



Member Handbook 2017

My Handbook

What you need to know about your BlueCare Plus
(HMO SNP)SM Dual Eligible Special Needs Plan



Important Contact Information

When you have questions about your BlueCare Plus (HMO SNP)SM plan, call our member service line. Your questions are important to us, and we're ready to listen and help.

BlueCare Plus (HMO SNP)SM Member Service

1-800-332-5762
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. Our automated phone system may answer your call outside of these hours and during holidays.

Nurseline

1-888-747-8951

24 hours a day, 7 days a week

Care Management

1-877-715-9503
TTY: 711

Monday - Friday, 8 a.m. to 6 p.m., ET

BlueCare PlusSM website

bluecareplus.bcbst.com

Fraud Hotline

1-888-343-4221

24 hours a day, 7 days a week



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Checklist

5 Things you should do when you get BlueCare Plus

- ☐ **Complete a health needs assessment when we call you.**
This helps us to design programs just for your needs. If we can't reach you by phone, watch for the health needs assessment in the mail. Fill it out and return it as soon as you can.
- ☐ **Sign Up for BlueAccessSM**
Learn more about our secure, personalized online member resource on page 4.
- ☐ **Schedule an Annual Wellness Visit** with your doctor.
- ☐ **Enroll in SilverSneakers.[®]**
Turn to page 6 to learn more about this valuable wellness benefit.
- ☐ **If you have someone that you would prefer to speak for you, fill out the Personal Representative Request** form in the back of this booklet.

Questions?



Call 1-800-332-5762
(TTY: 711)



Visit bluecareplus.bcbst.com



Materials You'll Receive

Welcome and thank you for choosing BlueCare Plus for your Medicare Advantage coverage. As a member, we'll send you letters and other information over the course of the year. Here are a few items that are coming soon:

Health tips and reminders to help you stay well.

Look for automated calls, letters and newsletters that cover important topics such as:

- Talking with your doctor
- Preventing diseases
- Managing chronic conditions
- Avoiding falls

Formulary

A list of drugs that are included in your prescription drug plan. This list also shows whether the drug is generic, preferred brand or non-preferred brand. This will affect how much it costs (your copay).

BlueCare Plus uses an extensive network of providers. Staying in your network (the list of doctors and hospitals that accept your health plan) is important.

You will pay for care from out-of-network providers, except in emergency or urgently needed care situations and out-of-area dialysis services unless authorized by BlueCare Plus. You must use network pharmacies to access your prescription drug benefit, except in certain non-routine circumstances. Quantity limitations and restrictions may apply. Please contact the plan for more information.

Online Resources

You can find the tools and resources you need to live a healthier life - and make the most of your benefits - on our website.

Visit bluecareplus.bcbst.com to get started.

MyBlue TNSM App: Health Information on the Go

If you use a smartphone or tablet, you can download the **MyBlue TN mobile app** from your app store. Most of the information you can find on BlueAccess is there, as well.

Looking for a Doctor or Hospital?

You can find a doctor, hospital or pharmacy in your network online with our Find a Doctor tool. Just click the Find a Doctor link on bluecareplus.bcbst.com. You can also call Member Service at the number on your Member ID card for help.

BlueAccessSM: Your Online Resource

BlueAccess is your online headquarters for your BlueCross Medicare plan. You can sign up and log in to BlueAccess easily from our website. On BlueAccess you can:

- Check your benefits
- Order a new ID card
- Order and refill prescriptions
- Check claims status

Manage Your Medicines Anytime, Anywhere

With the Express Scripts[®] Mobile App, the information you need to track your prescriptions is at your fingertips.

The app helps you:

- Save time and money with home delivery
- Refill and renew your prescriptions
- Find and compare prices
- Check for drug interactions

Download the Express Scripts Mobile App Now

It's easy. Here's how to do it:


- Visit your smartphone app store.
- Search "Express Scripts mobile app."
- Download the app.

Your Member ID Card

Be sure to present your member ID card when you get health care services. Remember to carry your ID card with you at all times.


If you also have a TennCare (Medicaid) ID card, please show this card along with your BlueCare Plus ID card when going to the doctor.

You can request a new card online at bluecareplus.bcbst.com or call Member Service at **1-800-332-5762** (TTY: **711**).

	
1 CHRIS B HALL	Medical/Dental
2 Subscriber ID ZEU123456789	Medicare Contract # H3259-001
3 Group No. 129884	Copayments: <div> OV \$0 4 </div> <div> SPEC \$0 4 </div> <div> ER \$0 4 </div> <div> IPH \$0 4 </div>
Issuer 80840 RXBIN 610014/RXPCN MEDDPRIME	MedicareRx <small>Prescription Drug Coverage</small>
RXGRP BCTMAPD	

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- 1** Your name
- 2** Your ID number
- 3** Your group number helps identify you as a member
- 4** How much you should expect to pay for doctors', specialist and ER visits (copayment)

	
5 <p><small>BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association</small></p> <p>Members: Present this card anytime you receive health care services. Members have limited or no benefits except when receiving services from a BlueCare Plus Network Provider.</p> <p>Providers: Submit claims to your local BlueCross BlueShield Plan not original Medicare. Prior Authorization is required for admissions and other selected medical services. Report all emergency admissions within one working day.</p> <p>Medical/Dental Tennessee Providers Submit Claims to: BlueCare Plus Operations 1 Cameron Hill Circle Ste 0002 Chattanooga, TN 37402-0002</p>	<p>BlueCarePlus.bcbst.com 6</p> <p>Customer Service: 1-800-332-5762 7</p> <p>Provider Line: 1-800-299-1407</p> <p>TTY/TDD Line: 711</p> <p>Prior Authorization: 1-866-789-6314 8</p> <p>Pharmacists: 1-800-922-1557</p> <p>Clinical Vendor Prior Authorization: 1-888-258-3864 (Required for: Advanced Radiological Imaging and Part B Meds)</p> <p>This card is for identification, not for proof of eligibility.</p> <p>CMS-43259 749 (06/15)</p>

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- 5** Prior authorizations instructions
- 6** Website address
- 7** Member Service phone number
- 8** Hospital prior authorization contact information



Looking for a way to stay fit and healthy? SilverSneakers can help - with opportunities to stay healthy and socialize.



You have access to more than 13,000 participating gyms and fitness centers across the country.

Many sites offer:

- Fitness equipment – like treadmills, swimming pools, indoor walking tracks and weight machines
- Specialized classes taught by certified SilverSneakers instructors
- Additional classes, such as YogaStretch, SilverSplash® and CardioFit.

If you don't live near a participating location, you can join the SilverSneakers Steps program.

Steps members receive a kit that includes:

- A step counter and exercise bands
- An exercise DVD
- Exercise illustration cards
- A drawstring bag to store Steps program tools

Get the Greenlight from Your Doctor.

If you've never exercised before, talk with your primary care provider (PCP) about which exercise program is right for you. Exercise should keep you healthy and strong, so it's important for you to do it safely.

It's easy to find a SilverSneakers location near you. You can visit SilverSneakers online at silversneakers.com or call **1-888-423-4632 (TTY:711)**, Monday through Friday, 8 a.m. to 8 p.m. ET.

Rewards for Making Healthy Choices

Annual Wellness Exam

When you visit your Primary Care Provider (PCP) for an annual wellness exam, you'll be eligible for wellness points that you can redeem for a gift card.

