

**For more information, please write, call or visit our Web site:**

**BlueCross BlueShield of Tennessee**  
**Attn: Community Programs 3G**  
**1 Cameron Hill Circle**  
**Chattanooga, TN 37402**  
**1-800-292-5146**  
**8 a.m. to 9 p.m. Eastern Time, 7 days a week**  
**TTY/TDD: 1-877-664-6422**  
**or visit [www.bcbst-medicare.com](http://www.bcbst-medicare.com)**

This document is available in alternative formats.  
For more information, call the above listed number.

From March 2 to September 30, you may be required to leave a message  
on weekends and holidays. Your call will be returned the next business day.

For Medicare plan ratings of this plan, please refer to <http://www.medicare.gov> or  
you may contact us directly to request the ratings at the above numbers.



[www.bcbst-medicare.com](http://www.bcbst-medicare.com)  
1 Cameron Hill Circle  
Chattanooga, TN 37402



BlueCross BlueShield of Tennessee is proud of its 30-year history as presenting sponsor of the Tennessee Senior Olympics. The Tennessee Senior Olympics exist to promote healthy lifestyles for senior adults through fitness, sports and an active involvement in life. For more information, visit [www.tseniorolympics.com](http://www.tseniorolympics.com).

BlueAdvantage PPO Plans are available in all Tennessee counties.

BlueCross BlueShield of Tennessee is a health plan with a Medicare contract.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

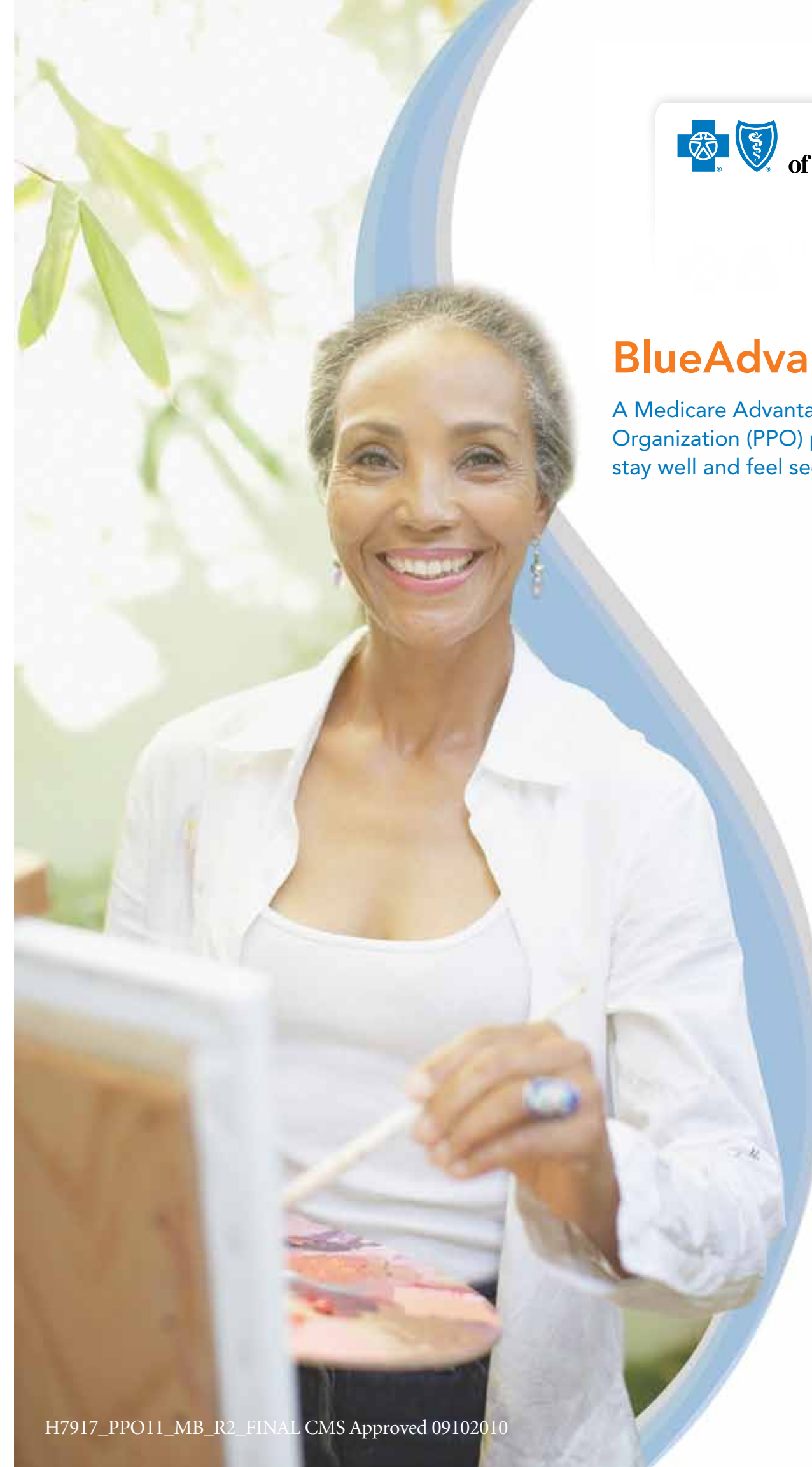
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This document has been classified as public information



## BlueAdvantage PPO<sup>SM</sup>

A Medicare Advantage Preferred Provider Organization (PPO) plan that can help you stay well and feel secure





1 Cameron Hill Circle  
Chattanooga, TN 37402

## Expect More, Stay Well, Feel Secure with BlueAdvantage PPO<sup>SM</sup>

Dear Medicare Beneficiary,

BlueCross BlueShield of Tennessee now offers more choices than ever for your Medicare medical and prescription drug coverage. With our BlueAdvantage Preferred Provider Organization (PPO) family of Medicare Advantage plan options, you are sure to find one that fits your needs and your budget.

With BlueAdvantage PPO, you get your choice of medical and hospital copays and, when you choose a BlueAdvantage PPO with Part D drug coverage, your choice of formularies (list of covered drugs). All backed by the strength and stability Tennesseans have been trusting for more than 60 years.

The enclosed information will explain more about these Medicare Advantage plan options, which are part of the Medicare program. If you have any questions about the BlueAdvantage PPO family of plan options, please contact us:

**BlueCross BlueShield of Tennessee**

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**Chattanooga, TN 37402**

**1-800-292-5146**

**TTY/TDD users should call: 1-877-664-6422**

**8 a.m. to 9 p.m. ET, 7 days a week**

From March 2 to September 30, you may be required to leave a message on weekends and holidays. Your call will be returned the next business day.

For more information about Medicare benefits and services, you may call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week, or visit [www.medicare.gov](http://www.medicare.gov). TTY/TDD users can call 1-877-486-2048.

Best of health,

Sharon Dicorato

Manager Community Programs

A health plan with a Medicare contract.

BlueCross BlueShield of Tennessee, Inc., an independent Licensee of the BlueCross BlueShield Association



## Why Choose Blue?

- **Over 60 years of experience** – For more than 60 years, BlueCross BlueShield of Tennessee has helped to care for the health and well being of Tennesseans. Today, nearly 3 million people across the state turn to us for health plan coverage, insurance products and services. As a Tennessee company, we live and work along side you and are committed to giving you service you can depend on.
- **Variety of products** – We offer a comprehensive portfolio of individual Medicare plans from which to choose: Medicare Advantage, Medicare Supplement (Medigap) and Prescription Drug Coverage.
- **Trusted advisors and advocates** – Our team’s knowledgeable and caring approach allows you to make informed decisions as to which Medicare solution best meets your individual needs and budget.
- **More Benefits and Value-added services offered at no extra cost** – These include membership to the SilverSneakers® Fitness Program, an AirMed International membership, as well as savings of up to 50% on a variety of products and services with our BluePerks discount program. Please see page 12 for additional details.



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## BlueAdvantage PPO Overview

Figuring out which Medicare health plan is right for your particular needs can seem a bit overwhelming. At BlueCross BlueShield of Tennessee, we understand and want to help simplify the process for you. It's our goal to provide you with clear information that can help you make an informed decision about your health care coverage.

This guide helps explain our BlueAdvantage® Preferred Provider Organization (PPO) Medicare Advantage Plans. We hope the information presented here helps to guide you to a health plan that can help you stay well and feel more secure.

### Get more benefits than Original Medicare

BlueAdvantage PPO is a Medicare Advantage plan we offer through our contract with the Medicare program. Medicare pays a set amount of money to BlueAdvantage PPO to arrange for health benefits for covered members of the plan. When you join the plan, you remain in Medicare. You continue to pay your Medicare Part B premium in addition to the affordable BlueAdvantage PPO premium.

Because the government pays BlueCross BlueShield of Tennessee to administer benefits for you, you are entitled to all the medically necessary health care services that are covered by Medicare, plus much more. In fact, as a member of BlueAdvantage PPO you can take advantage of available benefits that go beyond what you can get with Original Medicare alone or a Medicare Supplement policy. BlueCross BlueShield of Tennessee also offers value-added services, including discounts of up to 50% on a variety of products and services not covered by Medicare.



