2025 Summary of Benefits

BlueCare Plus Choice (HMO D-SNP)℠

BlueCare Plus Tennessee

H3259_25SBBCPC_M (08/24)

Introduction

This document is a brief summary of the benefits and services covered by BlueCare Plus Choice. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of BlueCare Plus Choice. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage.*

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A. Disclaimers

This is a summary of health services covered by BlueCare Plus Choice for 2025. This is only a summary. Please read the *Evidence of Coverage (EOC)* for the full list of benefits. Visit bluecareplus.bcbst.com/documents or call **1-888-413-9637**, TTY **711**, to view a copy of the EOC. If you're a current member, please call the number on the back of your Member ID card.

- BlueCare Plus Tennessee is an HMO D-SNP with a Medicare contract and a contract with Tennessee Medicaid (TennCare℠). Enrollment in BlueCare Plus Tennessee depends on contract renewal.
- TennCare (Medicaid) is not responsible for payment of these benefits, except for appropriate cost-sharing amounts such as premiums, deductibles and copays. TennCare (Medicaid) is not responsible for guaranteeing the availability or quality of these benefits.
- The BlueCare Plus Choice plan has a network of doctors, hospitals, pharmacies and other providers. If you use providers who aren't in our network, the plan won't pay for these services, unless authorized in advance. This plan doesn't require referrals to see specialists in the BlueCare Plus Tennessee network.
- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about TennCare you can check the Members/Applicant section of the TennCare website at www.tn.gov/TennCare or call 1-800-342-3145. For people who have both Medicare and TennCare you can contact TennCare Connect at 1-855-259-0701 or 1-800-848-0298 TTY, Monday – Friday 7 a.m. to 6 p.m. CST. Or use the free TennCare Connect member portal at: www.tenncareconnect.tn.gov
- You can get this document for free in other formats, such as large print, accessible electronic documents, language translations or audio. Call 1-800-332-5762, TTY 711. From Oct. 1 to Mar. 31, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From Apr. 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. The call is free.
- We have free translation services for your member materials, like if you need a letter from us in a different language. Member materials are available at a minimum in Spanish and Arabic.
- If you don't understand a letter from us or your services, call your Care Coordinator. They can talk to you about your problems and try to help you with your issues. This is a free service to you.
- 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.

- Costs shown are for providers in our network.
- We provide members with a flex card to use for housing utilities, over-the-counter/healthy food items and transportation. Value of the flex card is preloaded with certain amounts, according to benefits. Value of card may be zero. 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 the plan's *Evidence of Coverage* for details. Or give us a call.
- Members can call Member Service at the toll-free number at the bottom of this page to request needed materials in their preferred language. If you would like to receive these materials annually, please let us know when you make your request. We will document your preferences and send you these materials annually. If you would like to stop receiving these materials annually, please call us at the toll-free number at the bottom of this page.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a BlueCare Plus Choice plan?	BlueCare Plus Choice is a specialized Medicare Advantage plan (a Medicare Special Needs Plan), which means its benefits are designed for people with special health care needs. BlueCare Plus Choice is designed for people who have Medicare, full TennCare (Medicaid) benefits enrolled in BlueCare as their Medicaid Managed Care Organization and who qualify for TennCare CHOICES program groups 1, 2 or 3. TennCare CHOICES is Long-Term Services and Supports (LTSS) for adults (age 21 and older) with a physical disability and seniors (age 65 and older). This plan has a contract with the Tennessee Medicaid program to coordinate your TennCare (Medicaid) benefits. Our plans provide Medicare and TennCare (Medicaid) health care coverage, including prescription drug coverage, and long-term care or home and community based services. Our plan does not charge a copay for most covered services. Copays may apply for covered drugs from a retail pharmacy in our network or through our mail-order delivery program. Your copay will depend on your level of Low Income Subsidy. BlueCare Plus Choice also has care coordinators and care teams to help you manage your providers and services. Your care team works with you to make an Individualized Care Plan. An Individualized Care Plan tells you and your doctors what services you need and how to get them. It includes your medical, behavioral health, and LTSS services using a person-centered approach to your needs assessment and care planning. To join BlueCare Plus Choice, you must be enrolled in Medicare Part A and Part B, receive Full Dual Medicaid assistance with BlueCare Tennessee, qualify for CHOICES Groups 1, 2 or 3, and live in our service area. Our service area includes all Tennessee counties. Eligibility for full Medicaid benefits means you're eligible to receive TennCare benefits for the following Medicare Savings Program levels of eligibility: QMB+, SLMB+ and FBDE. Please read the *Evidence of Coverage (EOC)* for more information on eligibility levels.

