

BlueAdvantage (PPO)SM West Summary of Benefits 2019



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





This is a summary of drug and health services covered by BlueAdvantage Preferred Provider Organization (PPO) West health plans January 1, 2019 through December 31, 2019.

BlueAdvantage is a PPO plan with a Medicare contract. Enrollment in BlueAdvantage 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 page organized by region.

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

BlueAdvantageSM 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.

Out-of-Network/non-contracted providers are under no obligation to treat BlueAdvantage members, except in emergency situations. Please call our member service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to Out-of-Network services.

Premiums	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
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.		
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	\$106 per month	\$221 per month
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	\$96 per month	\$192 per month
Deductible	No Deductible	No Deductible	No Deductible
Maximum Out-of-Pocket Responsibility	<p>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:</p> <ul style="list-style-type: none"> • Plan premiums • Copays or coinsurance for supplemental dental services • Copays or coinsurance for supplemental vision services • Copays or coinsurance for supplemental hearing services • 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 Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
Inpatient Hospital Coverage	Prior authorization is 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	Prior authorization is required.		
+ 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 Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
Doctor Visits			
+ Primary Care Providers	In-Network: \$10 copay per visit Out-of-Network: 50% of the Medicare-allowed amount	In-Network: \$15 copay per visit Out-of-Network: 50% of the Medicare-allowed amount	In-Network: \$15 copay per visit Out-of-Network: 50% of the Medicare-allowed amount
+ Specialists	In-Network: \$35 copay per visit Out-of-Network: 50% of the Medicare-allowed amount	In-Network: \$35 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
Preventive Care	Any additional preventive services approved by Original Medicare during the contract year will be covered.		
Our plan covers many preventive services, including:			
+ Abdominal aortic aneurysm 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
+ Alcohol misuse counseling	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
+ Bone mass measurement	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
+ Breast cancer screening (mammogram)	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 Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
+ 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 Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
+ Obesity screening and counseling	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
+ Prostate cancer screenings (PSA)	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
+ Sexually transmitted infections screening and counseling	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
+ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)	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
+ Vaccines, including flu shots, hepatitis B shots, pneumococcal shots	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
+ “Welcome to Medicare” preventive visit (one-time)	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
+ Yearly “Wellness” visit	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 Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
Emergency Care	If you are admitted to the hospital within 24 hours, your copay is waived.		
	\$90 copay per visit	\$85 copay per visit	\$60 copay per visit
+ Worldwide Emergency Care	Coverage of emergency services when outside the United States and its territories. Copay is waived if admitted to the hospital.		
	\$90 copay per visit	\$85 copay per visit	\$60 copay per visit
Urgently Needed Services	If you are admitted to the hospital within 24 hours, your copay is waived.		
	\$65 copay per visit	\$55 copay per visit	\$55 copay per visit
+ Worldwide Urgent Coverage	Coverage of urgent services when outside the United States and its territories. Copay is waived if admitted to the hospital.		
	\$90 copay per visit	\$85 copay per visit	\$60 copay per visit
Diagnostic Services/ Labs/Imaging	May require prior authorization. Copay may vary depending on place of service.		
+ Advanced Imaging (such as MRI, CT scans)	In-Network: \$225 copay per visit Out-of-Network: 50% of the Medicare-allowed amount	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
+ Lab services	In-Network: Primary Care Provider \$0 copay Specialist \$0 copay Free-Standing Lab \$0 copay Outpatient (Hospital) \$40 copay Out-of-Network: 50% of the Medicare-allowed amount	In-Network: Primary Care Provider \$0 copay Specialist \$0 copay Free-Standing Lab \$0 copay Outpatient (Hospital) \$40 copay Out-of-Network: 50% of the Medicare-allowed amount	In-Network: Primary Care Provider \$0 copay Specialist \$0 copay Free-Standing Lab \$0 copay Outpatient (Hospital) \$30 copay Out-of-Network: 50% of the Medicare-allowed amount

Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
+ Genetic Testing	<p>In-Network: 20% coinsurance</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: 20% coinsurance</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: 20% coinsurance</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>
+ Sleep studies	<p>In-Network: In-home \$10 copay</p> <p>Outpatient (Hospital) \$40 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: In-home \$10 copay</p> <p>Outpatient (Hospital) \$40 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: In-home \$10 copay</p> <p>Outpatient (Hospital) \$40 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>
+ Coumadin services	<p>In-Network Primary Care Provider \$0 copay</p> <p>Specialist \$0 copay</p> <p>Free-Standing Lab \$0 copay:</p> <p>Outpatient (Hospital) \$10 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network Primary Care Provider \$0 copay</p> <p>Specialist \$0 copay</p> <p>Free-Standing Lab \$0 copay:</p> <p>Outpatient (Hospital) \$10 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network Primary Care Provider \$0 copay</p> <p>Specialist \$0 copay</p> <p>Free-Standing Lab \$0 copay:</p> <p>Outpatient (Hospital) \$10 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>

Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
<p>+ Diagnostic tests and procedures</p>	<p>In-Network: Primary Care Provider \$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: Primary Care Provider \$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: Primary Care Provider \$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>
<p>+ Outpatient X-rays</p>	<p>In-Network: Primary Care Provider \$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: Primary Care Provider \$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: Primary Care Provider \$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>+ Therapeutic radiology services</p>	<p>In-Network: \$60 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>

Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
Hearing Services (Medicare-covered)			
+ Hearing exam to diagnose and treat hearing and balance issues	In-Network and Out-of-Network: \$10 copay	In-Network and Out-of-Network: \$10 copay	In-Network and Out-of-Network: \$10 copay
Hearing Services (Supplemental)	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.		
+ Routine Hearing exam - up to one per year	In-Network: \$45 copay Out-of-Network: Not covered	In-Network: \$45 copay Out-of-Network: Not covered	In-Network: \$45 copay Out-of-Network: Not covered
+ Hearing aids - 2 per year (one per ear)	In-Network: \$599 or \$899 copay per hearing aid depending on type. Out-of-Network: Not covered Limited to one per ear per year. Benefit is limited to TruHearing Advanced and Premium hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit.	In-Network: \$599 or \$899 copay per hearing aid depending on type. Out-of-Network: Not covered Limited to one per ear per year. Benefit is limited to TruHearing Advanced and Premium hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit.	In-Network: \$599 or \$899 copay per hearing aid depending on type. Out-of-Network: Not covered Limited to one per ear per year. Benefit is limited to TruHearing Advanced and Premium hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit.
Dental Services (Medicare-covered)	Medicare-covered dental services are those 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.		
	In-Network: \$40 copay Out-of-Network: 50% of the Medicare-allowed amount	In-Network: \$40 copay Out-of-Network: 50% of the Medicare-allowed amount	In-Network: \$30 copay Out-of-Network: 50% of the Medicare-allowed amount

Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
<p>Dental Services (Supplemental) Preventive and comprehensive dental services</p>	<p>Our plan pays up to \$650 every year for combined preventive and comprehensive dental services. This benefit does not apply to the maximum out-of-pocket. 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 maximize this benefit. If you decide to see an Out-of-Network provider, the provider may charge more for these services.</p> <p>If the total covered cost for dental services is more than \$650 or if you exceed a service limit, you are required to pay the difference.</p>		
<p>+ Includes any combination of these services:</p> <ul style="list-style-type: none"> - Routine oral exam (up to 2 per year) - Cleaning (up to 2 per year) - Bitewing x-ray (1 per year) - Fillings - Crowns - Extractions - Bridges - Dentures (1 set every three years) 	<p>In-Network and Out-of-Network: \$0 copay</p>	<p>In-Network and Out-of-Network: \$0 copay</p>	<p>In-Network and Out-of-Network: \$0 copay</p>
<p>Vision Services (Medicare-covered)</p>	<p>Medicare-covered vision services for the diagnosis and treatment of diseases and injuries of the eye.</p>		
<p>+ Eye exam (diagnostic)</p>	<p>In-Network and Out-of-Network: \$40 copay</p>	<p>In-Network and Out-of-Network: \$40 copay</p>	<p>In-Network and Out-of-Network: \$30 copay</p>

Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
Vision Services (Supplemental)	Members are encouraged to use the defined vision care network, VisionBlue™ to obtain routine eye exam and eyewear benefit coverage. We have negotiated prices with our VisionBlue providers to save you money. Your vision benefit will go further if you choose an in-network provider. Routine eye exam and eyewear copays and coinsurance do not apply to your maximum out-of-pocket.		
<p>+ Eye Exam (Routine, up to one per year)</p> <p>+ Eyewear (frames, lenses, contact lenses)</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 \$75 every year for eyewear.</p> <p>There is no copay for contact lenses or eyeglasses (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 (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 (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 Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
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. This 190-day limit does not apply to mental health services provided in a psychiatric unit of 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. This 190-day limit does not apply to mental health services provided in a psychiatric unit of 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. This 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.</p>
<p>+ Outpatient group therapy visit</p>	<p>Prior authorization is required.</p> <p>In-Network: \$20 copay per visit</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>		

Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond															
<p>+ Outpatient individual therapy visit</p>	<p>Prior authorization is required.</p> <table border="0" data-bbox="475 493 1426 674"> <tr> <td data-bbox="475 493 786 562"> <p>In-Network: \$30 copay per visit</p> </td> <td data-bbox="799 493 1110 562"> <p>In-Network: \$30 copay per visit</p> </td> <td data-bbox="1123 493 1434 562"> <p>In-Network: \$20 copay per visit</p> </td> </tr> <tr> <td data-bbox="475 573 786 667"> <p>Out-of-Network: 50% of the Medicare-allowed amount</p> </td> <td data-bbox="799 573 1110 667"> <p>Out-of-Network: 50% of the Medicare-allowed amount</p> </td> <td data-bbox="1123 573 1434 667"> <p>Out-of-Network: 50% of the Medicare-allowed amount</p> </td> </tr> </table>			<p>In-Network: \$30 copay per visit</p>	<p>In-Network: \$30 copay per visit</p>	<p>In-Network: \$20 copay per visit</p>	<p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>Out-of-Network: 50% of the Medicare-allowed amount</p>									
<p>In-Network: \$30 copay per visit</p>	<p>In-Network: \$30 copay per visit</p>	<p>In-Network: \$20 copay per visit</p>																
<p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>Out-of-Network: 50% of the Medicare-allowed amount</p>																
<p>Skilled Nursing Facility (SNF)</p>	<p>Prior authorization is required.</p>																	
<p>+ Inpatient visit</p>	<table border="0" data-bbox="475 842 1426 1948"> <tr> <td data-bbox="475 842 786 936"> <p>In-Network: \$0 copay per day for days 1 through 20</p> </td> <td data-bbox="799 842 1110 936"> <p>In-Network: \$0 copay per day for days 1 through 20</p> </td> <td data-bbox="1123 842 1434 936"> <p>In-Network: \$0 copay per day for days 1 through 20</p> </td> </tr> <tr> <td data-bbox="475 974 786 1043"> <p>\$172 copay per day for days 21 through 100</p> </td> <td data-bbox="799 974 1110 1043"> <p>\$172 copay per day for days 21 through 100</p> </td> <td data-bbox="1123 974 1434 1043"> <p>\$140 copay per day for days 21 through 100</p> </td> </tr> <tr> <td data-bbox="475 1081 786 1176"> <p>Out-of-Network: 50% of the Medicare-allowed amount per stay</p> </td> <td data-bbox="799 1081 1110 1176"> <p>Out-of-Network: 50% of the Medicare-allowed amount per stay</p> </td> <td data-bbox="1123 1081 1434 1176"> <p>Out-of-Network: 50% of the Medicare-allowed amount per stay</p> </td> </tr> <tr> <td data-bbox="475 1213 786 1276"> <p>The amounts above apply per benefit period.</p> </td> <td data-bbox="799 1213 1110 1276"> <p>The amounts above apply per benefit period.</p> </td> <td data-bbox="1123 1213 1434 1276"> <p>The amounts above apply per benefit period.</p> </td> </tr> <tr> <td data-bbox="475 1314 786 1948"> <p>Our plan covers up to 100 days in a SNF per benefit period. 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Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
Physical Therapy	Prior authorization is required.		
+ Occupational therapy visit	In-Network: \$40 copay per visit Out-of-Network: 50% of the Medicare-allowed amount	In-Network: \$40 copay per visit Out-of-Network: 50% of the Medicare-allowed amount	In-Network: \$35 copay per visit Out-of-Network: 50% of the Medicare-allowed amount
+ Physical therapy and speech and language therapy visit	In-Network: \$40 copay Out-of-Network: 50% of the Medicare-allowed amount	In-Network: \$40 copay Out-of-Network: 50% of the Medicare-allowed amount	In-Network: \$35 copay 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
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 **\$3,820**.

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, step therapy and/or quantity limits. Please see the formulary (drug list).

