

Important Information About Medicare Advantage PFFS Plans

BlueAdvantage PFFS is not a Medicare Supplement plan. These plans offer you coverage for all the same services as Original Medicare Part A and B plus additional benefits that Original Medicare does not pay.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare Supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: www.bcbst.com/providers/BenefitHighlights.shtml.

To be eligible to enroll in a BlueAdvantage Plus PFFS plan, you must be entitled to Medicare benefits under both Part A and Part B. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or another third-party.

Notes about benefits in this brochure:

The benefit information is not comprehensive. Additional information should be requested before making a decision about your coverage.

BlueAdvantage Plus PPO is available in the following counties: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Carroll, Carter, Chester, Claiborne, Cocke, Coffee, Crockett, Davidson, Dyer, Franklin, Gibson, Giles, Grainger, Greene, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Hickman, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Loudon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Montgomery, Morgan, Obion, Overton, Polk, Roane, Rutherford, Scott, Sequatchie, Sevier, Shelby, Stewart, Sullivan, Tipton, Unicoi, Union, Warren, Washington, Wayne, Weakley, White, Williamson, and Wilson.

Contact Us for More Information
1-800-247-8510
Monday-Friday 8 a.m. to 6 p.m., Eastern Time
TTY/TDD : 1-877-664-6422



P.O. Box 180205
Chattanooga, TN 37402

A health plan with a Medicare contract.

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BlueAdvantage Plus

2010 Group Retiree Health Plan Benefits



Tennesseans Serving Tennesseans

And when you need us, we're right here in Tennessee.

As a Tennessee company, we live and work alongside you and are committed to giving you service you can depend on. You can count on knowing that someone who understands the needs of Tennessee Medicare beneficiaries is there for you on the other side of the phone.



2010 Group Retiree Health Plan Benefits

Choosing a group retiree health plan doesn’t have to be difficult. But it’s important to make a choice that’s right for your retired employees’ specific needs. Fortunately, BlueCross BlueShield of Tennessee offers a choice of options to make it easy to find a solution that’s right for your company.

This guide will introduce you to our 2010 BlueAdvantage Plus group retiree health plans and will help you compare the differences. It’s not a comprehensive benefit description, but will give you a good understanding of what’s available. All plans can be enhanced with employer group prescription drug benefits.

BlueAdvantage Plus is offered in two options providing flexibility that meets your employees’ specific needs.

BlueAdvantage Plus PFFS is a Private Fee-for-Service Medicare Advantage plan that includes Medicare Part D prescription drug benefits. With this plan, your retired employees may go to any doctor or hospital anywhere in the U.S. that is willing to provide care and accepts the Private Fee-for-Service plan’s terms of payment. Before enrolling in a BlueAdvantage Plus PFFS plan, your retired employees should contact their health care providers to see if they accept the BlueAdvantage PFFS plans offered through BlueCross BlueShield of Tennessee.

BlueAdvantage Plus PPO uses a Preferred Provider Organization that offers a network of doctors and hospitals to your retired employees. The BlueAdvantage Plus PPO also includes Medicare Part D prescription drug benefits. Your retirees are free to use out-of-network providers for covered services, but physicians who do not accept Medicare assignment may bill you an additional amount up to the Medicare limiting charge. They can maximize their benefits by using providers in the network. There is no need to select a primary care physician, and a referral is not required to see a specialist.