## BlueAdvantage PPO may be right for you if...

- ✓ **You want prescription drug coverage included with your medical coverage...**  
 BlueAdvantage PPO has plan options that offer Medicare Part D prescription drug benefits as part of the plan.
- ✓ **You want lower monthly premiums...**  
 BlueAdvantage PPO plan options offer premiums that may be lower than what you're paying now. Plus, you pay the same affordable premium regardless of your age. (You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.)
- ✓ **You don't want any surprises when it comes to what you pay for medical expenses...**  
 BlueAdvantage PPO plan options offer fixed copays for most medical services and prescription drugs when offered. You will know what you owe and be able to budget for your medical care.
- ✓ **You need more than the basic care covered by Original Medicare...**  
 BlueAdvantage PPO plan options offer added benefits for an annual physical and vision services, and the Diamond (PPO), Ruby (PPO) and Emerald (PPO) options also offer benefits for routine hearing and dental care.
- ✓ **You want a single ID card...**  
 BlueAdvantage PPO plan options Ruby and Diamond offer Medicare Parts A and B coverage, Medicare Part D prescription drug coverage and additional benefits in one plan. Just present your BlueAdvantage PPO ID card at your doctor's office, hospital or network pharmacy.

### With BlueAdvantage PPO, you are free to use doctors in or out of the network

BlueAdvantage PPO uses a network of doctors and hospitals. As a member, you are free to use out-of-network\* providers for covered services, but you will maximize your benefits when you use in-network providers. There is no need to select a primary care physician and you do not need a referral to see an in-network physician with BlueAdvantage PPO. It all adds up to greater convenience and flexibility for you.

\* Deductibles, copays, coinsurance and limitations apply to out-of-network services. With the exception of emergencies or urgent care, it will cost more to get care from out-of-network providers.



### Which BlueAdvantage PPO plan is right for you?

We want to help you make an informed decision about your health care coverage. The descriptions below and the comparison chart on Page 5 outline the key differences among three BlueAdvantage PPO plan options.

#### Emerald (PPO) option

If you're interested in cost-effective coverage without Medicare Part D prescription drug coverage, consider our economical Emerald (PPO) plan. Like all our plans, this plan features a flat, predictable copay for most inpatient care, outpatient care and doctor office visits. Preventive services are covered at 100% to help you stay healthy and catch conditions in the early stages when they are most treatable. Note that you cannot purchase a standalone prescription drug plan if you chose the Emerald option.

#### Ruby (PPO) and Diamond (PPO) options

If you are interested in a plan with no deductible for medical and Part D prescription drug benefits and that offers benefits for dental care, routine hearing tests, and routine vision and eyecare, then consider our Ruby (PPO) and Diamond (PPO) options. Our Diamond (PPO) option features even lower copays for routine doctor office visits, and has an enhanced formulary.

### Extra Help When You Need It Most

Our plan offers extra help in the event of a serious illness or injury. You're not alone when you're dealing with a health condition. Whether it's a minor condition such as a cold, a chronic illness such as diabetes, or a life-threatening disease such as cancer, we are here to help. We have programs to help you manage your health condition and answer your health questions, including programs to help you manage a chronic disease.



### 2011 In-Network Benefits

Benefit	Emerald (PPO)	Ruby (PPO)	Diamond (PPO)
Inpatient Hospital Copay	\$175 per day for days 1-6	\$175 per day for days 1-6	\$150 per day for days 1-3
Office Visit	Primary	\$20 copay per visit	\$15 copay per visit
	Specialist	\$35 copay per visit	\$30 copay per visit
Dental	Plan pays \$100	Plan pays \$100	Plan pays \$100
Routine Hearing Tests	\$35 for exams and tests	\$35 for exams and tests	\$30 for exams and tests
Routine Eye Exams	\$35 for eye exams; Plan pays \$100 toward eyewear costs every 2 years	\$35 for eye exams; Plan pays \$100 toward eyewear costs every 2 years	\$30 for eye exams; Plan pays \$100 toward eyewear costs every 2 years
Formulary (List of covered drugs)	Not covered	Standard	Expanded
Medicare Part D Prescription Drug Coverage (Copays for a 30-day supply at a retail pharmacy)	Not covered	See page 10	See page 10
<p><b>Coverage Gap</b> No coverage after your initial coverage limit has been met, until your out-of-pocket costs reach \$4,550, including any copays you paid during your initial coverage.</p> <p><b>Catastrophic Coverage</b> (Your out-of-pocket costs exceed \$4,550) The greater of: \$2.50 for generics and \$6.30 for all other drugs or 5% coinsurance.</p>			

The prescription drug benefits above are available only to members of the BlueAdvantage Ruby (PPO) and Diamond (PPO)<sup>SM</sup> options. If you choose our Emerald PPO option, you are not eligible to be enrolled in another Medicare Part D plan.

Please review the Summary of Benefits booklet available online for more information on the benefits offered by BlueAdvantage PPO plan options. Call 1-800-292-5146, TTY users call 1-877-664-6422, or visit [www.bcbst-medicare.com](http://www.bcbst-medicare.com) to see if your medications are covered by a BlueAdvantage Ruby (PPO) or Diamond (PPO) option.

For detailed information on these plan options and their major limitations or exclusions, please review the Evidence of Coverage at [www.bcbst-medicare.com](http://www.bcbst-medicare.com).

Benefits, premiums, copays, coinsurance, formulary, pharmacy directory and provider directory may change on January 1, 2012.

## Compare BlueAdvantage PPO Options to a Medicare Supplement Plan

Covered Services	BlueAdvantage PPO <sup>SM</sup>	
	Emerald (PPO) In-Network	Ruby (PPO) In-Network
Inpatient Hospital	\$175 per day for days 1-6	\$175 per day for days 1-6
Skilled Nursing Facility	\$50 per day for days 8-20 \$100 per day for days 21-100	\$50 per day for days 8-20 \$100 per day for days 21-100
Home Health Care	\$0 per visit	\$0 per visit
Office Visit: Primary Care Specialist	\$20 copay per visit \$35 copay per visit	\$20 copay per visit \$35 copay per visit
Urgently Needed Care	\$35 copay per visit	\$35 copay per visit
Outpatient Rehabilitation	\$20 copay per visit	\$20 copay per visit
Outpatient Surgical Services	\$225 per visit	\$225 per visit
Ambulance	\$150 per trip	\$150 per trip
Emergency Care	\$50 per visit Waived if admitted	\$50 per visit Waived if admitted
Durable Medical Equipment/Prosthetics	20% coinsurance	20% coinsurance
Medicare Part B Diabetes Supplies	\$0 copay	\$0 copay
Diagnostic Tests (X-rays and Lab Services)	\$0 per test	\$0 per test
Advanced Imaging & Therapeutic Radiology Services	20% coinsurance	20% coinsurance
Preventive Services	\$0 for preventive services and screenings	\$0 for preventive services and screenings
Annual Physical Exam	\$0 per annual exam	\$0 per annual exam
Prescription Drugs	Not covered	See chart on Page 10
Dental	Plan pays \$100	Plan pays \$100
Routine Hearing Tests	\$35 for exams and tests	\$35 for exams and tests
Routine Eye Exams	\$35 for eye exams; Plan pays \$100 toward eyewear costs every 2 years	\$35 for eye exams; Plan pays \$100 toward eyewear costs every 2 years
Maximum OOP <sup>†</sup>	\$4,900	\$4,900

BlueAdvantage PPO <sup>SM</sup> Diamond (PPO) In-Network	BlueElite Medicare Supplement Plan D
\$150 per day for days 1-3	\$0 per stay up to 455 days
\$25 per day for days 8-20 \$100 per day for days 21-100	\$0 per day for days 1-100
\$0 per visit	\$0 copay per visit
\$15 copay per visit \$30 copay per visit	\$155 Part B Deductible Plan pays Medicare coinsurance
\$30 copay per visit	\$155 Part B Deductible Plan pays Medicare coinsurance
\$20 copay per visit	\$155 Part B Deductible Plan pays Medicare coinsurance
\$150 per visit	\$155 Part B Deductible Plan pays Medicare coinsurance
\$150 per trip	\$155 Part B Deductible Plan pays Medicare coinsurance
\$50 per visit Waived if admitted	\$155 Part B Deductible Plan pays Medicare coinsurance
20% coinsurance	\$155 Part B Deductible Plan pays Medicare coinsurance
\$0 copay	\$155 Part B Deductible Plan pays Medicare coinsurance
\$0 per test	\$155 Part B Deductible Plan pays Medicare coinsurance
20% coinsurance	\$155 Part B Deductible Plan pays Medicare coinsurance
\$0 for preventive services and screenings	\$155 Part B Deductible Plan pays Medicare coinsurance
\$0 per annual exam	Not Covered
See chart on Page 10	Not Covered
Plan pays \$100	Not Covered
\$30 for exams and tests	\$155 Part B Deductible Plan pays Medicare coinsurance Not Covered for routine hearing tests
\$30 for eye exams; Plan pays \$100 toward eyewear costs every 2 years	\$155 Part B Deductible Plan pays Medicare coinsurance for diagnosis and treatment of diseases and conditions of the eye. Not Covered for routine eye exams
\$4,400	No limit on your out-of-pocket expenses

This is just a sample of our benefits offered to you with our BlueAdvantage PPO plans.

<sup>†</sup> Once your out-of-pocket expenses for Medicare-covered services reach your plan's out-of-pocket amount in a calendar year, you will no longer be required to pay any copays or coinsurance for those services for the remainder of the year. Expenses that do not apply include: plan premiums, expenses for Medicare Part D-covered diabetic supplies, or prescription drug expenses including copays.