Frequently Asked Questions	Answers
Will I get the same Medicare and TennCare benefits in BlueCare Plus Choice that I get now?	You will get most of your covered Medicare and TennCare benefits directly from BlueCare Plus Choice. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Original Medicare. When you enroll in BlueCare Plus Choice, you and your care coordinator will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that BlueCare Plus Choice does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for BlueCare Plus Choice to cover your drug if medically necessary. For more information, call Member Service at the numbers in the footer of this document.
Can I go to the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with BlueCare Plus Choice and have a contract with us, you can keep going to them. › Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in BlueCare Plus Choice's network**. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. › If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of BlueCare Plus Choice's plan. TennCare (Medicaid) and BlueCare Plus Choice will only pay for emergencies away from home that are inside the United States. We can't pay for care you get out of the country. › If you are currently under treatment with a provider that is out of BlueCare Plus Choice's network or have an established relationship with a provider that is out of BlueCare Plus Choice's network, call Member Service to check about staying connected. You may continue to see your previous provider or receive previous services for at least 30 days to ensure continuity of care pending the provider enrolling under the health plan or finding a new provider under the health plan to facilitate a seamless transition of those services. To find out if your providers are in the plan's network, call Member Service at the numbers in the footer of this document or read BlueCare Plus Choice's Provider Directory on the plan's website at bluecareplus.bcbst.com. If BlueCare Plus Choice is new for you, we will work with you to develop an Individualized Care Plan to address your needs.

