



Medicare Advantage

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

2024 BlueAdvantage (PPO)SM



WELCOME

With You Step By Step

We can't wait to tell you all about your new BlueAdvantage plan 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.

HERE'S WHAT YOU CAN EXPECT:

1

Read through this booklet.

It tells you what you can expect from your plan.

2

Talk with us. We'll give you a call to say hello and learn more about your health needs and goals. You'll get a gift card you can use on certain items for answering these questions if you join our My HealthPath® Wellness & Rewards Program.





3

Check our drug list to see which drugs we cover.

4

Be on the lookout for your Member ID card.

5

It's a good idea to check our provider 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 in-network benefits and more 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.





Medical
\$0
DEDUCTIBLE



**Primary Care
Visits**
\$0
COPAY



**Preferred
Generic Drugs**
\$0
COPAY



Pharmacy
\$0
DEDUCTIBLE



**Over-the-
Counter Items
Allowance**



**Dental Care
Allowance**
PREVENTIVE AND
COMPREHENSIVE



**Hearing Aid
Coverage**



**Eyewear
Allowance**
GLASSES,
LENSES AND
CONTACTS



14 Meals
AFTER QUALIFYING
HOSPITAL
INPATIENT OR
SKILLED NURSING
FACILITY STAY

PERKS

All the Perks



Member Discounts

As a BlueCross member, you can get access to 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 may change without notice.



Telehealth

Want to get care in the comfort of your home? Your plan includes telehealth services. Check your **Evidence of Coverage** or call us for more information.



Free Fitness Program

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

- › Fitness centers nationwide
- › Social events and group fitness classes
- › Free exercise videos online

You can find more info at **silverandfit.com** or call **1-888-797-8091**, TTY **711** Monday through Friday, 8 a.m. to 9 p.m. ET.



Over-the-Counter

You get a quarterly allowance for over-the-counter medications and products you need to stay well. Order online at **bcbstmedicare.com/OTC** or call **1-888-628-2770**, TTY **711**.

Any unused amount won't roll over to the next quarter. So it's a good idea to set a reminder to not lose any allowance.



DRUG BENEFITS

Pharmacy & Prescription

Your Costs

What you'll pay depends on your plan, the pharmacy you choose and what tier your drugs are in. Your plan includes five tiers. See page 10 for more info about your drug coverage.

Mail Order Option

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

Part D and Part B Insulin coverage

You won't pay more than **\$35** for a one-month supply of each covered insulin product, no matter what cost-sharing tier it's in.



Pharmacies to Use

Our wide network includes preferred and standard pharmacies. You'll usually save more money with our preferred pharmacies.

CVS Caremark® helps us manage your prescription drug coverage. But that doesn't mean you have to use a CVS pharmacy.

You have a broad network of pharmacies to choose from. Preferred pharmacies have lower copays to help you get the most out of your benefits.

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

BENEFITS

Preferred Pharmacy Coverage

| What you pay for a 30-day supply at a preferred pharmacy | | Garnet / Sapphire | Emerald | Ruby | Diamond |
|--|----------------------------------|--|---------|------|---------|
| DEDUCTIBLE | | \$0 | | | |
| INITIAL COVERAGE LIMIT | Tier 1 - Preferred Generic Drugs | \$0 | | | |
| | Tier 2 - Generic Drugs | \$10 | \$5 | \$5 | \$5 |
| | Tier 3 - Insulins | \$35 | \$35 | \$28 | \$28 |
| | Tier 3 - Preferred Brand Drugs | \$42 | \$35 | \$28 | \$28 |
| | Tier 4 - Non-Preferred Drugs | \$94 | \$80 | \$65 | \$50 |
| | Tier 5 - Specialty Drugs | 33% coinsurance | | | |
| COVERAGE GAP | Tier 1 - Preferred Generic Drugs | \$0 | | | |
| | All Other Tiers | You pay 25% of the plan's cost for covered brand-name and generic drugs. | | | |
| CATASTROPHIC COVERAGE | | \$0 Unless the drug is on our additional covered drug list | | | |

You can see the list of covered drugs (also called a formulary) and amounts for covered drugs for standard pharmacies at 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 covered drugs. You move to the next phase when costs reach the next limit. So what you pay for covered drugs depends on what benefit phase you're in.