## Compare BlueAdvantage PPO Options to Original Medicare

Covered Services	BlueAdvantage PPO <sup>SM</sup>		BlueAdvantage PPO <sup>SM</sup>	Original Medicare Part A & B*
	Emerald (PPO) In-Network	Ruby (PPO) In-Network	Diamond (PPO) In-Network	Part A & B
Inpatient Hospital	\$175 per day for days 1-6	\$175 per day for days 1-6	\$150 per day for days 1-3	You pay for each benefit period: \$1,100 initial deductible days 1-60; \$275 per day for days 61-90; \$550 per day for days 91-150
Skilled Nursing Facility	\$50 per day for days 8-20 \$100 per day for days 21-100	\$50 per day for days 8-20 \$100 per day for days 21-100	\$25 per day for days 8-20 \$100 per day for days 21-100	You pay for each benefit period: \$0 per day for days 1-20; \$137.50 per day for days 21-100
Home Health Care	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Office Visit: Primary Care Specialist	\$20 copay per visit \$35 copay per visit	\$20 copay per visit \$35 copay per visit	\$15 copay per visit \$30 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts
Urgently Needed Care	\$35 copay per visit	\$35 copay per visit	\$30 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts
Outpatient Rehabilitation	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$155 Part B deductible 20% of Medicare-approved amounts
Outpatient Surgical Services	\$225 per visit	\$225 per visit	\$150 per visit	\$155 Part B deductible 20% of Medicare-approved amounts
Ambulance	\$150 per trip	\$150 per trip	\$150 per trip	\$155 Part B deductible 20% of Medicare-approved amounts
Emergency Care	\$50 per visit Waived if admitted	\$50 per visit Waived if admitted	\$50 per visit Waived if admitted	\$155 Part B deductible 20% of Medicare-approved amounts
Durable Medical Equipment/Prosthetics	20% coinsurance	20% coinsurance	20% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts
Medicare Part B Diabetes Supplies	\$0 copay	\$0 copay	\$0 copay	\$155 Part B deductible 20% of Medicare-approved amounts
Diagnostic Tests (X-rays and Lab Services)	\$0 per test	\$0 per test	\$0 per test	\$155 Part B deductible 20% of Medicare-approved amounts
Advanced Imaging & Therapeutic Radiology Services	20% coinsurance	20% coinsurance	20% coinsurance	\$155 Part B deductible 20% of Medicare-approved amounts
Preventive Services	\$0 for preventive services and screenings	\$0 for preventive services and screenings	\$0 for preventive services and screenings	\$155 Part B deductible 20% of Medicare-approved amounts
Annual Physical Exam	\$0 per annual exam	\$0 per annual exam	\$0 per annual exam	No coverage
Prescription Drugs	Not covered	See chart on Page 10	See chart on Page 10	No coverage
Dental	Plan pays \$100	Plan pays \$100	Plan pays \$100	No coverage
Routine Hearing Tests	\$35 for exams and tests	\$35 for exams and tests	\$30 for exams and tests	\$155 Part B deductible. 20% of Medicare-approved amounts for diagnostic hearing exams No coverage for routine hearing exams
Routine Eye Exams	\$35 for eye exams; Plan pays \$100 toward eyewear costs every 2 years	\$35 for eye exams; Plan pays \$100 toward eyewear costs every 2 years	\$30 for eye exams; Plan pays \$100 toward eyewear costs every 2 years	\$155 Part B deductible. 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye No coverage for routine eye exams and eyewear
Maximum OOP <sup>†</sup>	\$4,900	\$4,900	\$4,400	No limit on your out-of-pocket expenses

This is just a sample of our benefits offered to you with our BlueAdvantage PPO plans.

<sup>†</sup> Once your out-of-pocket expenses for Medicare-covered services reach your plan's out-of-pocket amount in a calendar year, you will no longer be required to pay any copays or coinsurance for those services for the remainder of the year. Expenses that do not apply include: plan premiums, expenses for Medicare Part D-covered diabetic supplies, or prescription drug expenses including copays.

\* Medicare Part A and B deductibles and copays are for 2010.

The chart below illustrates your drug coverage with BlueAdvantage PPO Ruby and Diamond options.

Medicare Part D: BlueAdvantage PPO

Benefit Phase	Ruby (PPO)			Diamond (PPO)	
Monthly Premium*	Included in the price of your Medicare Advantage Plan			Included in the price of your Medicare Advantage Plan	
Deductible	\$0			\$0	
Initial Coverage Limit Total drug costs up to \$2,840 including what you and the plan pay	You Pay:	East <sup>†</sup>	West <sup>‡</sup>	You Pay:	
	Generic (Tier 1)	\$7	\$8	Generic (Tier 1)	\$7
	Preferred Brand (Tier 2)	\$30	\$45	Preferred Brand (Tier 2)	\$30
	Non-Preferred Brand (Tier 3)	\$75	\$80	Non-Preferred Brand (Tier 3)	\$75
	Specialty (Tier 4)	33%	33%	Specialty (Tier 4)	33%
Coverage Gap No coverage after your initial coverage limit has been met, until your out-of-pocket costs reach \$4,550, including any copays you paid during your initial coverage phase	No coverage You receive some discounts when you use network pharmacies. Health care reform may enhance some discounts during the coverage gap.			No coverage You receive some discounts when you use network pharmacies. Health care reform may enhance some discounts during the coverage gap.	
Catastrophic Coverage Once your out-of-pocket costs reach \$4,550	You pay the greater of: \$2.50 for Tier 1 and \$6.30 for all other drugs <b>or</b> 5% coinsurance			You pay the greater of: \$2.50 for Tier 1 and \$6.30 for all other drugs <b>or</b> 5% coinsurance	
Formulary** (List of covered drugs)	Standard			Expanded	

\* You must continue to pay your Plan B premium.

\*\* All plan options include the same prescription drug benefits and use the same pharmacy network. Both formularies include drugs from all Medicare Part D-approved drug classes. The Diamond (PPO) option has an expanded formulary that covers more drugs than the standard formulary included with the Ruby (PPO) option.

<sup>†</sup> East counties: Anderson, Bledsoe, Blount, Bradley, Campbell, Cannon, Carter, Claiborne, Clay, Cocke, Cumberland, DeKalb, Fentress, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jackson, Jefferson, Johnson, Knox, Loudon, Macon, Marion, McMinn, Meigs, Monroe, Morgan, Overton, Pickett, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Smith, Sullivan, Unicoi, Union, Warren, Washington, White, Van Buren

<sup>‡</sup> West counties: Bedford, Benton, Carroll, Cheatham, Chester, Coffee, Crockett, Decatur, Davidson, Dickson, Dyer, Fayette, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Madison, Marshall, Maury, McNairy, Moore, Montgomery, Obion, Perry, Robertson, Rutherford, Shelby, Stewart, Sumner, Tipton, Trousdale, Wayne, Weakley, Williamson, Wilson

Important prescription drug benefit information

Medicare Advantage plans with prescription drug coverage, such as our Ruby and Diamond options, cover both brand name drugs and generic drugs. Generic drugs have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.

Pharmacy networks include retail, mail order, long term care, and home infusion pharmacies. Generally, you must use network pharmacies to access your prescription drug benefits, except under non-routine circumstances, and quantity limitations and restrictions may apply. See the Summary of Benefits for more information about out-of-network prescription drug benefits.

For more information on the pharmacies in your BlueAdvantage PPO's network, BlueAdvantage PPO's mail order prescription drug program and a list of covered drugs, you can visit our Web site. You will receive a copy of the formulary (list of covered drugs) and the pharmacy directory when you enroll. If you would like a copy before you enroll, contact us.

Financial help for prescription drug benefits

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- Medicare: 1-800-MEDICARE (1-800-633-4227), TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or your state Medicaid office

Save money and time with mail-order service

Have your medications delivered right to your door and save time and money. For mail order, you pay 2 1/2 copays for a 90-day supply of Tier 1, 2, and 3 drugs. The prescription drug benefits above are only available to members of the BlueAdvantage Ruby (PPO) and Diamond (PPO) plans. If you are already enrolled in another Medicare Advantage plan with prescription drugs, you must get your prescription drug benefits from that plan.

You must use network pharmacies to access your prescription drug benefits, except under non-routine circumstances, and quantity limitations and restrictions may apply.



## More Benefits At No Extra Cost

### The SilverSneakers Fitness Program

All Medicare Advantage plans from BlueCross BlueShield of Tennessee entitle you to a SilverSneakers Fitness Program membership. At no additional cost, you get access to more than 10,000 participating locations across the country. Participating SilverSneakers locations offer amenities such as:

- Fitness equipment, treadmills and free weights
- SilverSneakers fitness classes designed specifically for older adults and taught by certified instructors
- Health education seminars and fun social events

### An AirMed International membership

This membership offers air medical transportation benefits not covered by Original Medicare and is available at no extra cost. If you are traveling and are hospitalized more than 150 miles from home, AirMed will arrange air transportation to a hospital facility of your choice in the U.S. or Canada. With this membership, you can travel with confidence knowing that care at a hospital facility close to home is just a phone call away.

## Value-Added Service 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 memberships
- Vision care (including exams, glasses and contact lenses)
- Weight loss programs
- LASIK corrective vision surgery
- Vitamins, minerals and supplements
- And much more

\* The products and services described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may not be subject to the BlueAdvantage PPO grievance process.

## At No Extra Cost

NEW!



AirMed International Membership

BluePerks Discount Program\*

## Answers to Questions You May Have

As you consider which Medicare Advantage plan may best suit your needs, ask yourself these questions about BlueAdvantage PPO.

### Q. Are there tools available online that can help me manage my health plan and my good health?

- A. Yes. BlueAccess, our online **Member Self-Service** function, allows you to view your benefits, order replacement ID cards and check on the status of Medicare claims, while our **Personal Health Manager** home page offers you Medicare 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 our BlueAccess site, you will be invited to complete a health survey about 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 BlueAdvantage Health Management team will customize a home page in the Personal Health Manager just for you.

