



Your Guide To CoverKids Benefits

Use with your Member Handbook.





Habla Español or another language?

For more information about alternative formats and interpreter services, call 1-888-325-8386. These services are free to enrollees.

Important contacts to know:

Website: bcbst.com

Member Services: 1-888-325-8386, toll free,
TDD: 1-866-591-2908 (for hearing impaired)
Monday through Friday, 8 a.m. to 6 p.m. ET

Email: coverkids@bcbst.com

Mail: BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402

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Learn about your **prescription drug benefits**
in the booklet, CoverKids/HealthyTNBabies Prescription Drug Program.



CoverKids Health Plan Overview

Welcome to CoverKids. CoverKids is part of the Cover Tennessee program – a state-sponsored benefit plan designed to offer coverage where no coverage options have existed previously.

CoverKids offers comprehensive health insurance coverage to uninsured children similar to the benefits offered to dependents of state of Tennessee employees. Emphasis is placed on preventive care and services most needed by children, including vaccinations, well-child visits, healthy babies program, and developmental screenings. CoverKids is available to children 18 or younger. BlueCross BlueShield of Tennessee is the company that underwrites and administers CoverKids.

The best way to understand the CoverKids plan options is to reference the Member Handbook. If the member is sent updates or changes, please place this information with the handbook so that it is easy to refer to it at any time.

Questions:

Call Member Services toll free at 1-888-325-8386, Monday through Friday, 8 a.m. to 6 p.m. ET or email coverkids@bcbst.com

TDD: 1-866-591-2908 (for hearing impaired), Monday through Friday, 8 a.m. to 6 p.m. ET,

Many questions can be answered on our website, **bcbst.com**.

Your Child's CoverKids Member ID Card

Your member ID card identifies you as a member of CoverKids who is eligible for authorized services.

Member ID card tips

- Always carry your member ID card with you.
- Protect it from misuse as you would a credit card.
- Show your card whenever you receive medical care and prescription medicine.
- Get a replacement if your member ID card is lost or

stolen by visiting BlueAccessSM member self-service on our website, bcbst.com, or by calling Member Services toll-free at 1-888-325-8386 (TDD: 1-866-591-2908 for hearing impaired), Monday through Friday, 8 a.m. to 6 p.m., ET.

Diagram illustrating the front of the CoverKids Member ID Card with labels pointing to specific fields:

- Your Name: CHRIS B HALL
- Your ID Number: Z XK123456789
- Your Group Number: 119002
- Check your member ID card to determine your pharmacy network. (Points to RXBIN 610014 and RXGRP BCTCOMM)
- Your Network (TennCare Provider Network) identifies in which health plan network you are enrolled (Points to TennCare Select Network)
- Identifies you as a BlueCard[®] network member for receiving emergency medical care across the U.S. and in other countries (Points to COVERKIDS A Cover Tennessee Program)
- Your copay amounts for various health care services, if applicable (Points to Copayments section)

Front

Diagram illustrating the back of the CoverKids Member ID Card with labels pointing to specific fields:

- Prior authorization instructions (Points to BCBST provides administrative services only and does not assume any financial risk for claims. Members have limited or no benefits except when receiving services from a BlueCard PPO Network Provider. Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits. Prior Authorization is required for admissions and selected medical services. Providers: File claims with local BlueCross and/or BlueShield Plan.)
- Website address: bcbst.com
- Member Services phone number: 1-888-325-8386
- The number to call if you are outside Tennessee and need emergency medical care: 1-800-810-2583 (BLUE)
- The number to call for Prior Authorization: 1-800-924-7141
- Pharmacists: 1-800-922-1557

Back

The card above is an example and may not reflect the exact benefits available through your child's health plan.



Finding Network Providers

CoverKids uses theTennCareSelect Provider Network. Your Network is printed on your member ID card. Always use Network Providers, including pharmacies, durable medical equipment supplies (if covered), skilled nursing facilities and home infusion therapy providers.

Network Providers have agreed to accept our fee schedule for their services. Such discounts enable your child's health plan to cover a larger portion of the claims your providers submit. CoverKids does not pay for non-emergency services received from Out-of-Network Providers. You will be responsible for the full amount that you are charged by providers who are not in the TennCareSelect Provider Network.

