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

BlueAdvantage Diamond (PPO)SM offered by BlueCross BlueShield of Tennessee

Annual Notice of Changes for 2019

You are currently enrolled as a member of BlueAdvantage Diamond. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.1, 1.2 and 1.5 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2019 Drug List and look in Section 1.6 for information about changes to our drug coverage.

- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit https://go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider Directory.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at https://www.medicare.gov website. Click "Find health & drug plans."
- Review the list in the back of your Medicare & You handbook.
- Look in Section 2.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you want to **keep** BlueAdvantage Diamond, you don't need to do anything. You will stay in BlueAdvantage Diamond.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2018**

- If you **don't join another plan by December 7, 2018**, you will stay in BlueAdvantage Diamond.

- If you **join another plan by December 7, 2018**, your new coverage will start on January 1, 2019.

Additional Resources

- Please contact our Member Service number at **1-800-831-BLUE (2583)** for additional information (TTY users should call **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.
- This material is also available in alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About BlueAdvantage Diamond

- BlueAdvantage is a PPO plan with a Medicare contract. Enrollment in BlueAdvantage depends on contract renewal.
- When this booklet says "we," "us," or "our," it means BlueCross BlueShield of Tennessee. When it says "plan" or "our plan," it means BlueAdvantage Diamond.

Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for BlueAdvantage Diamond in several important areas. **Please note this is only a summary of changes**. **It is important to read the rest of this *Annual Notice of Changes*** and review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2018 (this year)	2019 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	**$111**	**$115**
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: **$3,700** From network and out-of-network providers combined: **$10,000**	From network providers: **$3,700** From network and out-of-network providers combined: **$10,000**
Doctor office visits	Primary care visits: **In-Network:** **$15** copay per visit **Out-of-Network:** **50%** of the Medicare-allowed amount per visit Specialist visits: **In-Network:** **$30** copay per visit **Out-of-Network:** **50%** of the Medicare-allowed amount per visit	Primary care visits: **In-Network:** **$15** copay per visit **Out-of-Network:** **50%** of the Medicare-allowed amount per visit Specialist visits: **In-Network:** **$30** copay per visit **Out-of-Network:** **50%** of the Medicare-allowed amount per visit

Cost	2018 (this year)	2019 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	**In-Network:** **Medicare-covered stay** **$175** copay per day for days 1-4 **$0** copay per day for additional days **Non-Medicare covered stay** Non-Medicare covered stay is not covered **Out-of-Network:** **Medicare-covered stay** **50%** of the Medicare-allowed amount per stay **50%** of the Medicare-allowed amount per stay for additional days **Non-Medicare covered stay** Non-Medicare covered stay is not covered	**In-Network:** **Medicare-covered stay** **$175** copay per day for days 1-4 **$0** copay per day for additional days **Non-Medicare covered stay** Non-Medicare covered stay is not covered **Out-of-Network:** **Medicare-covered stay** **50%** of the Medicare-allowed amount per stay **50%** of the Medicare-allowed amount per stay for additional days **Non-Medicare covered stay** Non-Medicare covered stay is not covered

Cost	2018 (this year)	2019 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: **$0** Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: Standard cost-sharing: **$6** copay Preferred cost-sharing: **$1** copay • Drug Tier 2: Standard cost-sharing: **$10** copay Preferred cost-sharing: **$5** copay • Drug Tier 3: Standard cost-sharing: **$33** copay Preferred cost-sharing: **$28** copay • Drug Tier 4: Standard cost-sharing: **$55** copay Preferred cost-sharing: **$50** copay • Drug Tier 5: Standard cost-sharing: **33%** coinsurance Preferred cost-sharing: **33%** coinsurance	Deductible: **$0** Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: Standard cost-sharing: **$6** copay Preferred cost-sharing: **$1** copay • Drug Tier 2: Standard cost-sharing: **$10** copay Preferred cost-sharing: **$5** copay • Drug Tier 3: Standard cost-sharing: **$33** copay Preferred cost-sharing: **$28** copay • Drug Tier 4: Standard cost-sharing: **$55** copay Preferred cost-sharing: **$50** copay • Drug Tier 5: Standard cost-sharing: **33%** coinsurance Preferred cost-sharing: **33%** coinsurance

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2018 (this year)	2019 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	**$111**	**$115**

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	**$3,700**	**$3,700** Once you have paid **$3,700** out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2018 (this year)	2019 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	**$10,000**	**$10,000** Once you have paid **$10,000** out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at **bcbstmedicare.com**. You may also call Member Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2019 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at **bcbstmedicare.com**. You may also call Member Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2019 Pharmacy Directory to see which pharmacies are in our network**.

