

For you.
With you.



2026 BlueCare Plus Choice (HMO D-SNP)SM 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.

First, let's review how your CHOICES services work. Then we'll talk about getting started with BlueCare Plus Choice.



CHOICES

BlueCare Plus Choice is a specialized Medicare Advantage Plan (a Medicare Special Needs Plan). It's designed for people with special health care needs. BlueCare Plus Choice is for people who have Medicare, have full TennCare (Medicaid) benefits with BlueCare Tennessee as their Medicaid Managed Care Organization and qualify for TennCare Long-term Services and Supports (LTSS) CHOICES Groups 1-3 or Employment and Community First CHOICES groups 4-8.

What is CHOICES?

TennCare CHOICES in Long-Term Services and Supports (or CHOICES for short) is for adults age 21 and older with a physical disability and seniors age 65 and older. CHOICES offers services to help a person live in their own home or in the community. These services are called Home and Community Based Services (or HCBS). These services can be provided in the home, on the job or in the community to assist with daily living activities and allow people to work and be actively involved in their local community. CHOICES also provides care in a nursing home if it's needed.

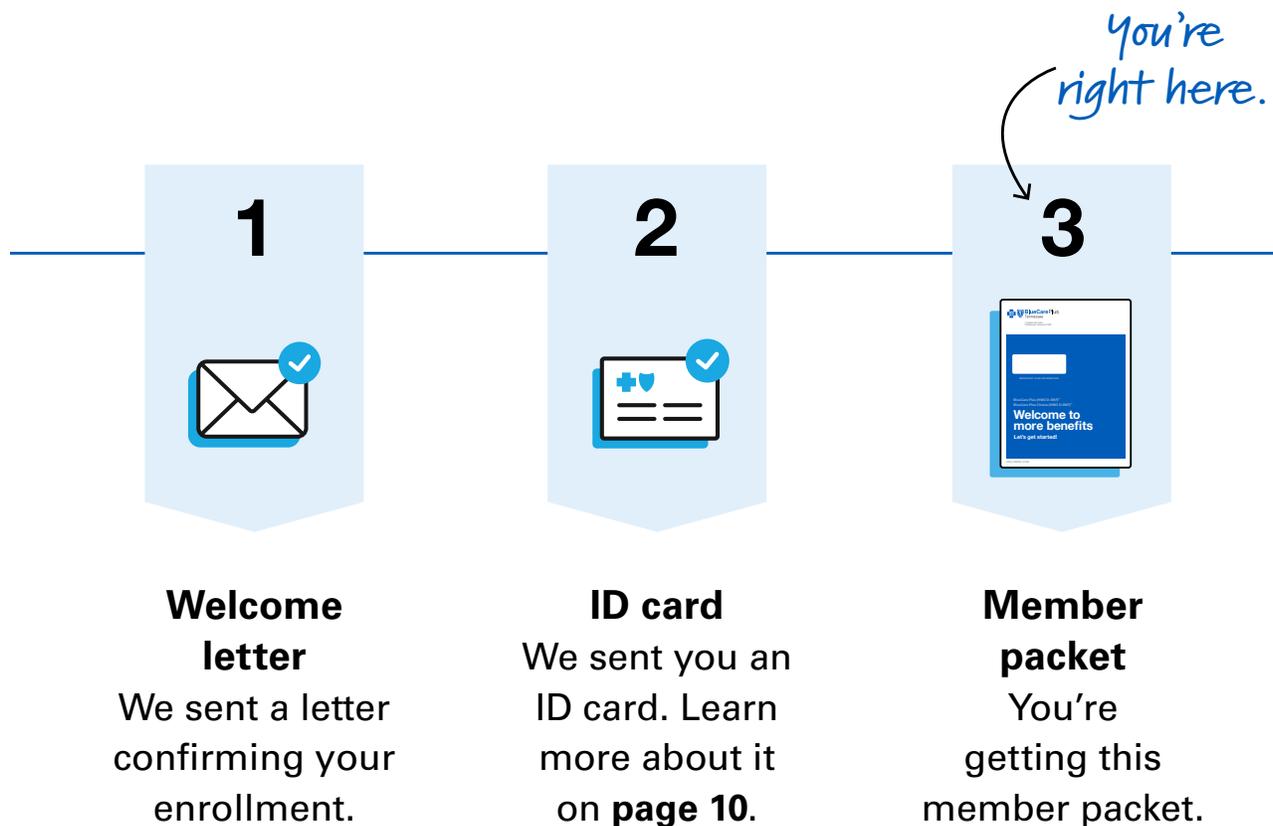
Employment and Community First CHOICES is for people of all ages who have an intellectual or developmental disability (I/DD). This includes people who have significant disabilities. This program helps people live more independently. People get support to live with their family or in the community, not in a care facility. Adults with I/DD who don't live with family but need supports where they live can get residential supports.