**INITIAL
COVERAGE
LIMIT**

The initial coverage limit ends once your drug costs reach **\$5,030**. *What you pay and what your plan pays for covered drugs are added to get to this amount.*

**COVERAGE
GAP**

The coverage gap ends when your total out-of-pocket costs from the Initial Coverage and Coverage Gap stages, plus certain discounts, reach **\$8,000**. *If you get Extra Help you skip the coverage gap.*

**CATASTROPHIC
COVERAGE**

The catastrophic phase begins when you get through the donut hole. It lasts through **Dec. 31**. *You won't pay anything for covered drugs on our drug list, unless the drug is on our additional covered drug list.*

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 **[socialsecurity.gov/ prescriptionhelp](https://www.socialsecurity.gov/prescriptionhelp)** to check.

NETWORK

Getting Your Care

BlueAdvantage has broad networks of providers, pharmacies, hospitals and specialists. And your plan doesn't require referrals. To find an in-network provider or pharmacy, you can visit bcbstmedicare.com/findcare.



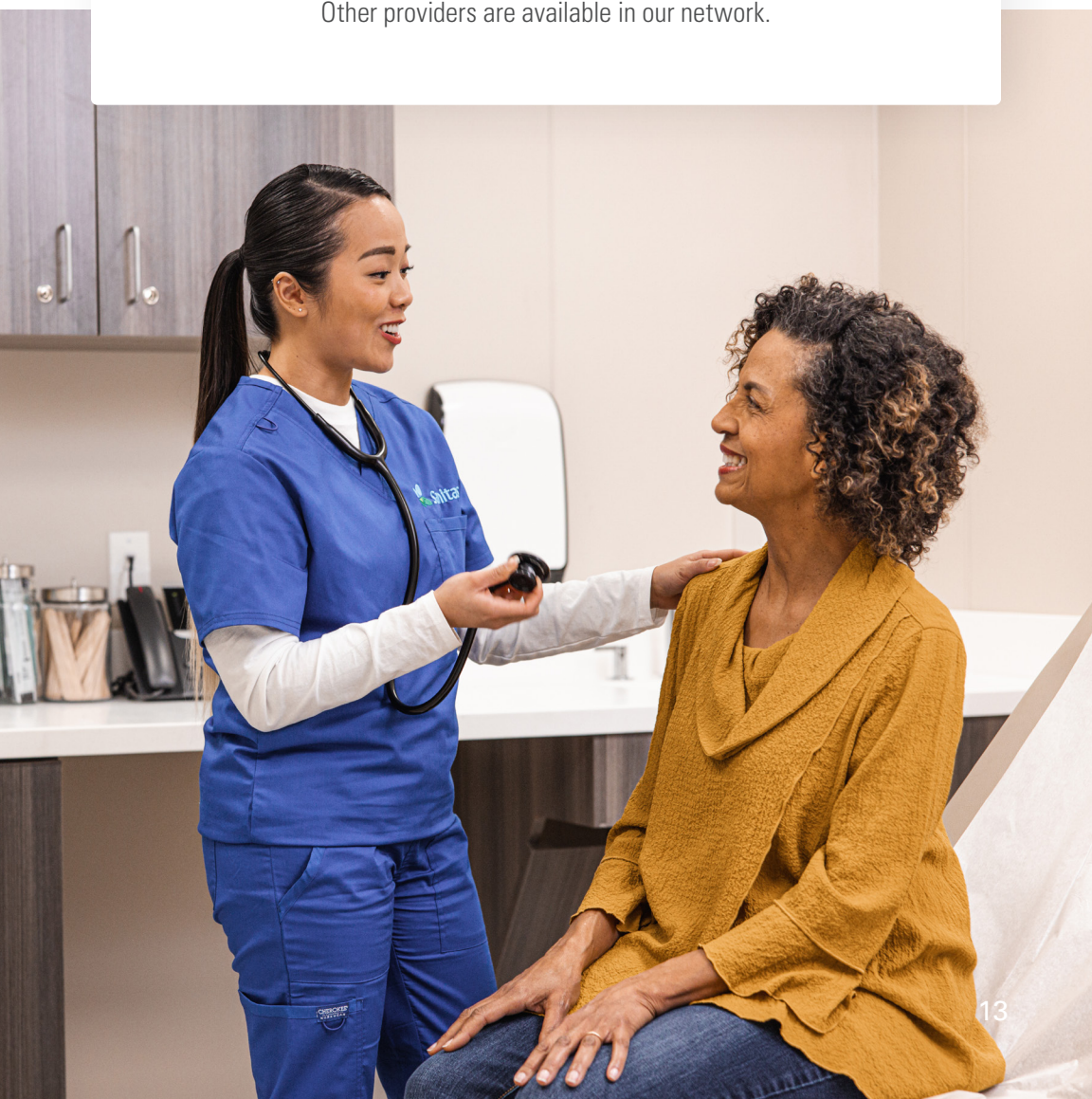
| WHERE TO GO | WHY GO HERE? |
|-----------------------------|--|
| PRIMARY CARE PROVIDER (PCP) | For routine, non-emergency care, try your PCP first. Some of our in-network providers offer virtual visits for certain routine care. |
| TELEHEALTH | If you have a non-emergency condition, you can have a telehealth visit with a doctor instead of going to urgent care. |
| URGENT CARE | When your PCP isn't available and you want in-person care, but it's not an emergency, an urgent care might be able to help. |
| EMERGENCY ROOM (ER) | Go to the ER or call 911 if you need care right away for an emergency medical condition. |