Need a PCP? Don't worry - we're here to help you find one. You'll receive a welcome call from us with more information.

Make Time for Preventive Screenings

Making healthy choices is important - and we want to reward you for the healthy things you do. This year, BlueCare Plus members are eligible for wellness points that can be used toward gift cards for completing certain health screenings.

We'll send you more information about how to earn points. Watch your mailbox.

Here are screenings eligible for rewards in 2017*:

Mammogram

- Women ages 52 to 74
- Recommended every other year

Colorectal cancer screening

- Men and women
- Ages 51 to 75

Recommend a home screening test every year, or flexible sigmoidoscopy every five years or a colonoscopy every 10 years

- Bone density screening
- Women ages 67 to 85
- Recommended within six months of a fracture

Diabetes

If you're between the ages of 18 and 75 and living with diabetes, the following screenings are for you:

- HbA1c testing (blood sugar test)
- Retinal eye exam (completed by an eye care professional or an in-home screening)
- Kidney function screening (urine test)

*Note: Eligibility may vary. Call us at the number on the back of your Member ID card if you have questions about your eligibility.

Member Discount Program

Want to take steps toward better health – and save money while you’re doing it? Our member discount program can help. You can get discounts of up to 50 percent on health-related products and services, including:

- Hearing aids and supplies
- LASIK corrective vision surgery
- Weight loss programs
- Spa services
- Massage therapy
- Cosmetic services
- Yoga and Tai Chi instruction
- Health and fitness magazine subscriptions
- Vitamins, minerals and supplements
- Healthy foods
- And much more...



visit BlueAccess at
bluecareplus.bcbst.com

Go to **bluecareplus.bcbst.com** to see your discounts. New discounts are added regularly, so check back often.

Note: The products and services described above are neither offered nor guaranteed under our contract with Medicare. In addition, they are not subject to the Medicare Advantage appeals process. Any disputes regarding these products and services may be subject to BlueCare Plus Tennessee’s grievance process. Member discount arrangements may change without notice.

Primary Care Provider (PCP)

Who is your PCP? He or she is the main person you'll see when you need care. Think of your PCP as your partner - a provider who is there to help you stay healthy and coordinate the services you need.

With BlueCare Plus, you will go to one main person. Your PCP can be a doctor, nurse practitioner or a physician's assistant.

Getting a PCP

You'll receive a welcome call (if you haven't already). During that call, we'll work with you to find the right PCP.

If we can't reach you by phone, then we'll send you a letter with your PCP's name and contact information.

If you haven't received a letter from us with your PCP's name, call us at **1-800-332-5762** (TTY: **711**).

Making an Appointment

Once you have your PCP's information, don't wait to make an appointment. This is even more important if you've been getting care from a different provider. We want to help you get the care you need.

Even if you feel OK, you should schedule an annual wellness exam with your PCP.

In-Home Services

Did you know you can get many of the exams, tests and screenings you need in the privacy of your own home?

We offer in-home preventive screenings and tests – as well as a yearly in-home visit from a qualified health provider – as part of your health plan benefits.



Need help finding a new PCP?
Call us at: **1-800-332-5762** (TTY: **711**)

We'll work with you to find a new PCP.

Before your first appointment:

- Ask your past doctor to send your medical records to your new PCP.
- Call your new PCP to schedule your appointment.
- Have your Member ID card ready when you call.
- Say you are a BlueCare Plus member and give them your Member ID number. Tell your PCP if you have any other insurance.
- Write down your appointment date and time.
- Make a list of questions you want to ask your PCP. List any health problems you have. Or, you can tear out and use the checklists in this booklet to help you get ready.
- If you need a ride to the appointment and have no other way to get there, BlueCare Plus can help. Call us at least one week before your appointment.

On the day of your appointment:

- Take all of your medicines and list of questions with you.
- Be on time for your visit. If you can't keep the appointment, call your PCP to get a new time.

Take your Member ID card with you. Your PCP may make a copy of it. If you have any other insurance, like TennCare (Medicaid), take that ID card with you, too.

Your PCP will:

- Give you most of your health care
- Find and treat health problems early
- Have your medical records
- Keep track of all of the care you get

Changing your PCP

- There are many reasons why you may need to change your PCP. You may want to see a PCP whose office is closer to you. Or your PCP may stop working with BlueCare Plus. If your PCP stops working with BlueCare Plus, we will send you a letter asking you to find a new PCP. If you do not find a new PCP, we will find one for you so that you can keep getting your care.

To change your PCP:

- Find a new PCP in the BlueCare Plus network. To find a new PCP, use the online Find a Doctor tool at bluecareplus.bcbst.com, or call **1-800-332-5762 (TTY: 711)**.
- Call the new PCP to make sure that he or she is in the BlueCare Plus provider network. Ask if he or she is taking new patients.
- If the new PCP is in our network and taking new patients, fill out the PCP Change Request form in the appendix of this booklet and mail it back to us. Or you can call us at **1-800-332-5762 (TTY: 711)** to tell us the name of your new PCP.

Care Management Program

If you need help managing your care after a serious illness or injury, call our Care Management team at **1-877-715-9503**. There is no additional cost to you.

Once you're enrolled, we'll call to welcome you. During your welcome call, we will ask some questions about your health to find out which programs are right for you.

We'll also call to remind you of exams and tests, such as:

- Annual wellness exam
- Colonoscopy
- Cholesterol screening
- Blood Pressure monitoring
- Diabetes testing
 - Hemoglobin A1C
 - Eye exam
- Cholesterol screening
- Renal evaluation

We can also set-up appointments for you.

If you have been a patient in the hospital, we may call you once you go home to:

- See if you have any questions about after care
- Confirm that you got your prescriptions
- Make follow-up appointments
- Address any safety issues or concerns

Our Care Coordinators will:

- Connect you with network doctors and facilities that specialize in treating your condition or illness
- Get in touch with your health care providers to plan the best care for you
- Get answers to questions about your medication
- Help you coordinate your treatment and care plan
- Assist you in setting personal health goals
- Help you understand your health issues, so that you will feel better about making health care decisions
- Help your caregivers understand your health issues, so they can help you manage them
- Help you find community programs that can assist you
- Give you advice on ways to stay healthy
- Help you understand your health plan

Care Management Program

As part of our care management program, you will get an Interdisciplinary Care Team. This team includes people from different health care fields, your PCP and other doctors or healthcare professionals you may be seeing. Your family members or caregiver may also be a part of your team.

The Care Management Program offers personal support programs at no extra cost. They include:

Care Coordination— If you are enrolled in TennCare, the Care Coordinator will work with your Medicaid Managed Care Organization (MCO) to make sure you get the services you need. Your Care Coordinator will give you the information you need to help you make the best decisions about your health.

Discharge Planning/Transitional Care — If you are a patient in the hospital, your Care Coordinator will review and contact you about the services you are getting as well as your discharge plan. Your Care Coordinator will help make sure that your care is not interrupted and that you get the care you need during transitional care.

Disease Management — If you suffer from a chronic condition such as diabetes, heart disease or COPD, your Care Coordinator will help you keep it from getting worse.

Complex Care Management— Your Care Coordinator will work with you and everyone involved to meet your care needs. You may have:

- More than one chronic illness
- Complex health care needs
- Mental health needs
- The need for many different health services

Transplant Case Management — If you need an organ or bone marrow transplant and choose to have it in a Medicare-approved facility, your Care Coordinator will help you get the right care from the time your doctor says you need a transplant.

