


BlueCare Plus (HMO SNP)SM

Summary of Benefits 2018



 **BlueCarePlus**
Tennessee
bluecareplus.bcbst.com



This is a summary of drug and health services covered by BlueCare Plus (HMO SNP)SM health plan January 1, 2018 - December 31, 2018.

BlueCare Plus Tennessee is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in BlueCare Plus Tennessee depends on contract renewal.

This plan does 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 BlueCare Plus (HMO SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and receive Medicaid assistance and live in our service area. Our service area includes all Tennessee counties.

This plan is available to anyone who has both Medicare and TennCare or receives Medicare cost-sharing assistance from Medicaid (including the following Medicare Savings Program levels of eligibility: QMB, QMB+, SLMB+ and FBDE).

The BlueCare Plus (HMO SNP) plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Summary of Medicare Benefits for Contract H3259-001

Premiums & Health Benefits	BlueCare Plus (HMO SNP)
Monthly Plan Premium	<p>You must continue to pay your Medicare Part B premium. In most cases, if you receive Medicaid assistance, the Bureau of TennCare pays this for you.</p> <p>Our service area includes all counties in the state of Tennessee.</p> <p>You pay nothing.</p>
Deductible	You pay nothing.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700 annually. If you have Medicaid assistance, all cost sharing amounts will be sent to the Bureau of TennCare to process.
Inpatient Hospital Coverage	<p>May require prior authorization</p> <p>Our plan covers 90 inpatient hospital days each benefit period. A "benefit period" starts the day you go into the hospital or skilled nursing facility. The benefit period ends when you go 60 days in a row without an inpatient hospital or skilled nursing facility stay. There is no limit to the number of benefit periods you can have.</p> <p>Our plan also covers 60 "lifetime reserve days." These are days available to you once you use your 90 inpatient hospital days. If your hospital stay is longer than 90 days, you can use these extra days.</p>
	0% of the cost per day for days 1 through 90
Outpatient Hospital Coverage	
+ Ambulatory surgical center	0% of the cost
+ Outpatient hospital	0% of the cost
Doctor Visits	
+ Primary Care Providers	0% of the cost
+ Specialists	0% of the cost

Health Benefits	BlueCare Plus (HMO SNP)
Preventive Care (Continued)	
+ Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots	0% of the cost
+ “Welcome to Medicare” preventive visit (one-time)	0% of the cost
+ Yearly “Wellness” visit	0% of the cost
Emergency Care	0% of the cost
Urgently Needed Services	0% of the cost
Diagnostic Services/Labs/Imaging	May require prior authorization
+ Diagnostic radiology services (such as MRI, CT scans)	0% of the cost
+ Lab services	0% of the cost
+ Diagnostic tests and procedures	0% of the cost
+ Outpatient X-rays	0% of the cost
+ Therapeutic radiology services (such as radiation treatment for cancer)	0% of the cost
Hearing Services	Our plan pays up to \$1000 every year for routine hearing exams, hearing aid fitting/evaluations, and hearing aids.
+ Hearing exam to diagnose and treat hearing and balance issues	0% of the cost up to \$1,000 annual benefit
+ Routine Hearing exam	0% of the cost up to \$1,000 annual benefit
+ Hearing aid fittings/evaluations, hearing aids and hearing aid repairs/adjustment	0% of the cost up to \$1,000 annual benefit

Health Benefits	BlueCare Plus (HMO SNP)
Dental Services (Medicare Covered)	May require prior authorization.
<ul style="list-style-type: none"> + Medicare-covered dental services which are limited to surgery of the jaw or related structures that would be provided by a physician. Covered services 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. 	0% of the cost
Dental Services (Supplemental)	The dental benefit allowance of \$1,000 annually includes routine and comprehensive dental services that can be used toward the following services. (list is not all inclusive) Limitations and advance determinations apply for certain services. Contact the plan for full details.
<ul style="list-style-type: none"> + Oral exams up to 2 per year (1 standard exam per 6 month period) 	0% of the cost up to \$1,000 annual benefit
<ul style="list-style-type: none"> + Cleanings up to 2 per year (1 cleaning per 6 month period) 	0% of the cost up to \$1,000 annual benefit
<ul style="list-style-type: none"> + Emergency exam (1 emergency exam per 12 month period) 	0% of the cost up to \$1,000 annual benefit
<ul style="list-style-type: none"> + Dental x-ray up to 1 per year (1 bite wing per 12 month period) (1 panoramic or full mouth x-ray per 36 month period) 	0% of the cost up to \$1,000 annual benefit
<ul style="list-style-type: none"> + Fillings 	0% of the cost up to \$1,000 annual benefit
<ul style="list-style-type: none"> + Extractions 	0% of the cost up to \$1,000 annual benefit
<ul style="list-style-type: none"> + Dentures 	0% of the cost up to \$1,000 annual benefit
Vision Services	Our plan pays up to \$200 every year for eyewear.
<ul style="list-style-type: none"> + Eye Exam (Routine or Diagnostic) - limit one per year 	0% of the cost
<ul style="list-style-type: none"> + Eyewear (frames, lenses, contact lenses) 	\$200 annual benefit