Section 1.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2019 Evidence of Coverage.*

Cost	2018 (this year)	2019 (next year)
Cardiac Rehabilitation Services	**In-Network** You pay a **$30** copay per day for Medicare-covered cardiac rehab services	**In-Network** You pay a **$20** copay per day for Medicare-covered cardiac rehab services

Cost	2018 (this year)	2019 (next year)
Dental Services – Preventive and Comprehensive	**In-Network and Out-of-Network** **$0** copay for: Preventive dental services: • Up to 2 routine oral exam(s) per year • Up to 2 dental cleaning(s) per year • Up to 1 dental x-ray per year Comprehensive dental services not covered **Preventive dental services $300** coverage limit per year	**In-Network and Out-of-Network** **$0** copay for: Preventive and Comprehensive dental services: • Up to 2 routine oral exam(s) per year • Up to 2 cleaning(s) per year • Up to 1 dental bitewing x-ray per year • Fillings • Extractions • Endodontics • Prosthodontics • Oral/maxillofacial surgery • Dentures (up to 1 set every 3 years) **Combined preventive and comprehensive dental services $2,250** coverage limit per year
Diabetic Therapeutic Shoes/Inserts	**In-Network** You pay a **0%** coinsurance for Medicare-covered diabetic shoes/inserts	**In-Network** You pay a **$10** copay for Medicare-covered diabetic shoes/inserts
Diagnostic Radiology - Advanced Imaging (such as MRI / CT / PET)	**In-Network** You pay a **$150** copay for each Medicare-covered advanced imaging service	**In-Network** You pay a **$175** copay for each Medicare-covered advanced imaging service

Cost	2018 (this year)	2019 (next year)
Emergency Care	**In-Network and Out-of-Network** You pay a **$50** copay for each Medicare-covered emergency room visit Copay is waived if you are admitted to the hospital **within 3 days** for the same condition.	**In-Network and Out-of-Network** You pay a **$60** copay for each Medicare-covered emergency room visit Copay is waived if you are admitted to the hospital **within 24 hours** for the same condition.
Laboratory Tests	**In-Network** You pay a **$15** copay for services in a PCP's office You pay a **$30** copay for services in a Specialist's office Drug Testing – no specified limit Genetic Testing - You pay a copay based on place of service	**In-Network** You pay a **$0** copay for services in a PCP's office You pay a **$0** copay for services in a Specialist's office Drug Testing – **limited to a total of 12 tests per year** Genetic Testing - You pay **20%** of the Medicare-allowed amount – **Prior authorization is required**
Meals	**In-Network and Out-of-Network** Not offered	**In-Network** You may receive up to **2 meals** per day for up to **5 days** following discharge from an acute inpatient hospital or skilled nursing facility stay **Out-of-Network:** Not covered

Cost	2018 (this year)	2019 (next year)
Medicare Part B Drugs	**In-Network**: **Prior authorization may be required** for specific medications. Prior authorization not required for Medicare-covered gene therapy.	**In-Network** **Prior authorization or step therapy may be required** for specific medications. **Prior authorization is required for** Medicare-covered gene therapy**.**
Mental Health Group Therapy Visits	**In-Network** You pay a **$20** copay for each Medicare-covered mental health group therapy visit	**In-Network** You pay a **$10** copay for each Medicare-covered mental health group therapy visit
Pulmonary Rehabilitation Services	**In-Network** You pay a **$30** copay per visit for Medicare-covered pulmonary rehab services	**In-Network** You pay a **$20** copay per day for Medicare-covered pulmonary rehab services
Skilled Nursing Facility (SNF) Care	**In-Network** You pay a **$0** copay per day for days 1-20; **$135** copay per day for days 21-100	**In-Network** You pay a **$0** copay per day for days 1-20; **$140** copay per day for days 21-100
Sleep Studies – Home-Based	**In-Network** You pay a **$15** copay for each Medicare-covered home-based sleep study	**In-Network** You pay a **$10** copay for each Medicare-covered home-based sleep study
Substance Abuse Group Therapy Visits	**In-Network** You pay a **$20** copay for each Medicare-covered substance abuse group therapy visit	**In-Network** You pay a **$10** copay for each Medicare-covered substance abuse group therapy visit

Cost	2018 (this year)	2019 (next year)
Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)	**In-Network and Out-of-Network** Included with Medicare-covered Cardiac Rehab Visit	**In-Network** You pay a **$10** copay for each Medicare-covered SET for PAD **Out-of-Network** You pay **50%** of the Medicare-allowed amount for each Medicare-covered SET for PAD
Urgently Needed Care	**In-Network and Out-of-Network** You pay a **$35** copay for each Medicare-covered urgently needed care service Copay is waived if you are admitted to the hospital **within 3 days** for the same condition.	**In-Network and Out-of-Network** You pay a **$55** copay for each Medicare-covered urgently needed care service Copay is waived if you are admitted to the hospital **within 24 hours** for the same condition.
Worldwide Emergency and Urgently Needed Care	**In-Network and Out-of-Network** You pay a **$50** copay for each emergency or urgently needed care visit outside the United States or its territories. Copay **is not waived** if you were admitted to the hospital within 3 days for the same condition.	**In-Network and Out-of-Network** You pay a **$60** copay for each emergency or urgently needed care visit outside the United States or its territories. **Copay is waived if you are admitted to the hospital within 24 hours for the same condition.**

Cost	2018 (this year)	2019 (next year)
Wound Care (including clinic)	**In-Network** You pay either a **$125** (Ambulatory Surgical Center) or **$175** (Outpatient Surgery) copay, dependent upon where the service is rendered, for each wound care visit.	**In-Network** You pay a **$30** copay for each wound care visit.
	Out-of-Network You pay **50%** of the Medicare-allowed amount for each Medicare-covered wound care visit.	**Out-of-Network** You pay **50%** of the Medicare-allowed amount for each Medicare-covered wound care visit.