Members with prescription drug coverage also have the ability to:

- Look up drugs to see if they are on the formulary
- Compare prices at retail and mail-order pharmacies
- Find important information on drugs, including side effects and possible drug interactions
- Discover alternative drugs that could save you money
- Calculate savings using your plan versus paying out of your own pocket.

### Q. What are my protections in this plan?

- A. All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

### Part D Protections

As a member of BlueAdvantage PPO Ruby or Diamond, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug.

If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.



## When can you enroll in a Medicare Advantage Plan like BlueAdvantage PPO?

### Enrollment Periods for Current Medicare Beneficiaries

#### Annual Election Period: Nov. 15 to Dec. 31

During this time in 2010, you can enroll in a new Medicare Advantage health plan or a standalone Prescription Drug Plan for coverage beginning on Jan. 1 of the following year.

#### Medicare Advantage Disenrollment Period: Jan. 1 to Feb. 14

If you are enrolled in a Medicare Advantage plan, you may change to Original Medicare during the Medicare Advantage Disenrollment Period. And, if you choose to make this change, regardless of whether or not you have a Medicare Part D Prescription Drug Plan, you will be given the option to choose a standalone Medicare Part D plan. The chart below explains what kind of changes you are allowed to make during this time.

Guide to Disenrollment Period Changes

If Your Current Coverage is:	You Can Change Your Plan to:	You Cannot Change Your Plan to:
Medicare Advantage with Prescription Drug Coverage (MA-PD)	Original Medicare plus a PDP or just Original Medicare	Medicare Advantage (MA)
Medicare Advantage without Prescription Drug Coverage (MA)	Original Medicare or Original Medicare Plus a PDP	Medicare Advantage (MA)

### Enrollment Period for New Medicare Beneficiaries

#### Initial Coverage Election Period

When you become eligible for Medicare because of your age or a disability, you have seven months to enroll in a Medicare Advantage Plan with or without drug coverage or a standalone Medicare Part D Prescription Drug Plan. You may enroll at any time during the month you turn 65 and the three months before and after. If you get Medicare due to a disability, you can join during the three months after your 25th month of disability benefits. If you do not choose to enroll in a plan with prescription drug coverage during this time period, you may have to pay a penalty in the form of a higher premium to enroll later.

### Limitations on Enrollment Periods

Once your Initial Coverage Election Period ends, you may not change your coverage until the next Annual Election Period, unless you qualify for a Special Enrollment Period.

### Special Enrollment Periods

After you have enrolled in a plan, you may become eligible for a Special Enrollment Period for one of the following reasons and others not noted here:

- You move out of your plan's service area
- Your plan does not renew its Medicare Advantage contract
- Your plan's Medicare Contract ends or it is no longer offered in your area
- You may also qualify for other Special Enrollment Periods if you are eligible for Medicaid, are a resident of an institution or are losing coverage provided by an employer or former employer

### Plan Contract Guarantee

All health plans with a Medicare contract agree to stay with the Medicare program for a full year at a time. The availability of coverage from a particular plan beyond the current year is not guaranteed. If your plan leaves the Medicare program, or Medicare does not renew your plan's contract, you will not lose your Medicare coverage. You will receive notification 90 days in advance along with information about your other Medicare coverage options.

### Disenrollment

If you choose to enroll in a different plan during the Medicare Advantage Disenrollment Period or at the next Annual Election Period, you will automatically be disenrolled from your current plan. There are several situations that may cause you to be disenrolled by your plan:

- You move out of your plan's service area
- Your plan's Medicare contract ends
- Your plan's service area changes and you do not live in the revised service area

Disenrollment due to any of the above reasons entitles you to a Special Enrollment Period. You will be given other Medicare options and the opportunity to enroll in a new plan. You can also be disenrolled by your plan if:

- You do not pay your premiums in a timely fashion
- You do not abide by the terms and conditions of your plan
- You knowingly provide false information on your enrollment application or permit another individual to use your member ID card to receive medical services under the plan.

In any of the above cases, you will be notified of your disenrollment, the effective date and the reason. You have a right to a hearing under the grievance procedures. See the Evidence of Coverage you receive when you enroll for more information.

Finally, you can be disenrolled if:

- You lose your entitlement to either Medicare Part A or Part B

If you lose your entitlement, you will be notified by the Centers for Medicare & Medicaid Services. Your Medicare Advantage plan will automatically end on the date your entitlement ends.



## Glossary of Insurance Terms

We want to make sure you understand the insurance terms used to describe the features and benefits of Medicare Advantage plans. This glossary will help you have a clear understanding of how the plans work.

### Advance Determination

A member or provider has the opportunity to seek a determination of coverage by requesting an advance determination. An advance determination will be reviewed for medical appropriateness to ensure members are receiving medically necessary services in the most appropriate settings.

### Benefit

A financial payment made by the health plan for your services or drugs covered under the plan.

### Catastrophic Coverage Threshold

Once your out-of-pocket costs reach \$4,550 including any deductibles or copays you paid during your Initial Coverage phase, you enter the Catastrophic Coverage phase. You will pay lower copays for the rest of the calendar year.

### Coinsurance

The percentage of your medical or prescription drug expenses that you are required to pay. For example under Original Medicare, you pay 20 percent of the cost of a doctor's office visit. If the charges are \$200, your coinsurance would be \$40.

### Copay or Copayment

A flat fee that you are required to pay for a medical service or prescription drug. For example, you might pay \$30 for a doctor's office visit under your plan.

### Cost Sharing

A term for how you and your insurance company work together to pay your medical and prescription drug 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 or prescription drugs.

### Coverage Gap

The middle portion of your prescription drug expenses during which your plan may not cover or may provide limited coverage. Health care reform may enhance some discounts during the coverage gap. You may also hear this called the "doughnut hole."

### Covered Services

A medically necessary service or supply shown in the Evidence of Coverage for which benefits may be available.

### Creditable Coverage

Prescription drug coverage offered by a plan, other than a Part D plan, that is as good as or better than the minimum benefit standard required by Medicare. If you are currently enrolled in a plan that provides drug coverage, that plan is required to tell you if it meets these standards for creditable coverage.

### Deductible

The amount of your medical or prescription drug expenses that you must pay for yourself each year before your plan starts to pay. For example, a plan may require you to pay \$250 of your drug expenses before the plan pays anything during the calendar year.

### Exclusions

Items that are not covered by a health plan. Health plans may exclude certain prescription drugs or medical services.

### Explanation of Benefits (EOB) or Monthly Claim Statement

A statement from your insurance company that shows what your plan has paid for medical services on your behalf and what you should owe your health care provider. For plans that include prescription drug coverage, you will receive a separate EOB that lists your drug purchases for the month. This EOB will help you know when you have met your deductible (if applicable), your Initial Coverage Limit, and your Catastrophic Coverage Threshold.

### Formulary

A list of prescription drugs covered by a Part D plan. The formulary may consist of multiple tiers or levels of coinsurance or copays you are required to pay.

### Generic Drugs

Prescription drugs that have the same active ingredient formula as brand-name drugs. Generic drugs usually cost less than brand name drugs. They are also rated by the Food and Drug Administration (FDA) to be as safe and effective as their brand-name counterparts.

### Initial Coverage Limit

The first phase of your prescription drug coverage. Your drug costs between \$0 and \$2,840, including your out-of-pocket costs (such as deductibles and copays or coinsurance) and what your plan pays for your medications.

### Medicaid

The state's medical assistance program for low-income people.

### Medicare Beneficiary

A person who is eligible for the Medicare program because he or she is 65 years or older or has a qualifying disability.

### Medicare Limiting Charge

The highest amount of money you can be charged for a covered service by doctors and other health care providers who don't accept the Medicare payment in full. The limiting charge is 15% over Medicare's approved amount. The limiting charge only applies to certain services and doesn't apply to supplies or equipment.

### Medicare-Allowed Amount

The amount of money Medicare will pay a provider for a particular covered service.

### Medicare Supplement or Medigap Plan

A plan offered by a private insurance company to pay the beneficiary's out-of-pocket expenses such as Medicare Parts A and B deductibles and coinsurance amounts. The beneficiary's medical claims are paid by Original Medicare first and the Medicare Supplement plan second.



**Network**

A list of doctors, hospitals or pharmacies that have contracts with an insurance plan to provide care for the plan's members. If your plan has a network, you must use a provider or pharmacy in the plan's network or you may be required to pay more for your care or prescription drugs.