Frequently Asked Questions	Answers
What is a BlueCare Plus Choice care coordinator?	A BlueCare Plus Choice care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in BlueCare Plus Choice's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, BlueCare Plus Choice will pay for the cost of an out-of-network provider.
Where is BlueCare Plus Choice available?	The service area for this plan includes: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson and Wilson Counties, Tennessee. You must live in this area to join the plan.
What is prior authorization?	Prior authorization means an approval from BlueCare Plus Choice to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. BlueCare Plus Choice may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** BlueCare Plus Choice can provide you or your provider with a list of services or procedures that require you to get prior authorization from BlueCare Plus Choice before the service is provided. Refer to **Chapter 3**, Section D of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage*, Section D, to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Service at the numbers in the footer of this document for help.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under BlueCare Plus Choice?	No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
Do I pay a deductible as a member of BlueCare Plus Choice?	No. You do not pay deductibles in BlueCare Plus Choice.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of BlueCare Plus Choice?	There is no cost sharing for medical services in BlueCare Plus Choice, so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Except in an emergency, prior authorization is required. We cover 90 days of care each benefit period. Our plan also covers 60 lifetime reserve days. Additional coverage may be available under your TennCare (Medicaid) benefits.
	Outpatient hospital services, including observation	$0	May require prior authorization
	Ambulatory surgical center (ASC) services	$0	May require prior authorization
	Doctor or surgeon care	$0	
You want a doctor	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" (preventive visit one time only)	$0	Covered only during the first 12 months that you have Medicare Part B.
	Specialist care	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	If you need emergency care, you can use providers outside of BlueCare Plus Choice's plan without prior authorization. BlueCare Plus Choice and TennCare (Medicaid) will only pay for emergencies away from home that are inside the United States. We can't pay for care you get out of the country. If you get emergency care at an out-of-network hospital and need inpatient care after your emergency is stabilized, you must return to a network hospital in order for your care to be covered or you must have your inpatient care at the out-of-network hospital authorized by the plan.
	Urgent care	$0	Services received out-of-network will be covered for urgent care. Prior authorization is not required. Coverage is limited to within the United States.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	May require prior authorization
	Lab tests and diagnostic procedures, such as blood work	$0	May require prior authorization
You need hearing/ auditory services	Hearing screenings	$0	One routine hearing exam per year (must use a TruHearing® provider).
	Hearing aids	$0	Two TruHearing® hearing aids (one per ear) every three years. This is limited to hearing aids available in the TruHearing® catalog. You must see a TruHearing® provider to use this benefit. Call 1-833-312-3128, TTY 711, 8 a.m. – 8 p.m. Monday through Friday to schedule a visit.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	$0	Covered through TennCare (Medicaid). Information about dental benefits and providers can be found at dentaquest.com.
	Restorative and emergency dental care	$0	May require prior authorization. BlueCare Plus Choice will pay for some dental services when the service is an integral part of specific treatment of a beneficiary's primary medical condition. BlueCare Plus Choice covered dental services are those which are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease or services that would be covered when provided by a physician.
You need eye care	Eye exams (diagnostic)	$0	BlueCare Plus Choice covers outpatient doctor services for the diagnosis and treatment of diseases and injuries of the eye. We cover one pair of glasses or contact lenses after each cataract surgery when doctor inserts intraocular lens.
	Eye exams (routine)	$0	$500 annual plan coverage limit for supplemental vision care; one exam per year.
	Glasses, frames or contact lenses	$0	$500 annual plan coverage limit for supplemental vision care; one pair of glasses or frames per year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services	Behavioral Health Care (Mental health services)	$0	Our plan covers mental health services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), nurse practitioner (NP), physician assistant (PA), or other Medicare-qualified mental health care professional as allowed under applicable state laws.
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	May require prior authorization BlueCare Plus Choice and TennCare (Medicaid) benefits include partial hospitalization, inpatient mental health, subacute psychiatric, psychological testing, electroconvulsive therapy, psychiatric rehabilitation, residential psychiatric facilities, intensive outpatient services, supportive Housing (ex: Halfway House), crisis respite care, transcranial magnetic stimulations, residential treatment facility, case management services, crisis stabilization unit, applied behavioral analysis, continuous treatment team and program of assertive community treatment. BlueCare Plus Choice covers 190-day lifetime limit for inpatient psychiatric services. TennCare (Medicaid) may cover the additional inpatient psychiatric days.
You need substance use disorder services	Substance use disorder services	$0	May require prior authorization BlueCare Plus Choice and TennCare (Medicaid) benefits include chemical dependency partial hospitalization program, substance abuse rehabilitation, detoxification, and medication assisted treatment for opioid use disorder.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization is required Our plan covers 100 skilled nursing facility days each benefit period. A "benefit period" starts the day you go into the hospital or skilled nursing facility. The benefit period ends when you go 60 days in a row without an inpatient hospital or skilled nursing facility stay. There's no limit to the number of benefit periods you can have. $0 cost share for days 1-100. TennCare (Medicaid) will consider additional days.
	Nursing home care	$0	You may have to pay part of the cost of your nursing facility care. It's called "patient liability." The amount you pay depends on your income and countable expenses.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization is required

