2025 Summary of Benefits

BlueCare Plus (HMO D-SNP)℠

BlueCare Plus Tennessee

H3259_25SBBCP_M (08/24)

Summary of Medicare Benefits for Contract H3259-001

Benefit Category	BlueCare Plus
Monthly Plan Premium Our service area includes all counties in the state of Tennessee.	**$0. You pay nothing.**
Deductible	**$0. You pay nothing.**
Maximum Out-of-Pocket Responsibility (doesn't include prescription drugs)	**$0. You pay nothing.** The Division of TennCare (Medicaid) pays your $9,350 annual cost-sharing amount for you.
Inpatient Hospital Coverage	**Requires prior authorization** **$0** cost share Our plan covers 90 inpatient hospital days each benefit period. A "benefit period" starts the day you go into the hospital or skilled nursing facility. The benefit period ends when you go 60 days in a row without an inpatient hospital or skilled nursing facility stay. There's no limit to the number of benefit periods you can have. Our plan also covers 60 "lifetime reserve days." These are days available to you once you use your 90 inpatient hospital days within a benefit period. If your hospital stay is longer than 90 days, you can use these extra days.
Outpatient Hospital Services	**May require prior authorization**
› Ambulatory surgical center	**$0** cost share
› Outpatient hospital	
Doctor Visits	
› Primary Care Providers	**$0** cost share
› Specialists	

Benefit Category	BlueCare Plus
Preventive Care	If CMS approves additional preventive services under Original Medicare, they'll be covered under the plan from the date covered under Original Medicare.
Our plan covers many preventive services, including: › Abdominal aortic aneurysm screening › Alcohol misuse screenings and counseling › Bone mass measurements (bone density) › Cardiovascular disease screenings › Cardiovascular disease (behavioral therapy) › Cervical and vaginal cancer screening › Colorectal cancer screenings • Multi-target stool DNA tests • Screening barium enemas • Screening colonoscopies • Screening fecal occult blood tests • Screening flexible sigmoidoscopies › Depression screenings › Diabetes screenings › Diabetes self-management training › Glaucoma tests › Hepatitis B Virus (HBV) infection screening › Hepatitis C screening test › HIV screening › Lung cancer screening › Mammograms (screening) › Nutrition therapy services › Obesity screenings and counseling › One-time "Welcome to Medicare" preventive visit › Prostate cancer screenings › Sexually transmitted infections screening and counseling	**$0** cost share

<table>
<tr><th>Benefit Category</th><th>BlueCare Plus</th></tr>
<tr><td>Preventive Care (continued)</td><td>If CMS approves additional preventive services under Original Medicare, they'll be covered under the plan from the date covered under Original Medicare.</td></tr>
<tr><td>› Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
› Vaccines:
• COVID-19
• Flu
• Hepatitis B
• Pneumococcal
› Yearly "Wellness" visit</td><td>$0 cost share</td></tr>
<tr><td>Emergency Care</td><td>$0 cost share</td></tr>
<tr><td>Urgently Needed Services</td><td>$0 cost share</td></tr>
<tr><td>Diagnostic Services/Labs/Imaging</td><td>May require prior authorization</td></tr>
<tr><td>› Advanced imaging services (such as MRI/CT scans)</td><td rowspan="5">$0 cost share</td></tr>
<tr><td>› Lab services</td></tr>
<tr><td>› Diagnostic tests and procedures</td></tr>
<tr><td>› Outpatient X-rays</td></tr>
<tr><td>› Therapeutic radiology services (such as radiation treatment for cancer)</td></tr>
<tr><td>Hearing Services (Medicare-covered)</td><td></td></tr>
<tr><td>› Hearing exam to diagnose and treat hearing and balance issues</td><td>$0 cost share</td></tr>
</table>

