



WHAT YOU NEED TO KNOW

Medicare 101

Your Guide to Medicare



of Tennessee

YOUR GUIDE TO MEDICARE

Understanding Medicare

Medicare can be confusing. But you've got this. And we're here to help. Whether you're new to Medicare or just want a refresher, use this guide to help you understand what's best for you.



Watch to learn more.



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THE GOVERNMENT**

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OVERVIEW

Medicare at a Glance

Medicare is a government health insurance program. Here’s a quick look at its different parts.

		PART A + PART B	PART D	SUPPLEMENT	PART C
		Original Medicare	Prescription Drug Plans	Medicare Supplement Plans	Medicare Advantage Plans
WHAT’S COVERED		Federal program that covers about 80% of the costs of hospital and medical expenses	Can be added to Original Medicare to help pay for your drug coverage.	Most plans limit out-of-pocket costs for care and offer coverage in addition to Original Medicare.	Combine Part A, Part B and sometimes Part D coverage, and may offer extra benefits as well.
Hospital Insurance (Part A)		✓		✓	✓
Medical Insurance (Part B)		✓		✓	✓
Preventive Services, like flu shots		✓		✓	✓
Prescription Drugs (Part D)			✓		✓
Limited Annual Out-Of-Pocket Expenses					✓
Dental					✓
Vision					✓
Hearing Aids					✓
Fitness Program				✓	✓
Over-the-Counter Allowance					✓

ORIGINAL MEDICARE

Parts A & B

When you turn 65, have a qualifying disability, end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS), you're eligible for **Part A and Part B** — that's Original Medicare.



HOSPITAL INSURANCE (Part A)

- › Inpatient care in a hospital
- › Limited stays in a skilled nursing facility
- › Some home health care
- › Hospice care

Most people don't pay a **Part A** premium because they paid Medicare taxes while working.



MEDICAL INSURANCE (Part B)

- › Doctor's services
- › Outpatient care
- › Durable medical equipment
- › Some preventive services
- › Some prescription drugs

Part B is optional and has a monthly premium. There is a penalty if you don't enroll when you're first eligible. In most cases, you can delay enrollment in **Part B** without penalty if you are actively at work and enrolled in an employer group health plan.

Out-of-Pocket Costs

There are some out-of-pocket costs you'll pay with **Parts A and B**.



Out-of-Pocket Costs you'll pay *with* Parts A and B.

- › Deductibles and copays for hospital stays
- › Part B annual deductible
- › 20% of the Medicare-approved amount for most care you get from doctors or other health care providers, outpatient therapy, Medicare Part B drugs and durable medical equipment



Out-Of-Pocket Costs you'll pay *outside of* Parts A and B.

- › Routine dental care
- › Routine vision care and eyewear
- › Routine hearing exam and hearing aids
- › Over-the-Counter (OTC) items such as vitamins or cold/allergy medicines



ORIGINAL MEDICARE

Eligibility

You can first sign up for Medicare during these 7 months.



3 months
Before Your
Birthday

65TH birthday
During Your
Birthday Month

3 months
After Your
Birthday

COVERAGE OPTIONS

When You Need More Coverage

You may want more than Original Medicare gives you. That's where your plan options come in.

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MEDICARE
SUPPLEMENT

[Learn More >](#)