Finding doctors

The Find a Doctor tool at bcbst.com is the best way to find the most current list of doctors, hospitals and providers. See page 11 for how to use Find a Doctor. Another way to find a doctor is to call Member Services toll free at 1-888-325-8386, Monday through Friday, 8 a.m. to 6 p.m. ET.



*What is the secret to helping kids stay well?
How can you make sure they learn better?
How can you cut your family's health care costs?*

THE SECRET IS PREVENTION.

Help Your Child Grow Up Healthy

By taking your child for regular preventive health exams, you can prevent many health problems.

Here's what you need to know about preventive health exams:

1. Exams are FREE!

Children on CoverKids can get FREE preventive health exams! These are doctor visits you go to when you are well. They are where you find out:

- how to stay healthy
- if you have any problems that you need to take care of
- information and advice on any concerns you may have about your child's health

Preventive health exams are sometimes called routine health assessments. Don't worry! It means the same thing. What really counts is that your child goes for all of the exams he or she needs to be healthy!

2. Your child goes for preventive health exams at certain times.

There are certain times your child needs a preventive health exam. For example, because babies change a lot, they need nine different exams before age 2. (Look at the chart in #8 on the next page for a list of the times your child needs to go.) After age two, your child needs a preventive health exam just about every year until he or she is an adult (18).

3. Your child gets a health assessment.

During the assessment, your doctor can get to know your child. Plus, he can:

- Find little health problems before they become big ones.
- Check to see if your child is growing as he or she should.
- Check for eye and ear problems.

- Give your child shots (immunizations), such as Measles, Mumps, and Rubella (MMR) and Chicken Pox (VZV).
- Make sure your child is eating the right foods.
- Check on any health problems your child has and treat them.
- Give your child X-rays or lab tests to see if he is OK or at risk for serious health problems.
- Provide you with information on how to keep your child healthy.

4. **Take your teen for preventive health exams too!**

It's important to continue scheduling regular exams for your child as he or she grows into a teen. Your child will change physically during these years. Through the exams, your doctor can monitor those changes. Plus, he can:

- Talk about some of the difficult choices your teen may face, such as alcohol, tobacco and other drugs.
- Teach your teen how to protect himself from HIV/AIDS and other sexually transmitted diseases.
- Discuss the importance of exercising and developing good sleep habits.
- Give information on how to avoid pregnancy.
- Help you teach your teen how to become a healthy adult.

5. **Regular vision and dental exams are also important.**

These exams make sure your child's eyes and teeth stay healthy. CoverKids covers one vision exam per plan year. It also covers up to two routine dental checkups and cleanings per plan year. Find out more about your child's vision benefits by calling Member Services at 1-888-325-8386. Refer questions about dental coverage to DentaQuest® at 1-888-291-3766.

Make an appointment for a preventive health exam.

Call your CoverKids doctor's office. Tell them you want to bring your child in for a preventive health exam. Need help finding a Network Provider? Call Member Services at 1-888-325-8386 or check bcbst.com's Find-A-Doctor section (see page 11).

6. **Use a "medical home."**

A medical home gives you the opportunity to develop a trusting, collaborative relationship with a provider who is fully aware of your child's total health care. Our Network Providers are instructed to assist members with the provision of preventive services and healthy lifestyles, as well as to coordinate other health care services, as needed.

7. **Follow the schedule for preventive health exams.**

Newborn	1-4 days, by one month
Infancy	2 months, 4 months, 6 months, 9 months, 12 months, 15 months
Early & Middle Childhood	18 months, 24 months, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years
Adolescents	Every year between ages 11 and 18

The information in this chart was compiled from the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) website. Your child's doctor can tell you how often he or she should have a checkup. The doctor can also help you decide which immunizations your child needs and when. We encourage you to visit the TNAAP site at tnnap.org for the most up-to-date immunization schedule.

