2027 Summary of Benefits

BlueCare Plus (HMO D-SNP)℠

BlueCare Plus Tennessee

Introduction

This document is a brief summary of the benefits and services covered by BlueCare Plus. 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. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers 2

B. Frequently asked questions (FAQ) 5

C. List of covered services 10

D. Benefits covered outside of BlueCare Plus 22

E. Services that BlueCare Plus, Medicare, and TennCare do not cover. . . . 23

F. Your rights as a member of the plan 24

G. How to file a complaint or appeal a denied service 26

H. What to do if you suspect fraud 26

A. Disclaimers

This is a summary of health services covered by BlueCare Plus for 2027. 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 **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 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 or in emergency situations. 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 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.
- For more information about your TennCare, you can contact your Managed Care Organization (MCO). If you need your MCO's contact information, you can visit www.tn.gov/tenncare/contact-us and look under Additional Help or if you aren't sure who your MCO is you can contact TennCare Connect at 855-259-0701 or 800-848-0298 TTY, Monday – Friday 7 a.m. to 6 p.m. CST.
- You can get this document for free in other formats, such as large print, accessible electronic documents, language translations or audio. Call 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 coordination team. 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. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call Member Service at the toll-free number at the bottom of this page or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
- 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.
- 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. 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.

Do you need help? We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-800-332-5762 (TRS: 711) If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you.

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Arabic: العربية

ملاحظة: إذا تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل برقم: 1-800-332-5762 (TRS/TTY: 711) أو 1-866-503-0264)

Chinese: 繁體中文 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264)

Vietnamese: Tiếng Việt CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Korean: 한국어 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264) 번으로 전화해 주십시오.

French: Français ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-5762 (ATS: 711: 1-866-503-0264).

Amharic: አማርኛ ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Gujarati: ગુજરાતી સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Laotian: ພາສາລາວ ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

German: Deutsch ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Tagalog: Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Hindi: हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264) पर कॉल करें।

Russian: Русский ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Japanese: 日本語 「日本語を話す方は、 通訳や翻訳などの言語支援サービスを無料で利用できます」 電話1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Persian: فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264) تماس بگیرید.

The Beneficiary Support System (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 1-888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at HCFA.fairtreatment@tn.gov, https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html, 310 Great Circle Road Floor 3W, Nashville, TN 37243, or calling (TRS/TTY: 711: (615) 507-6474. Need help filing a grievance? Call TennCare Connect at 1-855-259-0701.

If you have questions, please call BlueCare Plus Tennessee at **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. For more information, visit **bluecareplus.bcbst.com**.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a BlueCare Plus plan (FIDE SNP)? **(Continued on the next page)**	A Fully Integrated Dual Eligible or "FIDE" SNP plan manages both Medicare and TennCare under one health plan. A FIDE SNP is the most integrated D-SNP option for dually eligible individuals. Members receive a single member card, one handbook, an integrated provider directory, combined notices, and access to a unified appeals process. This plan is also known as an "aligned plan." BlueCare Plus Tennessee offers two FIDE SNP plans: • BlueCare Plus Choice — CHOICES and ECF CHOICES: Enrollment is limited to individuals with Medicare and TennCare that are also enrolled in CHOICES or ECF CHOICES • BlueCare Plus — Non-CHOICES, Non-ECF CHOICES, and Non-1915(c): Enrollment is limited to individuals with Medicare and TennCare but **aren't** enrolled in CHOICES, ECF CHOICES, or 1915(c) waiver. BlueCare Plus is designed for people who have Medicare and full TennCare (Medicaid) benefits enrolled in BlueCare Tennessee as their Medicaid Managed Care Organization. This plan has a contract with the Tennessee Medicaid program to coordinate your TennCare (Medicaid) benefits. Our plans provide Medicare and TennCare health care coverage, including prescription drug coverage, and long-term care or home- and community-based services. This plan doesn't charge a copay for most covered services. You may have a copay for covered drugs from a pharmacy in our network or through our mail-order program. Your copay depends on your level of Low Income Subsidy. BlueCare Plus also has a care coordination team to help you manage your care. Your care team will work with you to make a care plan. This care plan tells you and your doctors what medical and behavioral health services you may need and how to get them. We work with you to understand your needs and develop a care plan that fits your goals. Continued on the next page

