2027 Summary of Benefits

BlueCare Plus Select (HMO D-SNP)SM

BlueCare Plus Tennessee

Summary of Medicare Benefits for Contract H3259-003

Benefit Category	BlueCare Plus Select
Monthly Plan Premium **Our service area includes all counties in the state of Tennessee.**	**$0. You pay nothing.**
Deductible	**$0. You pay nothing.**
Maximum Out-of-Pocket Responsibility (doesn't include prescription drugs)	**$0. You pay nothing.** The Division of TennCare (Medicaid) pays your $9,850 annual cost-sharing amount for you.
Inpatient Hospital Coverage	**Requires prior authorization** **$0** cost share Our plan covers 90 inpatient hospital days each benefit period. A "benefit period" starts the day you go into the hospital or skilled nursing facility. The benefit period ends when you go 60 days in a row without an inpatient hospital or skilled nursing facility stay. There's no limit to the number of benefit periods you can have. Our plan also covers 60 "lifetime reserve days." These are days available to you once you use your 90 inpatient hospital days within a benefit period. If your hospital stay is longer than 90 days, you can use these extra days.
Outpatient Hospital Services	**May require prior authorization**
• Ambulatory surgical center • Outpatient hospital	**$0** cost share
Doctor Visits	
• Primary Care Providers • Specialists	**$0** cost share

Benefit Category	BlueCare Plus Select
Preventive Care	If CMS approves additional preventive services under Original Medicare, they'll be covered under the plan from the date covered under Original Medicare.

Our plan covers many preventive services, including:
• Abdominal aortic aneurysm screening
• Alcohol misuse screenings and counseling
• Bone mass measurements (bone density)
• Cardiovascular disease screenings
• Cardiovascular disease (behavioral therapy)
• Cervical and vaginal cancer screening
• Colorectal cancer screenings
  • Multi-target stool DNA tests
  • Screening barium enemas
  • Screening colonoscopies
  • Screening fecal occult blood tests
  • Screening flexible sigmoidoscopies
• Depression screenings
• Diabetes screenings
• Diabetes self-management training
• Glaucoma tests
• Hepatitis B Virus (HBV) infection screening
• Hepatitis C screening test
• HIV screening
• Lung cancer screening
• Mammograms (screening)
• Nutrition therapy services
• Obesity screenings and counseling
• One-time "Welcome to Medicare" preventive visit
• Prostate cancer screenings
• Sexually transmitted infections screening and counseling
	$0 cost share

Benefit Category	BlueCare Plus Select
Preventive Care (continued)	If CMS approves additional preventive services under Original Medicare, they'll be covered under the plan from the date covered under Original Medicare.

• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
• Vaccines:
  • COVID-19
  • Flu
  • Hepatitis B
  • Pneumococcal
• Yearly "Wellness" visit
	$0 cost share

Emergency Care	**$0** cost share
Urgently Needed Services	**$0** cost share
Diagnostic Services/Labs/Imaging	**May require prior authorization**
• Advanced imaging services (such as MRI/CT scans) • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology services (such as radiation treatment for cancer)	**$0** cost share
Hearing Services (Medicare-covered)	
• Hearing exam to diagnose and treat hearing and balance issues	**$0** cost share

Benefit Category	BlueCare Plus Select
Hearing Services (supplemental)	
• Routine hearing exam (one per year)	**$0** cost share (must use a TruHearing® provider)
• Hearing aid fitting/evaluation, hearing aid and hearing aid repair/adjustment	Two TruHearing hearing aids (one per ear) every three years This is limited to hearing aids available in the applicable TruHearing catalog. You must see a TruHearing provider to use this benefit. Call **833-312-3128**, TTY **711**, to schedule a visit.
Dental Services (Medicare-covered)	**May require prior authorization**
• Medicare-covered dental services are those which are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease or services that would be covered when provided by a physician.	**$0** cost share
Dental Services (supplemental)	This list is not all-inclusive. Limitations apply for certain services. See the plan's Evidence of Coverage or Dental Quick Reference Guide for more details. Or give us a call.
Preventive dental services: • Two routine oral exams per year (one standard exam per six-month period) • Two cleanings per year (one cleaning per six-month period) • Dental X-rays (one set of four bitewings per 12-month period; one panoramic or full mouth X-ray per 36-month period)	**$0** cost share at dental providers in our network
Comprehensive dental services: • Fillings • Extractions • Dentures (removable dentures; complete, immediate and partial; limited to one in any 60-month period)	**$3,000** annual allowance for covered Comprehensive Dental Services
Vision Services (Medicare-covered)	Medicare-covered vision services for the diagnosis and treatment of diseases and injuries of the eye
• Eye exam (diagnostic)	**$0** cost share

