



For you.  
With you.

2024 BlueCare Plus Choice (HMO D-SNP)<sup>SM</sup> Dual Eligible Special Needs Plan

**Welcome! We're glad  
you're with us.**



WELCOME

# We're here for you

Wouldn't it be nice to have someone who knows you? Someone to help you talk to your doctors? Someone who could help you with questions about your health and help tell you how your medications work together? Someone to help you with things your doctors said you need to be doing?

**We're your care team, and that's exactly what we do.**

The chart on the right is a reminder of how your CHOICES services work. Then, we'll go over your benefits and how to get started with BlueCare Plus Choice.



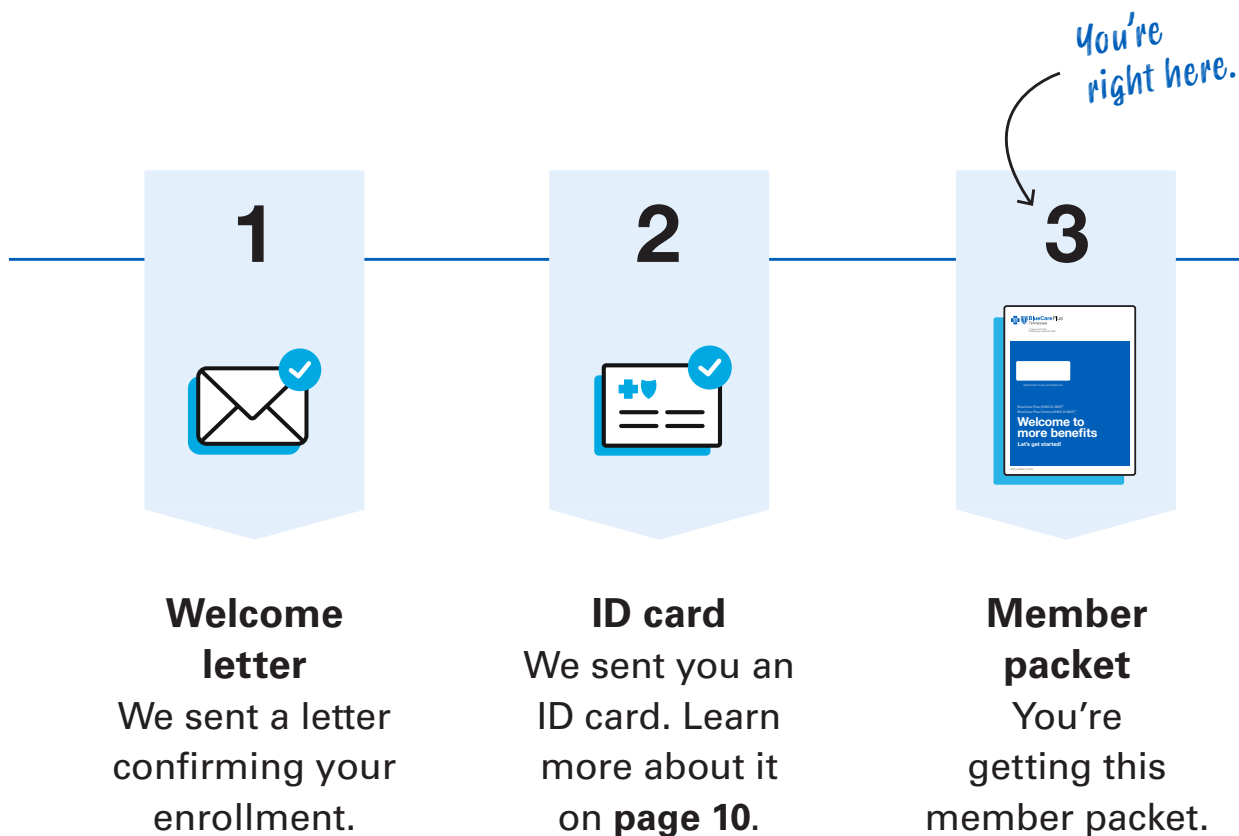
# CHOICES services by group

WHAT'S COVERED	GROUP 1	GROUP 2	GROUP 3
<b>Nursing facility care</b>	✓	Short-term only (90 days)	Short-term only (90 days)
<b>Community-based residential living</b>		✓	(Specified community-based residential alternative services and levels of reimbursement only. See below) <sup>1</sup>
<b>Personal care visits</b> (two visits per day at intervals of no less than four hours between visits)		✓	✓
<b>Attendant care</b> (1,080 hours per calendar year; 1,400 hours per full calendar year only for persons who require covered assistance with household chores or errands in addition to hands-on assistance with self-care tasks)		✓	✓
<b>Home-delivered meals</b> (one meal per day)		✓	✓
<b>Personal emergency response systems (PERS)</b>		✓	✓
<b>Adult day care</b> (2,080 hours per calendar year)		✓	✓
<b>In-home respite care</b> (216 hours per calendar year)		✓	✓
<b>In-patient respite care</b> (nine days per calendar year)		✓	✓
<b>Assistive technology</b> (\$900 per calendar year)		✓	✓
<b>Minor home modifications</b> (\$6,000 per project; \$10,000 per calendar year; and \$20,000 per lifetime)		✓	✓
<b>Pest control</b> (nine units per calendar year)		✓	✓

<sup>1</sup> CBRA's for which Group 3 members are eligible include only: Assisted Care Living Facility services, Community Living Supports 1 (CLS1) and Community Living Supports-Family Model 1 (CLS-FM1)

# Let's get started!

We want to make getting started with your plan as easy as possible. Here's what you can expect.





**For you.  
With you.**

**4**



### **Set up texting**

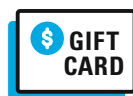
Get quick updates on the go by signing up for texts. Give us a call at **1-800-332-5762**, TTY **711**

**5**



### **Health Needs Assessment call**

We'll call to talk about your health needs. You can get a **gift card** for this through MyHealthy Rewards.



*Yay!*

**6**



### **We'll send a letter confirming your Primary Care Provider (PCP).**

Don't worry — if you ever want to change your PCP, just give us a call.

*Add our number into your phone.*

## USING YOUR PLAN

# Benefits that make a difference

Here's a glance at your 2024 benefits.



