


BlueAdvantage (PPO)SM Summary of Benefits 2018



BlueAdvantage Diamond (PPO)SM
BlueAdvantage Ruby (PPO)SM
BlueAdvantage Sapphire (PPO)SM
BlueAdvantage Garnet (PPO)SM



of Tennessee
bcbstmedicare.com



This is a summary of drug and health services covered by BlueAdvantage (PPO) health plans January 1, 2018 - December 31, 2018.

BlueCross BlueShield of Tennessee, Inc., is a PPO plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal. These plans do not require referrals to see specialists.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by contacting member service or access it online by visiting **bcbstmedicare.com**.

To join BlueAdvantage (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the Tennessee counties listed on the next two pages organized by region.

There is more than one plan listed in this Summary of Benefits.

BlueAdvantage Preferred Provider Organization (PPO) plans have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can use providers that are not in our network as long as they participate in Medicare.

Out-of-network/non-contracted providers are under no obligation to treat BlueAdvantageSM members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Premiums	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Monthly Plan Premium by Region	You must continue to pay your Medicare Part B premium. Medicare Part B premiums and plan premiums do not apply to your maximum out-of-pocket limit.		
Northeast - Counties include: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington	\$0 per month for Sapphire	\$72 per month	\$111 per month
	Garnet is not available in this area		
Southeast - Counties include: Anderson, Bledsoe, Blount, Bradley, Campbell, Cannon, Claiborne, Clay, Cocke, Cumberland, Dekalb, Fentress, Franklin, Grainger, Grundy, Hamblen, Hamilton, Jackson, Jefferson, Knox, Loudon, Macon, Marion, McMinn, Meigs, Monroe, Morgan, Overton, Pickett, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Smith, Union, Van Buren, Warren, White	\$0 per month for Sapphire	\$87 per month	\$213 per month
	Garnet is not available in this area		

Premiums & Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Middle - Counties include: Bedford, Cheatham, Coffee, Davidson, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Montgomery, Moore, Perry, Robertson, Rutherford, Stewart, Sumner, Trousdale, Wayne, Williamson, Wilson	\$0 per month for Garnet	\$102 per month	\$217 per month
	Sapphire is not available in this area		
West - Counties include: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton, Weakley	\$0 per month for Garnet	\$92 per month	\$188 per month
	Sapphire is not available in this area		
Deductible	No Deductible	No Deductible	No Deductible
Maximum Out-of-Pocket Responsibility	The most you pay for copays, coinsurance and other costs for <u>medical</u> services for the year. Expenses that do <u>not</u> apply include: <ul style="list-style-type: none"> • Plan premiums • Copays or coinsurance for preventive or comprehensive dental services • Copays or coinsurance for routine eye exam or eyewear • Copays or coinsurance for routine hearing exam or hearing aid(s) • Copays or coinsurance for Part D covered diabetic supplies • Copays or coinsurance for Part D prescription drug expenses 		
	In-network: \$6,700 annually Combined In and Out-of-network: \$10,000 annually	In-network: \$4,800 annually Combined In and Out-of-network: \$10,000 annually	In-network: \$3,700 annually Combined In and Out-of-network: \$10,000 annually