Benefit Category	BlueCare Plus Select
Vision Services (supplemental)	
• One eye exam (routine or diagnostic) per year	**$0** cost share
• Eyewear (glasses, frames or contact lenses; limit of one per year)	**$400** annual allowance for eyewear
Mental Health Services	
• Inpatient visit	**Requires prior authorization** Our plan covers 190 days (a lifetime limit) for inpatient services in a free-standing psychiatric hospital. The 190-day limit doesn't apply to inpatient mental health services provided in a psychiatric unit of a general hospital. **$0** cost share
• Outpatient group therapy visit • Outpatient individual therapy visit	**$0** cost share
Skilled Nursing Facility (SNF)	**Requires prior authorization** Our plan covers 100 skilled nursing facility days each benefit period. A "benefit period" starts the day you go into the hospital or skilled nursing facility. The benefit period ends when you go 60 days in a row without an inpatient hospital or skilled nursing facility stay. There's no limit to the number of benefit periods you can have. **$0** cost share for days 1–100
Physical Therapy	**Requires prior authorization**
• Occupational therapy visit • Physical therapy and speech and language therapy visit	**$0** cost share
Ambulance	**Requires prior authorization for non-emergency services** **$0** cost share

Benefit Category	BlueCare Plus Select
Transportation	**May require prior authorization** Our plan covers 100 one-way trips to plan-approved locations for medical, dental, vision, hearing and fitness visits and non-emergency ambulance rides not covered by your Medicaid plan. This benefit is for transportation to Medicare-covered benefit locations not covered by your TennCare (Medicaid) benefit. You must use the plan-approved transportation vendor. **$0** cost share
Medicare Part B Drugs	**Requires prior authorization**
• Eligible chemotherapy drugs • Gene therapy • Other Part B drugs	**$0** cost share
Chiropractic Care (Medicare-covered)	Subluxation of the spine
• Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)	**$0** cost share
Chiropractic Care (supplemental)	
• Routine chiropractic services (limited to 20 visits per year)	**$0** cost share
Diabetes Self-Management Training	**$0** cost share
Foot Care (podiatry services) (Medicare-covered)	
• Foot exams and treatment	**$0** cost share
Foot Care (podiatry services) (supplemental)	
• Routine foot exams and treatment (limited to six visits per year)	**$0** cost share

Benefit Category	BlueCare Plus Select
Home Health Care	**Requires prior authorization** **$0** cost share
Meals	**Requires notification** Our plan covers 28 meals following discharge from a qualifying acute inpatient hospital or skilled nursing facility stay to a home setting. **$0** cost share
Medical Equipment/Supplies	**May require prior authorization**
• Durable Medical Equipment (such as wheelchairs and oxygen) • Prosthetics (such as braces and artificial limbs) • Diabetes monitoring supplies • Therapeutic shoes or inserts (for diabetes)	**$0** cost share
Outpatient Substance Abuse	
• Group therapy visit • Individual therapy visit	**$0** cost share
Outpatient Rehabilitation	
• Cardiac (heart) rehab services for a maximum of two one-hour sessions per day for 36 sessions • Pulmonary (lung) rehab services for a maximum of two one-hour sessions per day for 36 sessions • Supervised Exercise Therapy for Peripheral Artery Disease (SET for PAD)	**$0** cost share