2010 BlueAdvantage PFFS and PPO — Option I (Group Size 6 Plus)

COVERED SERVICES		PFFS & PPO* BENEFITS
Deductible		\$0
Annual Out-of-Pocket Maximum** (excludes prescription drug benefits)		\$3,500
Lifetime Maximum		Unlimited
Inpatient Hospital Care		\$250 copay
Skilled Nursing Facility		\$0 for days 1- 20, \$75 copay for days 21-100, (100 days per benefit period)
Home Health Care		\$0 copay
Doctor Office Visits	Routine	\$15 copay
	Specialist	\$15 copay
Outpatient Hospital		\$100 copay
Outpatient Surgery		\$100 copay
Ambulance Services		\$100 copay
Emergency Room		\$50 copay, waived if admitted within 3 days. Worldwide coverage
Outpatient Rehabilitation Services		\$20 copay
DME / Prosthetics		20% coinsurance
Diabetic Supplies (Part B)		\$0 copay
Diagnostic Tests, X-rays, Lab, Therapeutic Radiology, Advanced Imaging***		\$0 for diagnostic tests, lab and x-rays. 10% coinsurance for advanced imaging and therapeutic radiology
Preventive Screening		\$0 for most preventive screenings
Annual Physical Exam		\$0 copay
Hearing Services		\$15 for exams and tests
Vision Services		\$15 for eye exams. Plan pays up to \$100 per year for eyewear
AirMed Membership		\$0 per trip for ambulance services through AirMed International when you are hospitalized more than 150 miles from home

* PPO in-network and out-of-network benefits are the same
** Both in-network and out-of-network expenses apply to the combined out-of-pocket maximum
*** May be subject to office visit copay

Employer Group RX Benefits — Option I

OPTION	DEDUCTIBLE	COPAY STRUCTURE	MAIL ORDER COPAY	FORMULARY	GAP COVERAGE
A	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	No Coverage
B	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	Generic Coverage
C	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	All Generic and Preferred Brand
D	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	Generic and Brand Coverage
E	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	No Coverage
F	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	Generic Coverage
G	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	All Generic and Preferred Brand
H	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	Generic and Brand Coverage
I	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	No Coverage
J	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	Generic Coverage
K	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	All Generic and Preferred Brand
L	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	Generic and Brand Coverage

A BlueAdvantage Plus PFFS and PPO plan uses a formulary (a list of drugs covered by the plan), which includes drugs from all Medicare Part D approved drug classes. The copay amount your retired employees pay depends on the drug's tier placement. See the chart below for details.

Initial Coverage Phase: until your out-of-pocket drug costs reach \$2,830	
Catastrophic Coverage: once your out-of-pocket costs reach \$4,550. The greater of: \$2.50 for generics and \$6.30 for all other covered drugs or 5% coinsurance.	
Drug Tiers for copay structure:	
Tier 1	Preferred Generic
Tier 2	Non-Preferred Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5	Specialty

2010 BlueAdvantage PFFS and PPO — Option 2 (Group size 6 Plus)

COVERED SERVICES		PFFS & PPO* BENEFITS
Deductible		\$0
Annual Out-of-Pocket Maximum** (excludes prescription drug benefits)		\$2,800
Lifetime Maximum		Unlimited
Inpatient Hospital Care		\$0 copay
Skilled Nursing Facility		\$0 for days 1- 20, \$100 copay for days 21-100 (100 days per benefit period)
Home Health Care		\$0 copay
Doctor Office Visits	Routine	\$10 copay
	Specialist	\$15 copay
Outpatient Hospital		\$0 copay
Outpatient Surgery		\$0 copay
Ambulance Services		\$0 copay
Emergency Room		\$50 copay, waived if admitted within 3 days. Worldwide coverage
Outpatient Rehabilitation Services		\$20 copay
DME / Prosthetics		20% coinsurance
Diabetic Supplies (Part B)		\$0 copay
Diagnostic Tests, X-rays, Lab, Therapeutic Radiology, Advanced Imaging***		\$0 copay
Preventive Screening		\$0 for most preventive screenings
Annual Physical Exam		\$0 copay
Hearing Services		\$15 for exams and tests
Vision Services		\$15 for eye exams. Plan pays up to \$100 per year for eyewear
AirMed Membership		\$0 per trip for ambulance services through AirMed International when you are hospitalized more than 150 miles from home

* PPO in-network and out-of-network benefits are the same
** Both in-network and out-of-network expenses apply to the combined out-of-pocket maximum
*** May be subject to office visit copay

Employer Group RX Benefits — Option 2

OPTION	DEDUCTIBLE	COPAY STRUCTURE	MAIL ORDER COPAY	FORMULARY	GAP COVERAGE
A	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	No Coverage
B	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	Generic Coverage
C	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	All Generic and Preferred Brand
D	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	Generic and Brand Coverage
E	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	No Coverage
F	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	Generic Coverage
G	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	All Generic and Preferred Brand
H	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	Generic and Brand Coverage
I	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	No Coverage
J	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	Generic Coverage
K	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	All Generic and Preferred Brand
L	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	Generic and Brand Coverage

A BlueAdvantage Plus PFFS and PPO plan uses a formulary (a list of drugs covered by the plan), which includes drugs from all Medicare Part D approved drug classes. The copay amount your retired employees pay depends on the drug's tier placement. See the chart below for details.