Health Benefits

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Inpatient Hospital Coverage	Prior authorization required.		
	<p>In-network: \$300 copay per day for days 1 through 5</p> <p>\$0 copay per day for days 6 and beyond</p> <p>Out-of-network: 50% of the Medicare allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p>In-network: \$260 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 and beyond</p> <p>Out-of-network: 50% of the Medicare allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p>In-network: \$175 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 and beyond</p> <p>Out-of-network: 50% of the Medicare allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
Outpatient Hospital Coverage	May require prior authorization.		
+ Ambulatory Surgical Center	<p>In-network: \$275 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$210 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$125 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
+ Outpatient Hospital	<p>In-network: \$325 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$260 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$175 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Doctor Visits			
<ul style="list-style-type: none"> <li data-bbox="164 464 376 527">+ Primary Care Providers <li data-bbox="164 667 354 709">+ Specialists 	<p>In-network: \$10 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$35 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$15 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$35 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$15 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$30 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
Preventive Care			
Any additional preventive services approved by Medicare during the contract year will be covered.			
Our plan covers many preventive services, including:			
<ul style="list-style-type: none"> <li data-bbox="164 1108 416 1205">+ Abdominal aortic aneurysm screening <li data-bbox="164 1272 408 1339">+ Alcohol misuse counseling <li data-bbox="164 1440 383 1507">+ Bone mass measurement <li data-bbox="164 1608 391 1705">+ Breast cancer screening (mammogram) 	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
+ Cardiovascular disease (behavioral therapy)	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount
+ Cardiovascular screenings	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount
+ Cervical and vaginal cancer screening	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount
+ Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount
+ Depression screening	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount
+ Diabetes screenings	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount
+ HIV screening	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount
+ Medical nutrition therapy services	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
<p>+ Obesity screening and counseling</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>+ Prostate cancer screenings (PSA)</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>+ Sexually transmitted infections screening and counseling</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>+ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>+ Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>+ “Welcome to Medicare” preventive visit (one-time)</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>+ Yearly “Wellness” visit</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Emergency Care	If you are admitted to the hospital within 3 days, your copay is waived.		
	\$80 copay per visit	\$75 copay per visit	\$50 copay per visit
+ Worldwide Emergency Care	Coverage of emergency services when outside the United States and its territories. Copay is not waived if admitted to the hospital.		
	\$80 copay per visit	\$75 copay per visit	\$50 copay per visit
Urgently Needed Services	If you are admitted to the hospital within 3 days, your copay is waived.		
	\$45 copay per visit	\$35 copay per visit	\$35 copay per visit
+ Worldwide Urgent Coverage	Coverage of urgent services when outside the United States and its territories. Copay is not waived if admitted to the hospital.		
	\$80 copay per visit	\$75 copay per visit	\$50 copay per visit
Diagnostic Services/Labs/Imaging	May require prior authorization. Copay may vary depending on place of service.		
+ Diagnostic radiology service (such as MRI, CT scans)	In-network: \$200 copay per visit Out-of-network: 50% of the Medicare allowed amount	In-network: \$175 copay per visit Out-of-network: 50% of the Medicare allowed amount	In-network: \$150 copay per visit Out-of-network: 50% of the Medicare allowed amount
+ Lab services	In-network: Free-Standing Lab \$0 copay Primary Care Physician \$10 copay Specialist \$35 copay Outpatient (Hospital) \$40 copay Out-of-network: 50% of the Medicare allowed amount	In-network: Free-Standing Lab \$0 copay Primary Care Physician \$15 copay Specialist \$35 copay Outpatient (Hospital) \$40 copay Out-of-network: 50% of the Medicare allowed amount	In-network: Free-Standing Lab \$0 copay Primary Care Physician \$15 copay Specialist \$30 copay Outpatient (Hospital) \$30 copay Out-of-network: 50% of the Medicare allowed amount