Behavioral Health Case Management — When you have a behavioral health problem, we will give you more services at no extra cost to you. It all starts with one-on-one talks and help from a licensed behavioral health clinician.

Would you like to work with a Care Coordinator?



Call us at: **1-877-715-9503** (TTY: **711**)
Monday through Friday, 8 a.m. – 6 p.m. ET

24 Hour Nurseline

In case of emergency,
you should immediately call 911.



The nurses are available at
1-888-747-8951 (TTY: **711**)

You Speak. We Listen.
We are available 24 hours a day.

Nurseline can:

- Answer your questions about minor illnesses and injuries, medications, chronic conditions and more
- Refer you to an emergency room - or call 911 for you - if you need immediate care
- Share information with you about the right level of care for conditions that aren't an emergency



Staying Healthy

Start with healthy lifestyle choices.

Making the right lifestyle choices is good for our overall health. Things like not smoking, limiting alcohol, eating well and exercising play a major role in your daily well-being.

Get preventive care.

You also should have regular doctor visits, preventive screenings and tests. If you're feeling great, it's tempting to skip that yearly exam. But some potentially major health problems may not have any obvious symptoms. A simple test may add years to your life.

We cover an annual wellness visit (physical exam) to your doctor as part of your BlueCare Plus plan at a \$0 copay.

Prepare for your annual wellness visit.

From time to time, we may send you health information or reminders.

We hope you'll read the information we send you and use it to live a healthier life. You can also discuss it with your primary care physician or your Care Coordinator.

Valuable Health Tips

The next five pages have checklists that you can tear out and use to help you get ready to see your doctor.



Preparing for Your Doctor's Appointment

Use this checklist to help you prepare for your doctor's appointment. Use it alone or with the other checklists.

Before your next doctor's visit:

- ☐ **Make a list of your questions and concerns.** Put your most important questions and concerns at the top of your list.
- ☐ **Make a list of all the medications you are taking and give it to your doctor.** This includes drugs (prescription and non-prescription), vitamins, and other natural remedies such as herbal products.
- ☐ **Call your doctor's office about health screenings and vaccinations.** Ask questions if you are not sure which screenings or shots you need and how often you need them.
- ☐ **Call before your visit to tell the office if you have special needs.** Ask for an interpreter if you do not speak or understand English well.
- ☐ **Ask a friend or family member to come with you, if you think it will be helpful.** This person can help listen, take notes and offer support.

During your visit:

- ☐ **Go over your list of questions or concerns with your doctor or nurse.** Ask your most important questions first.
- ☐ **Take notes.** This will help you to remember everything your doctor says, and to follow your doctor's instructions.
- ☐ **Discuss your symptoms if you have a health problem, and any recent changes you may have noticed.** Tell your doctor or nurse how you feel when you have symptoms, and let him or her know if they have changed, appeared more frequently, or become worse.
- ☐ **Describe any allergies to medications, foods, pollen or other things.** Also, tell your doctor about your family's health history.

- ☐ **Answer all of your doctor's questions.** Be honest about your diet and sexual history, how much you exercise and whether you smoke, drink alcohol or use drugs. Don't leave anything out because you're embarrassed; your doctor and nurse have probably heard it before.
- ☐ **Tell your doctor or nurse if you are being treated by other doctors.** This includes mental health professionals.

After your visit:

- ☐ **Follow up to get your test results** by calling and asking for your results if you do not hear from your doctor.

Some questions to ask at your next doctor's appointment:

- ☐ **If you are prescribed a new medication:** What is the name of the medication, and how do you spell it? Why do I need it? When/how do I take it? Can I stop taking it if I feel better? Are there any side effects, and what should I do if they occur?
- ☐ **If you have been diagnosed with a condition:** How can I learn more about my condition? What are my treatment options? Is there anything I can do to ease my symptoms?
- ☐ **If you have been recommended treatment:** What are the various forms of treatment available for my condition, and why do you recommend this one? How long will treatment take? Are there any side effects, and what can I do if they occur? Is it covered by my health insurance?
- ☐ **If you require tests:** How can I prepare for the test? What are the benefits and risks of having this? Are there any side effects, and what can I do if they occur? When can I expect results? How can I follow up?
- ☐ **Before leaving the doctor's office:** Do I need to schedule a follow-up appointment?

A Preventive Checklist for Your Doctor's Visit

Use this checklist as a tool to talk with your doctor and to make sure you are getting the right care.

What	Why	Recommended Outcome	Your Results
<input type="checkbox"/> Annual Physical Exam At least yearly	Regular health exams and tests can help find problems before they start. They can also help find problems early, when your chances for treatment and cure are better.	Completed physical exam	
<input type="checkbox"/> Bladder Control Screening and Advice At least yearly	Talking about bladder control problems is not easy for some people. You may feel embarrassed, but talking about the problem is the first step in finding an answer.	Talk with your doctor yearly and improved bladder control	
<input type="checkbox"/> Blood Sugar At least every 5 years	Checks to see sugar level in the blood.	Less than 100	
<input type="checkbox"/> Blood Pressure At every visit	Checks if medicine is needed to control blood pressure and reduce the risk of problems in your heart, eyes, kidneys and nerves.	Less than 120/80	
<input type="checkbox"/> Body Mass Index At every visit	Being overweight or obese makes it more difficult for your heart to work as it should.	Between 18.5 and 24.9	
<input type="checkbox"/> Bone Mineral Density Every 2 years	Checks to see risk for broken bones. If your risk is high, medicine or other forms of therapy may be needed to control and treat osteoporosis and reduce risk of broken bones.	T-score of -1.0 or above Z-score of -2.0 or above	
<input type="checkbox"/> Cholesterol, Total At least yearly	A high level of cholesterol puts you at risk for heart problems. Your doctor can give you advice on how to improve your level.	Less than 200	
<input type="checkbox"/> Cholesterol, HDL - Good Cholesterol At least yearly	HDL Cholesterol helps break down LDL cholesterol. When your doctor knows both, he or she can give you the best advice.	Greater than 40	
<input type="checkbox"/> Cholesterol, LDL - Bad Cholesterol At least yearly	High levels can prevent enough blood from flowing into your heart and sometimes they even cause your veins to rupture. Your doctor can give you advice on how to improve your level.	Less than 100 mg/dL	

(continued on next page)

A Preventive Check List for Your Doctor's Visit

What	Why	Recommended Outcome	Your Results
<input type="checkbox"/> Colorectal Cancer Screening As recommended	Checks to see if you are at risk for colorectal cancer, so early treatment can be started. Early detection leads to better outcomes.	Treatment options if needed	
<input type="checkbox"/> Fall Risk Screening and Advice At every visit	Older adults have an increased risk for falls and fractures. Your doctor can give you advice on how to lower your risk.	No falls	
<input type="checkbox"/> Flu Shot At least yearly	Helps prevent influenza and problems arising from it such as pneumonia or other infections.	Shot given	
<input type="checkbox"/> Mammogram Every 2 years	Checks to see if you have breast cancer so early treatment can be started. Early detection leads to better outcomes.	Screening received	
<input type="checkbox"/> Medication Review At every visit	A review of all your medications, including prescriptions, over the counter medications and herbal or supplemental therapies to help make sure you are taking them safely.	Updated medication list and following instructions for taking your medicines	
<input type="checkbox"/> Physical Activity Screening and Advice At every visit	Older adults need to remain active to keep bones and muscles strong. Doing so will help you stay independent longer and decrease your risk for falls and osteoporosis. Your doctor can give you advice on how to improve your fitness level.	Increased physical activity level	
<input type="checkbox"/> Pneumonia Vaccine As recommended	Older adults are at higher risk for infections. A vaccine against pneumonia can reduce your risk of lung infections.	Check with your doctor to find out if you have received the vaccine. If not, get one.	
<input type="checkbox"/> Tobacco Use Status At every visit	Smoking increases your risk of heart disease and, in general, tobacco use can cause other health issues.	Stop smoking	
<input type="checkbox"/> Vision (by an Ophthalmologist or Optometrist) Every 2 years	Checks to see if you have conditions of the eye such as glaucoma or cataracts which can cause vision problems.	Proper eye care	

This list does not include all medical tests, services or exams. Other tests or services may be recommended by your doctor.

