



Medicare Advantage

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

2026 BlueAdvantage Total Heart and Diabetes (PPO C-SNP)SM

2026 BlueAdvantage Total Heart and Diabetes Plus (PPO C-SNP)SM



WELCOME

We're 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 TO EXPECT:

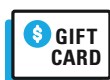
1

Read through this booklet.

It tells you what you can expect from your plan.

2

Talk with us. We'll call you to say hello and ask a few questions about your health needs and goals. If you join our My HealthPath® Wellness and Rewards Program and answer a few questions, you'll get a gift card you can use for certain items.



Visit bcbstmedicare.com/WelcomeMA to take our enrollment survey and learn how you could win a \$50 gift card.*

*All individuals are eligible for free drawings, gifts or prizes with no obligation to enroll.



3

Be on the lookout for your Member ID card.

4

It's a good idea to check our provider network and covered drug list before you get care. Sometimes they change.

5

Sign up to get texts and emails from us. Scan the QR code to log in to your online account and get started.



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 and supplemental benefit 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



Over-the-Counter
and Healthy
Food Items*
ALLOWANCE
PER MONTH
No rollover



Transportation
24
ONE-WAY TRIPS
to plan-approved locations
not to exceed 60 miles per trip



Hearing Aid
Coverage



Free Fitness
Program

*The healthy food benefit is part of a special supplemental program for members with certain chronic conditions. Qualifying chronic conditions include diabetes, cardiovascular disorders and chronic heart failure. Not all members (even those with a qualifying condition) may qualify. Eligibility is based on meeting the Centers for Medicare and Medicaid Services' definition of "chronically ill enrollee" and all applicable plan coverage criteria.

ADDED VALUE

More From Your Plan



Member Discounts

As a BlueCross member, you have access to discounts 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 aren't 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.



Transportation Benefit

Your plan provides 24 one-way trips per year for covered routine medical, dental, vision and hearing appointments. You can also get non-emergency transportation. To schedule a ride, call **1-855-681-5032**, TTY **711**, Monday through Friday 8 a.m. to 5 p.m., excluding holidays.



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.



Visitor Travel

If you're away from our service area for more than six months, we have to disenroll you from your plan. But our visitor/traveler program lets you keep your plan when you're outside our service area for less than six months. The program lets you get covered services at in-network cost shares. Coverage is available in 48 states and 2 territories. Give us a call to learn more or find a provider.



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 may include multiple 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 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.

*Total Plus plans don't have preferred pharmacies.

BENEFITS

Preferred Pharmacy Coverage

What you pay for a 30-day supply at a preferred pharmacy*		Total	Total Plus
PART D DEDUCTIBLE TIERS 1 AND 2		\$0	\$615 deductible
INITIAL COVERAGE TIERS 1 AND 2 What you pay until your out-of-pocket costs reach \$2,100	Tier 1 - Preferred Generic Drugs	\$0	25% coinsurance
	Tier 2 - Generic Drugs	\$0	
	Tier 3 - Insulins	\$35	
PART D DEDUCTIBLE TIERS 3, 4, AND 5		\$250	
INITIAL COVERAGE TIERS 3, 4, AND 5	Tier 3 - Preferred Brand Drugs	\$42	
	Tier 4 - Non-Preferred Drugs	50% coinsurance	
	Tier 5 - Specialty Drugs	30% coinsurance	
CATASTROPHIC COVERAGE Begins once your out-of-pocket drug costs reach \$2,100		\$0 For Part D covered drugs	

*Total Plus plan doesn't have preferred pharmacies.

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. 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.

Here is an example of how Part D coverage is updated when someone qualifies for Extra Help in 2026.		
PART D DEDUCTIBLE	\$0	
INITIAL COVERAGE	Generic Drugs	\$0-\$5.10
	All Other Drugs	\$0-\$12.65
CATASTROPHIC COVERAGE		\$0

Extra Help

You may be able to get Extra Help to pay for your prescription drug premiums, deductibles and costs. Call your local Social Security office or go to bcbst.com/extrahelp 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 a provider or pharmacy in our network, you can visit bcbst-medicare.com/findcare.

WHERE TO GO	WHY GO HERE?
PRIMARY CARE PROVIDER (PCP)	For routine, non-emergency care, try your PCP first. Some providers in our network 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 an urgent care center.
URGENT CARE	When your PCP isn't available and you want in-person care, but it's not an emergency, an urgent care center 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.



Online Account

This guide may not list all your benefits. Log in or create your account at bcbstmedicare.com to see your **Evidence of Coverage** with your complete list of benefits. You can also view your claims, make a premium payment, get a digital Member ID card and more. Plus, sign up for email and texts to make sure you don't miss anything from us.

