

For you.
With you.



BlueCare Plus (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 (HMO SNP)SM health plan from Jan. 1, 2020, through Dec. 31, 2020.

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.

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, you must be entitled to Medicare Part A, be enrolled in Medicare 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 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 plan has a network of doctors, hospitals, pharmacies and other providers. If you use the 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 H3259-001

Health Benefits	BlueCare Plus
<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>Requires prior authorization</p> <p>0% of the cost.</p> <p>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
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>

Health Benefits	BlueCare Plus
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
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
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 combined 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. 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
Ambulance	May require prior authorization for non-emergency services 0% of the cost
Transportation	May require prior authorization. Our plan covers up to 100 one-way trips to plan-approved locations for dental, vision, hearing and fitness visits. 0% of the cost
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
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 	<p>\$0 copay, or \$1.30 copay, or \$3.60 copay</p> <p>\$0 copay, or \$3.90 copay, or \$8.95 copay</p>
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
Chiropractic Care	Subluxation of the spine
<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
<ul style="list-style-type: none"> ▪ Routine care 	Limited to 20 visits
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.
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

Additional Medicare Benefits

Health Benefits	BlueCare Plus
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
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 	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.

Summary of Medicaid-Covered Benefits for Contract H3259-001

The following chart describes the member's benefits and cost sharing for services covered by the Division of TennCare (Tennessee Medicaid). The benefits described in the Premiums and Benefits section of this Summary of Benefits are covered by Medicare. BlueCare Plus members that are eligible as a Qualified Medicare Beneficiary with full Medicaid (QMB+), Specified Low-Income Medicare Beneficiary with full Medicaid (SLMB+) and Full Benefit Dual Eligible (FBDE) receive cost-sharing assistance and also have full Medicaid (TennCare) benefits.

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

For a comprehensive explanation of this plan's benefits to help you determine whether you will receive additional value by enrollment in BlueCare Plus (HMO SNP), please see the "Evidence of Coverage."

Benefit Category	BlueCare Plus (HMO SNP)	Medicaid
Community health services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Durable medical equipment	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Emergency air and ground transportation services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Home health care	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Hospice care	You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.	TennCare covers Medicare deductibles, copays and coinsurance
Inpatient and outpatient substance abuse benefits	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Inpatient hospital services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Lab & X-ray services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Medical supplies	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Occupational therapy	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance

Benefit Category	BlueCare Plus (HMO SNP)	Medicaid
Organ and tissue transplant services and donor organ/tissue procurement services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Outpatient hospital services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Outpatient mental health services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Physical therapy services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Physician services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Psychiatric inpatient facility services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Psychiatric rehabilitation services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Renal dialysis clinic services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance
Speech therapy services	\$0 Cost sharing for Medicare covered services	TennCare covers Medicare deductibles, copays and coinsurance

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for you and with you.**

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Questions?

Give the team a call.

1-800-413-9637 (TTY: **711**)



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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 as 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.