



**of Tennessee**

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bcbst.com

## **Limited Benefit Products Verifying Eligibility - More Important Than Ever**

**November 2009**

Verifying Blue patients' benefits and eligibility is now more important than ever, since new products and benefit types entered the market. In addition to patients who have traditional Blue PPO, HMO, POS or other coverage, typically with high lifetime coverage limits (i.e. \$1 million or more), you may now see patients whose annual benefits are limited to \$50,000 or less.

Currently BlueCross BlueShield of Tennessee offers such limited benefit plans to our members, and you may see patients with limited benefits who are covered by another Blue Plan.

For BlueCross BlueShield of Tennessee members with limited benefit plan, the product name is CoverTN. It has an ID card with a red stripe at the bottom with "Limited Benefits" in red at the top.

### **How to recognize other members with limited benefits products?**

Patients who have Blue limited benefits coverage carry ID cards that have:

- either of two product names - **InReach** or **MyBasic**
- a tagline in a **green stripe** at the bottom of the card and
- a **black cross and/or shield** to help differentiate it from other identification cards.

### **How to find out if the patient has limited benefit coverage?**

In addition to obtaining a copy of the patient's ID card and regardless of the benefit product type, we recommend that you verify patient's benefits and eligibility and collect any copayment.

You may do so electronically by submitting HIPAA 270 eligibility inquiry to BlueCross BlueShield of Tennessee at bcbst.com or via an Electronic Data Interchange (EDI) transaction or may call 1-800-924-7141 for local members and 1-800-676-BLUE eligibility line for out-of-area members. Both electronically and via phone, you will receive patient's accumulated benefits to help you understand the remaining benefits left for the member.

If the cost of services extends beyond the patient's benefit coverage limit, inform the patient of any additional liability they might have.

### **What should I do if the patient's benefits are exhausted before the end of their treatment?**

Annual benefit limits should be handled in the same manner as any other limits on the medical coverage. Any services beyond the covered amounts or the number of treatment might be member's liability.

We recommend that you inform the patient of any potential liability they might have as soon as possible.

### **Who do I contact if I have additional questions about Limited Benefit Plans?**

If you have any questions regarding BlueCross BlueShield of Tennessee or any other Blue Plans' Limited Benefits products, contact BlueCross BlueShield of Tennessee at 1-800-705-0391.