A Diabetes Checklist for Your Doctor's Visit

Use this checklist as a tool to communicate with your doctor and to make sure you are receiving recommended care for your diabetes.

What	Why	Recommended Outcome	Your Results
<input type="checkbox"/> Hemoglobin A1C Test At least yearly	A1C is a blood test that measures how well your blood sugar was controlled over the past 2-3 months. It helps you and your doctor know how well your treatment plan is working.	Less than 8 , or what your doctor says is right for you. Lower is usually better.	
<input type="checkbox"/> Blood Pressure Every visit	High blood pressure increases your risk of diabetes complications.	Less than 140/80 , or what your doctor says is right for you. Lower is usually better.	
<input type="checkbox"/> Cholesterol Test At least yearly	Elevated LDL (or "bad") cholesterol increases the risk of heart and circulation problems in patients with diabetes.	Less than 100 if possible. "Statin" medicines may be prescribed.	
<input type="checkbox"/> Kidney Management As recommended	Diabetes is the most common cause of kidney failure. Urine tests help your doctor know whether medication should be used to delay kidney problems.	Urine "microalbumin" should be less than 30. If it is higher, "ACE inhibitor" or "ARB" medicines will help you.	
<input type="checkbox"/> Eye Exam (Dilated) Yearly	Diabetes is the most common cause of blindness in adults. Early detection and treatment of eye problems can reduce your risk.	Normal annual exam by an eye doctor, or treatment if eye problems are discovered.	
<input type="checkbox"/> Foot Exam Every Visit	Diabetes is the most common cause of foot and leg amputations in adults. Nerve damage may reduce your ability to detect foot pain from an ulcer or infection.	Healthy feet , or early detection of treatable ulcers or infections.	
<input type="checkbox"/> Smoking Status Every visit	Smoking cigarettes increases an already high risk for heart disease and circulation problems in patients with diabetes. Your doctor can help you quit. Ask him/her how.	Make a plan with your doctor to stop smoking.	
<input type="checkbox"/> Weight (Body Mass Index) Every Visit	Obesity worsens blood sugar control; exercise and weight loss improve blood sugar control.	Body Mass Index (BMI) less than 30.	
<input type="checkbox"/> Medication Management Every visit	A review of all your medications, including prescriptions, over the counter medications and herbal or supplemental therapies to help make sure you are taking them safely.	Discuss with your doctor	

This list does not include all medical tests, services or exams. Other tests or services may be recommended by your doctor.

A Heart Health Checklist for Your Doctor's Visit

Use this checklist as a tool to communicate with your doctor and to make sure you are receiving recommended care for your heart.

What	Why	Recommended Outcome	Your Results
<input type="checkbox"/> Blood Pressure Every visit	High blood pressure increases your risk of heart disease.	Less than 140/80 , or what your doctor says is right for you. Lower is usually better.	
<input type="checkbox"/> Cholesterol Test At least yearly	High LDL (or "bad") cholesterol increases your risk of heart problems.	Less than 100 if possible. "Statin" medicines may be prescribed.	
<input type="checkbox"/> Triglycerides Every 5 years	As blood cholesterol and triglycerides rise, so does the risk of heart disease.	Less than 150 mg/dL	
<input type="checkbox"/> Weight (Body Mass Index) Every Visit	People who have excess body fat, especially if a lot of it is at the waist, are more likely to develop heart disease and stroke.	Body Mass Index (BMI) less than 30.	
<input type="checkbox"/> Medication Management Every visit	A review of all your medications, including prescriptions, over the counter medications and herbal or supplemental therapies to help make sure you are taking them safely.	Discuss with your doctor	

This list does not include all medical tests, services or exams. Other tests or services may be recommended by your doctor.



Filing Grievances and Appeals

If you have a problem with a service you received from BlueCare Plus or a health-care provider, you may file a grievance (complaint). You cannot be dropped from your health plan for filing a complaint.

How to file a grievance:

- You may call member service at **1-800-332-5762 (TTY: 711)** and file a grievance over the phone.
- You may also visit our website at **bluecareplus.bcbst.com** to complete a grievance form, which you can mail or fax to us.

Mail to: BlueCare Plus Grievance
1 Cameron Hill Circle
Suite 0043
Chattanooga TN 37402
Fax to: 1-888-416-3026

If you disagree with the decision we made about your claim or request for service, you have the right to file an appeal. An appeal is a formal way of asking us to review and change a coverage decision we made. BlueCare Plus will look at the coverage decision we made to see if we were following all of the rules properly. When we have completed the review we will give you our decision.

If we say no to all or part of your medical or Part C appeal, it will be automatically sent to a review company that is not connected to our plan. If we say no to all or part of your Part D appeal, you may request that it be sent to a review company that is not connected to our plan.

How to file an appeal:

You may file an appeal request within 60 calendar days of the date on the denial letter. An appeal can be submitted after 60 days if you can show good cause. You may file an appeal by writing it on plain paper or by filling out an appeal form. Appeal forms are located on our website at **bluecareplus.bcbst.com** and can be mailed to us at:

BlueCare Plus Member Appeals
1 Cameron Hill Circle
Suite 0042
Chattanooga, TN 37402

Or you can fax it to BlueCare Plus Member Appeals at: **1-888-416-3026 (TTY: 711)**. You can also file an appeal by visiting our website.

If you want someone else to file an appeal for you, fill out the Appointment of Representative Form in the Appendix of this book or on our website, **bluecareplus.bcbst.com**. Both you and your representative must sign and date the form, and it must be filed with your appeal.

Your representative is able to:

- Get information about your claim
- Give us information you want us to know about your appeal
- Make any request, give or receive any notice about the appeal actions

For more information about appeals and grievances, see the Evidence of Coverage (EOC) for this plan. If you have any questions about the appeal process, please call our member service department at **1-800-332-5762 (TTY: 711)** for assistance. Our team is ready to listen and help.

Understanding Part B vs. Part D Drug Benefits

Some drugs are covered under either Medicare Part B (Medical Insurance) or Medicare Part D (Prescription Drug Insurance) depending on how and when they are prescribed. This will affect how your BlueCare Plus plan pays for the drugs. Your pharmacist may ask for more information when you order medications used for the treatment of the following conditions:

- Cancer
- Nausea and vomiting due to chemotherapy
- Rejections from organ transplants
- Immune deficiency disorders
- Some respiratory conditions requiring inhalation drugs
- Non-functioning digestive tract
- Some conditions requiring medication to be administered by an infusion pump
- High or intermediate risk of Hepatitis B

This extra information will help make sure that we apply your costs (if any) toward the correct yearly maximums. It will also help decide if the drug should be covered under your Part B or Part D benefits. If your pharmacist is unable to fill your prescription for any reason, contact our member service team at **1-800-332-5762** (TTY: **711**).