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Emergency transportation	$0	Covered ambulance services include ground and air (airplane and helicopter) and ambulance services. Your condition must be serious enough that other ways of getting to a place of care could risk your health or life.
	Transportation to medical appointments and services (Non-Emergency transportation services or NEMT)	$0	Our plan provides transportation for plan approved vision and hearing appointments, fitness center visits and non-emergency ambulance rides that are not covered by the member's Medicaid plan using a shared monthly allowance loaded on-to the member's Flex Card. NOTE: Must use an approved Flex Card transportation provider. TennCare (Medicaid) provides transportation for unlimited plan-approved non emergent medical appointments within 90 miles from pick up location.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition **(Continued on the next page)**	Medicare Part B prescription drugs	$0	Prior authorization is required. Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs.
	Medicare Part D prescription drugs Tier 1: Initial Coverage Stage Tier 2: Catastrophic Coverage Stage	Tier 1 Initial Coverage Stage: For generic drugs (including brand drugs treated as generic): $0 copay, or $1.60 copay, or $4.90 copay for a 30- or 90-day supply For all other covered drugs: $0 copay, or $4.80 copay, or $12.15 copay for a 30- or 90-day supply Tier 2 Catastrophic Coverage Stage: $0 Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to BlueCare Plus Choice's List of Covered Drugs (Drug List) for more information. The initial coverage stage is what you pay for a 30- or 90-day supply of covered drugs from a retail pharmacy in our network or through our mail-order delivery program. Your cost is the same for a one-month or up to a 90-day supply. Your copay will depend on your level of Low Income Subsidy. Some drugs may require prior authorization. Once you or others on your behalf pay $2,000, you have reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Evidence of Coverage* for more information on this stage.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition **(Continued)**	Over-the-counter (OTC) drugs		The Flex Card monthly benefit allowance of $280 can be used to pay for covered items at select retail stores. You can also place an order online, over the phone, or by mail through our Over-the-Counter (OTC) Catalog that will be sent to you.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization is required for outpatient rehabilitation. Covered services include: Cardiac (heart) rehab services for a maximum of two one-hour sessions per day for 36 sessions. Pulmonary (lung) rehab services for a maximum of two one-hour sessions per day for 36 sessions. Supervised Exercise Therapy for Peripheral Artery Disease (SET for PAD)
	Dialysis services	$0	
You need foot care	Podiatry services	$0	Foot care and treatment
	Orthotic services	$0	May require prior authorization if the purchase price of orthotic devices is greater than $200.
You need durable medical equipment (DME) **Note:** This is not a complete list of covered DME. For a complete list, contact Member Service or refer to **Chapter 4** of the *Evidence of Coverage*.	Wheelchairs, crutches, and walkers	$0	May require prior authorization
	Nebulizers	$0	May require prior authorization
	Oxygen equipment and supplies	$0	May require prior authorization

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Home health services	$0	Prior authorization is required See information in Section D about TennCare Community Supports.
Additional services **(Continued on the next page)**	Chiropractic services	$0	We cover manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position). Supplemental routine chiropractic services are limited to 20 visits per year.
	Diabetes supplies and services	$0	
	Donor organ/tissue procurement services	$0	Prior authorization is required
	Housing Utilities		A monthly benefit allowance of $100 is available through the Flex Card for plan-approved housing utilities like water, natural gas, electric and cable/internet.
	Meals	$0	Notification is required Our plan covers 56 meals following discharge from a qualifying acute inpatient hospital or skilled nursing facility stay to a home setting.
	Organ and tissue transplant services	$0	Prior authorization is required
	Private duty nursing services	$0	Prior authorization is required TennCare (Medicaid) covers private duty nursing for people who are ventilator dependent for at least 12 hours each day or have a functioning tracheotomy along with the need of certain nursing care.
	Prosthetic services	$0	May require prior authorization if the purchase price of prosthetic devices is greater than $200.
	Radiation therapy	$0	May require prior authorization

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Reconstructive breast surgery	$0	Coverage for reconstructive breast surgery includes surgery to restore a breast to near normal shape, appearance, and size after having a mastectomy due to cancer.
	Wellness Program	$0	This plan includes a fitness program. This program includes online resources (like digital workout videos) and a free membership at participating standard fitness centers.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the BlueCare Plus Choice *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call BlueCare Plus Choice Member Service at the numbers in the footer of this document to get one. If you have questions, you can also call Member Service or visit **bluecareplus.bcbst.com**.

