



**Medicare
Supplement
Solutions**



of Tennessee

1 Cameron Hill Circle
Chattanooga, TN 37402

bcbst-medicare.com

Thank you for your interest in BlueEliteSM Medicare Supplement Solutions

Dear Neighbor,

Medicare coverage provides you assistance in paying for your health care expenses. But if you don't have additional coverage from a current or former employer, you could still have to pay quite a bit out of your own pocket for your medical care.

Medicare has deductibles for hospital and medical services, in addition to coinsurance and copays that you must pay even after you have met your deductible. That's why purchasing a Medicare Supplement policy like BlueElite is a smart way to help cover the costs that Medicare leaves you to pay.

Medicare Supplement plan benefits are standardized among insurance carriers, but rates and services are not.

To make sure you get the coverage that best fits your needs and budget, we offer a choice of BlueElite plans. As a BlueCross BlueShield of Tennessee member, you have additional services you won't find anywhere else, including:

BluePerks® – A discount program that helps you save up to 50% on a variety of non-covered services ranging from fitness club membership to weight loss program to LASIK vision surgery and eye wear discounts.

SilverSneakers® - The nation's leading exercise program designed exclusively for older adults, offers an innovative blend of physical activity, healthy lifestyle direction and social opportunities. This program provides access to more than 10,000 participating fitness and wellness centers across the state and throughout the country, including popular national programs such as YMCAs and Curves.

Please review all the materials in this package for details on BlueElite Medicare Supplement Solutions. Everything you need to enroll is included. We look forward to assisting you in finding a plan that will provide you with coverage for many years to come.

Best of health,

BlueCross BlueShield of Tennessee

Coverage is issued under the BCBST-INDV-BlueElite series of policy forms.



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What Does Medicare Cover?

Medicare Part A (hospital insurance) helps pay for:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Certain home health care services

Medicare Part B (optional medical insurance) helps pay for:

- Doctor's fees
- Outpatient hospital services
- Some other medical services that Medicare Part A does not cover, for example certain home health care

Medicare Does Not Cover All Health Care Costs.

With Medicare Part A and Part B alone, you are required to help pay deductibles and coinsurance for your Medicare-covered services. Medicare Supplement plans are designed to help pay for these costs that you would ordinarily pay out of your own pocket. The costs and services that are covered by your Medicare Supplement plan depend on which plan you choose.

What Basic Benefits Do All Medicare Supplement Plans Provide?

- Medicare Part A coinsurance
- The cost of 365 extra days of coverage during your lifetime after Medicare hospital benefits end
- Medicare Part B coinsurance based on Medicare-allowed charges
- The first three pints of blood each year

What is not covered by Medicare Part A, Part B or Medicare Supplement Plans?

Prescription drugs. If you want prescription drug coverage, you must purchase Medicare Part D prescription drug coverage from a private insurance company.

BlueCross BlueShield of Tennessee offers a Medicare Part D prescription drug plan with two options. Both options include drugs from all Medicare Part D approved drug classes. One option covers more drugs from these classes than the other option.



Why Choose a BlueElite Medicare Supplement Solution?

BlueCross BlueShield of Tennessee has over 60 years of experience serving Tennesseans just like you. Our familiar cross and shield symbols are recognized and accepted around the state and the world. And our financial stability means we'll be here when you need us.

Here are a few other reasons you should choose one of the BlueElite Medicare Supplement Solutions:

Choose your own doctors. With BlueElite, you can choose to see any doctor or hospital you wish. There are no provider networks.

Coverage is guaranteed. If you are enrolling in your first 6 months of Medicare Part B eligibility, you cannot be denied coverage. Your coverage is also guaranteed to renew each year. (Your monthly premiums will increase with your age each year.)

Automatic claims filing. Just show your BlueElite member ID card and your Medicare-participating physician will file your claims for you.

Benefit and claim information available online. Just visit our Web site at www.bcbst-medicare.com and check your benefits and the status of your claims at your convenience.

Deciding Which BlueElite Plan Is Right for You

Remember, with Medicare Part A and Part B alone, you are required to pay deductibles and coinsurance for your Medicare-covered services. BlueElite Medicare Supplement plans are designed to help pay for these costs that you would ordinarily pay out of your own pocket. The costs and services that are covered by your Medicare Supplement plan depend on which plan you choose.

If you want to pay very little out of your own pocket for your medical care:

BlueElite plans help pay the portion of Medicare-covered services you are usually required to pay. Depending on the plan you choose, you may pay virtually nothing out of your own pocket for your medical care. You pay a monthly premium that will increase each year as you get older and you will continue to pay for your Medicare Part B premiums each month.

If you want coverage when you travel outside of the country:

Most BlueElite plans cover emergency care worldwide so you can travel with confidence.

BlueElite Plans — Quick Comparison

Here's an overview of the services covered by each plan we offer. For details, please refer to the appropriate outline of coverage.