Medication Safety

Remember to take your medications exactly as prescribed by your doctor. Certain conditions like diabetes, high cholesterol and blood pressure require you to take your medications regularly for them to work. If you have questions about your medication or any side effects you may be having, talk to your doctor or pharmacist.

Here are some helpful tips:

- **Keep a List** - Be sure to write down all medications you take, both prescription and over the counter, and take the list with you to every doctor's visit.
- **Pill Boxes** - Place your medications in a pill box, so you can remember which days you take them.
- **Auto-refills** - Have your local or mail-order pharmacy place your medications on auto-refill. The pharmacy will then refill your medication without you having to call and request a refill. They will call, email or send you a text alert to let you know when you can pick them up.
- **Maintenance Dosing** - Ask your doctor to prescribe your medications in 90-day doses. This will save you time and get you three months of medication instead of one.
- **Generic medications** - Generic drugs save you money. Ask your doctor to prescribe a generic of any name brand drug you are taking.

Save on Prescriptions at Retail Pharmacies

Save time by making fewer trips to your pharmacy with 90-day prescriptions.

And, when you fill your prescription at one of our in-network retail pharmacies, you will only pay a one-month copay for it. It is important to choose an in-network retail pharmacy to take advantage of savings. This includes all major chain pharmacies as well as most independent pharmacies. To find the participating retail pharmacy near you, call us at **1-800-332-5762 (TTY:711)**.

Over-the-Counter Mail Order Program

BlueCare Plus is pleased to provide its members with a convenient way to purchase over-the-counter (OTC) drugs and supplies by mail through your BlueCare Plus OTC Benefit. An OTC catalog with information about the OTC drug and supply categories will be mailed to you and is available on our website at **<https://shopping.drugsourceinc.com/bluecareplus>**.

The catalog is organized into categories that help you find items quickly. Examples of these categories are vitamins, pain relievers and incontinence supplies.

This plan has a benefit limit. Before you place an order, review your benefit limit in your Summary of Benefits or Evidence of Coverage. Then, place your order in one of the following ways:

- **Order Online:** Use our website at <https://shopping.drugsourceinc.com/bluecareplus>.
- **Order by Phone:** Call **1-800-400-6864 (TTY: 711)** from 9:30 a.m. –11:00 p.m. ET, Monday through Friday. You can also call this number to check on the status of your order.
- **Order by Mail:** Download the Order Form from our website and fill out the item name, item number and price for each product in your order.

Health Information Audio Library

Need Health Information?

Just call **1-800-999-1658** (TTY: **711**), 24 hours a day, 7 days a week. 24/7. The call is free. The messages are also available in Spanish.

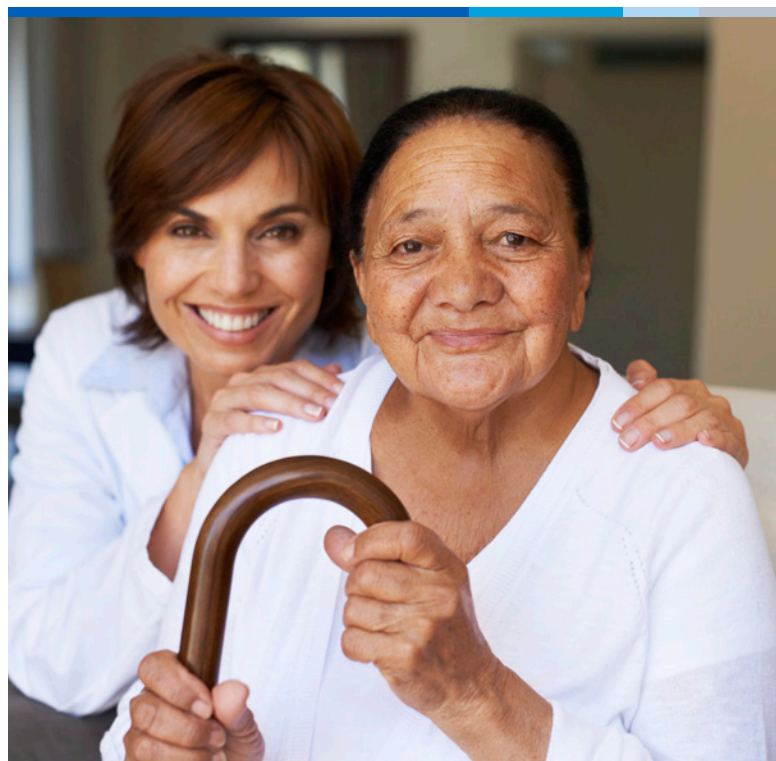
Listen to taped messages on a variety of health-related topics that may help you and your family.

The messages may help you decide if you have an emergency situation, may give you some helpful self-care tips, or you may even learn new things to better manage your health.

Here's How It Works:

- Go to **bcbstmedicare.com** to see a list of codes for health topics.
- Write down or highlight the topic name(s) and corresponding 4-digit code(s) before placing your call. If you do not know the code or topic, that's okay, just say the name of the topic. The automated system will search for any available message on your topic.
- Dial **1-800-999-1658** (TTY: **711**) toll-free anytime from any touch-tone phone.
- Listen to the voice message and follow the instructions. Press the 4-digit code to access the health topic you wish to hear.

The information in the Health Information Library is not designed to replace health care or medical advice from a professional. All questions about individual care or treatment should be referred to your health care provider.



Health Information Library
call **1-800-999-1658** (TTY: **711**)

Fighting Fraud, Waste And Abuse

We are committed to protecting our members and our corporate assets from wrongful acts that could harm them or their checkbook.

Every claim that we receive and pay for health care, fraudulent or not, affects the amount our members pay for their health care. Therefore, when we unknowingly pay more claims that are for inaccurate or wasteful services, it shows up in everyone's bottom line. In addition, some forms of health care fraud and abuse, such as unnecessary X-rays or letting unqualified people perform services, may be dangerous to your health.

Here are some ways a few people cause problems for everyone else:

Providers

- Billing for services not provided
- Billing of "free" services
- Incorrect reporting of diagnoses or procedures to maximize payments
- Waiving fees incorrectly
- Over-usage of services
- Kickbacks and bribery
- Intentionally stating dates or descriptions of services incorrectly
- Billing non-covered services as covered items
- Eligible provider billing for services provided by ineligible provider

Non-Members

- Using a stolen ID card for medical services

Members

- "Loaning" an ID card to someone not entitled to use it
- Doctor shopping (getting prescriptions for a single drug from more than one doctor at the same time)
- Altering amounts charged on claim forms or prescription receipts
- Making up claims

Employees

- Making up claims
- Changing member addresses to intercept member payments
- Providing false application data

Agents/Brokers

- Falsifying application data
- Bribery and kickbacks

We need your help in fighting fraud, waste and abuse. Carefully review all charges you get from us. If we have paid for services you did not receive or paid an amount you do not think is right, please report it.

This process may result in legal action against the person committing the act to get back dollars lost.

To report possible health care fraud, call our 24-hour hotline toll free at 1-888-343-4221 (TTY: 711). All information we receive from you is private, and you do not have to give us your name.