Benefit Category	BlueCare Plus Select
Over-the-Counter/Healthy Food Items**	**$192** combined monthly benefit allowance This allowance doesn't roll over. Any remaining balance will expire at the end of each month. This allowance is added to your flex card.* You can use it to pay for covered items at select retail stores. You can also place an order online, over the phone or by mail through our Over-the-Counter (OTC) Catalog that will be sent to you. The OTC Catalog includes medications and products you need to stay well — things like bandages, pain relievers, cold medicine, toothpaste and more. 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 also use your combined $192 allowance on healthy food items like fruits and vegetables. See the Benefits Chart in chapter 4 of the plan's Evidence of Coverage for more details. Or give us a call.
Renal Dialysis	**$0** cost share
Wellness Program	This plan includes a fitness program. This program includes online resources (like digital workout videos) and a free membership at participating standard fitness centers.
• Fitness program	**$0** cost share

Your flex card

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

$192 monthly allowance for OTC items and healthy food.**

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

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

* The combined flex card allowance can be used for OTC items. Members who qualify due to certain long-term health conditions can also use this allowance for healthy food items. Not all members qualify for the healthy food Special Supplemental Benefit for the Chronically Ill.

** Not all members qualify for the Healthy Food SSBCI.

Medicare Part D Prescription Drug Benefits

Outpatient Prescription Drugs	BlueCare Plus Select
Medicare Part D Drugs	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 Some medications may require prior authorization. Please see our covered drug list (also called a formulary) for more information. You can find it online at **bluecareplus.bcbst.com/pharmacy**.

		What You Pay
Part D Deductible		**$0**
Initial Coverage Phase We pay our share of the cost of your drugs during this phase, and you pay your share of the cost.	Tier 1 – Preferred Generic Drugs	**25%** coinsurance Copays for drugs may vary based on the level of Extra Help you get. Contact us for more details.
	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 Phase Once you've spent **$2,400** out of pocket on covered drugs, you'll move from the initial coverage stage to the catastrophic coverage stage. Then you'll pay **$0** for all covered Part D drugs.		**$0**

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

This document is available in other formats.

Summary of Medicaid-Covered Benefits for BlueCare Plus Select

This chart shows how your Medicare and Medicaid benefits work together. Medicare pays for your services first. Then you may have some Medicaid coverage, depending on the type of Medicaid you have.

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

If you have questions about what type of Medicaid you have and what benefits you can get, call the Division of TennCare at 800-342-3145.

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

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

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 a 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 dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. The Medicaid categories we accept are Qualified Medicare Beneficiary (QMB) or enrolled in BlueCare Tennessee (Medicaid) under 1915(c) Waiver.
- ☐ 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.

This is a summary of health and drug services covered by BlueCare Plus Select (HMO D-SNP)SM from Jan. 1, 2027, through Dec. 31, 2027.

BlueCare Plus Tennessee is an HMO D-SNP with a Medicare contract and a contract with Tennessee Medicaid (TennCare℠). Enrollment in BlueCare Plus Tennessee depends on contract renewal.

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

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

To join BlueCare Plus Select, you must be enrolled in Medicare Part A and Part B, receive Medicaid assistance and live in our service area. Our service area includes all Tennessee counties. This plan is available to anyone who has both Medicare and medical assistance from a state plan under Medicaid. The Medicaid categories we accept are Qualified Medicare Beneficiary (QMB) or enrollment in BlueCare Tennessee (Medicaid Program) under 1915(c) Waiver.

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

The BlueCare Plus Select 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. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. This plan doesn't require referrals to see specialists in the BlueCare Plus Tennessee network.

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

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[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.

Here when you need us.

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888-413-9637, TTY **711**

Oct. 1 to March 31, 8 a.m. to 9 p.m. ET, seven days a week

April 1 to Sept. 30, 8 a.m. to 9 p.m. ET, Monday through Friday

BlueCare Plus Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402

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

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.

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