Benefit Category	BlueCare Plus
Hearing Services (supplemental)	
› Routine hearing exam (one per year)	**$0** cost share (must use a TruHearing® provider)
› Hearing aid fitting/evaluation, hearing aid and hearing aid repair/adjustment	Two TruHearing hearing aids (one per ear) every three years This is limited to hearing aids available in the applicable TruHearing catalog. You must see a TruHearing provider to use this benefit. Call **1-833-312-3128**, TTY **711**, to schedule a visit.
Dental Services (Medicare-covered)	**May require prior authorization**
› Medicare-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.	**$0** cost share
Dental Services (supplemental)	This list is not all-inclusive. Limitations and advance determinations apply for certain services. See the plan's Evidence of Coverage for more details. Or give us a call.
› Preventive dental services: • Two routine oral exams per year (one standard exam per six-month period) • Two cleanings per year (one cleaning per six-month period) • Dental X-rays (one set of four bitewings per 12-month period; one panoramic or full mouth X-ray per 36-month period)	**$0** cost share at dental providers in our network
› Comprehensive dental services: • Fillings • Extractions • Dentures (removable dentures; complete, immediate and partial; limited to one in any 60-month period)	**$3,000** annual allowance for select supplemental dental services (comprehensive only)

Benefit Category	BlueCare Plus
Vision Services (Medicare-covered)	Medicare-covered vision services for the diagnosis and treatment of diseases and injuries of the eye
› Eye exam (diagnostic)	**$0** cost share
Vision Services (supplemental)	
› One eye exam (routine or diagnostic) per year	**$500** annual allowance for supplemental vision care
› Eyewear (glasses, frames or contact lenses)	
Mental Health Services	
› Inpatient visit	**May require prior authorization** Our plan covers 190 days (a lifetime limit) for inpatient services in a free-standing psychiatric hospital. The 190-day limit doesn't apply to inpatient mental health services provided in a psychiatric unit of a general hospital. **$0** cost share
› Outpatient group therapy visit	**$0** cost share
› Outpatient individual therapy visit	**$0** cost share
Skilled Nursing Facility (SNF)	**Requires prior authorization** 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
Physical Therapy	**Requires prior authorization**
› Occupational therapy visit	**$0** cost share
› Physical therapy and speech and language therapy visit	

Benefit Category	BlueCare Plus
Ambulance	**May require prior authorization for non-emergency services** **$0** cost share
Transportation	**May require prior authorization** Our plan covers 150 one-way trips to plan-approved locations for medical, dental, vision, hearing and fitness visits. This benefit is for transportation to Medicare-covered benefit locations not covered by your TennCare (Medicaid) benefit. You must use the plan-approved transportation vendor. **$0** cost share
Medicare Part B Drugs	**Requires prior authorization**
› Eligible chemotherapy drugs	**$0** cost share
› Gene therapy	
› Other Part B drugs	
Chiropractic Care (Medicare-covered)	Subluxation of the spine
› Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)	**$0** cost share
Chiropractic Care (supplemental)	
› Routine chiropractic services (limited to 20 visits per year)	**$0** cost share
Diabetes Self-Management Training	**$0** cost share
Foot Care (podiatry services) (Medicare-covered)	
› Foot exams and treatment	**$0** cost share
Foot Care (podiatry services) (supplemental)	
› Routine foot exams and treatment (limited to six visits per year)	**$0** cost share

Benefit Category	BlueCare Plus
Home Health Care	**Requires prior authorization** **$0** cost share
Meals	**Requires notification** Our plan covers 28 meals following discharge from a qualifying inpatient hospital or skilled nursing facility stay to a home setting. **$0** cost share
Medical Equipment/Supplies	**May require prior authorization**
› Durable Medical Equipment (such as wheelchairs and oxygen)	**$0** cost share
› Prosthetics (such as braces and artificial limbs)	
› Diabetes monitoring supplies	
› Therapeutic shoes or inserts (for diabetes)	
Outpatient Substance Abuse	
› Group therapy visit	**$0** cost share
› Individual therapy visit	
Outpatient Rehabilitation	**Requires prior authorization**
› 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)	**$0** cost share

Benefit Category	BlueCare Plus
Over-the-Counter/Healthy Food Items/ Housing Utilities	**$200** monthly benefit allowance This allowance doesn't roll over. Any remaining balance will expire at the end of each month. You get an allowance card to use for this benefit. You can use it 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. The OTC Catalog includes medications and products you need to stay well — things like bandages, pain relievers, cold medicine, toothpaste and more. You can also use this allowance on healthy food items, like fruits and vegetables, and for plan-approved housing utilities like water, natural gas, electric and cable/internet. See the Benefits Chart in chapter 4 of the plan's Evidence of Coverage for more details. Or give us a call.
Personal Emergency Response System (PERS)	**Requires notification** The personal emergency response system provides help in emergency situations. The medical alert service comes with an installed in-home communication device and a wearable button. **$0** cost share
Renal Dialysis	**$0** cost share
Wellness Program	This plan includes a fitness program. This program includes online resources (like digital workout videos) and a free membership at participating standard fitness centers.
› Fitness program	**$0** cost share

Your flex card

You get a prepaid flex card to use for some of your plan benefits, including:

- **$200** monthly allowance for OTC, healthy food and housing utilities

Questions? Give us a call at **1-888-413-9637**, TTY **711**

If you're a current member, please use the number on the back of your Member ID card.