Preparing Advance Directives

Many people have specific ideas about the kind of treatment they would like to receive in the case of a serious illness or injury that leaves them unable to speak for themselves.

Advance directives make sure everyone knows your wishes.

You are not required by law to have any advance directives in place. It is entirely your decision.

Advance Care Plan Forms

Machines and medicine can keep people alive when they otherwise might die. Under the Tennessee Right to Natural Death Act, you can decide if you want to be kept alive by machines and for how long through an Advance Care Plan.

You should complete an Advance Care plan while you can still make your own decisions. It must be signed in front of two witnesses.

Give one copy of your Advance Care Plan to your doctor as part of your medical records. Give another copy to the person who you think would make a medical decision for you, if needed. Keep the original copy with your other important papers.

Once your Advance Care Plan is signed and witnessed, it is your rule until you change your mind.

For more information, you can talk to your primary care physician (PCP) or your BlueCare Plus Care Coordinator.



See the appendix in the back of this book for forms to complete:

- Advance Care Plan
- Appointment of Health Care Agent
- Appointment of Representative

Other Helpful Information

Hospice Care

If you enroll in a Medicare-certified hospice program, your hospice services and your Original Medicare services are paid for by Original Medicare, not BlueCare Plus. You may get care from any Medicare-certified hospice program, and your hospice doctor can be a network or an out-of-network provider. You will still be a plan member and will continue to get the rest of your care that is not a Medicare-covered service (i.e. routine hearing or routine vision care) through our plan.

Clinical Research Studies

If you participate in a Medicare-approved clinical research study, you are covered for routine items and services you receive as part of the study—including:

- Room and board for a hospital stay that Medicare would pay for even if you weren't in a study
- Items and services the study gives you for free
- Items or services provided only to collect data and not used in your direct health care

Original Medicare pays most of the cost of the covered services you get as part of the study. After Medicare has paid its share of the cost for these services, our plan will pay the difference between the amount Original Medicare paid and the amount you pay as a member of our plan. To be paid back for your expenses, you must notify us of your participation by calling the member service number at **1-800-332-5762** (TTY: **711**).

Mastectomy Benefits

As required by the Women's Health and Cancer Rights Act of 1998, your BlueCare Plus plan provides benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and the problems resulting from a mastectomy, including lymphedema.



Appendix: Helpful Forms

Have you completed the following forms?

- ☐ **Advance Care Plan** - State your treatment wishes should a serious illness or injury make you unable to speak.
- ☐ **Appointment of Health Care Agent** - Designate a person to make health care decisions for you.
- ☐ **Appointment of Representative** - Grant a person access to your personal health information, assign someone to act as your representative, and use if you wish to file a grievance or an appeal.

Mail completed forms to:

*BlueCare Plus Correspondence
1 Cameron Hill Circle, Suite 0006
Chattanooga, TN 37402-0006*

Questions? Call member service at:



BlueCare Plus

1-800-332-5762 (TTY:711)



Tennessee Department of Health
Division of Health Licensure and Regulation
Office of Health Care Facilities
227 French Landing, Suite 501, Heritage Place Metrocenter, Nashville, TN 37243
Telephone (615) 741-7221, Fax (615) 253-8798
www.tn.gov/health
ADVANCE CARE PLAN (Tennessee)

I, _____, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

Agent: I want the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Phone #: _____ Relation: _____

Address: _____

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Phone #: _____ Relation: _____

Address: _____

My agent is also my personal representative for purposes of federal and state privacy laws, including HIPAA.

When Effective (mark one):

- ☐ I give my agent permission to make health care decisions for me at any time, even if I have capacity to make decisions for myself.
- ☐ I do not give such permission (this form applies only when I no longer have capacity).

Quality of Life: By marking "yes" below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management. By marking "no" below, I have indicated conditions I would not be willing to live with (that to me would create an **unacceptable** quality of life).

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permanent Confusion: I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dependent in all Activities of Daily Living: I am no longer able to talk or communicate clearly or move by myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other restorative treatment will not help.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	End-Stage Illnesses: I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation.

PLEASE SIGN ON BACK

Treatment: If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked “no” above) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking “yes” below, I have indicated treatment I want. By marking “no” below, I have indicated treatment I do not want.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	CPR (Cardiopulmonary Resuscitation): To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Life Support / Other Artificial Support: Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys, and other organs to continue to work.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Treatment of New Conditions: Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tube feeding/IV fluids: Use of tubes to deliver food and water to a patient’s stomach or use of IV fluids into a vein, which would include artificially delivered nutrition and hydration.

Other instructions, such as burial arrangements, hospice care, etc.: _____

(Attach additional pages if necessary)

Organ donation (optional): Upon my death, I wish to make the following anatomical gift (please mark one):

☐ Any organ/tissue ☐ My entire body ☐ Only the following organs/tissues: _____

☐ No organ/tissue donation

Signature Your signature should either be witnessed by two competent adults or notarized. If witnessed, neither witness should be the person you appointed as your agent, and at least one of the witnesses should be someone who is not related to you or entitled to any part of your estate.

Signature: _____ Date: _____
 (Patient)

Witnesses: _____

- I am a competent adult who is not named as the agent.
I witnessed the patient’s signature on this form. _____
Signature of witness number 1
- I am a competent adult who is not named as the agent.
I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient’s estate upon his or her death under any existing will or codicil or by operation of law.
I witnessed the patient’s signature on this form. _____
Signature of witness number 2

This document may be notarized instead of witnessed:

STATE OF TENNESSEE COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Signature of Notary Public

What to do with this Advance Directive

- Provide a copy to your physician(s).
- Keep a copy in your personal files where it is accessible to others.
- Tell your closest relatives and friends what is in the document.
- Provide a copy to the person(s) you named as your health care agent.

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Appointment Of Health Care Agent

Tennessee

I, _____, give my agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place.

Agent:

Alternate:

Name

Name

Address

Address

City State Zip Code

City State Zip Code

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Work Phone Number

(_____) _____
Area Code Work Phone Number

(_____) _____
Area Code Mobile Phone Number

(_____) _____
Area Code Mobile Phone Number

Patient's name (please print)

Date Signature of patient
(must be at least 18 or emancipated minor)

To be legally valid, either block A or block B must be properly completed and signed.

Block A Witnesses (2 witnesses required)

1. I am a competent adult who is not named above.
I witnessed the patient's signature on this form.
2. I am a competent adult who is not named above.
I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

Signature of witness number 1

Signature of witness number 2

Block B Notarization

STATE OF TENNESSEE COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Signature of Notary Public

Approved by Tennessee Department of Health, Board for Licensing Health Care Facilities, February 3, 2005

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APPOINTMENT OF REPRESENTATIVE

Name of Party	Medicare Number (beneficiary as party) or National Provider Identifier Number (provider as party)
---------------	---

Section 1: Appointment of Representative

To be completed by the party seeking representation (i.e., the Medicare beneficiary, the provider or the supplier):

I appoint this individual, _____ to act as my representative in connection with my claim or asserted right under Title XVIII of the Social Security Act (the "Act") and related provisions of Title XI of the Act. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my appeal, wholly in my stead. I understand that personal medical information related to my appeal may be disclosed to the representative indicated below.

Signature of Party Seeking Representation	Date	
Street Address	Phone Number (with Area Code)	
City	State	Zip Code

Section 2: Acceptance of Appointment

To be completed by the representative:

I, _____, hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services (DHHS); that I am not, as a current or former employee of the United States, disqualified from acting as the party's representative; and that I recognize that any fee may be subject to review and approval by the Secretary.