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
<p>+ Sleep studies</p>	<p>In-network:</p> <p>In-home \$10 copay per visit</p> <p>Outpatient (Hospital) \$40 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network:</p> <p>In-home \$15 copay per visit</p> <p>Outpatient (Hospital) \$40 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network:</p> <p>In-home \$15 copay per visit</p> <p>Outpatient (Hospital) \$40 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>+ Coumadin services</p>	<p>In-network:</p> <p>Free-Standing Lab \$0 copay</p> <p>Primary Care Physician \$0 copay</p> <p>Specialist \$0 copay</p> <p>Outpatient (Hospital) \$10 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network:</p> <p>Free-Standing Lab \$0 copay</p> <p>Primary Care Physician \$0 copay</p> <p>Specialist \$0 copay</p> <p>Outpatient (Hospital) \$10 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network:</p> <p>Free-Standing Lab \$0 copay</p> <p>Primary Care Physician \$0 copay</p> <p>Specialist \$0 copay</p> <p>Outpatient (Hospital) \$10 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>+ Diagnostic tests and procedures</p>	<p>In-network:</p> <p>Primary Care Physician \$10 copay</p> <p>Specialist \$35 copay</p> <p>Free-Standing Facility \$40 copay</p> <p>Outpatient (Hospital) \$100 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network:</p> <p>Primary Care Physician \$15 copay</p> <p>Specialist \$35 copay</p> <p>Free-Standing Facility \$40 copay</p> <p>Outpatient (Hospital) \$100 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network:</p> <p>Primary Care Physician \$15 copay</p> <p>Specialist \$30 copay</p> <p>Free-Standing Facility \$30 copay</p> <p>Outpatient (Hospital) \$100 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
<p>+ Outpatient X-rays</p> <p>+ Therapeutic radiology services</p>	<p>In-network:</p> <p>Primary Care Physician \$10 copay</p> <p>Specialist \$35 copay</p> <p>Free-Standing Radiology Facility \$40 copay</p> <p>Outpatient (Hospital) \$50 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$60 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network:</p> <p>Primary Care Physician \$15 copay</p> <p>Specialist \$35 copay</p> <p>Free-Standing Radiology Facility \$40 copay</p> <p>Outpatient (Hospital) \$50 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network:</p> <p>Primary Care Physician \$15 copay</p> <p>Specialist \$30 copay</p> <p>Free-Standing Radiology Facility \$30 copay</p> <p>Outpatient (Hospital) \$40 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p> <p>In-network: \$30 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>Hearing Services (Medicare Covered)</p>			
<p>+ Hearing exam to diagnose and treat hearing and balance issues</p>	<p>In-network and out-of-network: \$10 copay</p>	<p>In-network and out-of-network: \$10 copay</p>	<p>In-network and out-of-network: \$10 copay</p>
<p>Hearing Services (Supplemental)</p>	<p>Members are required to use the defined hearing aid network, TruHearing™, to obtain routine hearing exam and hearing aid benefit coverage. Routine hearing exam and hearing aid copays do not apply to your maximum out-of-pocket limit.</p>		
<p>+ Routine Hearing exam - up to one every year</p>	<p>In-network: \$45 copay</p> <p>Out-of-network: Not covered</p>	<p>In-network: \$45 copay</p> <p>Out-of-network: Not covered</p>	<p>In-network: \$45 copay</p> <p>Out-of-network: Not covered</p>

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
<p>+ Hearing aids - 2 every year (one per ear)</p>	<p>In-network: \$599 or \$899 copay per hearing aid depending on type.</p> <p>Out-of-network: Not covered</p> <p>Benefit is limited to TruHearing Flyte 770 and Flyte 990 hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit.</p>	<p>In-network: \$599 or \$899 copay per hearing aid depending on type.</p> <p>Out-of-network: Not covered</p> <p>Benefit is limited to TruHearing Flyte 770 and Flyte 990 hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit.</p>	<p>In-network: \$599 or \$899 copay per hearing aid depending on type.</p> <p>Out-of-network: Not covered</p> <p>Benefit is limited to TruHearing Flyte 770 and Flyte 990 hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit.</p>
<p>Dental Services (Medicare Covered)</p>	<p>Medicare-covered dental services which are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician.</p>		
	<p>In-network: \$40 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$40 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$30 copay</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>
<p>Dental Services (Supplemental) Preventive dental services</p>	<p>Our plan pays up to \$300 every year for preventive dental services. Preventive dental costs do not apply to your maximum out-of-pocket. In order to receive in-network benefits you must see an in-network DentalBlueSM provider.</p> <p>We have negotiated prices with our contracted DentalBlue providers to help you maximize this benefit. If you decide to see an out-of-network provider, the provider may charge more for these services.</p> <p>If your total preventive dental services cost is more than \$300, you will be required to pay the difference.</p>		
<p>+ Cleaning (up to 2 every year)</p> <p>+ Bitewing X-Ray (up to 1 every year)</p> <p>+ Oral Exam (up to 2 every year)</p>	<p>In-network and out-of-network: \$0 copay per visit</p> <p>In-network and out-of-network: \$0 copay per visit</p> <p>In-network and out-of-network: \$0 copay per visit</p>	<p>In-network and out-of-network: \$0 copay per visit</p> <p>In-network and out-of-network: \$0 copay per visit</p> <p>In-network and out-of-network: \$0 copay per visit</p>	<p>In-network and out-of-network: \$0 copay per visit</p> <p>In-network and out-of-network: \$0 copay per visit</p> <p>In-network and out-of-network: \$0 copay per visit</p>