	PLAN A	PLAN D	PLAN F
Basic Benefits Includes Part A coinsurance plus coverage for 365 additional days after Medicare benefits end. Also includes Part B coinsurance (20% of Medicare-approved expenses)	✓	✓	✓
Skilled Nursing Coinsurance		✓	✓
Medicare Part A Deductible		✓	✓
Medicare Part B Deductible			✓
Medicare Part B Excess Charge (100%)¹			✓
Foreign Travel Emergency		✓	✓

¹ Medicare Part B Excess Charge is the difference between your doctor's charge and Medicare's approved amount, when your doctor does not accept Medicare assignment.

BlueElite Plans - Detailed Overview

This chart shows what Medicare leaves you to pay and what Plan A, Plan D and Plan F will pay to help cover the gaps.

	What Medicare Leaves You to Pay:	PLAN A	PLAN D	PLAN F
Part A Hospital ¹ Care	\$1,156 first-day deductible ²		✓	✓
	Charges for the first three pints of blood	✓	✓	✓
	\$289 per day for 61st - 90th day in the hospital	✓	✓	✓
	\$578 per day for 91st - 150th day in the hospital ²	✓	✓	✓
	100% of bills after day 150 in the hospital for an additional 365 days	✓	✓	✓
Skilled Nursing Facility Care	\$144.50 per day for 21st - 100th day of a skilled nursing facility stay		✓	✓
PART B Physician Services and Supplies	\$140 Part B Deductible			✓
	Generally 20% of the Medicare-eligible charges for physician services and supplies	✓	✓	✓
	Charges for first three pints of blood	✓	✓	✓
	Physician charges in excess of Medicare-approved amounts			✓
Emergency Care in a Foreign Country	100% of bills ³		✓	✓

¹ Hospital benefits must be provided by facilities participating with Medicare. Payments are limited to the reasonable charge as determined by Medicare.

² After 90 days of hospitalization, Medicare benefits are paid from a one-time lifetime reserve of 60 days (days 91-150) which are not renewable each benefit period.

See your Outline of Coverage for details and limitations of these benefits.

³ Foreign Travel Emergency covered at 80% after \$250 deductible is met up to \$50,000 lifetime maximum.

Expect more from your BlueElite Medicare Supplement Plan

These value-added services are offered to you at no extra cost!

Savings of up to 50% on a variety of products and services not covered by Medicare with BluePerks®

With our BluePerks discount program, you can take steps to stay healthy while you save money. Simply show your BlueCross BlueShield of Tennessee member ID card at participating locations to receive discounts on a variety of services, including:

- Fitness club memberships
- Vision care (including exams, glasses and contact lenses)
- Weight loss programs
- LASIK corrective vision surgery
- Vitamins, minerals and supplements
- Much more

Complimentary membership with access to participating fitness and wellness centers with SilverSneakers

With the SilverSneakers Fitness Program, you will have access to more than 10,000 participating fitness and wellness centers across the state and throughout the country, including popular national programs such as YMCAs and Curves. Simply show your Silver Sneakers or BlueCross BlueShield of Tennessee ID card and let them know you want to begin using your SilverSneakers benefit.

Amenities at many of these facilities included:

- Fitness equipment - like treadmills, swimming pools, indoor walking tracks and weight machines
- Specialized classes taught by certified SilverSneakers instructors
- Additional classes such as YogaStretch, SilverSplash, and CardioFit

Take Advantage of BlueAccess — and Secure Online Tools

As a member, you can visit BlueAccess, a secure area of bcbst-medicare.com, where you can view your benefit information with speed and convenience.

The Member Self-Service function allows you to view a brief outline of your benefits, order replacement ID cards and check on the status of medical claims.

Personal Health Manager offers recent medical news, a library of health information, care guides for specific conditions, and tools to help record and track blood sugar readings, blood pressure, exercise and more.

The first time you use the site, you will be invited to complete a health survey that asks you your current medical conditions. The survey can also help identify any conditions you may be at risk for in the future. All information you provide is kept confidential and you will receive a copy of the survey results. Based on the answers you give, the BlueElite Health Management team will customize a home page in the Personal Health Manager just for you.

Highlights of Your Personal Health Manager Home Page

- **For Your Health/Common Conditions** – Review care guides for common health conditions and popular health topics such as asthma, diabetes, high cholesterol and high blood pressure.
- **New Messages** – If you have reported certain medical conditions, you will receive information related to your care and your condition.
- **Reminders Tool** – Set reminders for doctors' appointments, prescription refills, etc.
- **My Health Lists** – Keep a list of your allergies, vaccinations, medications and medical conditions. You can print these lists and take them to your doctor for easy reference.
- **Drug Index** – Get information on medications you are taking and check for possible drug interactions.
- **My Tools** – Track your health statistics such as blood pressure, exercise, blood sugar, cholesterol, cigarette usage and more.
- **Today's News** – Read articles on recent health studies and treatments.
- **Health Encyclopedia** – Use key words to search for just about any health topic.