**Non-Preferred Brand Drugs**

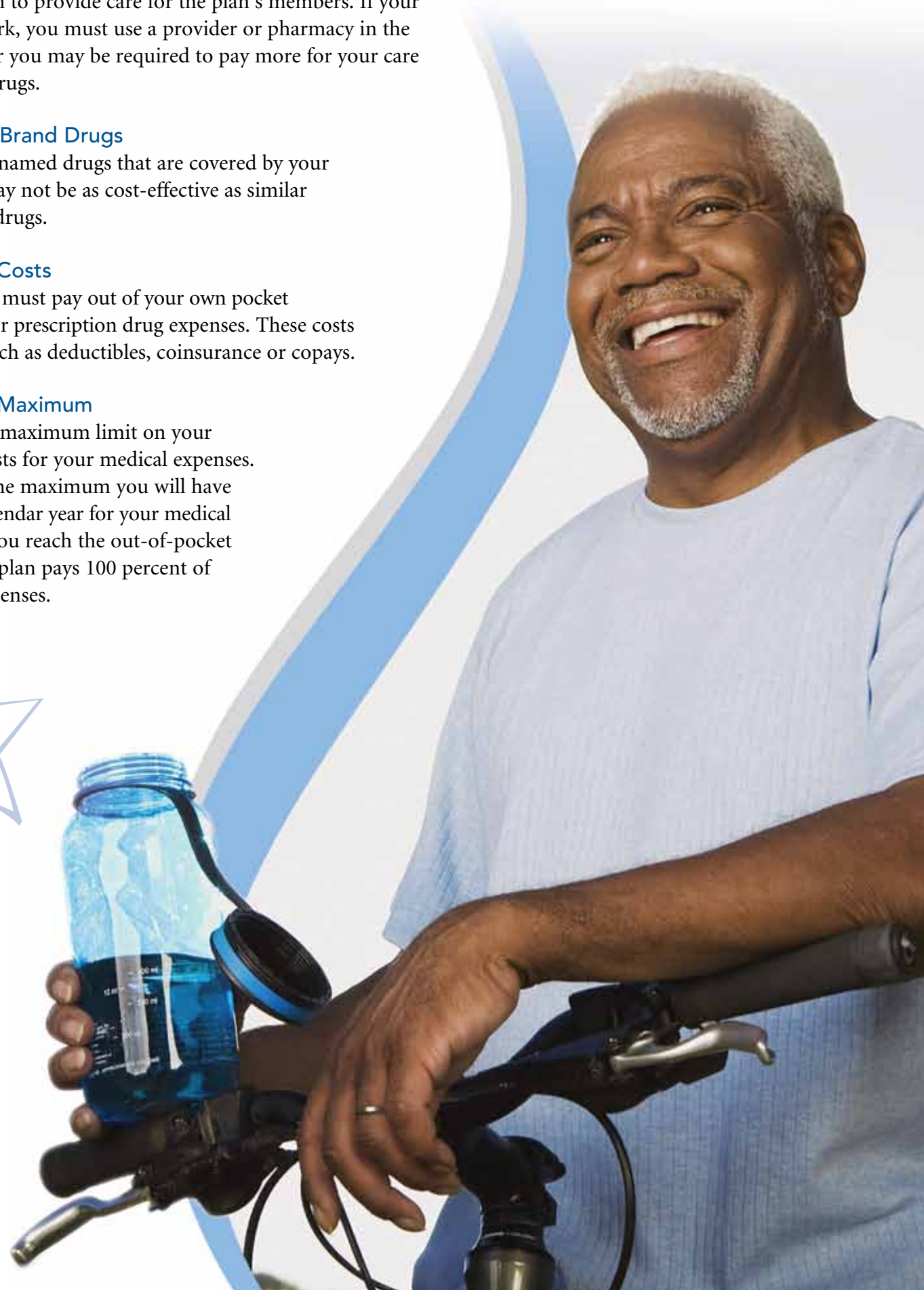
Primarily brand-named drugs that are covered by your formulary but may not be as cost-effective as similar preferred brand drugs.

**Out-of-Pocket Costs**

The amount you must pay out of your own pocket of your medical or prescription drug expenses. These costs include things such as deductibles, coinsurance or copays.

**Out-of-Pocket Maximum**

Some plans set a maximum limit on your out-of-pocket costs for your 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 percent of your covered expenses.

**Preferred Brand Drug**

Brand-name drugs that are medically sound, cost-effective alternatives to higher-priced drugs.

**Preferred Provider Organization (PPO)**

A type of plan that works differently than a Medicare Supplement plan. PPO plans offer a network of doctors and hospitals. You are free to use out-of-network providers for covered services, but it may cost more. Deductibles, coinsurance and limitations apply to out-of-network services. Therefore you can maximize your benefits by using providers in the network. There is no need to select a primary care physician and you do not need a referral to see an in-network specialist.

**Premium**

The monthly fee you pay for your health insurance policy.

**Prior Authorization**

Before performing some medical services or prescribing certain drugs, your doctor must notify your insurance plan. If the service or drug meets the plan's medical policy, it will be covered under your plan. If not, an alternate service or drug may be used.

**Preventive Service**

A service such as a cancer screening or a flu vaccine that is given to prevent or detect a condition at an early stage.

**Provider**

This term refers to any doctor, practitioner, hospital, facility or pharmacy that provides you with medical services or prescription drugs.

**Service Area Reduction**

This term refers to a situation in which a Medicare Advantage or Medicare Part D plan is no longer offered in a portion of the geographic area it served the previous year. As a result, members who live in the area that has been eliminated will be disenrolled from the plan.

**Specialty Drugs**

Certain highly specialized drugs that require special handling and administering by the patient or provider.

**Stand-alone Medicare Part D Prescription Drug Plan**

A plan that covers just prescription drug benefits for Medicare Part D-approved drugs.

**Step Therapy**

Some health or prescription drug plans may require you to try a drug on a lower tier first. If the lower tier drug does not work, you may advance to a higher tier drug.

**Tier**

A tier is a copay or coinsurance level that applies to drugs on the plan's formulary.

**Value-Added Item or Service**

The products and services that are not part of your medical or prescription drug benefits. These products and services are not offered nor guaranteed under the plan's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the plan's grievance process. Other terms and conditions may apply.



## Are you eligible for BlueAdvantage PPO?

### You may enroll in a BlueAdvantage PPO plan if:

- You are entitled to Medicare Part A and enrolled in Part B due to your age or disability
- You are a resident of Tennessee
- You are enrolling during one of the enrollment periods
- You are not medically determined to have chronic End-Stage Renal Disease (ESRD) on the date you sign your enrollment form. ESRD means that your kidneys are permanently and irreversibly damaged requiring regular dialysis or transplantation

### Exceptions to the ESRD Restriction

#### You may be eligible if one of the following applies:

- You are currently a non-Medicare member of a BlueCross BlueShield of Tennessee health plan
- You are affected by the termination, non-renewal or service area reduction of your current Medicare Advantage plan
- You have had a successful kidney transplant and no longer require dialysis
- You started dialysis treatments for ESRD, but recovered original kidney function and no longer require dialysis

**Note:** If you develop a kidney disease after you enroll, you cannot be asked to leave or be disenrolled for any health-related reason. However, if you develop ESRD while on a BlueAdvantage PPO plan, you are not eligible to enroll in another Medicare Advantage plan from a different company.

## Follow these instructions to enroll in BlueAdvantage PPO

### Have your Medicare ID card available

1. Find the BlueAdvantage Enrollment Request Form located in this package. An extra copy of this form has been included.
2. Complete the Personal Information and Medicare Information sections. Please print clearly.
3. Select the plan in which you wish to enroll by checking the box to the left of the plan name.
4. Select your method of payment. Do not send payment with your enrollment.
5. Answer the questions on the enrollment request form.
6. Carefully read the rest of the enrollment request form, sign and date it.
7. The bottom copy of the form is yours to keep. Return the top copy to your BlueAdvantage PPO insurance agent or mail it to BlueCross BlueShield of Tennessee in the envelope provided. You may also fax it to (423) 591-9344 or 1-888-832-9613.

**Note:** If you are applying during the Annual Election Period, please do not submit your enrollment form until November 15.

### Online Enrollment Request Form

You may enroll online at [www.bcbst-medicare.com](http://www.bcbst-medicare.com) or through the Centers for Medicare & Medicaid Services Online Enrollment Center located at [www.medicare.gov](http://www.medicare.gov).

### It's Quick and Easy to Enroll by Phone

To enroll by phone, call 1-866-902-2121 8:00 a.m. to 9:00 p.m. ET, 7 days a week (TTY users should call: 1-877-664-6422)

### Coverage Effective Dates

- If you enroll during the Annual Election Period, your coverage will begin on January 1 of next year.

### For New Medicare Beneficiaries

- If your enrollment request form is received within the three months prior to the month you become eligible, your coverage will begin on the first day of the month you become eligible for Medicare.
- If your enrollment request form is received during the month you become eligible or the following three months, your coverage will become effective the first day of the next month after your enrollment request form has been received.

### For Enrollment During Special Enrollment Periods

- Your coverage will become effective the first day of the month after your enrollment request form has been received.

**Note:** We recommend that you submit your enrollment request form as early in the month as possible. By doing so, you are more likely to have your BlueAdvantage PPO ID card in time for easy access to your benefits when your coverage begins.







**of Tennessee**

plans for better health. plans for a better life.™

## 2011 Summary of Benefits



### **Blue**Advantage Ruby<sup>sm</sup> (PPO) Middle and West Region

A health plan with a Medicare contract.

# Section I

## Introduction to the Summary of Benefits for BlueAdvantage Ruby (PPO) January 1, 2011 – December 31, 2011 Middle and West Tennessee

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Thank you for your interest in BlueAdvantage Ruby (PPO). Our plan is offered by BlueCross BlueShield of Tennessee, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call BlueAdvantage Ruby (PPO) and ask for the "Evidence of Coverage".

### **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like BlueAdvantage Ruby (PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call BlueAdvantage Ruby (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### **HOW CAN I COMPARE MY OPTIONS?**

You can compare BlueAdvantage Ruby (PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers.

### **WHERE IS BLUEADVANTAGE RUBY (PPO) AVAILABLE?**

The service area for this plan includes the following counties: Bedford, Benton, Carroll, Cheatham, Chester, Coffee, Crockett, Davidson, Decatur, Dickson, Dyer, Fayette, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Obion, Perry, Robertson, Rutherford, Shelby, Stewart, Sumner, Tipton, Trousdale, Wayne, Weakley, Williamson, and Wilson Counties, TN. You must live in one of these areas to join the plan. If you move out of the state or county where you currently live to a state not listed above, you must call Customer Service to update your information. If you don't, you may be disenrolled from plan name. If you move to a state not listed above, please call Customer Service to find out if BlueAdvantage Ruby (PPO) has a plan in your new state or county.