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. For

2019, members in long-term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days supply provided in all other cases: 31 days of medication rather than the amount provided in 2018 of up to 98 days of medication. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Your current formulary exceptions will still be covered in 2019 if you are still active as a member and prior authorization is still active.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2019, before we make changes during the year to our Drug List that require us to provide you with advance notice when you are taking a drug, we will provide you with notice of those changes 30, rather than 60, days before they take place. Or we will give you a 30-day (or 31-day for LTC), rather than a 60-day, refill of your brand name drug at a network pharmacy. We will provide this notice before, for instance, replacing a brand name drug on the Drug List with a generic drug or making changes based on FDA boxed warnings or new clinical guidelines recognized by Medicare.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert by Sept. 30, 2018, please call Member Service and ask for the "LIS Rider." Phone numbers for Member Service are in Section 6.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2018 (this year)	2019 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2018 (this year)	2019 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug List. To see if your	Your cost for a one-month supply at a network pharmacy: **Preferred Generic Drugs:** Standard cost-sharing: You pay **$6** per prescription Preferred cost-sharing: You pay **$1** per prescription **Generic Drugs:** Standard cost-sharing: You pay **$10** per prescription Preferred cost-sharing: You pay **$5** per prescription **Preferred Brand Drugs:** Standard cost-sharing: You pay **$33** per prescription Preferred cost-sharing: You pay **$28** per prescription	Your cost for a one-month supply at a network pharmacy: **Preferred Generic Drugs:** Standard cost-sharing: You pay **$6** per prescription Preferred cost-sharing: You pay **$1** per prescription **Generic Drugs:** Standard cost-sharing: You pay **$10** per prescription Preferred cost-sharing: You pay **$5** per prescription **Preferred Brand Drugs:** Standard cost-sharing: You pay **$33** per prescription Preferred cost-sharing: You pay **$28** per prescription

Stage	2018 (this year)	2019 (next year)
drugs will be in a different tier, look them up on the Drug List. **Stage 2: Initial Coverage Stage (continued)**	**Non-Preferred Drugs:** Standard cost-sharing: You pay **$55** per prescription Preferred cost-sharing: You pay **$50** per prescription **Specialty Tier Drugs:** Standard cost-sharing: You pay **33%** of the total cost Preferred cost-sharing: You pay **33%** of the total cost Once your total drug costs have reached **$3,750**, you will move to the next stage (the Coverage Gap Stage).	**Non-Preferred Drugs:** Standard cost-sharing: You pay **$55** per prescription Preferred cost-sharing: You pay **$50** per prescription **Specialty Tier Drugs:** Standard cost-sharing: You pay **33%** of the total cost Preferred cost-sharing: You pay **33%** of the total cost Once your total drug costs have reached **$3,820**, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in BlueAdvantage Diamond

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2019.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2019 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to https://www.medicare.gov and click "Find health & drug plans." **Here you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, BlueCross BlueShield of Tennessee offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from BlueAdvantage Diamond.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from BlueAdvantage Diamond.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
    - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2019.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage.*

Note: If you're in a drug management program, you may not be able to change plans.

If you enrolled in a Medicare Advantage Plan for January 1, 2019, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2019. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Tennessee, the SHIP is called Tennessee State Health Insurance Assistance Program.

Tennessee State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Tennessee State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Tennessee State Health Insurance Assistance Program at 1-877-801-0044 (Toll-Free). You can learn more about Tennessee State Health Insurance Assistance Program by visiting their website (http://tn.gov/aging/our-programs/state-health-insurance-assistance-program--ship-.html).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Ryan White Program (Tennessee's AIDS Drug Assistance Program). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Ryan White Program (Tennessee's AIDS Drug Assistance Program): 615-741-7500, Monday – Friday 8 a.m. to 4:30 p.m. CT.

SECTION 6 Questions?

Section 6.1 – Getting Help from BlueAdvantage Diamond

Questions? We're here to help. Please call Member Service at **1-800-831-BLUE (2583).** (TTY only, call **711**.) We are available for phone calls 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. Calls to these numbers are free.

Read your 2019 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2019. For details, look in the 2019 *Evidence of Coverage* for BlueAdvantage Diamond. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is available by visiting our website at **bcbstmedicare.com** or by calling Member Service at **1-800-831-BLUE (2583)**.

Visit our Website

You can also visit our website at **bcbstmedicare.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on "Find health & drug plans.")

Read *Medicare & You 2019*

You can read *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

of Tennessee

Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross), including its subsidiaries Security Care, 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.

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 ተዘጋጀተዋል፡ 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 નઃશુલ્ક 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。
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:771) 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'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-831-2583 (TTY: 711).