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Vision Services (Medicare Covered)			
+ Eye Exam (Diagnostic)	In-network and out-of-network: \$40 copay	In-network and out-of-network: \$40 copay	In-network and out-of-network: \$30 copay
Vision Services (Supplemental)	Members are required to use the defined vision care network, VisionBlue™ to obtain routine eye exam and eyewear benefit coverage. Routine eye exam and eyewear copays and coinsurance do not apply to your maximum out-of-pocket.		
+ Eye Exam (Routine, up to one per year) + Eyewear (frames, lenses, contact lenses)	<p>In-network: \$40 copay</p> <p>Out-of-network: \$40 copay plus any additional cost above the plan approved amount.</p> <p>In-network: \$0 copay</p> <p>Out-of-network: \$0 copay</p> <p>Our plan pays up to \$75 every year for eyewear.</p> <p>There is no copay for contact lenses or eyeglasses, eyeglass frames, and lenses. But if your total eyewear cost is more than \$75, you will be required to pay the difference.</p> <p>For example: If your total cost for eyewear is \$300, your plan will pay \$75 and you will pay \$225.</p>	<p>In-network: \$40 copay</p> <p>Out-of-network: \$40 copay plus any additional cost above the plan approved amount.</p> <p>In-network: \$0 copay</p> <p>Out-of-network: \$0 copay</p> <p>Our plan pays up to \$175 every year for eyewear.</p> <p>There is no copay for contact lenses or eyeglasses, eyeglass frames, and lenses. But if your total eyewear cost is more than \$175, you will be required to pay the difference.</p> <p>For example: If your total cost for eyewear is \$300, your plan will pay \$175 and you will pay \$125.</p>	<p>In-network: \$30 copay</p> <p>Out-of-network: \$30 copay plus any additional cost above the plan approved amount.</p> <p>In-network: \$0 copay</p> <p>Out-of-network: \$0 copay</p> <p>Our plan pays up to \$175 every year for eyewear.</p> <p>There is no copay for contact lenses or eyeglasses, eyeglass frames, and lenses. But if your total eyewear cost is more than \$175, you will be required to pay the difference.</p> <p>For example: If your total cost for eyewear is \$300, your plan will pay \$175 and you will pay \$125.</p>

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Mental Health Services	May require prior authorization.		
<p>+ Inpatient visit</p>	<p>In-network: \$300 copay per day for days 1 through 5</p> <p>\$0 copay per day for days 6 and beyond</p> <p>Out-of-network: 50% of the Medicare allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>	<p>In-network: \$260 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 and beyond</p> <p>Out-of-network: 50% of the Medicare allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>	<p>In-network: \$175 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 and beyond</p> <p>Out-of-network: 50% of the Medicare allowed amount per stay</p> <p>The amounts above apply per benefit period.</p> <p>A benefit period begins the day you are admitted or transferred to a hospital and ends when you are discharged. If you are readmitted, a new benefit period begins.</p> <p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>
<p>+ Outpatient group therapy visit</p>	<p>In-network: \$30 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$30 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>	<p>In-network: \$20 copay per visit</p> <p>Out-of-network: 50% of the Medicare allowed amount</p>