For more information about the preventive health benefits available to your child through CoverKids, call 1-888-325-8386. The hours are 8 a.m. to 6 p.m. ET, Monday through Friday. TDD: 1-866-591-2908 (for hearing impaired) Monday - Friday, 8 a.m. to 6 p.m. ET

**DentaQuest is an independent company serving BlueCross BlueShield of Tennessee, Inc. members. DentaQuest does not provide BlueCross or BlueShield products or services.*

Understanding Your Monthly Claims Statement (MCS)

Your Monthly Claims Statement (MCS) provides important information about your claims processed by BlueCross BlueShield of Tennessee. Your MCS is a summary of your medical and/or medical-related dental claims over a month's time. The statement will be sent when you have one or more claims paid to providers on your behalf in a 28-day period. You will receive your MCS by mail. See page 12 for information on how to sign up for online communications using BlueAccess.

Look for these features

- 1 Current summary of your medical claims over a month's time.
- 2 Clear information on what was owed, what was paid, and by whom.
- 3 How to reach us online or on the phone.

The MCS to the right is an example and may not reflect the benefits available through your child's health plan.


**CORPORATION, INC
EMPLOYEE HEALTH BENEFIT PLAN**

**MONTHLY
claims statement**

Chris B. Hall
123456789

The information in this statement is current as of DATE

1

CHRIS B. HALL
123 MAIN STREET
ANYTOWN TN 12345

Your Family's Medical Claims

You can see further details about your claims listed below by going to bcbsst.com

Member Name Date of Service Claim Number Provider Name	Total Charge	Network Savings	Paid Provider Processed Date	You Paid
Jane 10/05/2012 012345678901 Smith, Tony B. Provider Code Here Non-covered Codes: COS	\$0000,000.00	\$0000,000.00	\$0000,000.00 10/07/2012	Copay \$000,000.00 Deductible \$000,000.00 Coinsurance \$000,000.00 Non-covered \$0000,000.00 Other Insurance Paid \$0000,000.00 Amount You Owed \$0000,000.00

2

3

Your Family Deductibles & Out-Of-Pocket Maximums

At the end of day (10/31/2012) for the year 2012:

Family	Deductible Met		Out-of-Pocket Met	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual:	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00
Chris	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00
John	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00
Jim	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00
Jack	\$00,000.00	\$00,000.00	\$00,000.00	\$00,000.00

Family	Deductible Met		Annual Max Met		Orthodontic Lifetime Max Met	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Chris	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00
John	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00
Jim	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00
Jack	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00	\$000,000.00

Explanation of Codes

COS - This procedure is not eligible for benefits under this member's coverage because it was performed for Cosmetic purposes. Upon written request, a copy of any Internal guidelines or similar criteria relied on to make this decision and an explanation of the clinical decision applying your Member EOC to your condition will be provided free of charge.

INV - This procedure is considered investigative and is not covered under this member's plan. Upon written request, a copy of any Internal guidelines or similar criteria relied on to make this decision and an explanation of the clinical decision applying your member EOC to your condition will be provided free of charge.

TRQ - Benefits cannot be provided because there was no authorization and/or referral for this service. Upon written request, a copy of any Internal guidelines or similar criteria relied on to make this decision and an explanation of the clinical decision applying your member EOC to your condition will be provided free of charge.

UM1 - The number of services provided exceeds the number approved in the Utilization Management authorization.

W04 - The provider must submit the NDC, drug name, RX number, strength, day supply and quantity before benefits can be provided.

W54 - The provider must submit this patient's medical records. Please reference this claim number and member id when you submit the records.

You have the right to appeal the results of this claim. If your plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the appeal must be submitted within 180 days of this Explanation of Benefits. Under ERISA you may file a civil action after the appeal decision. Please refer to the appeals section of your Evidence of Coverage or contact Customer Service.

3

Understanding Your Explanation of Benefits (EOB)

What is an EOB?

Your Explanation of Benefits (EOB) provides important information about your claims processed by BlueCross BlueShield of Tennessee. Your EOB is posted on bcbst.com whenever you or a provider files a claim for your child's health care benefits and BCBST has completed processing of that claim.