Frequently Asked Questions	Answers
What's a BlueCare Plus plan (FIDE SNP)? **(Continued)**	To join BlueCare Plus, you must be enrolled in Medicare Part A and Part B, receive Full Dual Medicaid assistance with BlueCare Tennessee 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. The following groups are not eligible for BlueCare Plus: Long Term Services and Supports (LTSS) CHOICES, Employment and Community First CHOICES, and 1915(c) waivers (CAC, MR, SDW). Please read the *Evidence of Coverage (EOC)* for more information on eligibility levels.
Will I get the same Medicare and TennCare benefits in BlueCare Plus that I get now?	You'll get most of your covered Medicare and TennCare benefits directly from BlueCare Plus. You'll 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 coordination team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Original Medicare and TennCare. When you enroll in BlueCare Plus, you and your care coordination team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that BlueCare Plus doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for BlueCare Plus to cover your drug if medically necessary. For more information, call Member Service at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use 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 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' 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' plan. TennCare (Medicaid) and BlueCare Plus 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're currently getting care from or have an established relationship with a provider who isn't in BlueCare Plus' network, call Member Service to learn about your options. You may be able to keep seeing your provider or getting services for at least 30 days to ensure continuity of care, while the provider joins our network or you find a new provider in our network who provides the care you need. To find out if your providers are in the plan's network, call Member Service at the numbers listed at the bottom of this page or read BlueCare Plus' Provider Directory on the plan's website at bluecareplus.bcbst.com. If BlueCare Plus is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.
What is a BlueCare Plus care coordination team?	A care coordination team helps you manage your care. We work with your providers to be sure you get the care you need.
What happens if I need a service but no one in BlueCare Plus' network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, BlueCare Plus will pay for the cost of an out-of-network provider.

Frequently Asked Questions	Answers
Where's BlueCare Plus 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's prior authorization?	Prior authorization means an approval from BlueCare Plus to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. BlueCare Plus 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 can provide you or your provider with a list of services or procedures that require you to get prior authorization from BlueCare Plus 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 , Section D** of the *Evidence of Coverage*, 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 listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under BlueCare Plus?	No. Because you have Medical Assistance (Medicaid), you won't 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.

If you have questions, please call BlueCare Plus Tennessee at **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. For more information, visit **bluecareplus.bcbst.com**.

Frequently Asked Questions	Answers
Do I pay a deductible as a member of BlueCare Plus?	No. You don't pay deductibles in BlueCare Plus.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of BlueCare Plus?	There's no cost sharing for medical services in BlueCare Plus, 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. For more information on benefit periods, refer to the *Evidence of Coverage*. 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**	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 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**	
You need emergency care	Emergency room services	**$0**	If you need emergency care, you can use providers outside of BlueCare Plus’ plan without prior authorization. BlueCare Plus 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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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 833-312-3128, TTY 711, 8 a.m. – 8 p.m. E.T. 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**	BlueCare Plus covers two routine oral exams per year (one standard exam per six-month period) and two cleanings per year (one cleaning per six-month period). We cover one set of four bitewing dental x-rays per 12-month period, and one panoramic or full mouth x-ray per 36-month period. There is no coinsurance, copay, or deductible for these services at dental providers in our network.
	Restorative and emergency dental care	**$0**	May require prior authorization. Medicare pays for some dental services when the service is an integral part of specific treatment of a beneficiary's primary medical condition. BlueCare Plus covers some additional comprehensive dental services including, but not limited to: • Fillings • Extractions • Dentures (removable dentures; complete, immediate and partial; limited to one in any 60-month period) There is no coinsurance, copay, or deductible for covered Comprehensive dental services up to a maximum annual allowance of **$3,000**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams (diagnostic)	**$0**	BlueCare Plus 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**	One exam per year
	Glasses, frames or contact lenses	**$0**	**$400** annual plan coverage limit for eyewear; one pair of glasses, frames or contact lenses 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. Our plan provides coverage for Mental Health Case Management and Mental Health Crisis Services; see below for more information about specialty Mental Health Services.
	Inpatient and outpatient care and community-based services for people who need mental health services	**$0**	May require prior authorization BlueCare Plus 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), mental health crisis services, crisis respite care, crisis stabilization unit, transcranial magnetic stimulations, residential treatment facility, case management services, applied behavioral analysis, continuous treatment team and program of assertive community treatment. BlueCare Plus covers a 190-day lifetime limit for inpatient psychiatric services. TennCare (Medicaid) may cover the additional inpatient psychiatric days.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	**$0**	May require prior authorization BlueCare Plus and TennCare (Medicaid) benefits include chemical dependency partial hospitalization program, substance abuse rehabilitation, detoxification, and medication assisted treatment for opioid use disorder.
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**	**May require prior authorization for non-emergency transportation** Our plan covers 100 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.