Glossary of Insurance Terms

BlueCross BlueShield of Tennessee wants to make sure you understand the insurance terms used in this brochure and the enclosed Outline of Coverage. This glossary will help you have a clear understanding of how the plans work so that you can make an informed decision about your health plan choice.

Benefit: A financial payment made by the health plan for your medical services covered under the plan.

Coinsurance: The amount of your medical expenses that you are required to pay. For example: under Medicare, you pay 20% of the cost of a doctor's office visit. If the Medicare-approved amount is \$200, your coinsurance would be \$40.

Cost Sharing: A term for how you and Medicare or your insurance company work together to pay your medical expenses. Coinsurance and copays are examples of cost sharing. You pay a copay and your plan covers the rest of the expense.

Coverage: The costs that your insurance company or Medicare pays for your medical services on your behalf.

Creditable Health

Coverage: In order to have your pre-existing condition waiting period waived, you must have had other health coverage. That coverage can include a workplace health plan, COBRA, a

federal government plan (including TRICARE, CHAMPUS or CHAMPVA), church plan coverage or an individual health or Medicare Supplement plan. Your previous health coverage must not have been canceled for fraud or nonpayment of premiums. You must not have had more than a 63-day gap between the date the other coverage(s) ended and the date you apply for a Medicare Supplement plan.

Deductible: The amount of your medical expenses that you must pay for yourself each year before Medicare or your plan starts to pay. For example, for 2012 Medicare Part A has a \$1,156 deductible for inpatient hospital care. You would pay the first \$1,156 of the cost of a hospital stay before Medicare would pay any benefits unless your Medicare Supplement plan pays this cost for you.

Medicare Part B Excess

Charges: The difference between your doctor's charge for a service and Medicare's approved amount, if your doctor is not a Medicare participating provider. Plan

F provides some coverage for these excess charges. With all other plans you are responsible for paying the excess charges.

Out-of-Pocket Costs: The amount you must pay out of your own pocket for your medical expenses. These costs include things like deductibles or coinsurance.

Out-of-Pocket Maximum:

Plans K and L (not offered by BlueCross BlueShield of Tennessee) set a maximum limit on your out-of-pocket costs for covered medical expenses. This amount is the maximum you will have to pay in that calendar year for your medical expenses. Once you reach the out-of-pocket maximum, your plan pays 100% of your covered expenses.

Premium: The monthly fee you pay for your Medicare Supplement policy. You also have a monthly premium for Medicare Part B coverage.

Who is Eligible for BlueElite?

You must be:

- A resident of Tennessee
- 65 years of age or older; or under 65 years of age and eligible for and enrolled in Medicare by reason of disability or end stage renal disease
- Enrolled in Medicare Part A and Part B

You cannot be enrolled in BlueElite while enrolled in a Medicare Advantage plan. Medicare Supplement coverage is not necessary with that type of plan.

6-Month Pre-Existing Condition Waiting Period Applies to All Applicants

This policy will not pay benefits for stays beginning or medical expenses incurred during the first six months of coverage if they are considered a pre-existing condition. A condition is considered pre-existing if medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. Some or all of this waiting period can be waived if you have creditable coverage (see page 8 for more information).

Effective Date for Your Coverage

If you have just become eligible for Medicare Part A and B and we receive your BlueElite application by the 15th of the month, your coverage will be effective the first day of that month. If we receive it after the 15th, your policy will be effective the first day of the following month. You can also request a specific effective date to match the termination date of existing group or individual coverage. We must receive your application within two weeks of the termination of your previous coverage and the requested date must be after we receive your application.

30-Day Risk-Free Trial

If you are not completely satisfied with your BlueElite policy within the first 30 days of coverage, we'll refund your premium, less any benefits paid on your behalf. Just return your member ID card and your policy. So don't delay, enroll today!

How to Enroll

(Have your Medicare ID card available):

Please locate the application included in this package. An extra application has been included for your spouse if he or she is also eligible and wishes to enroll.

Follow these easy steps

When you are filling out the information requested, please print clearly and use only black ink. To help you complete the application, please follow these guidelines:

Page 1

- A. Complete the Personal Information section.
- B. Please refer to your Medicare card when filling out this information.
- C. Select the plan you wish to purchase by checking the box here.
- D. Enter the date you would like your coverage to become effective

Page 2

- A. If you are not applying within the six months of your Medicare Part B effective date, or if you do not qualify under a guarantee issue provision, answer the questions in this section.
- B. For each question answered yes, please circle the applicable condition.

Page 3

- A. Please list your current or previous health insurance.

Page 4

- A. Please read these important disclosures and provide your signature and date at the bottom.

Final steps:

1. If you are switching insurance companies for your Medicare Supplement coverage, you must also complete the Medicare Supplement Replacement Form and return it with your application.
2. Please attach proof of creditable coverage if you have any.
3. Return your application in the envelope provided or give it to your agent.

Don't forget

Please be sure to print your last name, first name, middle initial and Social Security Number at the top of each page of the application.

Please act today.

You are not required to send any money with your application.

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

Or visit www.bcbst-medicare.com



BlueCross BlueShield of Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402

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