDLive®.
URGENT CARE	When your PCP isn't available, but it's not an emergency.
EMERGENCY ROOM (ER)	You need care right away for a medical emergency or life-threatening health condition.

DIABETES PREVENTION PROGRAM

Your plan includes a diabetes prevention program for eligible members at no extra cost. This program helps members with healthy living, weight loss and more.

Call Solera at **1-855-353-6014**, TTY **711**, Monday through Friday, 9 a.m. – 9 p.m. ET to learn more.

SCREENINGS

It Pays To Stay Healthy

We've got another good reason for taking care of your health. When you sign up for the My HealthPath® Wellness and Rewards Program, you may be eligible to receive gift cards for certain screenings your doctor says you need.

Not everyone needs all these tests, so you'll only get gift cards for the ones that apply to you. Questions about that? Call us.



It's Easy to Enroll:

- Log in to your online account at bcbstmedicare.com.
- Hover over **Manage Your Health**. A dropdown menu will appear.
- Click on **Member Wellness Center**.
- You'll be taken to a secure site where you can enroll.



Eligible screenings include:

- Annual Wellness Visit
- Colorectal
- Breast cancer
- Some diabetic screenings and tests

Log in to your online account to find all eligible screenings and tests and the gift cards you can earn for them.

While we encourage you to get your screenings as recommended by your doctor, gift card eligibility is based on age, claims history and diagnosis as defined by Healthcare Effectiveness Data and Information Set (HEDIS).

SAFETY

Let's Fight Fraud Together

We know fraud is a real issue. Here are some things you can do to keep your information safe:

- Share your information only with people you know.
- Only order from online pharmacies in your health plan's pharmacy network.
- Be careful about what links you click on in emails or pop-up ads online.
- Write down suspicious numbers and report them.

You can use the Fraud Hotline, **1-888-343-4221**, to report any suspicious activity.



COMPANIES YOU CAN TRUST

We work with other companies to help you get what you need. They may call you or send you letters. When they do, it's OK to talk with them. But if you're ever worried about people claiming to work with us, call us. This list of companies can change.



ABLETO

Virtual mental health providers.



EXPRESS SCRIPTS®

Helps with our prescription Part D drug programs.



EYEMED®

Supports your vision care.



HOME ACCESS

Supplies certain lab kits for in-home use.



RETINA LABS

Performs retinal eye exams and bone density screenings.



SIGNIFY HEALTH™

Provides in-home screenings for certain members.



SILVER&FIT®

Offers Fitness and Wellness programs.



SOLERA

Manages our diabetes prevention program.



TRUHEARING™

Helps with your hearing aid needs.



Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross), including its subsidiaries SecurityCare of Tennessee, Inc. and Volunteer State Health Plan, Inc. also doing business as BlueCare Tennessee, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583**, TTY **711**. From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583**, TTY **711**. They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; 423-591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Multi Language Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-831-2583, TTY 711.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-831-2583, TTY 711.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-831-2583, TTY 711。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-831-2583, TTY 711.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-831-2583, TTY 711 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-831-2583, ATS 711.

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-831-2583, TTY 711.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-831-2583, መስማት ለተሳናቸው 711.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-831-2583, TTY 711.

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-831-2583, TTY 711

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-831-2583, TTY 711 まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-831-2583, TTY 711.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-831-2583, TTY 711 पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-831-2583, телетайп 711.

توجه: اگر به زبان فارسی صحبت می کنید خدمات زبان
و ترجمه به صورت رایگان برایتان فراهم می گردد.
با 1-800-831-2583, TTY 711 تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki
disponib gratis pou ou. Rele 1-800-831-2583, TTY 711.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej
pomocy językowej. Zadzwoń pod numer 1-800-831-2583, TTY 711.

ATENÇÃO: se fala português, encontram-se disponíveis serviços
linguísticos grátis. Ligue para 1-800-831-2583, TTY 711.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili
servizi di assistenza linguistica gratuiti. Chiamare il numero
1-800-831-2583, TTY 711.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad
bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, kojł' hódíłnih
1-800-831-2583, TTY 711.

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We're right here when you need us.



bcbstmedicare.com



Need to check your benefits or
talk with a doctor on-the-go?
Download the **myBlue TNSM**
app for 24/7 access.



1-800-831-2583, TTY 711

OCT. 1 TO MARCH 31, SEVEN DAYS A WEEK
FROM 8 A.M. TO 9 P.M. ET. FROM **APRIL 1**
TO **SEPT. 30**, M-F FROM 8 A.M. TO 9 P.M. ET.