**BLUE OF TENNESSEE
WITH SANITAS MEDICAL CENTER**

BlueCross members who live or travel in the West and Middle Tennessee areas can get in-network care at Blue of Tennessee with Sanitas Medical Center. Find a location and book an appointment at **bcbst.com/BlueofTennessee** or by calling **1-866-378-5362**, TTY 711 24/7.

Other providers are available in our network.



SCREENINGS

It Pays to Stay Healthy

We've got another good reason for taking care of your health. When you sign up for our 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.



How It Works:

1. Sign up for My HealthPath at bcbstmyhealthpath.com
2. Get the screenings your doctor says you need.
3. Your doctor will send us the claim for the screening.
4. We'll process the claim and send you your gift card.*

*Gift card(s) are mailed to you after the claim is filed. Once we process the claim, you'll get your gift card within 12 weeks.



Eligible preventive screenings include:

- › Annual Wellness Visit
- › Colorectal cancer
- › 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.

We encourage you to get your screenings as recommended by your provider. However, gift cards are only awarded as defined in the My HealthPath program. To earn a gift card, you must be enrolled in My HealthPath, be eligible for the incentive and get the service(s) within the calendar year. Once we process the claim(s), you'll get your gift card(s) within 12 weeks. Gift card eligibility requirements and some restrictions may apply.

SAFETY

Let's Fight Fraud Together

We know fraud is a real issue. Here are some things you can do to help 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 call our Fraud Hotline, **1-888-343-4221**, TTY **711**, 24/7 to report any suspicious activity.



SAFETY

Companies We Work With

We contract with other companies to help us with certain covered services and programs. 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 without notice.

ABLETO

Virtual mental health providers.

AMEDISYS

Provides specialized medical care for people living with a serious illness who live in certain Middle Tennessee counties

CSS HEALTH

Conducts member comprehensive medication reviews.

CVS CAREMARK®

Helps with our prescription Part D drug programs.

EYEMED®

Supports your vision care.

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.

SOMATUS

Provides care coordination support for members with kidney disease.

TRUHEARING™

Helps with your hearing 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 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 hhs.gov/ocr/office/file/index.html.

H7917_23NDMLI_C (06/22)

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan.

To get an interpreter, just call us at 1-800-831-2583, TTY 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-831-2583, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-831-2583, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-831-2583, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-831-2583, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-831-2583, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-831-2583, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-831-2583, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-831-2583, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-831-2583, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-831-2583, TTY 711. سيقوم شخص ما بتحدث العربية بمساعدتك. هذه خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-831-2583, TTY 711 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-831-2583, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-831-2583, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-831-2583, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-831-2583, TTY 711. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-831-2583, TTY 711 にお電話ください。日本語を話す人々が支援いたします。これは無料のサービスです。

We're right here when you need us.



bcbstmedicare.com



Need to check your benefits or
talk with a doctor on-the-go?
Download our **BCBSTNSM** 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.**



of Tennessee

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