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
+ Outpatient individual therapy visit	In-network: \$30 copay per visit Out-of-network: 50% of the Medicare allowed amount	In-network: \$30 copay per visit Out-of-network: 50% of the Medicare allowed amount	In-network: \$20 copay per visit Out-of-network: 50% of the Medicare allowed amount
Skilled Nursing Facility (SNF)	Prior authorization required.		
+ Inpatient visit	In-network: \$0 copay per day for days 1 through 20 \$167.50 copay per day for days 21 through 100 Out-of-network: 50% of the Medicare allowed amount per stay The amounts above apply per benefit period. Our plan covers up to 100 days in a SNF per benefit period. A benefit period begins the day you go into a skilled nursing facility. The benefit period will accumulate one day for each day you are inpatient at a SNF. The benefit period ends when you haven't received any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.	In-network: \$0 copay per day for days 1 through 20 \$167.50 copay per day for days 21 through 100 Out-of-network: 50% of the Medicare allowed amount per stay The amounts above apply per benefit period. Our plan covers up to 100 days in a SNF per benefit period. A benefit period begins the day you go into a skilled nursing facility. The benefit period will accumulate one day for each day you are inpatient at a SNF. The benefit period ends when you haven't received any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.	In-network: \$0 copay per day for days 1 through 20 \$135 copay per day for days 21 through 100 Out-of-network: 50% of the Medicare allowed amount per stay The amounts above apply per benefit period. Our plan covers up to 100 days in a SNF per benefit period. A benefit period begins the day you go into a skilled nursing facility. The benefit period will accumulate one day for each day you are inpatient at a SNF. The benefit period ends when you haven't received any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Physical Therapy	May require prior authorization. Cardiac (heart) rehab services copay is required per day.		
+ Cardiac (heart) rehab services for a maximum of 2 one-hour sessions per day for up to 36 sessions	In-network: \$30 copay per day Out-of-network: 50% of the Medicare allowed amount	In-network: \$30 copay per day Out-of-network: 50% of the Medicare allowed amount	In-network: \$30 copay per day Out-of-network: 50% of the Medicare allowed amount
+ Occupational therapy visit	In-network: \$40 copay per day Out-of-network: 50% of the Medicare allowed amount	In-network: \$40 copay per day Out-of-network: 50% of the Medicare allowed amount	In-network: \$35 copay per day Out-of-network: 50% of the Medicare allowed amount
+ Physical therapy and speech and language therapy visit	In-network: \$40 copay per day Out-of-network: 50% of the Medicare allowed amount	In-network: \$40 copay per day Out-of-network: 50% of the Medicare allowed amount	In-network: \$35 copay per day Out-of-network: 50% of the Medicare allowed amount
Ambulance	May require prior authorization for non-emergency services.		
+ Ground	\$250 copay per trip	\$150 copay per trip	\$150 copay per trip
+ Air	20% of the Medicare allowed amount	20% of the Medicare allowed amount	20% of the Medicare allowed amount
Transportation	Not covered	Not covered	Not covered

Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Medicare Part B Drugs	May require prior authorization.		
+ Chemotherapy drugs	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of the Medicare allowed amount	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of the Medicare allowed amount	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of the Medicare allowed amount
+ Other Part B drugs	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of the Medicare allowed amount	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of the Medicare allowed amount	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of the Medicare allowed amount

Prescription Drug Benefits

1. Deductible Stage

These plans do not have deductibles for drug benefits. Prescription drug copays and coinsurance do not apply to the maximum out-of-pocket.

2. Initial Coverage Stage

What you pay for: **Preferred** Retail and Mail Order Pharmacy OR **Standard** Retail and Mail Order Pharmacy

You pay the following until total yearly drug cost (including what our plan paid and what you have paid) reaches **\$3,750**.

Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at preferred retail pharmacies and through the preferred mail order pharmacy program managed by Express Scripts®. Or you can get your drugs from standard retail pharmacies or the standard mail order pharmacy, DrugSource, Inc. Your prescription drug copay will typically be less at a preferred network pharmacy because it has an agreement with BlueAdvantage. Some medications may require prior authorization, please see the formulary (drug list).

2. Initial Coverage Stage (Continued)

BlueAdvantage Sapphire & Garnet	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail and Mail Order Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1 / \$2.50 copay	\$6 / \$15 copay
Tier 2: Generic	\$10 / \$25 copay	\$15 / \$37.50 copay
Tier 3: Preferred Brand	\$42 / \$105 copay	\$47 / \$117.50 copay
Tier 4: Non-Preferred Drugs	\$90 / \$225 copay	\$95 / \$237.50 copay
Tier 5: Specialty Tier	33% coinsurance / Specialty medications are limited to a 30-day supply	33% coinsurance / Specialty medications are limited to a 30-day supply

BlueAdvantage Ruby	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail and Mail Order Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1 / \$2.50 copay	\$6 / \$15 copay
Tier 2: Generic	\$5 / \$12.50 copay	\$10 / \$25 copay
Tier 3: Preferred Brand	\$28 / \$70 copay	\$33 / \$82.50 copay
Tier 4: Non-Preferred Drugs	\$65 / \$162.50 copay	\$70 / \$175 copay
Tier 5: Specialty Tier	33% coinsurance / Specialty medications are limited to a 30-day supply	33% coinsurance / Specialty medications are limited to a 30-day supply

BlueAdvantage Diamond	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail and Mail Order Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1 / \$2.50 copay	\$6 / \$15 copay
Tier 2: Generic	\$5 / \$12.50 copay	\$10 / \$25 copay
Tier 3: Preferred Brand	\$28 / \$70 copay	\$33 / \$82.50 copay
Tier 4: Non-Preferred Drugs	\$50 / \$125 copay	\$55 / \$137.50 copay
Tier 5: Specialty Tier	33% coinsurance / Specialty medications are limited to a 30-day supply	33% coinsurance / Specialty medications are limited to a 30-day supply

3. Coverage Gap Stage (Donut Hole)

What you pay for: **Preferred** Retail and Mail Order Pharmacy OR **Standard** Retail and Mail Order Pharmacy

The coverage gap begins after the total yearly costs of your drugs (including what our plan has paid and what you have paid) reaches **\$3,750**.

After you enter the coverage gap, you pay **35%** of the plan's cost for covered brand name drugs and **44%** of the plan's cost for covered generic drugs until your costs total **\$5,000**, which is the end of the coverage gap. With this plan you may pay less than **35%** of the cost of some preferred generic drugs and some preferred brand drugs through the gap. See the chart that follows for more information.

BlueAdvantage Sapphire & Garnet	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail and Mail Order Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1 / \$2.50 copay	\$6 / \$15 copay
Tier 3: Preferred Brand - Some Diabetic Drugs	\$42 / \$105 copay	\$47 / \$117.5 copay

BlueAdvantage Ruby	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail and Mail Order Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1 / \$2.50 copay	\$6 / \$15 copay
Tier 3: Preferred Brand - Some Diabetic Drugs	\$28 / \$70 copay	\$33 / \$82.50 copay

BlueAdvantage Diamond	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail and Mail Order Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1 / \$2.50 copay	\$6 / \$15 copay
Tier 3: Preferred Brand - Some Diabetic Drugs	\$28 / \$70 copay	\$33 / \$82.50 copay

4. Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$5,000**, until 12/31/18, you pay the greater of:

5% of the cost, or **\$3.35** copay for generic (including brand drugs treated as generic)
\$8.35 copay for all other drugs.