**\$0**

premiums, deductibles  
and medical/Part D  
drug copays



**\$3,300**

combined allowance per  
year for select hearing  
and vision services (we'll  
cover \$800 maximum  
for supplemental  
vision services)



**\$280**

allowance per  
month for healthy food  
and over-the-counter  
items



**60**

free, one-way rides  
per year for doctor and  
pharmacy visits



**\$100**

allowance per  
month for qualifying  
housing utilities



**56**

meals delivered after  
a qualifying inpatient  
hospital or skilled nursing  
facility stay

You must continue to pay your Medicare Part B premium each month. Costs shown are for providers in our network. We provide members with a flex card to use for select hearing and vision services; housing utilities; and over-the-counter/healthy food items. Value of the flex card is preloaded with certain amounts, according to benefits. Value of card may be zero. Over-the-counter, healthy food and housing utilities allowance does not roll over from month to month. Card may not be used at all merchants or providers. Merchants and providers must accept major credit cards. Purchases may be restricted to certain types of items and services. Benefit limits may apply. Check your Evidence of Coverage for details. Or give us a call.

BlueCare Plus Choice Benefits:	What you pay:
Ambulance	\$0 cost share
Dialysis	\$0 cost share
Durable Medical Equipment / Prosthetics	\$0 cost share
Emergency Care	\$0 cost share
Home Health Care	\$0 cost share
Inpatient Hospital Care	\$0 cost share
Lab Tests and X-rays	\$0 cost share
Medicare Part B Diabetic Supplies	\$0 cost share
Monthly Premium	\$0 – You pay nothing
Outpatient Surgical Services	\$0 cost share
Outpatient Rehabilitation	\$0 cost share
Preventive Care	\$0 cost share
Primary Care and Specialist Office Visits	\$0 cost share
Skilled Nursing Facility	\$0 cost share
Telehealth	\$0 cost share
Urgently Needed Care	\$0 cost share
<b>Hearing and Vision</b> — \$3,300 combined allowance per year for hearing and vision services we cover (we'll cover \$800 maximum for supplemental vision services)	<b>included at no additional cost</b>
<b>Fitness Program</b>	<b>included at no additional cost</b>
<b>Housing Utilities</b> — \$100 allowance per month	<b>included at no additional cost</b>
<b>Meals</b> — 56 meals delivered after an inpatient hospital or skilled nursing facility stay	<b>included at no additional cost</b>
<b>Over-the-Counter/Healthy Food Items</b> — \$280 allowance per month, no roll-over	<b>included at no additional cost</b>
<b>Transportation</b> — 60 free, one-way rides to plan-approved locations	<b>included at no additional cost</b>



PART D

# Your prescription drug benefits

You'll pay different amounts for your covered drugs based on what level of "Extra Help" you receive.