## **WHO IS ELIGIBLE TO JOIN BLUEADVANTAGE RUBY (PPO)?**

You can join BlueAdvantage Ruby (PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in BlueAdvantage Ruby (PPO) unless they are members of our organization and have been since their dialysis began.

## **CAN I CHOOSE MY DOCTORS?**

BlueAdvantage Ruby (PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at [www.bcbst-medicare.com](http://www.bcbst-medicare.com).

Our customer service number is listed at the end of this introduction.

## **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

## **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

BlueAdvantage Ruby (PPO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.bcbst-medicare.com](http://www.bcbst-medicare.com). Our customer service number is listed at the end of this introduction.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

BlueAdvantage Ruby (PPO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

BlueAdvantage Ruby (PPO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.bcbst-medicare.com](http://www.bcbst-medicare.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

\* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare You.

\* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

\* Your State Medicaid Office.

## **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of BlueAdvantage Ruby (PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of BlueAdvantage Ruby (PPO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact BlueAdvantage Ruby (PPO) for more details.

## **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact BlueAdvantage Ruby (PPO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

## **WHERE CAN I FIND INFORMATION ON PLAN RATINGS?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call BlueCross BlueShield of Tennessee for more information about BlueAdvantage Ruby (PPO).

Visit us at [www.bcbst-medicare.com](http://www.bcbst-medicare.com) or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,  
8:00 a.m. - 8:00 p.m. Eastern

Current members should call toll-free (800)-841-7434 for questions related to the Medicare Advantage Program. (TTY/TDD (888)-423-9490 )

Prospective members should call toll-free (800)-292-5146 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-664-6422 )

Current members should call locally (800)-841-7434 for questions related to the Medicare Advantage Program. (TTY/TDD (888)-423-9490 )

Prospective members should call locally (800)-292-5146 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-664-6422 )

Current members should call toll-free (800)-841-7434 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (888)-423-9490 )

Prospective members should call toll-free (800)-292-5146 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-664-6422 )

Current members should call locally (800)-841-7434 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (888)-423-9490 )

Prospective members should call locally (800)-292-5146 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-664-6422 )

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in a different format or language. For additional information, call customer service at the phone number listed above.

## Section II Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact BlueCross BlueShield of Tennessee for details.

Benefit	Original Medicare	BlueAdvantage Ruby (PPO)
<b>IMPORTANT INFORMATION</b>		
<p><b>1 - Premium and Other Important Information</b></p>	<p>In 2010 the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>General</b> \$83 or \$92 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p><b>In-Network</b> \$4,900 out-of-pocket limit. This limit includes only Medicare-covered services.</p> <p><b>In and Out-of-Network</b> \$5,900 out-of-pocket limit.</p> <p><b>In-Network:</b> This limit includes only Medicare-covered services.</p> <p><b>Out-Of-Network:</b> This limit includes only Medicare-covered services.</p>
<p><b>2 - Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b> You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p> <p><b>Out of Service Area</b> Plan covers you when you travel in the U.S.</p>

**SUMMARY OF BENEFITS**

**INPATIENT CARE**

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<p><b>3 - Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period were: Days 1 - 60: \$1100 deductible Days 61 - 90: \$275 per day Days 91 - 150: \$550 per lifetime reserve day These amounts will change for 2011.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b> No limit to the number of days covered by the plan each benefit period.</p> <p>For Medicare-covered hospital stays: Days 1 - 6: \$175 copay per day Days 7 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> For hospital stays: Days 1 - 6: \$275 copay per day Days 7 and beyond: \$0 copay per day</p>
<p><b>4 - Inpatient Mental Health Care</b></p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b> You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>For Medicare-covered hospital stays: Days 1 - 6: \$175 copay per day Days 7 - 90: \$0 copay per day</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> For hospital stays: Days 1 - 6: \$275 copay per day Days 7 and beyond: \$0 copay per day</p>

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<p><b>5 - Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day These amounts will change for 2011.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required. For SNF stays: Days 1 - 7: \$0 copay per day Days 8 - 20: \$50 copay per day Days 21 - 100: \$100 copay per day</p> <p><b>Out-of-Network</b> For each SNF stay: Days 1 - 7: \$0 copay per SNF day Days 8 - 20: \$100 copay per SNF day Days 21 - 100: \$200 copay per SNF day</p>
<p><b>6 - Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p> <p><b>Out-of-Network</b> \$0 copay for home health visits.</p>
<p><b>7 - Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>

**OUTPATIENT CARE**

<b>Benefits</b>	<b>Original Medicare</b>	<b>BlueAdvantage Ruby (PPO)</b>
<p><b>8 - Doctor Office Visits</b></p>	<p>20% coinsurance</p>	<p><b>General</b> See "Welcome to Medicare; and Annual Wellness Visit", for more information.</p> <p><b>In-Network</b> \$20 copay for each primary care doctor visit for Medicare-covered benefits.  \$35 copay for each in-area, network urgent care Medicare-covered visit.  \$35 copay for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$30 copay for each primary care doctor visit.  \$45 copay for each specialist visit.</p>
<p><b>9 - Chiropractic Services</b></p>	<p>Routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>In-Network</b> \$20 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p><b>Out-of-Network</b> \$45 copay for chiropractic benefits.</p>
<p><b>10 - Podiatry Services</b></p>	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>In-Network</b> \$35 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p><b>Out-of-Network</b> \$45 copay for podiatry benefits.</p>
<p><b>11 - Outpatient Mental Health Care</b></p>	<p>45% coinsurance for most outpatient mental health services.</p>	<p><b>In-Network</b> \$35 copay for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> \$45 copay for Mental Health benefits.  \$45 copay for Mental Health benefits with a psychiatrist.</p>



Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<b>12 - Outpatient Substance Abuse Care</b>	20% coinsurance	<p><b>In-Network</b> \$35 copay for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> \$45 copay for outpatient substance abuse benefits.</p>
<b>13 - Outpatient Services/Surgery</b>	<p>20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed than Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility charges</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$225 copay for each Medicare-covered ambulatory surgical center visit. \$225 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><b>Out-of-Network</b> \$400 copay for ambulatory surgical center benefits. \$400 copay for outpatient hospital facility benefits.</p>
<b>14 - Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance	<p><b>In-Network</b> \$150 copay for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$150 copay for ambulance benefits.</p>

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<p><b>15 - Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital emergency room (ER) facility charge.</p> <p>ER Copay cannot exceed Part A inpatient hospital deductible.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit</p>
<p><b>16 - Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$35 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the urgently-needed care visit.</p>
<p><b>17 - Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech and Language Therapy visits. \$20 copay for Medicare-covered Cardiac Rehab services.</p> <p><b>Out-of-Network</b> \$45 copay for Occupational Therapy benefits. \$45 copay for Physical and/or Speech and Language Therapy visits. \$45 copay for Cardiac Rehab services.</p>

**OUTPATIENT MEDICAL SERVICES AND SUPPLIES**

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<p><b>18 - Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 30% of the cost for durable medical equipment.</p>
<p><b>19 - Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 30% of the cost for prosthetic devices.</p>
<p><b>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)</p>	<p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p> <p><b>Out-of-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.</p>
<p><b>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered lab services. \$0 copay for Medicare-covered diagnostic procedures and tests. 0% of the cost for Medicare-covered X-rays. 20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network</b> \$10 copay for diagnostic procedures, tests, and lab services. \$10 copay for outpatient x-rays. 25% of the cost for diagnostic radiology services. 25% of the cost for therapeutic radiology services.</p>

**PREVENTIVE SERVICES**

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<p><b>22 - Bone Mass Measurement</b> (for people with Medicare who are at risk)</p>	<p>No coinsurance, copayment or deductible.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p> <p>Separate Office Visit cost sharing of \$20 to \$35 may apply.</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>
<p><b>23 - Colorectal Screening Exams</b> (for people with Medicare age 50 and older)</p>	<p>No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p> <p>Separate Office Visit cost sharing of \$20 to \$35 may apply.</p> <p><b>Out-of-Network</b> \$0 copay for colorectal screenings.</p>
<p><b>24 - Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu, Pneumonia, and Hepatitis B vaccines.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p><b>Out-of-Network</b> \$0 copay for immunizations.</p>
<p><b>25 - Mammograms</b> (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>No coinsurance, copayment or deductible. No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p> <p>\$0 to \$0 copay for additional screening mammograms.</p> <p>Separate Office Visit cost sharing of \$20 to \$35 may apply.</p> <p><b>Out-of-Network</b> \$0 copay for screening mammograms.</p>

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<p><b>26 - Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<p>No coinsurance, copayment, or deductible for Pap smears.</p> <p>No coinsurance, copayment, or deductible for Pelvic and clinical breast exams.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams</p> <p>Separate Office Visit cost sharing of \$20 to \$35 may apply.</p> <p><b>Out-of-Network</b> \$0 copay for pap smears and pelvic exams.</p>
<p><b>27 - Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Separate Office Visit cost sharing of \$20 to \$35 may apply.</p> <p><b>Out-of-Network</b> \$0 copay for prostate cancer screening.</p>
<p><b>28 - End-Stage Renal Disease</b></p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-Network</b> 20% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b>Out-of-Network</b> \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>20% of the cost for renal dialysis.</p>