Additional Health Benefits

Additional Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Chiropractic Care	Prior authorization required.		
+ Manual manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	In-network: \$20 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$20 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$20 copay Out-of-network: 50% of the Medicare allowed amount
Diabetes Self-Management Training	May require prior authorization.		
+ Diabetes self-management training	In-network: \$0 copay Out-of-network: 20% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 20% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 20% of the Medicare allowed amount
Foot Care (Podiatry services)	If you have diabetes-related nerve damage and/or meet certain conditions.		
+ Foot exams and treatment	In-network: \$25 copay per visit Out-of-network: 50% of the Medicare allowed amount	In-network: \$25 copay per visit Out-of-network: 50% of the Medicare allowed amount	In-network: \$20 copay per visit Out-of-network: 50% of the Medicare allowed amount

Additional Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Home Health Care	Prior authorization required.		
	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 50% of the Medicare allowed amount
Medical Equipment/Supplies	May require prior authorization.		
+ Durable Medical Equipment (such as wheelchairs, oxygen)	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of Medicare allowed amount	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of Medicare allowed amount	In-network: 15% of the Medicare allowed amount Out-of-network: 50% of Medicare allowed amount
+ Prosthetics (such as braces, artificial limbs, ostomy supplies)	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of Medicare allowed amount	In-network: 20% of the Medicare allowed amount Out-of-network: 50% of Medicare allowed amount	In-network: 15% of the Medicare allowed amount Out-of-network: 50% of Medicare allowed amount
+ Diabetes monitoring supplies	In-network: \$0 copay Out-of-network: 20% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 20% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 20% of the Medicare allowed amount
+ Therapeutic shoes or inserts	In-network: \$0 copay Out-of-network: 20% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 20% of the Medicare allowed amount	In-network: \$0 copay Out-of-network: 20% of the Medicare allowed amount

Additional Health Benefits	BlueAdvantage Sapphire & Garnet (PPO)	BlueAdvantage Ruby (PPO)	BlueAdvantage Diamond (PPO)
Outpatient Substance Abuse	Prior authorization required.		
+ Group therapy visit	In-network: \$25 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$25 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$20 copay Out-of-network: 50% of the Medicare allowed amount
+ Individual therapy visit	In-network: \$25 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$25 copay Out-of-network: 50% of the Medicare allowed amount	In-network: \$20 copay Out-of-network: 50% of the Medicare allowed amount
Renal Dialysis	May require prior authorization.		
	In-network: 20% of the Medicare allowed amount Out-of-network: 20% of the Medicare allowed amount	In-network: 20% of the Medicare allowed amount Out-of-network: 20% of the Medicare allowed amount	In-network: 20% of the Medicare allowed amount Out-of-network: 20% of the Medicare allowed amount
Telehealth	Members are required to use the defined telehealth network provided by Physician Now SM .		
	In-network: \$10 copay per visit Out-of-network: Not covered	In-network: \$15 copay per visit Out-of-network: Not covered	In-network: \$15 copay per visit Out-of-network: Not covered
Wellness Programs (such as fitness)	These plans include a SilverSneakers [®] gym membership.		
+ Gym membership	You pay nothing	You pay nothing	You pay nothing

For more information, please call us at the phone number below or visit us at **bcbstmedicare.com**.

If you are a member, call toll-free **1-800-831-BLUE (2583)**, TTY: **711**.

If you are not a member, call toll-free **1-800-292-5146**, TTY: **711**.

From **Oct. 1 to Feb. 14**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET.

From **Feb. 15 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET.

If you call us outside these hours or on a holiday, our automated system will answer your call.

You can leave a message for us, and we will call you back as soon as possible.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

You can see our plan's provider directory at our website at **bcbstmedicare.com**

You can see our plan's pharmacy directory at our website at **bcbstmedicare.com**.

The formulary, pharmacy network, and/or provider network may change at any time.

You will receive notice when necessary. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **bcbstmedicare.com**.

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BlueCross BlueShield of Tennessee
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