



BlueCare Plus Choice (HMO SNP)SM **Summary of Benefits 2020**

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 customer service representative at **1-888-413-9637 (TTY: 711)**.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit bluecareplus.bcbst.com 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.
- 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 QMB only, QMB+, SLMB+ and FBDE.

BlueCare Plus is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in BlueCare Plus depends on contract renewal.

H3259_20_PECD_C (08/19)

This is a summary of drug and health services covered by BlueCare Plus Choice (HMO SNP)SM health plan from Jan. 1, 2020 through Dec. 31, 2020.

BlueCare Plus Choice is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program as a Full Dual member qualifying for CHOICES Groups 1, 2 or 3. Enrollment in BlueCare Plus Choice depends on contract renewal.

The benefit information provided in the following chart is a summary of what we cover and what you pay for Medicare and Medicaid benefits. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by contacting Member Service or access it online by visiting bluecareplus.bcbst.com.

To join BlueCare Plus Choice, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, receive Full Dual eligibility Medicaid assistance with BlueCare, qualify for CHOICES Groups 1, 2 or 3, and live in our service area. Our service area includes all Tennessee counties. Eligibility includes the following Medicare Savings Program levels of eligibility: QMB+, SLMB+ and FBDE.

TennCare is not responsible for payment for these benefits, except for appropriate cost-sharing amounts. TennCare 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 are not in our network, the plan may not pay for these services. This plan does not require referrals to see specialists.

Summary of Medicare Benefits for Contract H3259-002

Health Benefits	BlueCare Plus Choice
<p>Monthly Plan Premium Our service area includes all counties in the state of Tennessee.</p>	<p>\$0. You pay nothing.</p>
<p>Deductible</p>	<p>\$0. You pay nothing.</p>
<p>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</p>	<p>\$6,700 annually. If you have Medicaid assistance, all cost-sharing amounts will be sent to the Division of TennCare to process.</p>
<p>Inpatient Hospital Coverage</p>	<p>0% of the cost Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
<p>Outpatient Hospital Services</p>	
<ul style="list-style-type: none"> ▪ Ambulatory surgical center 	<p>0% of the cost</p>
<ul style="list-style-type: none"> ▪ Outpatient hospital 	<p>0% of the cost</p>
<p>Doctor Visits</p>	
<ul style="list-style-type: none"> ▪ Primary Care Providers 	<p>0% of the cost</p>
<ul style="list-style-type: none"> ▪ Specialists 	<p>0% of the cost</p>

Health Benefits	BlueCare Plus Choice
Preventive Care	Any additional preventive services approved by Original Medicare during the contract year will be covered.
<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> ▪ Abdominal aortic aneurysm screening ▪ Alcohol misuse counseling ▪ Bone mass measurement ▪ Breast cancer screening (mammogram) ▪ Cardiovascular disease (behavioral therapy) ▪ Cardiovascular screenings ▪ Cervical and vaginal cancer screening ▪ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) ▪ Depression screening ▪ HIV screening ▪ Medical nutrition therapy services ▪ Obesity screening and counseling ▪ Prostate cancer screenings (PSA) ▪ Sexually transmitted infections screening and counseling ▪ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) 	<p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p> <p>0% of the cost</p>

Health Benefits	BlueCare Plus Choice
Preventive Care (Continued)	Any additional preventive services approved by Original Medicare during the contract year will be covered.
<ul style="list-style-type: none"> ▪ Vaccines, including flu shots, hepatitis B shots, pneumococcal shots 	0% of the cost
<ul style="list-style-type: none"> ▪ “Welcome to Medicare” preventive visit (one-time) 	0% of the cost
<ul style="list-style-type: none"> ▪ Yearly “Wellness” visit 	0% of the cost
Emergency Care	0% of the cost
Urgently Needed Services	0% of the cost
Diagnostic Services/Labs/Imaging	May require prior authorization
<ul style="list-style-type: none"> ▪ Advanced imaging services (such as MRI, CT scans) 	0% of the cost
<ul style="list-style-type: none"> ▪ Lab services 	0% of the cost
<ul style="list-style-type: none"> ▪ Diagnostic tests and procedures 	0% of the cost
<ul style="list-style-type: none"> ▪ Outpatient X-rays 	0% of the cost
<ul style="list-style-type: none"> ▪ Therapeutic radiology services (such as radiation treatment for cancer) 	0% of the cost
Hearing Services (Medicare-covered)	
<ul style="list-style-type: none"> ▪ Hearing exam to diagnose and treat hearing and balance issues 	0% of the cost
Hearing Services (Supplemental)	
<ul style="list-style-type: none"> ▪ Hearing exam to diagnose and treat hearing and balance issues 	0% of the cost up to a \$2,500 allowance
<ul style="list-style-type: none"> ▪ Routine hearing exam 	
<ul style="list-style-type: none"> ▪ Hearing aid fitting/evaluation, hearing aid and hearing aid repair/adjustment 	