Health Benefits	BlueCare Plus (HMO SNP)
Mental Health Services	<p>May require prior authorization.</p> <p>Our plan covers up to 190 days in a lifetime limit for inpatient services in a free-standing psychiatric hospital. The 190 day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.</p>
<ul style="list-style-type: none"> + Inpatient visit + Outpatient group therapy visit + Outpatient individual therapy visit 	<p>0% of the cost per day for days 1 through 90</p> <p>0% of the cost</p> <p>0% of the cost</p>
Skilled Nursing Facility (SNF)	<p>Requires prior authorization.</p> <p>Our plan covers 100 skilled nursing facility days each benefit period. A "benefit period" starts the day you go into the hospital or skilled nursing facility. The benefit period ends when you go 60 days in a row without an inpatient hospital or skilled nursing facility stay. There is no limit to the number of benefit periods you can have.</p>
	<p>0% of the cost per day for days 1 through 100</p> <p>3 day prior hospital stay is required.</p>
Physical Therapy	<p>May require prior authorization.</p>
<ul style="list-style-type: none"> + Cardiac (heart) rehab services for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks + Occupational therapy visit + Physical therapy and speech and language therapy visit 	<p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p>
Ambulance	<p>May require prior authorization for non-emergency services.</p>
	<p>0% of the cost</p>
Transportation	<p>May require prior authorization. Our plan covers up to 40 one-way trips to plan-approved locations every year.</p>
	<p>0% of the cost</p>

Health Benefits	BlueCare Plus (HMO SNP)
Medicare Part B Drugs	May require prior authorization
+ Chemotherapy drugs	0% of the cost
+ Other Part B drugs	0% of the cost

Medicare Prescription Drug Benefits


Outpatient Prescription Drugs	BlueCare Plus (HMO SNP)
Initial Coverage Stage	<p>What you pay for a 30 or 90-day supply of Standard Retail & Mail Order Drugs</p> <p>Your copay will depend on your level of Low Income Subsidy. Some medications may require prior authorization, please see the formulary (drug list).</p>
+ For generic drugs (including brand drugs treated as generic), from retail or mail order pharmacies either:	\$0 copay, or \$1.25 copay, or \$3.35 copay
+ For all other drugs, either	\$0 copay, or \$3.70 copay, or \$8.35 copay
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay nothing for all drugs.</p>

Additional Medicare Benefits

Health Benefits	BlueCare Plus (HMO SNP)
Chiropractic Care	Subluxation of the spine
<ul style="list-style-type: none"> + Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). 	0% of the cost
Diabetes Self-Management Training	
<ul style="list-style-type: none"> + Diabetes self-management training 	0% of the cost
Foot Care (podiatry services)	If you have diabetes-related nerve damage and/or meet certain conditions.
<ul style="list-style-type: none"> + Foot exams and treatment 	0% of the cost
Home Health Care	Requires prior authorization.
	0% of the cost
Medical Equipment/Supplies	May require prior authorization.
<ul style="list-style-type: none"> + Durable Medical Equipment (such as wheelchairs, oxygen) 	0% of the cost
<ul style="list-style-type: none"> + Prosthetics (such as braces, artificial limbs) 	0% of the cost
<ul style="list-style-type: none"> + Diabetes monitoring supplies 	0% of the cost
<ul style="list-style-type: none"> + Therapeutic shoes or inserts (for diabetes) 	0% of the cost

Additional Medicare Benefits

Health Benefits	BlueCare Plus (HMO SNP)
Outpatient Substance Abuse	
+ Group therapy visit	0% of the cost
+ Individual therapy visit	0% of the cost
Over-the-Counter Items	Our plan pays up to \$192 every three months.
+ Products include, but are not limited to, vitamins, cough, cold and allergy medicine, dental products, blood pressure monitors and skin care items.	\$192 quarterly benefit Any unused credits will expire at the end of each quarter.
Renal Dialysis	0% of the cost
Wellness Programs (such as fitness)	This plan includes a SilverSneakers® gym membership.
+ Gym membership	0% of the cost



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.

This document is available in other formats.

Summary of Medicaid-Covered Benefits for Contract H3259-001

The following chart describes the member's benefits and cost sharing for services covered by the Bureau of TennCare (Tennessee Medicaid). The benefits described in the Premiums and Benefits section of this Summary of Benefits are covered by Medicare. BlueCare Plus members that are eligible as a Qualified Medicare Beneficiary with full Medicaid (QMB+), Specified Low-Income Medicare Beneficiary with full Medicaid (SLMB+) and Full Benefit Dual Eligible (FBDE) receive cost-sharing assistance and also have full Medicaid (TennCare) benefits.

What you pay for covered services may depend on your level of Medicaid eligibility.

For a comprehensive explanation of this plan's benefits to help you determine whether you will receive additional value by enrollment in BlueCare Plus (HMO SNP), please see the "Evidence of Coverage."

Benefit Category	BlueCare Plus (HMO SNP)	Medicaid
Community health services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Durable medical equipment	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Emergency air and ground transportation services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Home health care	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Hospice care	You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.	TennCare covers Medicare deductibles, copays, and coinsurance
Inpatient and outpatient substance abuse benefits	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Inpatient hospital services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Lab & X-ray services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Medical supplies	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Occupational therapy	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance

Benefit Category	BlueCare Plus (HMO SNP)	Medicaid
Organ and tissue transplant services and donor organ/tissue procurement services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Outpatient hospital services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Outpatient mental health services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Physical therapy services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Physician services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Psychiatric inpatient facility services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Psychiatric rehabilitation services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Renal dialysis clinic services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance
Speech therapy services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays, and coinsurance



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

If you are a member, call toll-free **1-800-332-5762**, TTY: **711**.

If you are not a member, call toll-free **1-888-413-9637**, 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.

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

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

Premium, copayments, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.



BlueCare Plus Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bluecareplus.bcbst.com

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This information is not a complete description of benefits. Contact the plan for more information.
Limitations, copayments, and restrictions may apply.

Benefits, premiums, co-payments or co-insurance may change on January 1 of each year.

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