Go to bcbst.com and use your BlueAccess service to view up to 18 months of your EOB statements anytime. Because they're available online, you can see your EOBs the minute they're posted in BlueAccess.

Creating your BlueAccess account is quick and easy, and instructions are included on our website, bcbst.com. You can even subscribe to a free service that will send you an e-mail notice whenever a new EOB statement has been posted in your secure BlueAccess account. Other BlueAccess features let you review your child's coverage details and recent claims history, order replacement ID cards, and more.

Remember: Your EOB is not a bill. You should use this information to coordinate your payment(s) to your providers. (See box 13 on the EOB example on the next page.)

Helpful terms to know

- 1. Date Processed.** The date BlueCross BlueShield of Tennessee processed your claim (will be different from the date care was received).
- 2. Claim Number.** The unique number assigned to each claim. If you have questions about your claim or EOB, have this number handy when you call, or when you use BlueAccess on our website at bcbst.com.
- 3. Received.** The date BlueCross BlueShield of Tennessee received the claim.
- 4. Group Number.** A unique plan account number. This information should match the group number on your member ID card.
- 5. Identification Number.** The ID number identifies your child as the person covered by the plan. This information should match the ID number on your ID card.
- 6. Patient Name.** The name of the person who received the health care service(s).
- 7. Date of Service.** The actual date(s) the patient received health care service(s) from the provider.
- 8. Provider Name.** The name of the health care provider who submitted the claim. The provider may be a doctor, specialist, hospital, lab, clinic or other medical facility.
- 9. Contact Information.** Where to call if you have questions. For answers to your questions, you can also use BlueAccess on our website at bcbst.com. (See page 12 for information about BlueAccess.)
- 10. Submitted Charges.** The amount billed by your health care provider.
- 11. Total Benefits Provided/ Network Savings.** The total amount BlueCross BlueShield of Tennessee paid to you or your provider plus the amount saved by using a Network Provider (if applicable).
- 12. Other Insurance Benefits.** The amount paid by a second insurance carrier. Only applies if a patient has other health insurance, as well.
- 13. Amount You Owe.** Charges not paid by BlueCross BlueShield of Tennessee. This is the amount you owe the doctor or medical facility.
- 14. Network Savings.** The amount saved by using a TennCareSelect provider.
- 15. Deductible Amount.** Deductibles are not applicable to CoverKids.
- 16. Copay (if applicable).** The copay amount you are required to pay the provider at the time of service.
- 17. Non-Covered.** Any portion of the submitted charges not covered by your child's benefit plan. Your provider may bill you for these charges.
- 18. Notes.** Codes to draw your attention to specific messages about itemized charges.
- 19. Paid Provider.** The amount BlueCross BlueShield of Tennessee paid your doctor, caregiver or medical facility.
- 20. Total.** The total for each respective column.
- 21. Account Status.** Information about the status of your child's CoverKids annual benefit limits, if applicable.

DATE: 11/07/2013

EXPLANATION OF BENEFITS

CHRIS B HALL
1 CAMERON HILL CIRCLE
CHATTANOOGA TN 37402

Please retain this EOB for your records.


Spanish (Español): Para obtener asistencia en Español, llame al – 1-800-565-9140
Tagalog (Tagalog): Kung Kailangan Niyo ang tulong sa Tagalog tumawag sa – 1-800-565-9140
Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' – 1-800-565-9140
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 — 1-800-565-9140

Summary of BlueCross BlueShield of Tennessee, Inc. Claim Processed on 11/07/2013 **1**

2 Claim Number: EXTKG0122100 **3** Received 10/25/2013 **4** Group Number: 109844

5 Identification No: 123987654
6 Patient Name: CHRIS B HALL
7 Date Services Provided: 10/21/2013
8 Provider Name: SOLSTAS LABORATORY PARTNERS GROUP LL

If you have questions about this statement, please call

 **1-800-565-9140** **9**

or visit Member Self-Service at our web site at www.bcbst.com to view this information and more.

Chattanooga 8:00 A.M.-5:15 P.M. (ET)
Memphis 7:00 A.M.-4:15 P.M. (CT)
Monday - Friday

SUMMARY

10 Total Charge Submitted 473.50
11 Total Benefits Provided/Network Savings 473.50
12 Other Insurance Benefits .00
13 Amount You Owed Provider .00
(Contact your provider if you receive a bill for more than your EOB indicates that you owe.)