2. Initial Coverage Stage (Continued)

BlueAdvantage 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 / \$1 copay	\$6 / \$15 copay
Tier 2: Generic	\$10 / \$10 copay	\$15 / \$35 copay
Tier 3: Preferred Brand	\$42 / \$105 copay	\$47 / \$135 copay
Tier 4: Non-Preferred Drugs	\$92 / \$225 copay	\$97 / \$285 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 / \$1 copay	\$6 / \$15 copay
Tier 2: Generic	\$5 / \$5 copay	\$10 / \$25 copay
Tier 3: Preferred Brand	\$28 / \$70 copay	\$33 / \$95 copay
Tier 4: Non-Preferred Drugs	\$65 / \$165 copay	\$70 / \$185 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 / \$1 copay	\$6 / \$15 copay
Tier 2: Generic	\$5 / \$5 copay	\$10 / \$25 copay
Tier 3: Preferred Brand	\$28 / \$70 copay	\$33 / \$95 copay
Tier 4: Non-Preferred Drugs	\$50 / \$125 copay	\$55 / \$145 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 **\$3,820**.

After you enter the coverage gap, you pay **25%** of the plan's cost for covered brand name drugs and **37%** of the plan's cost for covered generic drugs until your costs total **\$5,100**, which is the end of the coverage gap. With this plan you may pay less than **25%** 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 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 / \$1 copay	\$6 / \$15 copay
Tier 3: Preferred Brand - Some Diabetic Drugs	\$42 / \$105 copay	\$47 / \$135 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 / \$1 copay	\$6 / \$15 copay
Tier 3: Preferred Brand - Some Diabetic Drugs	\$28 / \$70 copay	\$33 / \$95 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 / \$1 copay	\$6 / \$15 copay
Tier 3: Preferred Brand - Some Diabetic Drugs	\$28 / \$70 copay	\$33 / \$95 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 **\$5,100**, until 12/31/19, you pay the greater of:

5% of the cost, or
\$3.40 copay for generic (including brand drugs treated as generic) and an **\$8.50** copay for all other drugs.

Additional Health Benefits

Additional Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
Chiropractic Care	Prior authorization is 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
Home Health Care	Prior authorization is 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
Meals	Prior authorization is required. Members are required to use the defined network provider for meal service benefit coverage. Benefit includes up to 2 meals per day for up to 5 days following an acute inpatient hospital or skilled nursing facility stay.		

Additional Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
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
+ Diabetic therapeutic shoes or inserts	In-Network: \$10 copay Out-of-Network: 20% of the Medicare-allowed amount	In-Network: \$10 copay Out-of-Network: 20% of the Medicare-allowed amount	In-Network: \$10 copay Out-of-Network: 20% of the Medicare-allowed amount
Nurseline	You can speak with a registered nurse 24 hours a day, 7 days a week.		
	You pay nothing.		

Additional Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
Outpatient Rehabilitation	Prior authorization is required.		
<ul style="list-style-type: none"> <li data-bbox="241 495 601 659">+ Cardiac (heart) rehab services for a maximum of 2 one-hour sessions per day for up to 36 sessions <li data-bbox="241 743 601 907">+ Pulmonary (lung) rehab services for a maximum of 2 one-hour sessions per day for up to 36 sessions <li data-bbox="241 970 601 1092">+ Supervised Exercise Therapy for Peripheral Artery Disease (SET for PAD) 	<p>In-Network: \$20 copay per day</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: \$20 copay per day</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: \$20 copay per day</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>
Outpatient Substance Abuse	Prior authorization is required.		
+ Group therapy visit	<p>In-Network: \$15 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: \$15 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: \$10 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>
+ Individual therapy visit	<p>In-Network: \$25 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: \$25 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>	<p>In-Network: \$20 copay</p> <p>Out-of-Network: 50% of the Medicare-allowed amount</p>

Additional Health Benefits	BlueAdvantage Garnet	BlueAdvantage Ruby	BlueAdvantage Diamond
Renal Dialysis	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 .		
+ Access to providers by phone or by web for urgent care services	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 [®] fitness membership.		
+ Fitness membership	You pay nothing	You pay nothing	You pay nothing

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member service representative at **1-800-292-5146** (TTY: **711**)

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit bcbstmedicare.com or call **1-800-292-5146** (TTY: **711**) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2020.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

BlueAdvantage is a PPO plan with a Medicare contract. Enrollment in BlueAdvantage depends on contract renewal.



For more information



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**).



Visit us at **bcbstmedicare.com**.

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. 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 the next business day.



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbstmedicare.com

This information is not a complete description of benefits. Call **1-800-831-BLUE (2583)**, TTY: **711** for more information.

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If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy 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.

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