Initial Coverage Phase: until your out-of-pocket drug costs reach \$2,830	
Catastrophic Coverage: once your out-of-pocket costs reach \$4,550. The greater of: \$2.50 for generics and \$6.30 for all other covered drugs or 5% coinsurance.	
Drug Tiers for copay structure:	
Tier 1	Preferred Generic
Tier 2	Non-Preferred Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5	Specialty

2010 BlueAdvantage PFFS and PPO — Option 3 (Group Size 11 Plus)

COVERED SERVICES		PFFS & PPO* BENEFITS
Deductible		\$0
Annual Out-of-Pocket Maximum** (excludes prescription drug benefits)		\$2,500
Lifetime Maximum		Unlimited
Inpatient Hospital Care		\$0 copay
Skilled Nursing Facility		\$0 for days 1- 100 (100 days per benefit period)
Home Health Care		\$0 copay
Doctor Office Visits	Routine	\$10 copay
	Specialist	\$15 copay
Outpatient Hospital		\$0 copay
Outpatient Surgery		\$0 copay
Ambulance Services		\$100 copay
Emergency Room		\$50 copay, waived if admitted within 3 days. Worldwide coverage
Outpatient Rehabilitation Services		\$15 copay
DME / Prosthetics		20% coinsurance
Diabetic Supplies (Part B)		\$0 copay
Diagnostic Tests, X-rays, Lab, Therapeutic Radiology, Advanced Imaging***		\$0 copay
Preventive Screening		\$0 for most preventive screenings
Annual Physical Exam		\$0 copay
Hearing Services		\$15 for exams and tests
Vision Services		\$15 for eye exams. Plan pays up to \$100 per year for eyewear
AirMed Membership		\$0 per trip for ambulance services through AirMed International when you are hospitalized more than 150 miles from home

* PPO in-network and out-of-network benefits are the same
** Both in-network and out-of-network expenses apply to the combined out-of-pocket maximum
*** May be subject to office visit copay

Employer Group RX Benefits — Option 3

OPTION	DEDUCTIBLE	COPAY STRUCTURE	MAIL ORDER COPAY	FORMULARY	GAP COVERAGE
A	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	No Coverage
B	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	Generic Coverage
C	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	All Generic and Preferred Brand
D	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	Generic and Brand Coverage
E	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	No Coverage
F	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	Generic Coverage
G	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	All Generic and Preferred Brand
H	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	Generic and Brand Coverage
I	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	No Coverage
J	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	Generic Coverage
K	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	All Generic and Preferred Brand
L	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	Generic and Brand Coverage

A BlueAdvantage Plus PFFS and PPO plan uses a formulary (a list of drugs covered by the plan), which includes drugs from all Medicare Part D approved drug classes. The copay amount your retired employees pay depends on the drug's tier placement. See the chart below for details.

Initial Coverage Phase: until your out-of-pocket drug costs reach \$2,830	
Catastrophic Coverage: once your out-of-pocket costs reach \$4,550. The greater of: \$2.50 for generics and \$6.30 for all other covered drugs or 5% coinsurance.	
Drug Tiers for copay structure:	
Tier 1	Preferred Generic
Tier 2	Non-Preferred Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5	Specialty