D. Benefits covered outside of BlueCare Plus Choice

There are some services that you can get that are not covered by BlueCare Plus Choice but are covered by Medicare, TennCare, or a State or county agency. This is not a complete list. Call Member Service at the numbers in the footer of this document to find out about these services.

Other services covered by Medicare, TennCare, or a State Agency	Your costs
Adult Day Care (2,080 hours per calendar year) – CHOICES Groups 2 and 3	$0
Assisted Care Living Facility – CHOICES Groups 2 and 3	You may have to pay part of the cost of your assisted care living facility care. It's called "patient liability." The amount you pay depends on your income and countable expenses.
Assistive technology ($900 per calendar year) – CHOICES Groups 2 and 3	$0
Certain hospice care services covered outside of BlueCare Plus Choice	$0
Critical Adult Care Home – CHOICES Group 2	You may have to pay part of the cost of your critical adult care home care. It's called "patient liability." The amount you pay depends on your income and countable expenses.
Companion Care - CHOICES Group 2	$0
Community Living Supports (CLS) – CHOICES Groups 2 and 3	You may have to pay part of the cost of your community living supports care. It's called "patient liability." The amount you pay depends on your income and countable expenses.

Other services covered by Medicare, TennCare, or a State Agency	Your costs
Community Living Supports – Family Model (CLS-FM) – CHOICES Groups 2 and 3	You may have to pay part of the cost of your community living supports - family model care. It's called "patient liability." The amount you pay depends on your income and countable expenses.
Enabling technology ($5,000 annual benefit) – CHOICES Groups 2 and 3	$0
Home-delivered meals (one meal per day) – CHOICES Groups 2 and 3	$0
In-home respite care (216 hours per calendar year) – CHOICES Groups 2 and 3	$0
In-patient respite care (nine days per calendar year) – CHOICES Groups 2 and 3	$0
Minor home modifications ($6,000 per project; $10,000 per calendar year; and $20,000 per lifetime) – CHOICES Groups 2 and 3	$0
Personal Care Visits – CHOICES Groups 2 and 3	$0
Personal Emergency Response System (PERS) – CHOICES Groups 2 and 3	$0
Pest Control (nine units per calendar year) – CHOICES Groups 2 and 3	$0

E. Services that BlueCare Plus Choice, Medicare, and TennCare do not cover

This is not a complete list. Call Member Service at the numbers in the footer of this document to find out about other excluded services.

Services BlueCare Plus Choice, Medicare, and TennCare do not cover
Services that are not medically necessary.
Services that are experimental or investigative.
Any medical or behavioral health (mental health, alcohol or substance use disorder) treatment outside of the United States.
Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.
A private room in a hospital, except when medically necessary.
Personal items in your room at a hospital or a nursing facility, such as a telephone or television.
Full-time nursing care in your home.
Fees charged by your immediate relatives or members of your household.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
Reversal of sterilization procedures and non-prescription contraceptive supplies.
Naturopath services (the use of natural or alternative treatments).

F. Your rights as a member of the plan

As a member of BlueCare Plus Choice, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

› **You have a right to respect, fairness, and dignity.** This includes the right to:

- Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, public assistance, or other groups protected by the civil rights laws. You have a right to report or file a written complaint if you think you have been treated differently. Being treated differently means you've been discriminated against. If you complain, you have the right to keep getting care without fear of bad treatment from BlueCare Plus Choice, providers, or TennCare. To file a complaint or learn more about your rights visit: www.tn.gov/tenncare/members-applicants/civil-rights-compliance
- Get information in other languages and formats (for example, large print, accessible electronic documents, or audio) free of charge
- Be free from any form of physical restraint or seclusion

› **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:

- Description of the services we cover
- How to get services
- How much services will cost you
- Names of health care providers and care coordinator