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<p><b>29 - Prescription Drugs</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p>20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>25% of the cost for Part B drugs out-of-network.</p> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.bcbst-medicare.com">www.bcbst-medicare.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from BlueAdvantage Ruby (PPO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
		<p>If you request a formulary exception for a drug and BlueAdvantage Ruby (PPO) approves the exception, you will pay Tier 4: Specialty Tier Drugs cost sharing for that drug.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,840:</p> <p><b>Retail Pharmacy</b></p> <p><b>Tier 1: Generic Drugs</b> - \$8 copay for a one-month (30-day) supply of drugs in this tier - \$24 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Tier 2: Preferred Brand Drugs</b> - \$45 copay for a one-month (30-day) supply of drugs in this tier - \$135 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Tier 3: Brand Drugs</b> - \$80 copay for a one-month (30-day) supply of drugs in this tier - \$240 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Tier 4: Specialty Tier Drugs</b> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b></p> <p><b>Tier 1: Generic Drugs</b> - \$8 copay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Tier 2: Preferred Brand Drugs</b> - \$45 copay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Tier 3: Brand Drugs</b> - \$80 copay for a one-month (31-day) supply of drugs in this tier</p>

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
		<p><b>Tier 4: Specialty Tier Drugs</b>  - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b>Mail Order</b></p> <p><b>Tier 1: Generic Drugs</b>  - \$8 copay for a one-month (30-day) supply of drugs in this tier  - \$20 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Tier 2: Preferred Brand Drugs</b>  - \$45 copay for a one-month (30-day) supply of drugs in this tier  - \$112.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Tier 3: Brand Drugs</b>  - \$80 copay for a one-month (30-day) supply of drugs in this tier  - \$200 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Tier 4: Specialty Tier Drugs</b>  - 33% coinsurance for a one-month (30-day) supply of drugs in this tier  - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p><b>Coverage Gap</b>  After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p> <p><b>Catastrophic Coverage</b>  After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:  - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or  - 5% coinsurance.</p>



Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
		<p><b>Out-of-Network</b>  Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BlueAdvantage Ruby (PPO).</p> <p><b>Out-of-Network Initial Coverage</b>  You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p><b>Tier 1: Generic Drugs</b>  - \$8 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 2: Preferred Brand Drugs</b>  - \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 3: Brand Drugs</b>  - \$80 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 4: Specialty Tier Drugs</b>  - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><b>Out-of-Network Coverage Gap</b>  You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
		<p><b>Out-of-Network Catastrophic Coverage</b>            After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> <li>- A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>
<p><b>30 - Dental Services</b></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>In-Network</b>            \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- oral exams</li> <li>- cleanings</li> <li>- fluoride treatments</li> <li>- dental x-rays</li> </ul> <p><b>Out-of-Network</b>            \$0 copay for preventive dental benefits.</p> <p>\$0 copay for comprehensive dental benefits.</p> <p><b>In and Out-of-Network</b>            \$100 plan coverage limit for dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p> <p>Contact the plan for availability of additional in-network and out-of-network comprehensive dental benefits.</p>
<p><b>31 - Hearing Services</b></p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b>            Hearing aids not covered.</p> <ul style="list-style-type: none"> <li>- \$35 copay for Medicare-covered diagnostic hearing exams</li> <li>- \$35 copay for up to 1 routine hearing test(s) every two years</li> </ul> <p><b>Out-of-Network</b>            \$35 copay for hearing exams.</p>

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<p><b>32 - Vision Services</b></p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b>            \$0 copay for</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- glasses</li> <li>- contacts</li> <li>- lenses</li> <li>- frames</li> </ul> <p>- \$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>- \$35 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 plan coverage limit for eye wear every two years.</p> <p><b>Out-of-Network</b>            \$35 copay for eye exams.            \$0 copay for eye wear.</p>
<p><b>33 - Welcome to Medicare; and Annual Wellness Visit</b></p>	<p>When you join Medicare Part B, then you are eligible as follows.</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p><b>In-Network</b>            \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.</p> <p><b>Out-of-Network</b>            \$0 copay for routine exams.</p>

Benefits	Original Medicare	BlueAdvantage Ruby (PPO)
<p><b>34 - Health/Wellness Education</b></p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional benefit</li> <li>- Health Club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <p><b>Out-of-Network</b> \$0 copay for Health and Wellness services.</p>
<p><b>Transportation (Routine)</b></p>	<p>Not covered.</p>	<p><b>In-Network</b> This plan does not cover routine transportation.</p>
<p><b>Acupuncture</b></p>	<p>Not covered.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>



One Cameron Hill Circle  
Chattanooga, TN 37402

[www.bcbst-medicare.com](http://www.bcbst-medicare.com)

A health plan with a Medicare contract.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the  
BlueCross BlueShield Association

This document has been classified as public information.

**BlueCross BlueShield of Tennessee - H7917**

**Medicare Health Plan Ratings**

The Medicare Program rates how well Medicare Advantage performs in different categories (for example, detecting and preventing illness, rating from patients, patient safety and customer service). The information provided below is a summary rating of our plan's overall performance. This information is available to help you make the best choice. If you would like to get additional information on our plan's performance please contact us at 800-292-5146 (toll-free) or 877-664-6422 (TTY/TDD) for prospective members, 800-841-7434 (toll-free) or 888-423-9490 (TTY/TDD) for current members, or you may visit [www.medicare.gov](http://www.medicare.gov).

Below is a summary of how our plan rated in quality and performance.

The number of stars show how well our plans perform.

- ★★★★★ means excellent
- ★★★★ means very good
- ★★★ means good
- ★★ means fair
- ★ means poor

BlueCross BlueShield of Tennessee - H7917	
<b>Summary Rating of Health Plan Quality</b>	<p>Not enough data to calculate summary score</p> <p>This summary rating gives an <b>overall score</b> on the health plan's quality and performance on <b>33 different topics in 5 categories:</b></p> <ul style="list-style-type: none"> <li>• <b>Staying healthy: screenings, tests, and vaccines.</b> Includes how often members got various screening tests, vaccines, and other check-ups that help them stay healthy.</li> <li>• <b>Managing chronic (long-term) conditions.</b> Includes how often members with different conditions got certain tests and treatments that help them manage their condition.</li> <li>• <b>Ratings of health plan responsiveness and care.</b> Includes ratings of member satisfactions with the plan.</li> <li>• <b>Health Plan member complaints, appeals, and choosing to leave the health plan.</b> Includes how often members have made complaints against the plan and how often members choose to leave the plan.</li> <li>• <b>Health plan telephone customer service.</b> Includes how well the plan handles member calls.</li> </ul>

**BlueCross BlueShield of Tennessee - H7917**


**Medicare Prescription Drug Plan Ratings**

The Medicare Program rates how well Medicare Prescription Drug Plans perform in different categories (for example, customer service, drug pricing, patient safety). The information provided below is a summary rating of our plan's overall performance. This information is available to help you make the best choice. If you would like to get additional information on our plan's performance please contact us at 800-292-5146 (toll-free) or 877-664-6422 (TTY/TDD) for prospective members, 800-841-7434 (toll-free) or 888-423-9490 (TTY/TDD) for current members, or you may visit [www.medicare.gov](http://www.medicare.gov).

Below is a summary of how our plan rated in quality and performance.

The number of stars shows how well our plan performs.

- ★★★★★ means excellent
- ★★★★ means very good
- ★★★ means good
- ★★ means fair
- ★ means poor

<b>BlueCross BlueShield of Tennessee - H7917</b>	
<b>Summary Rating of Prescription Drug Plan Quality</b>	 4.5 stars
	<p>This summary rating gives an <b>overall score</b> on the drug plan's quality and performance on <b>19 different topics in 4 categories:</b></p> <ul style="list-style-type: none"> <li>Drug plan customer service: Includes how well the drug plan handles calls and makes decisions about member appeals.</li> <li>Drug plan member complaints, members who choose to leave, and Medicare audit findings: Includes how often members complain about the drug plan and how often members choose to leave the drug plan.</li> <li>Member experience with drug plan: Includes member satisfaction information.</li> <li>Drug pricing and patient safety: Includes how well the drug plan prices prescriptions and provides accurate pricing information on the Medicare website. Includes information on how often members with certain medical conditions get prescription drugs that are considered safer and clinically recommended for their condition.</li> </ul> <p>This information is gathered from several different sources, including results from Medicare's regular monitoring activities, reviews of billing and other information that plans submit to Medicare, and Medicare's member surveys.</p>

**2011 BlueAdvantage PPO<sup>SM</sup>**  
**Enrollment Request Form**  
**Emerald, Ruby and Diamond Options**

**Unfold the enrollment request form and print clearly with a black ball point pen.**

- **Press hard enough so that your writing appears on the yellow copy.**
- **Be sure to complete all required fields and answer all questions.**
- **Sign and date the third page of the enrollment form.**
- **Remove the yellow copy and keep it for your records.**
- **Mail the enrollment request form in the envelope provided. Or to the address below:**

**Attention: Community Programs 3G**  
**BlueCross BlueShield of Tennessee**  
**1 Cameron Hill Circle, Suite 0006**  
**Chattanooga, TN 37402-0006**

**Fax Number: 423-591-9344**  
**1-888-832-9613**



A health plan with a Medicare contract.

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This document has been classified as confidential



## 2011 BlueAdvantage PPO Enrollment Request Form

### To Enroll in BlueAdvantage PPO, Please Provide the Following Information

**Please check which BlueAdvantage PPO Plan you want to enroll in:**

- Emerald     
  Ruby     
  Diamond

LAST Name	FIRST Name	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
-----------	------------	----------------	---

Birth Date (MM/DD/YYYY)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number (      )	Alternate Phone Number (      )
----------------------------	--	-------------------------------	------------------------------------

Permanent Residence Street Address (P.O. Box is not allowed):

City	County	State	ZIP
------	--------	-------	-----

Mailing Address (Only if different from permanent residence address)	City	State	ZIP
--	------	-------	-----

Emergency Contact (optional)	Phone Number (      )	Relationship to You
------------------------------	--------------------------	---------------------

E-mail Address (optional)

### Please Provide Your Medicare Insurance Information


Please take out your Medicare card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card;

-OR-

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan such as BlueAdvantage PPO.