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	Medicare Part B 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.
	Tier 1— Preferred Generic Drugs	**25%** coinsurance Copays for 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' *List of Covered Drugs (Drug List)* for more information. The initial coverage stage is what you pay for a 30- or up to a 90- or 100-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 three-month 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 $2,400, you've 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.
	Tier 2— Generic Drugs		
	Tier 3— Preferred Brand Drugs		
	Tier 4— Non-Preferred Drugs		
	Tier 5— Specialty Drugs		
	Tier 6— Select Care Drugs	**$0** copay	
	Catastrophic Coverage Stage	**$0** copay	

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 better or have special health needs	Rehabilitation services	**$0**	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
You need durable medical equipment (DME) **Note:** This isn't 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
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
	Healthy food items*		Members with certain long-term health conditions may qualify for the Healthy Food benefit as part of our Special Supplemental Benefits for the Chronically Ill (SSBCI). If you're eligible for this benefit, you can use the combined monthly Flex Card allowance of **$302** for healthy food items like fruits and vegetables.
	Meals	**$0**	Notification is required Our plan covers 28 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

*Not all members qualify for the Healthy Food SSBCI.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Over-the-counter items		The Flex Card monthly benefit allowance of **$302** can be used to pay for covered OTC items at select retail stores. You can also place an order online, over the phone, or by mail through our OTC Catalog that will be sent to you.
	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 tracheostomy along with the need of certain nursing care.
	Prosthetic services	**$0**	May require prior authorization
	Radiation therapy	**$0**	May require prior authorization
	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 isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the BlueCare Plus *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call BlueCare Plus Member Service at the numbers listed at the bottom of this page 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

There are some services that you can get that aren't covered by BlueCare Plus but are covered by Medicare, TennCare, or a State or county agency. This isn't a complete list. Call Member Service at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, TennCare, or a State Agency	Your costs
Certain hospice care services covered outside of BlueCare Plus	**$0**
Population Health Services	**$0**
Sterilization (must meet the following requirements: be an adult age 21 or older, be mentally stable and able to make decisions about your health, not be in a mental institution or in prison, fill out a Sterilization Consent Form with your provider at least 30 days before you have the treatment; in an emergency like premature delivery or abdominal surgery, you can fill the paper out at least 72 hours before you have the treatment)	**$0**
Abortion (may only be covered by TennCare in limited cases, like if you have a physical illness that you could die from without an abortion)	**$0**
Hysterectomy (may only be covered by TennCare if it's for a covered reason and medically necessary)	**$0**

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

This isn't a complete list. Call Member Service at the numbers listed at the bottom of this page to find out about other excluded services.

Services BlueCare Plus, Medicare, and TennCare do not cover

- Services that aren't 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, 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'll 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 aren't 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, 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've 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, 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 coordination team
- **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're covered
  - Refuse treatment, even if your health care provider advises against it

Continued on the next page

- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. BlueCare Plus 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 doesn't 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 800-878-3192 or 866-771-7043 TTY. The TennCare website www.tn.gov/tenncare/members-applicants/how-to-file-a-medical-appeal 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 Member Service at the numbers listed at the bottom of this page.

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

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

If you have a complaint or think BlueCare Plus should cover something we denied, call Member Service at the numbers listed at the bottom of this page. 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 Member Service at the numbers listed at the bottom of this page.

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 Member Service at the numbers listed at the bottom of this page.
- Or, call Medicare at 800-MEDICARE (800-633-4227). TTY users may call 877-486-2048. You can call these numbers for free.
- TennCare's Office of Program Integrity (OPI), call the toll-free hotline 800-433-3982 or TTY users may call 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 **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 **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, 2028.
- ☐ 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 Fully Integrated Dual Eligible (FIDE) Special Needs Plan (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 and assigned to BlueCare Tennessee as your Medicaid provider, excluding Long Term Services and Supports (LTSS) CHOICES, Employment and Community First (ECF) CHOICES and 1915(c) waivers (CAC, MR, SDW). 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, an Independent Licensee of the Blue Cross Blue Shield Association
H3259_27PECLPlus_C (08/26)

BlueCare Plus
Tennessee

Nondiscrimination Notice

BlueCross BlueShield of Tennessee, Inc. (BlueCross), including its subsidiary 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[1]. BlueCross does not exclude people or treat them less favorably 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 **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 **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 https://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, 800-368-1019, 800-537-7697 (TDD), Monday through Friday, 8:00am to 6:00 pm, ET. Complaint forms are available at http://www.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

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

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 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 800-332-5762 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800-332-5762 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800-332-5762 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 800-332-5762（文本电话：711）或咨询您的服务提供商。

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 800-332-5762 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 800-332-5762 (TTY : 711) ou parlez à votre fournisseur.

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 800-332-5762 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 800-332-5762 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-332-5762 (TTY: 711) или обратитесь к своему поставщику услуг.

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

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس،به‌طور رایگان موجود می‌باشند. با شماره 800-332-5762 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 800-332-5762 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。800-332-5762（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-332-5762 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800-332-5762 (TTY: 711) o makipag-usap sa iyong provider.

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

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' 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 Nurseline is:

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

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

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

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

Call or text 988 (available 24/7), or call the Tennessee Crisis Line at

855-274-7471.

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

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

BlueCare Plus Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402

H3259_27SBBCP_M (08/26)