2010 BlueAdvantage PFFS and PPO — Option 4 (Group Size 26 Plus)

COVERED SERVICES		PFFS & PPO* BENEFITS
Deductible		\$0
Annual Out-of-Pocket Maximum** (excludes prescription drug benefits)		\$1,200
Lifetime Maximum		Unlimited
Inpatient Hospital Care		\$0 copay
Skilled Nursing Facility		\$0 for days 1- 100 (100 days per benefit period)
Home Health Care		\$0 copay
Doctor Office Visits	Routine	\$0 copay
	Specialist	\$0 copay
Outpatient Hospital		\$0 copay
Outpatient Surgery		\$0 copay
Ambulance Services		\$0 copay
Emergency Room		\$50 copay, waived if admitted within 3 days. Worldwide coverage
Outpatient Rehabilitation Services		\$0 copay
DME / Prosthetics		\$0 copay
Diabetic Supplies (Part B)		\$0 copay
Diagnostic Tests, X-rays, Lab, Therapeutic Radiology, Advanced Imaging***		\$0 copay
Preventive Screening		\$0 for most preventive screenings
Annual Physical Exam		\$0 copay
Hearing Services		\$0 for exams and tests
Vision Services		\$0 for eye exams. Plan pays up to \$100 per year for eyewear
AirMed Membership		\$0 per trip for ambulance services through AirMed International when you are hospitalized more than 150 miles from home

* PPO in-network and out-of-network benefits are the same
** Both in-network and out-of-network expenses apply to the combined out-of-pocket maximum
*** May be subject to office visit copay

Employer Group RX Benefits — Option 4

OPTION	DEDUCTIBLE	COPAY STRUCTURE	MAIL ORDER COPAY	FORMULARY	GAP COVERAGE
A	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	No Coverage
B	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	Generic Coverage
C	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	All Generic and Preferred Brand
D	\$0	\$10/\$15/\$25/\$45/\$75	2x	Open	Generic and Brand Coverage
E	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	No Coverage
F	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	Generic Coverage
G	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	All Generic and Preferred Brand
H	\$0	\$5/\$15/\$35/\$65/\$100	2.5x	Open	Generic and Brand Coverage
I	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	No Coverage
J	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	Generic Coverage
K	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	All Generic and Preferred Brand
L	\$100	\$5/\$10/\$35/\$60/25%	2.5x	Open	Generic and Brand Coverage

A BlueAdvantage Plus PFFS and PPO plan uses a formulary (a list of drugs covered by the plan), which includes drugs from all Medicare Part D approved drug classes. The copay amount your retired employees pay depends on the drug's tier placement. See the chart below for details.

Initial Coverage Phase: until your out-of-pocket drug costs reach \$2,830	
Catastrophic Coverage: once your out-of-pocket costs reach \$4,550. The greater of: \$2.50 for generics and \$6.30 for all other covered drugs or 5% coinsurance.	
Drug Tiers for copay structure:	
Tier 1	Preferred Generic
Tier 2	Non-Preferred Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5	Specialty

2010 BlueAdvantage PFFS and PPO — Small Group Size 2-5

COVERED SERVICES		PFFS & PPO* BENEFITS
Deductible		\$0
Annual Out-of-Pocket Maximum** (excludes prescription drug benefits)		\$3,500
Lifetime Maximum		Unlimited
Inpatient Hospital Care		\$250 copay
Skilled Nursing Facility		\$0 for days 1- 20, \$75 copay for days 21-100 (100 days per benefit period)
Home Health Care		\$0 copay
Doctor Office Visits	Routine	\$15 copay
	Specialist	\$15 copay
Outpatient Hospital		\$100 copay
Outpatient Surgery		\$100 copay
Ambulance Services		\$100 copay
Emergency Room		\$50 copay, waived if admitted within 3 days. Worldwide coverage
Outpatient Rehabilitation Services		\$20 copay
DME / Prosthetics		20% coinsurance
Diabetic Supplies (Part B)		\$0 copay
Diagnostic Tests, X-rays, Lab, Therapeutic Radiology, Advanced Imaging***		\$0 for diagnostic tests, lab and x-rays. 10% coinsurance for advanced imaging and therapeutic radiology
Preventive Screening		\$0 for most preventive screenings
Annual Physical Exam		\$0 copay
Hearing Services		\$15 for exams, tests and hearing aid fittings
Vision Services		\$15 for eye exams. Plan plays up to \$100 per year for eyewear
AirMed Membership		\$0 per trip for ambulance services through AirMed International when you are hospitalized more than 150 miles from home