<b>MEDICARE</b>			<b>HEALTH INSURANCE</b>	
SAMPLE ONLY				
Name: _____				
Medicare Claim Number			Sex _____	
-----				
Is Entitled To			Effective Date	
<b>HOSPITAL (Part A)</b>			_____	
<b>MEDICAL (Part B)</b>			_____	

### Paying Your Plan Premium

**If we determine that you owe a late enrollment penalty, we need to know how you would prefer to pay it. You can pay by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security benefit check each month.**

*People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).*

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

**Please select a premium payment option:**

- Get a bill
- Electronic funds transfer (EFT) from your bank account each month.  
*Please complete and attach the enclosed authorization form.*
- Automatic deduction from your monthly Social Security benefit check. *(The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)*

## Please Read and Answer These Important Questions

1. Do you have End Stage Renal Disease (ESRD)?  Yes  No

**If you answered "Yes" to this question** and you don't need regular dialysis any more, or have had a successful kidney transplant, **please attach a note or records** from your doctor showing you don't need dialysis or have had a successful kidney transplant.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to BlueAdvantage PPO?  Yes  No

**If "Yes," please list your other coverage and your identification (ID) number(s) for this coverage:**

Name of Other Coverage \_\_\_\_\_

ID # for this Coverage \_\_\_\_\_

Group # for this Coverage \_\_\_\_\_

3. Are you a resident of a long-term care facility, such as a nursing home?  Yes  No

**If "Yes," please provide the following information:**

Name of Institution: \_\_\_\_\_

Address & Phone Number of Institution (number and street): \_\_\_\_\_

4. Are you enrolled in your State Medicaid program?  Yes  No

**If "Yes," please provide your Medicaid number:** \_\_\_\_\_

5. Do you or your spouse work?  Yes  No

**Please check the box below if you prefer that we send you information in CD format.**

**Computer CD with Large Print**

*Please contact BlueAdvantage PPO at 1-800-841-7434 (TTY users should call TTY: 1-888-423-9490) if you need information in another format than what is listed above.*

*Our office hours are 8 a.m. to 9 p.m. Eastern Time, 7 days a week. From March 2 to September 30, you may be required to leave a message on holidays and weekends. Calls will be returned the next business day.*

**STOP**

## Please Read This Important Information

If you currently have health coverage from an employer or union, joining BlueAdvantage PPO could affect your employer or union health benefits. You could lose your employer or union health coverage if you join BlueAdvantage PPO. Read the communications your employer or union sends you. If you have questions, visit their Web site, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

## Please Read and Sign Below

***By completing this enrollment application, I agree to the following:***

BlueAdvantage PPO is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage health plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Medicare prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (Example: November 15 – December 31 of every year), or under certain special circumstances.

BlueAdvantage PPO serves a specific service area. If I move out of the area that BlueAdvantage PPO serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of BlueAdvantage PPO, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from BlueAdvantage PPO when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date BlueAdvantage PPO coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, BlueAdvantage PPO provides refunds for all covered benefits, even if I get services out of network. Services authorized by BlueAdvantage PPO and other services contained in my BlueAdvantage PPO Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR BLUEADVANTAGE PPO WILL PAY FOR SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with BlueAdvantage PPO, he/she may be paid based on my enrollment in BlueAdvantage PPO.

**Release of Information:**

By joining this Medicare health plan, I acknowledge that BlueAdvantage PPO will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that BlueAdvantage PPO will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by BlueAdvantage PPO or by Medicare.

**Signature**

**Today's Date**

*If you are the authorized representative, you must sign above and provide the following information:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (            ) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Enrollee: \_\_\_\_\_

**Attestation of Eligibility for an Enrollment Period**

Typically, you may enroll in a Medicare Advantage plan during the annual enrollment period between November 15 and December 31 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Advantage plan outside of these periods.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am making my annual enrollment period election (Nov. 15 - Dec. 31).
- I am new to Medicare.
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me.  
I moved on (insert date): \_\_\_\_\_.
- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.

- I get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drugs.  
I stopped receiving extra help on (insert date): \_\_\_\_\_.
- I am moving into, live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility).  
I moved/will move into/out of the facility on (insert date): \_\_\_\_\_.
- I recently left a PACE program on (insert date): \_\_\_\_\_.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).  
I lost my drug coverage on (insert date): \_\_\_\_\_.
- I am leaving employer or union coverage on (insert date): \_\_\_\_\_.
- I belong to a pharmacy assistance program provided by my state.
- I recently returned to the United States after living permanently outside of the U.S.  
I returned to the U.S. on (insert date): \_\_\_\_\_.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- None of these statements applies to me.\*

*\*Please contact BlueAdvantage PPO at 1-800-292-5146 (TTY users should call 1-877-664-6422) to see if you are eligible to enroll. We are open 8 a.m. to 9 p.m. Eastern Time, 7 days a week. From March 2 to September 30, you may be required to leave a message on weekends and holidays. Calls will be returned the next business day.*

**Office Use Only**

Name of staff member/agent/broker (if assisted in enrollment): \_\_\_\_\_

Plan ID #: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

ICEP/IEP: \_\_\_\_\_ AEP: \_\_\_\_\_ SEP (type): \_\_\_\_\_ Not Eligible: \_\_\_\_\_

**Licensed Agent Use Only**

I certify that I have truly and accurately recorded on this application the information supplied by the applicant.

Licensed Agent: \_\_\_\_\_ Agent ID #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

SOA:  Yes  No

If "Yes," attach form or enter Reference #: \_\_\_\_\_

# BlueAdvantage Automatic Bank Draft Authorization

## Save Time, Money and Avoid Worry

Now you can pay your BlueCross BlueShield of Tennessee premiums without writing a check. You can just authorize your financial institution to pay your premiums automatically through your bank account. These easy ways to pay your BlueCross BlueShield of Tennessee premiums have big advantages for you.

### Save Time

You won't have to write checks. Your financial institution automatically deducts or credits your premiums from your bank account and you receive a record of payment on your bank statement.

### Save Money

You will save postage costs by letting your financial institution handle the payment of your premiums.

### Avoid Worry

You won't have to worry about missing a payment, losing your bill, or being away from home when the bill comes. Your financial institution handles the payments for you.

## Questions You May Have About the Automatic Bank Draft System

### • What type of bank account qualifies for the Automatic Bank Draft System?

Any type of account that permits checks or drafts to withdraw funds. It should be a checking account at a bank or a savings and loans institution.

### • What if someone else pays my BlueCross BlueShield of Tennessee premiums?

The person who makes your payment can use the Automatic Bank Draft system by completing the Bank Draft Authorization form on the next page.

### • What if I change banks?

Simply complete a new authorization form to continue the Automatic Bank Draft withdrawal at your financial institution. Just let us know about the change, and we will send you a new authorization form.

### • What if I want to cancel the Automatic Bank Draft service?

Just give us a written notice and we will convert your payment method to bill you directly. To avoid a disruption in service, please send your request at least two weeks before your premium is due.

## How To Sign Up for Automatic Bank Draft

1. Fill out the attached bank draft authorization form completely.
2. Attach the authorization to the BlueCross BlueShield of Tennessee health application.
3. Attach a voided check to confirm bank information.
4. If payment is to be withdrawn from an account other than yours, the person making your BlueCross BlueShield of Tennessee payments should follow steps above.
5. Until your bank draft begins, you will receive a bill and you will need to pay your premiums by check.

**\*\*Confidential\*\* Complete This Form Only for Automatic Bank Draft Payment**

Subscriber Name: \_\_\_\_\_

Subscriber ID Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Subscriber's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

I authorize BlueCross BlueShield of Tennessee to charge the bank account listed above for payment of health insurance premiums related to the subscriber ID/policy identified on this form. Premiums charged to my bank account will be in the amount shown on the health insurance policy. I understand that this amount may change, but that the subscriber will be notified in writing 30 days prior to such changes.

**This authorization is valid until I provide written notice of cancellation to BlueCross BlueShield of Tennessee.**

Subscriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of Bank Depositor (Sign Exactly as Name Appears on Bank Records)

---

We must have your completed form 30 days in advance of your premium due date. We will send you confirmation to let you know when your Bank Draft payment will take effect. **If you are billed before your bank draft payment goes into effect, please return payment as requested.**

Please fax all correspondence about Automatic bank draft payments to 423-535-1308, 7 days a week. (TTY/TDD users may call 1-888-423-9490 or mail to:

BlueCross BlueShield of Tennessee  
1 Cameron Hill Circle – Suite 0033  
Chattanooga, TN 37402-9983

A health plan with a Medicare Contract.

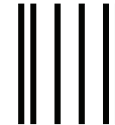
[www.bcbst-medicare.com](http://www.bcbst-medicare.com)

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BlueShield Plans

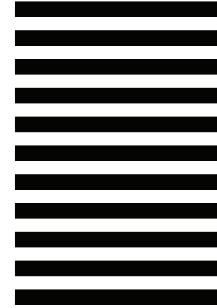
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 UNITED STATES



**BUSINESS REPLY MAIL**  
 FIRST-CLASS MAIL PERMIT NO. 692 CHATTANOOGA TN  
 POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: COMMUNITY ROGRAMS 3G  
 BLUECROSS BLUESHIELD OF TENNESSEE  
 1 CAMERON HILL CIRCLE, STE 0006  
 CHATTANOOGA TN 37402-9826





**Did you remember to complete, sign and date  
your application form?**

**H5884-BA-21 (08.10)**