**THIS IS NOT
A BILL**

ITEMIZATION OF CHARGES

Date of Service	Services Included	Submitted Charges	Network Savings	Deductible Amount	Coinsurance if Applicable	Copay if Applicable	Non-Covered	Notes	Paid Provider
10/21/13	Pathology	74.00	61.89						12.11
20	TOTAL	473.50	399.10						74.40

21 ACCOUNT STATUS

AT END OF DAY 11/07/2013 FOR THE YEAR 2013:

	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE MET:	\$ 2,863.60 Family	\$
	IN-NETWORK	OUT-OF-NETWORK
OUT-OF-POCKET MET:	ALL Family	\$

Recognize and Avoid Unnecessary Charges

Your child's coverage from CoverKids is designed to help you predict your health care costs by charging a certain copay for covered services performed by a TennCareSelect Network Provider.

Balance billing charges are unexpected, and CoverKids wants to help you avoid them.

What is balance billing?

Imagine your child receives a health care service from a TennCareSelect provider. Your child's health plan pays a certain amount to the doctor who provided the service. But then the doctor says the covered service costs more than what was allowed and charges you the difference. That is balance billing.

You are protected from balance billing if your child received care from a network doctor, hospital or other provider. **If you have copays, they are still your responsibility.**

Why does balance billing occur?

There are several reasons why a doctor or provider might charge you a balance-billed amount. The charge could be a mistake. Or the provider may file the claim late and, in the meantime, you are sent a bill before the provider receives payment from us. Or, the provider may not participate in the TennCareSelect Provider Network.

It is important to review your medical bills closely.



What should I do if I am balance billed?

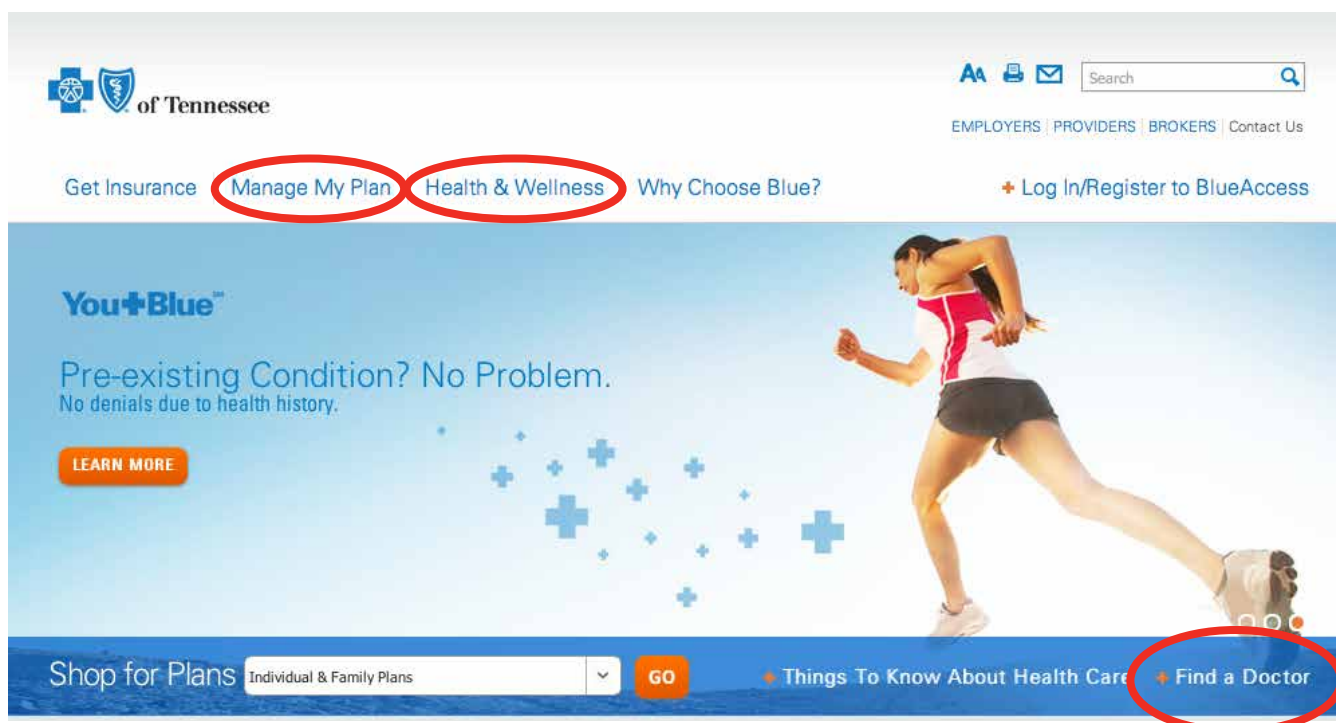
If you receive a balance billing from a provider in your network, take these steps before sending any money:

Check your Explanation of Benefits (EOB). This will clearly state "You Owe Provider," followed by the amount you owe for the health care service(s) you received. For those who have copays, this will be your copay amount, if you have used a Network Provider. You can see your EOBs online through the BlueAccess member self-service pages at bcbst.com.

Call the provider's office if the amount your EOB state you owe for a service does not match what the provider says you owe. Ask the provider's staff to check your file to see why you were billed for that service instead of the insurer.

Call Member Services toll free at 1-888-325-8386 if the provider still says the charge is your responsibility. A representative can check that all payments are appropriate. Remember, your provider may bill you for any services not covered by your benefit plan.

Avoid balance billing. Use providers in your network for services covered under your child's CoverKids health plan. If you are balance billed, take the above steps to question the charge.



Health care resources at your fingertips on bcbst.com

CoverKids is here to help you 24/7 through our redesigned website – bcbst.com. Nearly every member service is available to you so that you can access information when it is convenient to you. Or you can talk with Member Services at 1-888-325-8386 during business hours, if you prefer. Some of the features of bcbst.com include:

- **Manage My Plan**

Find easy consumer tools to help you compare providers and save on costs. You can file or check on a claim and download many of the forms you need. You can even price a drug and search for generic alternatives.

- **Health & Wellness**

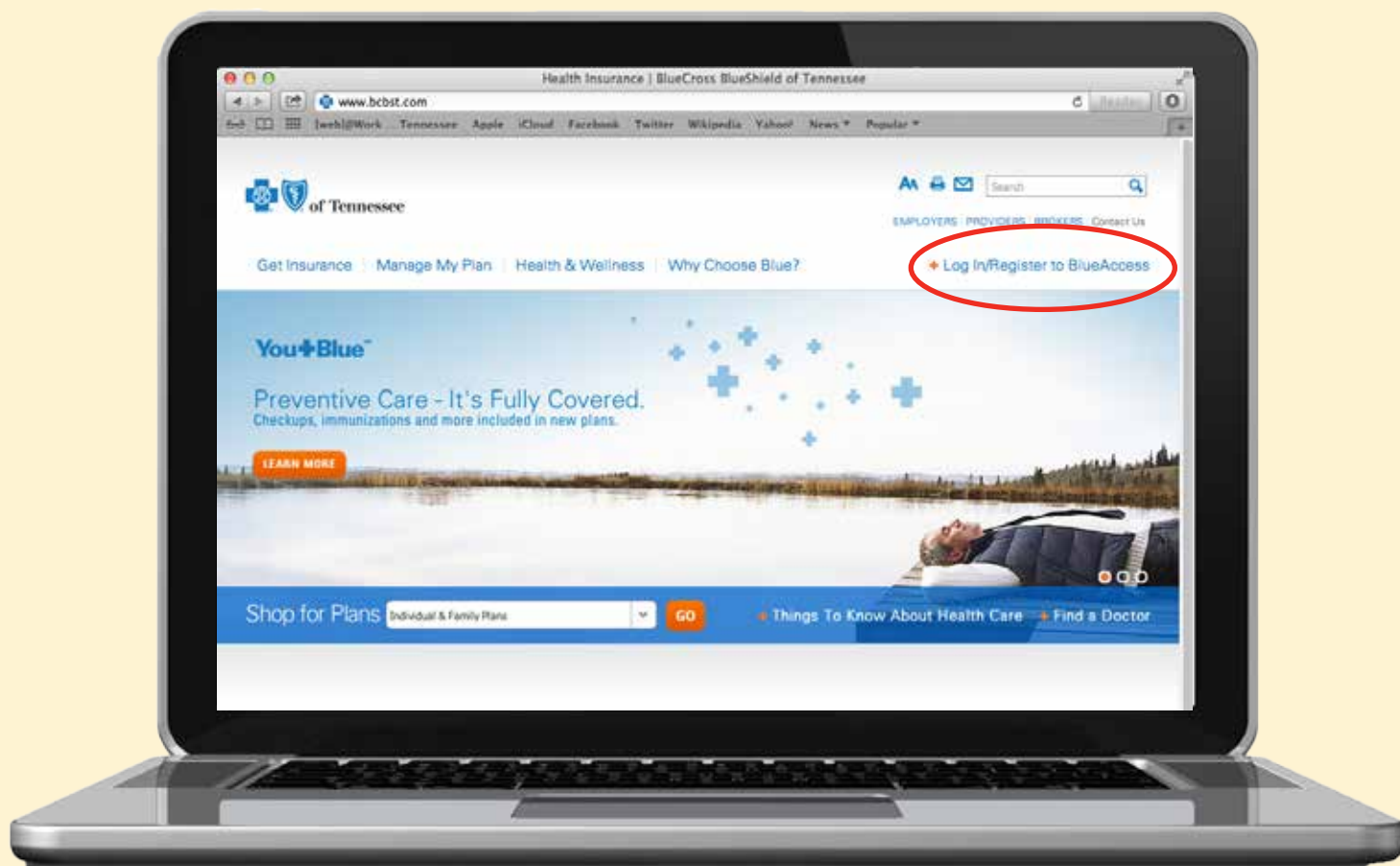
Learn more about the preventive care you and your loved ones need. Find tips for getting and staying healthy and fit.

- **Find a Doctor**

This easy-to-use tool helps you find medical professionals, facilities and other services located in your area. Follow the on-line instructions to enter your location and select the type of doctor, hospital or service you're looking for. Have your Member ID card on hand.