Medicare Part D Prescription Drug Benefits

Outpatient Prescription Drugs	BlueCare Plus
Medicare Part D Drugs	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 Some medications may require prior authorization. Please see our covered drug list (also called a formulary) for more information. You can find it online at **bluecareplus.bcbst.com/pharmacy**.
› All covered Part D drugs (including generic and brand name drugs)	**$0** cost share This $0 cost share applies to the initial coverage stage and the catastrophic coverage stage. Our plan has no drug deductibles and no coverage gap. That means you pay nothing for these drugs from the start of the plan year to the end.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats.

Summary of Medicaid-Covered Benefits for Contract H3259-001

The following chart explains how Medicare and Medicaid work together to provide you benefits. Your services are paid first by Medicare and then by Medicaid. If a benefit is exhausted or not covered by Medicare, then Medicaid may provide coverage, depending on your type of Medicaid coverage.

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

If you have questions about your Medicaid eligibility and what benefits you're entitled to, call the Division of TennCare at 1-800-342-3145.

Benefit Category	BlueCare Plus	Medicaid
Community health services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Durable medical equipment	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Emergency air and ground transportation services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Home health care	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Hospice care	**$0** cost share for a consultative visit before you select hospice (Note: Hospice care is covered under Original Medicare.)	TennCare covers Medicare deductibles, copays and coinsurance
Inpatient and outpatient substance abuse benefits	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Inpatient hospital services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Lab/X-ray services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Medical supplies	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Occupational therapy	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Organ and tissue transplant services and donor organ/tissue procurement services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance

Benefit Category	BlueCare Plus	Medicaid
Outpatient hospital services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Outpatient mental health services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Physical therapy services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Physician services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Psychiatric inpatient facility services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Psychiatric rehabilitation services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Renal dialysis clinic services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance
Speech therapy services	**$0** cost share for Medicare-covered services	TennCare covers Medicare deductibles, copays and coinsurance

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 a 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. The Medicaid categories we accept are Qualified Medicare Beneficiary (QMB) only, 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.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the Blue Cross Blue Shield Association
H3259_25PECLD_C (08/24)

This is a summary of health and drug services covered by BlueCare Plus (HMO D-SNP)℠ from Jan. 1, 2025, through Dec. 31, 2025.

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.

This booklet gives you an overview of the Medicare benefits we cover and what you pay for them. These benefits include those traditionally covered by Medicare, your Medicare Part D prescription drug benefits and other supplemental benefits covered by this plan. We've also included a chart that shows what you pay for certain Medicaid benefits.

This booklet doesn't list every service we cover. And it doesn't list every benefit limit or exclusion. To get a complete list of our covered services, please see your Evidence of Coverage. You can find it online at **bluecareplus.bcbst.com/documents**. Or you can call **1-888-413-9637**, TTY **711** to ask for a copy. If you're a current member, please call the number on the back of your Member ID card.

To join BlueCare Plus, you must be enrolled in Medicare Part A and Part B, receive Medicaid assistance and live in our service area. Our service area includes all Tennessee counties. This plan is available to anyone who has both Medicare and Tennessee Medicaid (TennCare) or receives Medicare cost-sharing assistance from Medicaid (including the following Medicare Savings Program levels of eligibility: QMB, QMB+, SLMB+ and FBDE).

TennCare is not responsible for payment of these benefits, except for appropriate cost-sharing amounts, such as premiums, deductibles and copays. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

The BlueCare Plus 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.

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**

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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 हैं. 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。

Questions?
Give us a call.
1-888-413-9637, TTY **711**

bluecareplus.bcbst.com

1 Cameron Hill Circle | Chattanooga, TN 37402

Member Service: 8 a.m. to 9 p.m. ET, 7 days a week (**Oct. 1–March 31**); 8 a.m. to 9 p.m. ET, M–F (**April 1–Sept. 30**). Costs shown are for providers in our network. We provide members with a flex card to use for 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. 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.

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.

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