SCREENINGS

It Pays To Stay Healthy

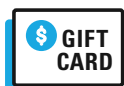
We've got another good reason for taking care of your health. When you sign up for our My HealthPath® Wellness and Rewards Program, you may be eligible to receive gift cards for certain screenings your doctor says you need.

Not everyone needs all these tests, so you'll only get gift cards for the ones you're eligible for. If you have questions, call us.



How It Works:

- 1 Sign up for My HealthPath at myhealthpath.healthmine.com. Or call us at **1-800-831-2583**, TTY **711**. From Oct. 1 to March 31, you can call us from 8 a.m. to 9 p.m. ET, seven days a week. From April 1 to Sept. 30, we're available from 8 a.m. to 9 p.m. ET, Monday through Friday.
- 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.



Eligible activities and rewards

- › Annual Wellness Visit - **\$20**
- › Colorectal cancer preventive screenings - **\$20-50**
- › Breast cancer screenings - **\$25**
- › Diabetic retinal eye exam - **\$40**
- › Health Needs Assessment - **\$20**

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. Gift cards for colorectal cancer preventive screenings vary based on the type of screening.

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.

Amedisys

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

CVS Caremark®

Helps with our prescription Part D drug programs.

Esperta Health

Provides wound care services to members who live in certain Middle and West Tennessee counties.

Everlywell

Provides in-home screening kits for certain members.

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.

Teladoc Health®

Lets you talk with a provider anytime for help with non-emergency medical conditions and mental health support.

TruHearing®

Helps with your hearing needs.

Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross), including its subsidiaries, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex¹. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

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

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance 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 Grievance; 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), Monday through Friday, 8 a.m. to 6 p.m. ET. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (phone), Nondiscrimination_CoordinatorGM@bcbst.com (email), or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

¹ Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-831-2583 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-831-2583 (TTY: 711) o hable con su proveedor.

LUU Y: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-831-2583 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-831-2583 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-831-2583 (文本电话: 711) 或咨询您的服务提供商。

ध्यान आपो: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય આક્રિયકારી સહાય અને અકસેસિબલ ફોર્મટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-831-2583 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-831-2583 (TTY : 711) ou parlez à votre fournisseur.

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጽ ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-800-831-2583 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅርቢያን ያናግሩ።

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-831-2583 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-831-2583 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-800-831-2583 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-831-2583 (تله تاپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-831-2583 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-831-2583 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang a dispozisyon w gratis. Ed ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo a dispozisyon gratis tou. Rele nan 1-800-831-2583 (TTY: 711) oswa pale avèk founisè swen w lan.

ATENÇÃO: Se você fala [Português], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-831-2583 (TTY: 711) ou fale com seu provedor.

ເຊັ່ນດຳ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ, ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-831-2583 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulung at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-831-2583 (TTY: 711) o makipag-usap sa iyong provider.

We're right here when you need us.



bcbstmedicare.com

Use your online account to get a digital Member ID card, see your benefits and claims, and more.



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.**



CVS Caremark® is an independent company that provides pharmacy benefit management on behalf of BlueCross BlueShield of Tennessee, Inc. Amedisys, ASH Fitness, CVS Caremark, Esperta Health, Everlywell, Eyemed, Retina Labs, Signify Health, Somatus and TruHearing are independent companies that provide products and/or services for BlueCross BlueShield of Tennessee, Inc. They do not provide BlueCross branded products and/or services. They are solely responsible for the products and/or services they provide. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., (ASH Fitness) a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit is a federally registered trademark of ASH and used with permission herein. Limitation and restrictions may apply. Participating facilities and fitness chains may vary by location and are subject to change. Teladoc Health® is an independent company and does not provide BlueCross BlueShield of Tennessee, Inc. products or services. Teladoc Health is solely responsible for the products and services they provide. Teladoc Health operates subject to state and federal regulations. Other providers are available in our network. © Teladoc Health, Inc. All rights reserved. The marks and logos of Teladoc Health and Teladoc Health wholly owned subsidiaries are trademarks of Teladoc Health, Inc. All programs and services are subject to applicable terms and conditions. All content ©2025 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. Use of apps is voluntary. If you choose to use one of our apps, you are responsible for the cost of any technology (e.g., cell phone, tablet, computer, etc.), internet access and/or upgrades needed to use an app. These are not covered benefits. It is your responsibility to keep your phone, tablet or computer or access to the app secure. BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the Blue Cross Blue Shield Association