Health Benefits	BlueCare Plus Choice
Dental Services (Medicare-covered)	May require prior authorization
<ul style="list-style-type: none"> ▪ 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% of the cost
Dental Services (Supplemental)	This list is not all-inclusive. Limitations and advance determinations apply for certain services. Contact the plan for full details.
<ul style="list-style-type: none"> ▪ Routine oral exams up to 2 per year (1 standard exam per 6 month period) 	0% of the cost up to a \$5,000 allowance
<ul style="list-style-type: none"> ▪ Cleanings up to 2 per year (1 cleaning per 6 month period) 	
<ul style="list-style-type: none"> ▪ Emergency exam (1 emergency exam per 12 month period) 	
<ul style="list-style-type: none"> ▪ Dental x-ray up to 1 per year (1 bitewing per 12 month period) (1 panoramic or full mouth x-ray per 36 month period) 	
<ul style="list-style-type: none"> ▪ Fillings 	
<ul style="list-style-type: none"> ▪ Extractions 	
<ul style="list-style-type: none"> ▪ Dentures 	

Health Benefits	BlueCare Plus Choice
Vision Services (Medicare-covered)	Medicare-covered vision services for the diagnosis and treatment of diseases and injuries of the eye.
<ul style="list-style-type: none"> ▪ Eye exam (diagnostic) 	0% of the cost
Vision Services (Supplemental)	
<ul style="list-style-type: none"> ▪ Eye exam (routine or diagnostic) - limit one per year 	0% of the cost up to a \$325 allowance
<ul style="list-style-type: none"> ▪ Eyewear (frames, lenses, contact lenses) 	
Mental Health Services	May require prior authorization. Our plan covers an unlimited number of days for an inpatient mental health visit.
<ul style="list-style-type: none"> ▪ Inpatient visit 	0% of the cost
<ul style="list-style-type: none"> ▪ Outpatient group therapy visit 	0% of the cost
<ul style="list-style-type: none"> ▪ Outpatient individual therapy visit 	0% of the cost
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 is no limit to the number of benefit periods you can have. (See CHOICES benefit chart for more information.) 0% of the cost per day for days 1 through 100
Physical Therapy	May require prior authorization
<ul style="list-style-type: none"> ▪ Occupational therapy visit 	0% of the cost
<ul style="list-style-type: none"> ▪ Physical therapy and speech and language therapy visit 	0% of the cost

Health Benefits	BlueCare Plus Choice
Ambulance	May require prior authorization for non-emergency services 0% of the cost
Transportation	Our plan covers up to 100 one-way trips to plan-approved locations for dental, vision, hearing and fitness visits and unlimited medical and pharmacy trips. May require prior authorization. 0% cost share
Medicare Part B Drugs	May require prior authorization
<ul style="list-style-type: none"> ▪ Chemotherapy drugs 	0% of the cost
<ul style="list-style-type: none"> ▪ Other Part B drugs 	0% of the cost

Medicare Prescription Drug Benefits

Outpatient Prescription Drugs	BlueCare Plus Choice
Initial Coverage Stage	What you pay for a 30- or 90-day supply of Retail & Mail Order Drugs Your copay will depend on your level of Low Income Subsidy. Some medications may require prior authorization, please see the formulary (drug list).
<ul style="list-style-type: none"> ▪ For generic drugs (including brand drugs treated as generic), from retail or mail order pharmacies, either ▪ For all other drugs, either 	\$0 copay, or \$1.30 copay, or \$3.60 copay \$0 copay, or \$3.90 copay, or \$8.95 copay
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350 , you pay nothing for all drugs.