› **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:

- Choose a primary care provider (PCP) and change your PCP at any time during the year
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. BlueCare Plus Choice will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

› **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:

- Get timely medical care
- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan

› **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:

- Get emergency services without prior authorization in an emergency
- Use an out-of-network urgent or emergency care provider, when necessary

› **You have a right to confidentiality and privacy.** This includes the right to:

- Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
- Have your personal health information kept private
- Have privacy during treatment

› **You have the right to make complaints about your covered services or care.** This includes the right to:

- File a complaint or grievance against us or our providers
- File a complaint with TennCare at 1-800-878-3192 or 1-866-771-7043 TTY. The BlueCare Plus Choice website, bluecareplus.bcbst.com/use-insurance/documents-forms/bluecare-plus has complaint forms and instructions available online.
- Ask for an IMR of TennCare services or items that are medical in nature
- Appeal certain decisions made by State Department of Managed Health Care or our providers
- Ask for a State Hearing
- Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call BlueCare Plus Choice Member Service at the numbers in the footer of this document.

You can also call TennCare Connect for people who have Medicare and TennCare at 1-800-259-0701.

G. How to file a complaint or appeal a denied service

If you have a complaint or think BlueCare Plus Choice should cover something we denied, call Member Service at the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call BlueCare Plus Choice Member Service at the numbers in the footer of this document.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at BlueCare Plus Choice Member Service at the numbers in the footer of this document.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- TennCare's Office of Program Integrity (OPI), call the toll-free hotline 1-800-433-3982 or TTY users may call 1-877-779-3103.

BlueCare Plus Tennessee

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to our representative at **1-888-413-9637**, TTY **711**.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **bluecareplus.bcbst.com/documents** or call **1-888-413-9637**, TTY **711**, to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2026.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. You must also be a BlueCare Choices 1, 2 or 3 member. The Medicaid categories we accept are Qualified Medicare Beneficiary Plus (QMB+), Specified Low Income Beneficiary Plus (SLMB+) and Full Benefit Dual Eligible (FBDE).
- ☐ Effect on Current Coverage: If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

BlueCare Plus
Tennessee

Nondiscrimination Notice

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

BlueCross:

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

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

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Service at the number on the back of your Member ID card or call **1-800-332-5762**, TTY **711**. From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact Member Service at the number on the back of your Member ID card or call **1-800-332-5762**, 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 Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at 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 hhs.gov/ocr/office/file/index.html.

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

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

BlueCare Plus Tennessee, an Independent Licensee of the Blue Cross Blue Shield Association

Form Approved
OMB# 0938-1421

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-332-5762, TTY 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-332-5762, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-332-5762, TTY 711。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-332-5762, TTY 711。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-332-5762, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-332-5762, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-332-5762, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-332-5762, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-332-5762, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-332-5762, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-332-5762, TTY 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध है. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-332-5762, TTY 711 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-332-5762, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-332-5762, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-332-5762, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-332-5762, TTY 711. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-332-5762, TTY 711 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Notes

Notes

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call BlueCare Plus Choice Member Service:

1-800-332-5762, TTY **711**.

Calls to this number are free. From **Oct. 1 to Mar. 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **Apr. 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET.

Member Service also has free language interpreter services available for non-English speakers.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call BlueCare Plus Choice's Nurseline. A nurse will listen to your problem and tell you how to get care, such as when to go to urgent care or the emergency room. The number for the BlueCare Plus Choice Nurseline is:

1-888-747-8951, TTY **711**.

Calls to this number are free. Nurses are available 24 hours a day, 7 days a week.

BlueCare Plus Choice also has free language interpreter services available for non-English speakers.

If you need immediate behavioral health care, please call the Tennessee Crisis Hotline:

1-855-274-7471

Calls to this number are free. Get help 24 hours a day, 7 days a week.

BlueCare Plus Choice also has free language interpreter services available for non-English speakers.