I am a / an _____
(Professional status or relationship to the party, e.g. attorney, relative, etc.)

Signature of Representative	Date	
Street Address	Phone Number (with Area Code)	
City	State	Zip Code

Section 3: Waiver of Fee for Representation

Instructions: This section must be completed if the representative is required to, or chooses to waive their fee for representation. (Note that providers or suppliers that are representing a beneficiary and furnished the items or services may not charge a fee for representation and **must** complete this section.)

I waive my right to charge and collect a fee for representing _____ before the Secretary of DHHS.

Signature	Date
-----------	------

Section 4: Waiver of Payment for Items or Services at Issue

Instructions: Providers or suppliers serving as a representative for a beneficiary to whom they provided items or services must complete this section if the appeal involves a question of liability under section 1879(a)(2) of the Act. (Section 1879(a)(2) generally addresses whether a provider/supplier or beneficiary did not know, or could not reasonably be expected to know, that the items or services at issue would not be covered by Medicare.)

I waive my right to collect payment from the beneficiary for the items or services at issue in this appeal if a determination of liability under §1879(a)(2) of the Act is at issue.

Signature	Date
-----------	------

Charging of Fees for Representing Beneficiaries before the Secretary of DHHS

An attorney, or other representative for a beneficiary, who wishes to charge a fee for services rendered in connection with an appeal before the Secretary of DHHS (i.e., an Administrative Law Judge (ALJ) hearing, Medicare Appeals Council review, or a proceeding before an ALJ or the Medicare Appeals Council as a result of a remand from federal district court) is required to obtain approval of the fee in accordance with 42 CFR 405.910(f).

The form, "Petition to Obtain Representative Fee" elicits the information required for a fee petition. It should be completed by the representative and filed with the request for ALJ hearing or request for Medicare Appeals Council review. Approval of a representative's fee is not required if: (1) the appellant being represented is a provider or supplier; (2) the fee is for services rendered in an official capacity such as that of legal guardian, committee, or similar court appointed representative and the court has approved the fee in question; (3) the fee is for representation of a beneficiary in a proceeding in federal district court; or (4) the fee is for representation of a beneficiary in a redetermination or reconsideration. If the representative wishes to waive a fee, he or she may do so. Section III on the front of this form can be used for that purpose. In some instances, as indicated on the form, the fee must be waived for representation.

Approval of Fee

The requirement for the approval of fees ensures that a representative will receive fair value for the services performed before DHHS on behalf of a beneficiary, and provides the beneficiary with a measure of security that the fees are determined to be reasonable. In approving a requested fee, the ALJ or Medicare Appeals Council will consider the nature and type of services rendered, the complexity of the case, the level of skill and competence required in rendition of the services, the amount of time spent on the case, the results achieved, the level of administrative review to which the representative carried the appeal and the amount of the fee requested by the representative.

Conflict of Interest

Sections 203, 205 and 207 of Title XVIII of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States. Individuals with a conflict of interest are excluded from being representatives of beneficiaries before DHHS.

Where to Send This Form

Send this form to the same location where you are sending (or have already sent) your: appeal if you are filing an appeal, grievance if you are filing a grievance, initial determination or decision if you are requesting an initial determination or decision. If additional help is needed, contact your Medicare plan or 1-800-MEDICARE (1-800-633-4227). TTY users please call 1-877-486-2048.

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0950. The time required to prepare and distribute this collection is 15 minutes per notice, including the time to select the preprinted form, complete it and deliver it to the beneficiary. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, PRA Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Primary Care Provider (PCP) Change Request Form

Fill in and mail to:

*BlueCare Plus Member Education
1 Cameron Hill Circle, Suite 0035
Chattanooga, TN 37402*

When you choose a PCP, we will send you letter as notification.
You can begin seeing your new PCP on the effective date.

Member Information:

Your Name: _____
Last First MI
Your Street Address: _____
City: _____ State: _____ Zip Code: _____
Your ID number: _____ Your Birth Date: _____/_____/_____
Month Day Year
Your Telephone Number: () _____
Area code Number

PCP 1st Choice:

Name of PCP you want: _____
Last First
Address: _____
Telephone Number: () _____
Area code Number

PCP 2nd Choice:

Name of PCP you want: _____
Last First
Address: _____
Telephone Number: () _____
Area code Number

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Notice Of Privacy Practices

Important privacy information. This notice describes how health plan information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY. THEN, KEEP IT ON FILE FOR REFERENCE.

LEGAL OBLIGATIONS

BlueCare Plus Tennessee and some subsidiaries and affiliates (BlueCare Plus Tennessee) are required to maintain the privacy of all health plan information, which may include your: name, address, diagnosis codes, etc. as required by applicable laws and regulations (hereafter referred to as “legal obligations”); provide this notice of privacy practices to all members, inform members of the company’s legal obligations; and advise members of additional rights concerning their health plan information. BlueCare Plus Tennessee must follow the privacy practices contained in this notice from its effective date until this notice is changed or replaced.

BlueCare Plus Tennessee reserves the right to change its privacy practices and the terms of this notice at any time, as permitted by the legal obligations. Any changes made in these privacy practices will be effective for all health plan information that is maintained, including health plan information created or received before the changes are made. All members will be notified of any changes by receiving a new notice of the company’s privacy practices.

You may request a copy of this notice of privacy practices at any time by contacting BlueCare Plus Tennessee at the address on the back of this notice.

Notice Of Privacy Practices

Questions and Complaints

If you want more information concerning the company's privacy practices or have questions or concerns, please contact the Privacy Office.

If you are concerned that: (1) the company has violated your privacy rights; (2) you disagree with a decision made about access to your health plan information or in response to a request you made to amend or restrict the use or disclosure of your health plan information; (3) to request that the company communicate with you by alternative means or at alternative locations; please contact the Privacy Office. You may also submit a written complaint to the U.S. Department of Health and Human Services. The company will furnish the address where you can file a complaint with the U.S. Department of Health and Human Services upon request. If you have any privacy related issues or concerns, there may be other ways to contact us. Please contact member services for additional information.

The company supports your right to protect the privacy of your health plan information. There will be no retaliation in any way if you choose to file a complaint with BlueCare Plus Tennessee or subsidiaries and affiliates, or with the U.S. Department of Health and Human Services.

BlueCare Plus Tennessee
The Privacy Office
1 Cameron Hill Circle
Chattanooga, Tennessee 37402
Phone: (888) 455-3824
Fax: (423) 535-1976
E-mail: privacy_office@bcbst.com

For additional information, including TTY/TDD users, please call the Privacy Office at 1-888-455-3824.

Organizations Covered by this Notice

This notice applies to the privacy practices of BlueCare Plus Tennessee and may apply to some subsidiaries and affiliates. Health plan information about members may be shared among these organizations as needed for treatment, payment or health care operations. As the company procures or creates new business lines, they may be required to follow the terms defined in this notice of privacy practices.

Subsidiaries or affiliates that do not receive or have access to your health plan information and are to be excluded from this notice of privacy practices include: The non-healthcare components of Golden Security Insurance Company, Southern Health Plan, Inc., and Tennessee Health Foundation Inc.