If you're in CHOICES, you can contact your Care Coordinator any time you have a question or concern about your health care. You don't need to wait until a home visit or scheduled phone call. And if you need help after regular business hours that can't wait until the next day, you can call us at **1-877-715-9503**, TTY **711**. We're available Monday through Friday, 8 a.m. to 6 p.m. ET.

Let's get started!

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



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 may be eligible for a **gift card*** for this once you sign up for MyHealthy Rewards.

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.

*Certain restrictions may apply with reward use.

Save our number to your contacts.

USING YOUR PLAN

Benefits that make a difference

Here's a glance at your 2026 benefits.



**Large network of doctors,
hospitals and pharmacies**



\$0
**premiums, deductibles
and medical copays**



\$378
**allowance per
month for healthy food*,
over-the-counter items
and transportation**



**Vision and Hearing
coverage**



28
**meals delivered after
a qualifying inpatient
hospital or skilled nursing
facility stay**



**Care Team dedicated to
you and your health needs**

*The healthy food allowance is a Special Supplemental Benefit for the Chronically Ill (SSBCI). Not all members qualify. See page 8 for more information on this benefit.

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 plan benefits. Value of the flex card is preloaded with certain amounts, according to benefits. Value of card may be zero. Monthly flex card 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 pay¹:
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
Hearing – One routine hearing exam each year with a TruHearing® provider and two TruHearing-branded hearing aids (one per ear) every three years.	included at no additional cost
Vision – \$400 yearly allowance for supplemental vision care (limit of one pair of glasses, frames or contact lenses each year)	included at no additional cost
Fitness Program	included at no additional cost
Meals – 28 meals delivered after an inpatient hospital or skilled nursing facility stay	included at no additional cost
Healthy Food²/Over-the-Counter Items/ Transportation³ – \$378 allowance per month, no roll-over	included at no additional cost

¹Costs shown are for providers in our network.

²Not all members qualify for the Healthy Food SSBCI.

³Use your FlexCard allowance to get transportation through Uber Health rideshare services. This benefit is for transportation access to Medicare covered benefit locations not covered by your TennCare (Medicaid) benefit.

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
Initial Coverage Limit You'll pay this much for each drug until you've paid \$2,100 per year .	Tier 1: Preferred Generic	\$0
	Tier 2: Preferred Brand Tier 3: Non-Preferred Tier 4: Specialty	25% coinsurance
Catastrophic Coverage After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacy and mail order) reach \$2,100, you pay nothing for all covered drugs.		\$0



For more info on what drugs we cover, see our covered drug list (also called a formulary). You can find it online at bluecareplus.bcbst.com/pharmacy. Or just give us a call.

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

You may hear from CVS.

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.

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, we cover your prescription drugs only if they're on our drug list and you fill them 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, we may not cover your drug. Step therapy means you may need to try a different drug to treat the same condition before we'll cover another drug. For more information, refer to the Evidence of Coverage on [bluecareplus.bcbst.com](https://www.bluecareplus.bcbst.com).

ONE CARD. MULTIPLE BENEFITS.

Your flex card

We help 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 received your flex card yet, don't worry. You'll get it soon.



Over-the-Counter (OTC) Items and Transportation

You can get a **\$378 monthly allowance** for approved OTC items and transportation. This includes wellness products like vitamins and cold medicine. And it includes a transportation benefit through Uber Health.*

Healthy Food

Members with certain long-term health conditions may qualify for the Healthy Food benefit as part of our SSBCI. If you qualify, you can also use your combined **\$378** monthly allowance on approved healthy food items. That includes fruits, veggies, canned goods, dairy products and more. Not all members qualify for the Healthy Food SSBCI. Find more information about this benefit and how to qualify in your Welcome Kit. Or visit bluecareplus.bcbst.com.