* PPO in-network and out-of-network benefits are the same
** Both in-network and out-of-network expenses apply to the combined out-of-pocket maximum
*** May be subject to office visit copay

Employer Group RX Benefits — Option 5

OPTION	DEDUCTIBLE	COPAY STRUCTURE	MAIL ORDER COPAY	FORMULARY	GAP COVERAGE
M	\$100	\$10/\$10/\$30/\$60/\$100	2.5x	Open	Generic and Preferred Brand Coverage

A BlueAdvantage Plus PFFS and PPO plan uses a formulary (a list of drugs covered by the plan), which includes drugs from all Medicare Part D approved drug classes. The copay amount your retired employees pay depends on the drug's tier placement. See the chart below for details.

Initial Coverage Phase: until your out-of-pocket drug costs reach \$2,830	
Catastrophic Coverage: once your out-of-pocket costs reach \$4,550. The greater of: \$2.50 for generics and \$6.30 for all other covered drugs or 5% coinsurance.	
Drug Tiers for copay structure:	
Tier 1	Preferred Generic
Tier 2	Non-Preferred Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5	Specialty



2010 BlueAdvantage PFFS and PPO — Municipal

COVERED SERVICES		PFFS & PPO* BENEFITS
Deductible		\$0
Annual Out-of-Pocket Maximum** (excludes prescription drug benefits)		\$2,500
Lifetime Maximum		Unlimited
Inpatient Hospital Care		\$0 copay
Skilled Nursing Facility		\$0 for days 1-100
Home Health Care		\$0 copay
Doctor Office Visits	Routine	\$10 copay
	Specialist	\$15 copay
Outpatient Hospital		\$0 copay
Outpatient Surgery		\$0 copay
Ambulance Services		\$100 copay
Emergency Room		\$50 copay, waived if admitted within 3 days. Worldwide coverage
Outpatient Rehabilitation Services		\$15 copay
DME / Prosthetics		20% coinsurance
Diabetic Supplies (Part B)		\$0 copay
Diagnostic Tests, X-rays, Lab, Therapeutic Radiology, Advanced Imaging***		\$0 for diagnostic test, lab and x-rays. 0% coinsurance for advanced imaging and therapeutic radiology
Preventive Screening		\$0 for most preventive screenings
Annual Physical Exam		\$0 copay
Hearing Services		\$15 for exams and tests
Vision Services		\$15 for eye exams. Plan plays up to \$100 per year for eyewear
AirMed Membership		\$0 per trip for ambulance services through AirMed International when you are hospitalized more than 150 miles from home

* PPO in-network and out-of-network benefits are the same
** Both in-network and out-of-network expenses apply to the combined out-of-pocket maximum
*** May be subject to office visit copay

Employer Group RX Benefits — Option 6

OPTION	DEDUCTIBLE	COPAY STRUCTURE	MAIL ORDER COPAY	FORMULARY	GAP COVERAGE
N	\$0	\$10/\$10/\$30/\$60/\$100	2.5x	Open	Generic and Brand Coverage

A BlueAdvantage Plus PFFS and PPO plan uses a formulary (a list of drugs covered by the plan), which includes drugs from all Medicare Part D approved drug classes. The copay amount your retired employees pay depends on the drug's tier placement. See the chart below for details.

Initial Coverage Phase: until your out-of-pocket drug costs reach \$2,830	
Catastrophic Coverage: once your out-of-pocket costs reach \$4,550. The greater of: \$2.50 for generics and \$6.30 for all other covered drugs or 5% coinsurance.	
Drug Tiers for copay structure:	
Tier 1	Preferred Generic
Tier 2	Non-Preferred Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5	Specialty



Notes

BlueCross Blue Shield of Tennessee Medicare plans go beyond the basic benefits...

Your retirees can save up to 50% on health-related products and services not covered by Medicare through BluePerks®

They can take advantage of discounts on a variety of services including:

- Fitness memberships
- Vision care (including exams, glasses and contact lenses)
- Weight loss program
- Vitamins, minerals and supplements
- And much more!

About our value-added services

The products and services described above are neither offered or guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products may be subject to the BlueCross BlueShield of Tennessee grievance process.