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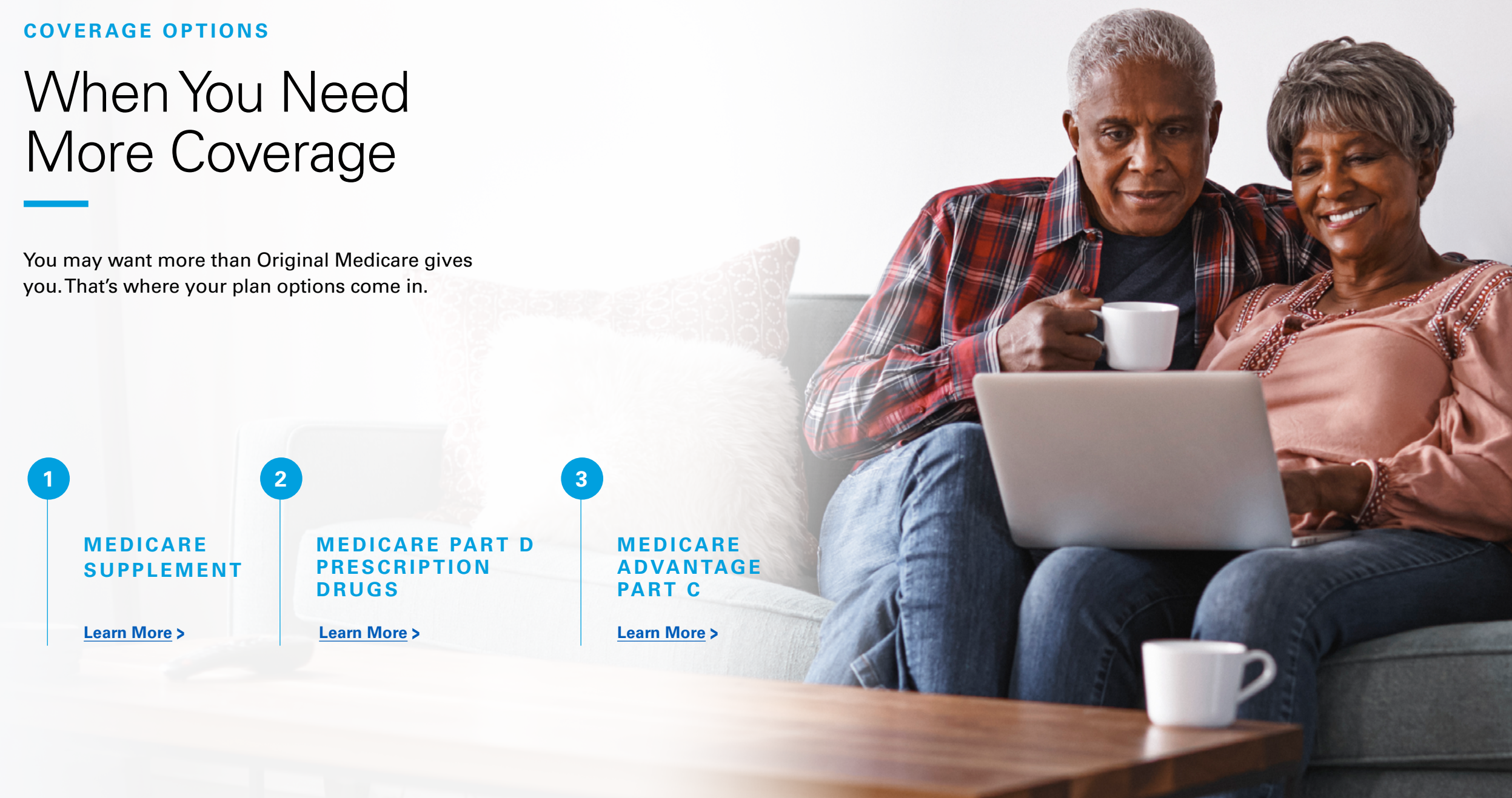
MEDICARE PART D
PRESCRIPTION
DRUGS

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MEDICARE
ADVANTAGE
PART C

[Learn More >](#)



MEDICARE SUPPLEMENT

Covering Medicare Gaps



Watch to
learn more.

Medicare Supplement plans help limit out-of-pocket costs and offer more coverage than Original Medicare. Private insurance companies offer them. Monthly premiums are usually based on age.

- › You can go to any doctor or hospital that accepts Medicare.
- › You can choose from options with low — or no — copays or coinsurance for a visit to the doctor or a stay in the hospital.



You can sign up for a Medicare Supplement plan without answering health questions during your Medigap Open Enrollment Period.

This six-month period begins on the first day of the month in which you're 65 or older **and** enrolled in Part B. If you sign up after this period, you might have to answer health questions.



MEDICARE PART D

Prescription Drug Coverage

Original Medicare (**Part A or B**) doesn't cover most prescriptions. You can get Medicare Part D plans from a private insurance company. Each plan offers their own formulary (a list of covered drugs).



Part D plans add extra coverage.

Part B Coverage	Part D Additional Coverage
Injections you get in a doctor's office	Prescription drugs
Certain oral anti-cancer drugs	Biological products
Immunosuppressant drugs	Vaccines licensed under Public Health Service Act
Under limited circumstances, certain drugs you get during hospital outpatient treatment	Medical supplies associated with insulin injections, including syringes, needles, alcohol swabs and gauze
Drugs used with some durable medical equipment (like a nebulizer or external infusion pump)	A copay of \$35 or less per month for covered insulins
You pay 20% of the Medicare-approved amount for these covered drugs. And the Part B deductible applies.	You pay a copay or coinsurance for these covered drugs. The amount you pay is based on the plan you choose.

MEDICARE PART D

Info on Costs



These plans vary in costs from company to company and year to year. You might encounter:

- › Copays and coinsurance
- › Monthly premiums
- › Annual deductibles
- › Maximum out-of-pocket costs



Extra Help

You may be able to get **Extra Help** to pay for your prescription drug premiums and costs. To see if you qualify, you can call your local Social Security office or go to ssa.gov/benefits/medicare/prescriptionhelp.