Additional Medicare Benefits

Health Benefits	BlueCare Plus Choice)
Chiropractic Care	
<ul style="list-style-type: none"> Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). 	0% of the cost
Diabetes Self-Management Training	0% of the cost
Foot Care (podiatry services)	If you have diabetes-related nerve damage and/or meet certain conditions.
<ul style="list-style-type: none"> Foot exams and treatment 	0% of the cost
Home Health Care	Requires prior authorization 0% of the cost
Meals	May require prior authorization. Our plan covers up to 2 meals per day for up to 7 days following discharge from an acute inpatient hospital or skilled nursing facility stay to a home setting. (See CHOICES benefit chart for more information.)
Medical Equipment/Supplies	May require prior authorization
<ul style="list-style-type: none"> Durable Medical Equipment (such as wheelchairs, oxygen) 	0% of the cost
<ul style="list-style-type: none"> Prosthetics (such as braces, artificial limbs) 	0% of the cost
<ul style="list-style-type: none"> Diabetes monitoring supplies 	0% of the cost
<ul style="list-style-type: none"> Therapeutic shoes or inserts (for diabetes) 	0% of the cost
Outpatient Substance Abuse	
<ul style="list-style-type: none"> Group therapy visit 	0% of the cost
<ul style="list-style-type: none"> Individual therapy visit 	0% of the cost

Additional Medicare Benefits

Health Benefits	BlueCare Plus Choice
Outpatient Rehabilitation	Prior authorization is required.
<ul style="list-style-type: none"> ▪ Cardiac (heart) rehab services for a maximum of 2 one-hour sessions per day for up to 36 sessions ▪ Pulmonary (lung) rehab services for a maximum of 2 one-hour sessions per day for up to 36 sessions ▪ Supervised Exercise Therapy for Peripheral Artery Disease (SET for PAD) 	0% of the cost
Over-the-Counter Items	
<ul style="list-style-type: none"> ▪ Products include, but are not limited to, vitamins, cough, cold and allergy medicine, dental products, blood pressure monitors and skin care items. 	\$300 quarterly benefit Any unused credits will expire at the end of each quarter.
Personal Emergency Response System (PERS)	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% of the cost
Renal Dialysis	0% of the cost
Telehealth	Members are required to use the defined telehealth network provided by PhysicianNow SM . 0% of the cost
Wellness Programs	This plan includes a SilverSneakers [®] membership.
<ul style="list-style-type: none"> ▪ Fitness membership 	0% of the cost

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 <http://www.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.

CHOICES Benefits

The benefits described in the "Summary of Medicare Benefits" section of this Summary of Benefits are covered by Medicare and BlueCare Plus Choice will cover them regardless of your level of CHOICES eligibility.

What you pay for covered services may depend on your level of CHOICES eligibility. If you have questions about the benefits you are entitled to, call the Division of TennCare at 1-800-342-3145. The following chart describes the CHOICES benefits covered.

CHOICES Services by Group

Service and Benefit Limit	Group 1	Group 2	Group 3
Nursing facility care	X	Short-term only (up to 90 days)	Short-term only (up to 90 days)
Community-based residential alternatives (CBRA)		X	(Specified CBRA services and levels of reimbursement only. See below) ¹
Personal care visits (up to 2 visits per day at intervals of no less than 4 hours between visits)		X	X
Attendant care (up to 1080 hours per calendar year; up to 1400 hours per full calendar year only for persons who require covered assistance with household chores or errands in addition to hands-on assistance with self-care tasks)		X	X
Home-delivered meals (up to 1 meal per day)		X	X
Personal Emergency Response Systems (PERS)		X	X
Adult day care (up to 2080 hours per calendar year)		X	X

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

CHOICES Services by Group

Service and Benefit Limit	Group 1	Group 2	Group 3
In-home respite care (up to 216 hours per calendar year)	X	X	X
In-patient respite care (up to 9 days per calendar year)		X	X
Assistive technology (up to \$900 per calendar year)		X	X
Minor home modifications (up to \$6,000 per project; \$10,000 per calendar year; and \$20,000 per lifetime)		X	X
Pest Control (up to 9 units per calendar year)		X	X

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



**As a Tennessee company
with a mission to serve,
we're right here
for you and with you.**



Questions?

Give the team a call.

1-888-413-9637 (TTY: **711**)



bluecareplus.bcbst.com



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

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. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.

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Premium, copayments, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. MDLive provides the PhysicianNowSM services for BlueCross BlueShield of Tennessee and is an independent internet and phone based service that allows consumers to select and interact with independent physicians and other health care providers. PhysicianNow does not provide BlueCross BlueShield of Tennessee branded products and services. Tivity Health, Inc. is an independent company that provides fitness services for BlueCross BlueShield of Tennessee. Tivity Health, Inc. does not provide BlueCross BlueShield of Tennessee branded products and services. © 2019 Tivity Health, Inc. All rights reserved.