WHAT'S COVERED		WHAT YOU PAY
<b>Initial Coverage Limit</b> You'll pay this much for each drug until you've paid <b>\$8,000 per year</b> .	<b>Generic</b>	<b>\$0, \$1.55 or \$4.50 copay</b>
	<b>Brand</b>	<b>\$0, \$4.60 or \$11.20 copay</b>
<b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacy and mail order) reach \$8,000, you pay nothing for all drugs.		<b>\$0</b>



# Important things to know

We want to make using your pharmacy benefits as easy as possible. And that means getting to know some ins and outs of your Medicare Part D prescription drug coverage.

1

## How We Provide Your Coverage

CVS Caremark® helps us manage your prescription drug coverage. They may contact you from time to time, so please open any mail you get from them as if it were from us.

*You may hear from CVS.*



We may also mention CVS if you need to do something with them. This doesn't mean you have to use a CVS Pharmacy®. You have many choices for nearby pharmacies in our network. This includes mail order, local pharmacies, national retail drugstores and many grocery store pharmacies.

2

## Our Pharmacy Network

Just like with providers, your plan has a pharmacy network. In most cases, your prescription drugs are covered only if they're on our drug list and they're filled at a network pharmacy or through our mail order pharmacy service.

3

## Understanding Drug Costs

According to the U.S. Food and Drug Administration (FDA), a generic drug is an approved drug that has the same active ingredients as the brand name drug. Generally, generic drugs cost less than brand name drugs.

4

## What Are Prior Authorization and Step Therapy?

Prior authorization means you'll need to get approval from us before we'll cover the drug for you. If you don't get this approval, your drug might not be covered. Step therapy means you may need to try a different drug to treat the same condition before we'll cover another drug.

ONE CARD. MULTIPLE BENEFITS.

# Your flex card

We make it easier to get the things you need. We give you one prepaid card to use for multiple plan benefits.



*If you haven't got your flex card yet, don't worry. You'll get it soon.*



## Hearing and Vision

You can get a **\$3,300 combined yearly allowance** for the hearing and vision services we cover.

This includes:

- › Your annual hearing exam with a TruHearing® provider
- › One TruHearing Advanced hearing aid per ear, per year (batteries included)
- › Glasses, frames and contacts
- › We'll cover \$800 maximum for supplemental vision services.



## Housing Utilities

You can get a **\$100 monthly allowance** for plan-approved housing utilities. You can use this allowance to pay for utilities like water, natural gas, electric and cable/internet.



## Healthy Food and OTC Items

You can get a **\$280 monthly allowance** for approved healthy food and over-the-counter (OTC) items. This includes wellness products like vitamins and cold medicine. It also includes food like fruit, veggies, canned goods, dairy products and more.

Allowance does not roll over from month to month. Benefit limits, exclusions and eligibility requirements may apply. Please see your Evidence of Coverage for full details. Or give us a call.

# Earn rewards with MyHealthy Rewards

Treat yourself to gift cards. Just sign up for MyHealthy Rewards and get the screenings your provider says you need. You can earn gift cards for some of them while keeping an eye on your health.

## It's easy to sign up:

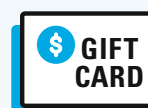
- › Visit [myhealthyrewards.healthmine.com](https://myhealthyrewards.healthmine.com).
- › Tell us a little about yourself.
- › Choose your preferences.
- › Create your password.
- › Start earning rewards.



You can also sign up by calling **1-866-267-3367**, TTY **711**, From 9 a.m. to 6 p.m. ET, Monday through Friday.

## Start earning with a Health Needs Assessment (HNA)

This is a set of questions to help you understand your health and how to improve it. Completing one is a great first step toward a healthier you. Plus, you'll start earning with MyHealthy Rewards



## Preventive screenings in our rewards and incentives program include:

- Completion of the Health Needs Assessment
- Annual Wellness Visit
- Colorectal cancer
- Breast cancer
- Diabetic eye exam

**Questions?** Give us a call. We can tell you about these screenings, which ones you're eligible for and what limitations apply. The screenings listed here are for the 2024 plan year.

## HEALTH INSURANCE CARDS

# Your ID cards

Here's a quick guide to what health insurance cards you might need to keep in your wallet.