Medicare Prescription Payment Plan

This plan allows you to pay your prescription costs in level monthly payments instead of paying the full cost at the pharmacy. Learn more at <https://www.cms.gov/inflation-reduction-act-and-medicare/part-d-improvements/medicare-prescription-payment-plan>.



Late Enrollment Penalty

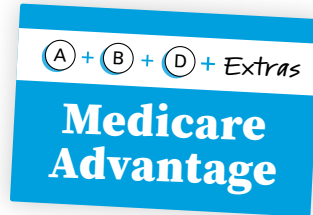
You may have to pay a late-enrollment penalty if you don't join a Medicare Part D drug plan when you're first eligible for Medicare and you go without creditable prescription drug coverage for 63 continuous days or more.



MEDICARE PART C

Medicare Advantage Plans

Some plans combine medical, hospital, and may also include prescription drug coverage, with extra benefits. That means you get all your Medicare benefits in a single, **all-in-one plan**. Private insurance companies offer these plans. You'll still pay your Medicare Part B premium every month.



- › Options with \$0 monthly premium
- › Out-of-pocket maximums
- › Extra benefits like vision, dental and hearing

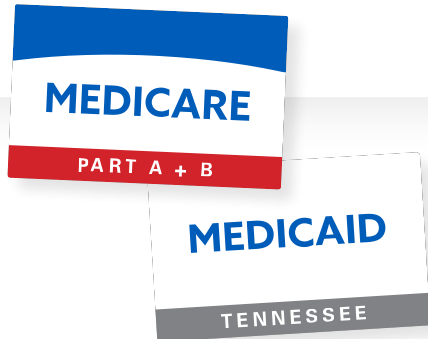


OTHER PLANS

Special Plans for Specific Needs

Medicare + Medicaid

If you get TennCare, you might be eligible for a **Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)**.



Signing Up



You can sign up for a Medicare Advantage plan when you sign up for Original Medicare and during other periods.

Initial Coverage Election Period (ICEP)

A 7-month opportunity surrounding your initial Medicare eligibility.

Annual Enrollment Period (AEP)

Oct. 15 – Dec. 7

Medicare Advantage Open Enrollment Period (MA OEP)*

Jan. 1 – Mar. 31

Special Enrollment Period (SEP)

Based on a qualifying event, such as loss of coverage, moving to a new area, etc.

* This enrollment period is only available to individuals already enrolled in a Medicare Advantage plan.

COMPARING OPTIONS

A Closer Look



Everyone’s needs are different. Let’s look at Medicare Supplement and Medicare Advantage plans side-by-side so you can see what might work best for you.



Medicare Supplement	Medicare Advantage
Age-based premiums	Flat premium, regardless of your age
Deductibles, copayments and coinsurance	Deductibles, copayments and coinsurance
No Part D prescription drug coverage	May include Part D prescription drug coverage
Standardized benefits	Variety of benefits
Accepted by any Medicare provider	Uses a provider network
Can change at any time during the year	Limited enrollment periods
May have to answer health questions and may have a waiting period for pre-existing conditions	No health questions and no waiting period for pre-existing conditions
	May require additional prior authorizations for services
	May offer additional services, including personalized support
	May offer reminders to keep you on track to complete preventive services

MAKING YOUR DECISION

What's Right for You

It's important to pick coverage that works for you.
Here are important things to consider when researching your options:

Costs. It's a good idea to keep the following expenses in mind:

- ☐ Monthly premium
- ☐ Copays, coinsurance, deductibles and maximum out-of-pocket
- ☐ Your prescription drugs

Network. Check to see if the plan includes:

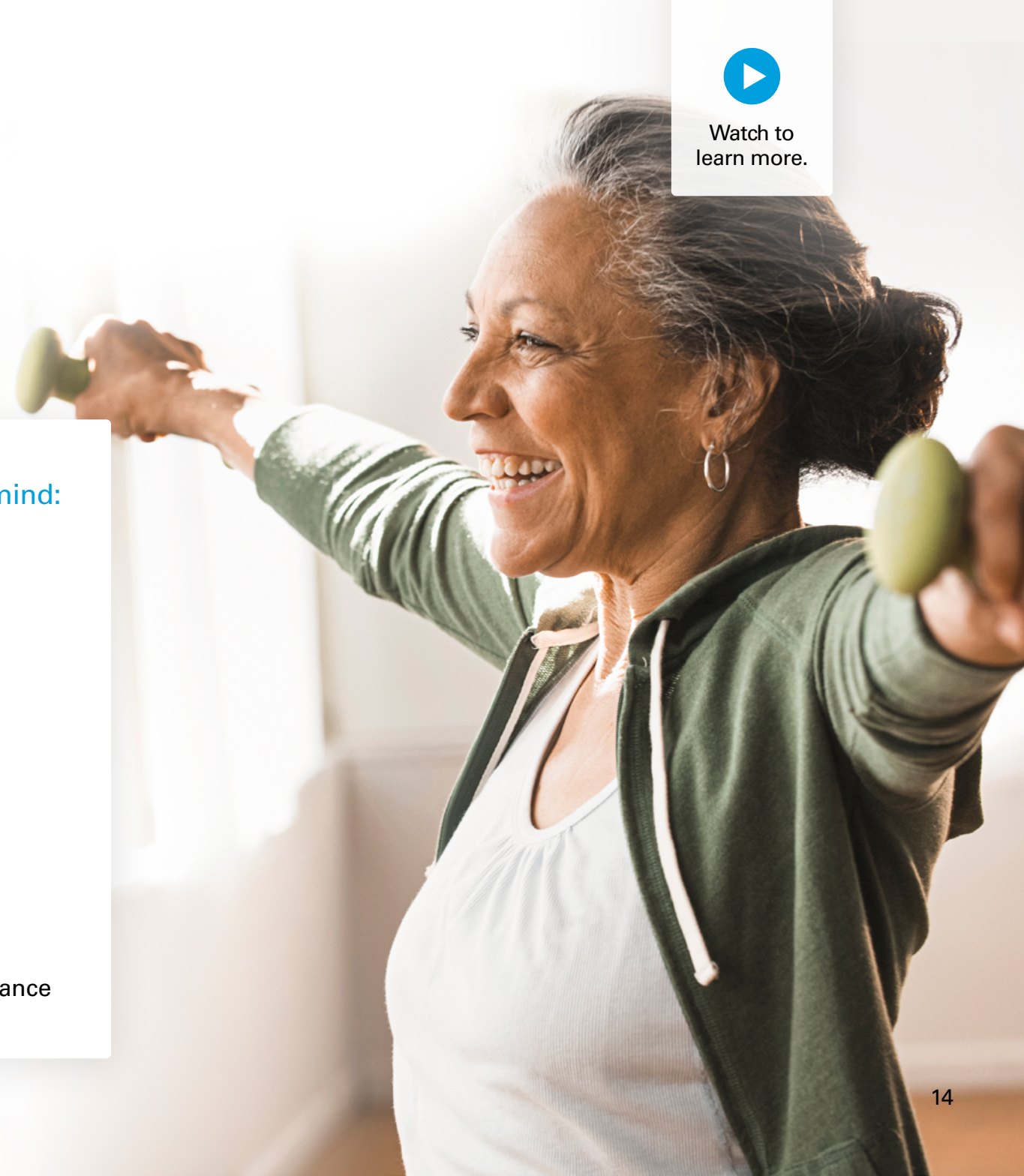
- ☐ The hospital and health care facilities you use
- ☐ Your Primary Care Provider
- ☐ Any specialists you see
- ☐ Your pharmacy

Added Value. Does the plan include:

- ☐ Dental
- ☐ Vision
- ☐ Hearing
- ☐ Fitness membership
- ☐ Over-the-counter allowance



Watch to
learn more.



MAKING YOUR DECISION

Steps to Take



We've covered a lot in this guide. But you don't have to make your decision all at once. We suggest starting the process early.

- ☐ **6-9 months before you turn 65**

Research your options.

- ☐ **3 months before you turn 65**

You can enroll in Medicare. This is also the time you can enroll in a Medicare Part D, a Medicare Supplement or a Medicare Advantage plan.

- ☐ **Your 65th birthday month**

If you've enrolled, your Medicare coverage can start now.

- ☐ **3 months after you turn 65**

You'll want to make sure you enroll before this period ends.



Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross), including its subsidiaries SecurityCare of Tennessee, Inc. and Volunteer State Health Plan, Inc. also doing business as BlueCare Tennessee, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.

- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583, TTY 711**. From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583, TTY 711**. They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; 423-591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-831-2583, TTY 711. Someone who speaks English/Language can help you. This is a free service.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We're right here when you need us.



bcbstmedicare.com



1-800-292-5146, TTY 711
OCT. 1 TO MARCH 31, SEVEN DAYS A WEEK
FROM 8 A.M. TO 9 P.M. ET. FROM APRIL 1
TO SEPT. 30, M-F FROM 8 A.M. TO 9 P.M. ET.