Allowance doesn't 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.

*Transportation through Uber Health available to Medicare-covered benefit locations your TennCare (Medicaid) benefits don't cover.

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. After you sign up, you can earn gift cards* for some of these screenings while keeping an eye on your health.

It's easy to sign up:

- › Visit 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.

*Certain restrictions may apply with reward use.



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 2026 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.

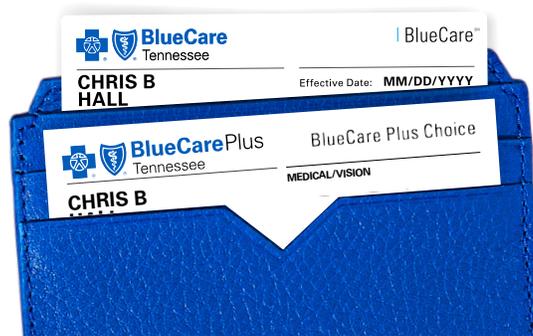
Your BlueCare Plus Choice health plan should be your first (or primary) insurance now. That means you'll always show this ID card when you get care or pick up prescriptions.

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

2



Original Medicare
(or red, white and blue) card

3



**BlueCare Tennessee
TennCare**

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 to find which providers are in our network. Go to 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 texts* and emails.

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

*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.

BlueCare Plus Tennessee Member Service	1-800-332-5762, TTY 711 See back cover for hours of operation.
BlueCare Plus Tennessee website	bluecareplus.bcbst.com
Member Care Team Monday–Friday, 8 a.m. to 6 p.m. ET	1-877-715-9503, TTY 711
Transportation Book a ride to your doctor visit with Uber Health rideshare services through the Uber App or Uber.com and use your FlexCard information as payment.	1-800-384-2038, TTY 711
Nurseline 24 hours a day, 7 days a week	1-888-747-8951, TTY 711
Over-the-Counter Call to place your order. Monday–Friday, 8 a.m. to 8 p.m. ET	1-800-384-2038, TTY 711
Fraud Hotline 24 hours a day, 7 days a week	1-888-343-4221, TTY 711
 CareTN App Connect digitally with your care team.	 Scan this QR code to download the app.



Powered by
Wellframe

Wellframe is an independent company that provides and maintains a care management app for BlueCare Plus Tennessee. Wellframe does not provide BlueCare Plus branded products and/or services. Wellframe is solely responsible for the products and/or services they provide. Use of apps is voluntary. If you choose to use one of our apps, you're responsible for the cost of any technology (e.g., cell phone, tablet, computer, etc.), internet access and/or upgrades needed to use an app. They're not covered benefits. It's your responsibility to keep your phone, tablet or computer and access to the app secure.

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



Questions? Please call us.

1-800-332-5762, TTY 711

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.



bluecareplus.bcbst.com



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

The healthy food benefit listed is a special supplemental benefit for members with certain chronic conditions. Qualifying chronic conditions include, but aren't limited to, cardiovascular disorders, diabetes mellitus, obesity, chronic lung disorders and chronic gastrointestinal disorders. Additional qualifying conditions exist. See plan materials for complete list. Not all members (even those with a qualifying condition) qualify. Eligibility is based on meeting the CMS definition of "chronically ill enrollee" and all applicable plan coverage criteria. Gift cards are available to eligible members as part of the BlueCare Plus Rewards and Incentives Program. Certain restrictions may apply with reward use. Total rewards and health actions are dependent on eligibility for specific activities, which will vary by individual. Members may not qualify for all health activities. One reward per healthy activity per year. Dates of service must be in the current plan year. Rewards will be administered once the claim is processed, which can take up to 90 days. Activities that earn rewards are subject to change. 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. Uber Health is an independent company that provides transportation services for BlueCare Plus Tennessee. Uber Health does not provide BlueCare Plus branded products and services. Uber Health is solely responsible for the services they provide. BlueCare Plus Tennessee complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex¹. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-332-5762 (TTY: 711) or speak to your provider. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-332-5762 (TTY: 711) o hable con su proveedor.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-800-332-5762 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

¹Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)