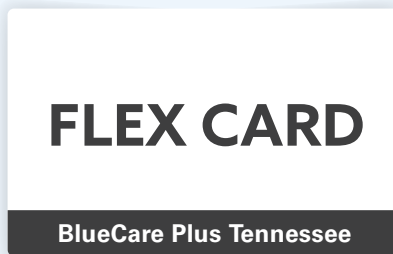
1



## Carry with you.

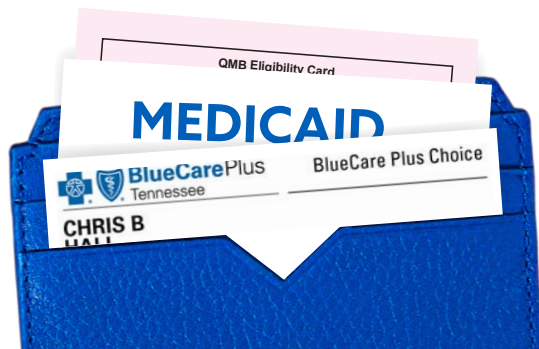
Your BlueCare Plus Choice health plan should be your first (or primary) insurance now. That means you'll always show this ID card when you get care or pick up prescriptions.

2



## Don't forget your flex card!

You can use your flex card for multiple plan benefits. So you'll want to carry it with you too.



You may not have all of these cards, so don't worry about the ones you don't recognize.

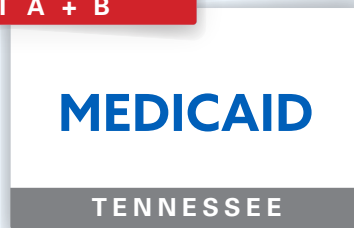
You don't have to carry these cards, but keep them in a safe place.

2



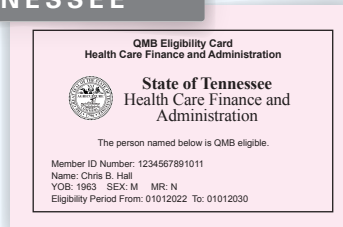
**Original Medicare**  
(or red, white and blue) card

3



**Medicaid card**  
(from a plan like BlueCare Tennessee)

4



**QMB or "Extra Help" card**  
(the pink card)

# Here's how to connect with us and get plan info:



## Set up your online account.

This is usually the fastest way to check on claims, benefits and medicine and find which providers are in our network. Go to [bluecareplus.bcbst.com](https://bluecareplus.bcbst.com) and click **Log in** at the top right corner of the website. You can then set up your account by clicking on **register an account**.

Once you've set up your account, you can:



## Check to see if our network includes these things:

- › Your Primary Care Provider
- › Any specialists you see
- › Your pharmacy
- › The hospitals and health facilities you use



## Check our list of covered drugs.

Our plan covers certain medications. It's a good idea to see if your prescribed medications are on our drug list.



## Sign up for texting.\*

You'll get appointment reminders, tools and other resources sent right to your phone.

\*These text communications aren't secure, so there's a possibility that someone else can read the information included in them. By signing up, you accept the risks associated with texting.

## CONTACT INFO

# Resources for you



When you have questions about your BlueCare Plus Choice plan, call us. Your questions are important to us, and we're here to help.

<b>BlueCare Plus Tennessee Member Service</b>	<b>1-800-332-5762, TTY 711</b> See back cover for hours of operation.
<b>BlueCare Plus Tennessee website</b>	<b><a href="http://bluecareplus.bcbst.com">bluecareplus.bcbst.com</a></b>
<b>Member Care Team</b> Monday–Friday, 8 a.m. to 6 p.m. ET	<b>1-877-715-9503, TTY 711</b>
<b>Transportation</b> Call for a ride to your doctor visit at least 72 hours before.	<b>1-855-681-5032, TTY 711</b>
<b>Nurseline</b> 24 hours a day, 7 days a week	<b>1-888-747-8951, TTY 711</b>
<b>Over-the-Counter</b> Call to place your order. Monday–Friday, 8 a.m. to 8 p.m. ET	<b>1-800-384-2038, TTY 711</b>
<b>Fraud Hotline</b> 24 hours a day, 7 days a week	<b>1-888-343-4221, TTY 711</b>

**For you. With you.  
We're right here.**



**Questions?** Please call us.  
**1-800-332-5762, TTY 711**



**[bluecareplus.bcbst.com](http://bluecareplus.bcbst.com)**



1 Cameron Hill Circle | Chattanooga, TN 37402 | [bluecareplus.bcbst.com](http://bluecareplus.bcbst.com)

From **Oct. 1 to March 31**, you can call us seven days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. TruHearing is an independent company that provides hearing products and/or services for BlueCare Plus Tennessee. TruHearing does not provide BlueCare Plus Tennessee branded products and/or services. TruHearing is solely responsible for the products and/or services they provide. This information is not a complete description of benefits. Benefit limits may apply. BlueCare Plus Tennessee does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-5762, TTY 711.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-332-5762، TTY 711.

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