Notice Of Privacy Practices

Uses and Disclosures of Your Information

Your health plan information may be used and disclosed for treatment, payment, and health care operations. For example:

TREATMENT: Your health plan information may be disclosed to a healthcare provider that asks for it to provide treatment.

PAYMENT: Your health plan information may be used or disclosed to pay claims for services or to coordinate benefits, which are covered under your health insurance policy.

HEALTH CARE OPERATIONS: Your health plan information may be used and disclosed to determine premiums, conduct quality assessment and improvement activities, to engage in care coordination or case management, accreditation, conducting and arranging legal services, fraud prevention and investigation, wellness, disease management, and for other similar administrative purposes.

AUTHORIZATIONS: You may provide written authorization to use your health plan information or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time. That revocation will not affect any use or disclosure permitted by your authorization while it was in effect. BlueCare Plus Tennessee cannot use or disclose your health plan information except those described in this notice, without your written authorization. Examples of where an authorization would be required: Most uses and disclosures of psychotherapy notes (if recorded by a covered entity), uses and disclosures for marketing purposes, disclosures that constitute a sale of PHI, other uses and disclosures not described in this notice.

PERSONAL REPRESENTATIVE: Your health plan information may be disclosed to a family member, friend or other person as necessary to help with your health care or with payment for your health care. You must agree that the company may do so, as described in the Individual Rights section of this notice.

PLAN SPONSORS: Your health plan information, and the health plan information of others enrolled in your group health plan, may be disclosed to your plan sponsor in order to perform plan administration functions. Please see your plan documents for a full description of the uses and disclosures the plan sponsor may make of your health plan information in such circumstances.

UNDERWRITING: Your health plan information may be received for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a health insurance or benefits contract. If the company does not issue that contract, your health plan information will not be used or further disclosed for any other purpose, except as required by law. Additionally, health plans are prohibited from using or disclosing genetic information of an individual for underwriting purposes pursuant to the Genetic Information Nondiscrimination Act of 2008 (GINA).

Notice Of Privacy Practices

MARKETING: Your health plan information may be used to provide information about health-related benefits, services or treatment alternatives that may be of interest to you. Your health plan information may be disclosed to a business associate assisting us in providing that information to you. We will not market products or services other than health-related products or services to you unless you affirmatively opt-in to receive information about non-health products or services we may be offering. You have the right to opt out of fundraising communications.

RESEARCH: Your health plan information may be used or disclosed for research purposes, as allowed by law.

YOUR DEATH: If you die, your health plan information may be disclosed to a coroner, medical examiner, funeral director or organ procurement organization.

AS REQUIRED BY LAW: Your health plan information may be used or disclosed as required by state or federal law.

COURT OR ADMINISTRATIVE ORDER: Health plan information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

VICTIM OF ABUSE: If you are reasonably believed to be a victim of abuse, neglect, domestic violence or other crimes, health plan information may be released to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. Health plan information may be disclosed, when necessary, to assist law

enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

MILITARY AUTHORITIES: Health plan information of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. Health plan information may be disclosed to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

Individual Rights

1. DESIGNATED RECORD SET: You have the right to look at or get copies of your health plan information, with limited exceptions. You must make a written request, using a form available from the Privacy Office, to obtain access to your health plan information. If you request copies of your health plan information, you will be charged 25¢ per page, \$10 per hour for staff time required to copy that information, and postage if you want the copies mailed to you. If you request an alternative format of your health plan information, the charge will be based upon the cost of providing your health plan information in the requested format. If you prefer, the company will prepare a summary or explanation of your health plan information for a fee. For a more detailed explanation of the fee structure, please contact the Privacy Office. The company requires advance payment before copying your health plan information, we will provide this information to you in a timely manner.



Notice Of Privacy Practices

2. ACCOUNTING OF DISCLOSURES:

You have the right to receive an accounting of any disclosures of your health plan information made by the company or a business associate for any reason, other than treatment, payment, or health care operations purposes within the past six years. This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the health plan information disclosed, the reason for the disclosure, and certain other information. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to those additional requests. Please contact the Privacy Office for a more detailed explanation of the fees charged for such accountings.

3. RESTRICTION REQUESTS: You have the right to request restrictions on the company's use or disclosure of your health plan information. The company is not required to agree to such requests. The company will only restrict the use or disclosure of your health plan information as set forth in a written agreement that is signed by a representative of the Privacy Office on behalf of the company.

4. BREACH NOTICE: You have the right to notice following a breach of unsecured protected health information. The notice of a breach of unsecured protected health information shall at a minimum include the following: The date of the breach, the type of data disclosed in the breach, who made the non-permitted access, use or disclosure of unsecured protected health information and who received the non-permitted disclosure, and what corrective business action was or will be taken to prevent further non-permitted access, uses or disclosures of unsecured protected health information.

5. CONFIDENTIAL COMMUNICATIONS:

If you reasonably believe that sending health plan information to you in the normal manner will endanger you, you have the right to make a written request that the company communicate that information to you by a different method or to a different address. If there is an immediate threat, you may make that request by calling a BlueCare Plus Tennessee Customer Service Representative or the Privacy Office at 1-888-455-3824. Follow up with a written request is required as soon as possible. The company must accommodate your request if it is reasonable, specifies how and where to communicate with you, and continues to permit collection of premium and payment of claims under your health plan.



Notice Of Privacy Practices

6. AMENDMENT REQUESTS: You have the right to make a written request that the company amend your health plan information. Your request must explain why the information should be amended. The company may deny your request if the health plan information you seek to amend was not created by the company or for other reasons permitted by its legal obligations. If your request is denied, the company will provide a written explanation of the denial. If you disagree, you may submit a written statement that will be included with your health plan information. If the company accepts your request, reasonable efforts will be made to inform the people that you designate about that amendment. Any future disclosures of that information will be amended.

7. RIGHT TO REQUEST WRITTEN NOTICE: If you receive this notice on the company's Web site or by electronic mail (e-mail), you may request a written copy of this notice by contacting the Privacy Office.



Nondiscrimination Notice

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

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact member service at the number on the back of your Member ID card or call 1-800-332-5762 (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. 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 1-800-332-5762 (TTY: 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	100%

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-332-5762 (رقم هاتف الصم والبكم: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-800-332-5762 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-332-5762 (TTY: 711) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-5762 (ATS: 711).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີຢູ່ໃນທ້ອງຖານ. ໂທ 1-800-332-5762 (TTY: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-332-5762 (መስማት ለተሳናቸው፡ 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-5762 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો.
1-800-332-5762 (TTY:711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-332-5762 (TTY: 711) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-332-5762 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-332-5762 (TTY: 711) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-5762 (телетайп: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY:711) 1-800-332-5762 تماس بگیرید .

[illegible]

Age Group	Percentage
18-24	10%
25-34	20%
35-44	25%
45-54	20%
55-64	15%
65-74	10%
75-84	5%
85+	5%

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium, copayments and coinsurance may change on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

TennCare is not responsible for payment of these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

This plan is available to anyone who has both Medicare and TennCare or receives Medicare cost-sharing assistance from Medicaid.

Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services. Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Please contact the plan for further details. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party. BlueCare Plus members with a health, mental health, learning problem or a disability have the right to receive information in a way they can understand.

The products and services described above are neither offered nor guaranteed under our contract with Medicare. In addition, they are not subject to the Medicare Advantage appeals process. Any disputes regarding these products and services may be subject to BlueCare Plus Tennessee's grievance process. Member discount arrangements may change without notice.



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

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.

BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association.