Enter Find a Doctor from the home page of our website (see photo above). Or you can enter through BlueAccess, our convenient, personalized web pages just for members. Find out more about BlueAccess on page 12.

You can also find a provider during business hours by calling Member Services at 1-888-325-8386.



BlueAccess on bcbst.com

Log on to **BlueAccess**, the secure portion of our website. BlueAccess is personalized to display the specifics of your plan.

To enter your personal BlueAccess page:

- Have your CoverKids member ID card ready.
- On the bcbst.com opening screen, go to the BlueAccess Login/Registration on the right side of the page and click 'Register now!'
- Select 'Member' and enter your information.

Install the BlueCross App, myBlueTNSM

View the same information that is available in BlueAccess on your smart phone or tablet. Download the app from iTunes® or Google Play®, then enter the information from your BlueCross member ID card.

What can you do on BlueAccess?

- Send and receive messages about your plan
- Review recent claims
- Find out your balances, including deductibles
- Check your benefits before receiving services
- Order a new ID if yours is lost or stolen
- Compare costs of hospitals, doctors, medicines
- Choose email or regular mail for communications
- Chat online with a nurse 24/7
- Watch health videos
- Get a Personal Health Analysis
- Sign up for the WalkingWorks fitness program
- Use the BluePerks program for discounts of up to 50 percent available only to members on a wide range of health-related products and services
- And much more. . .

Health Information Telephonic Library*

Need health information? We have done the research for you. Find taped messages on more than 1,200 health topics, available 24/7, through the Health Information Library (HIL). Here's how to access HIL:

- Call 1-800-999-1658, toll free, anytime.
- A voice message will answer your call and give you easy directions.
- If you know the four-digit code of the topic you wish to hear, you can enter that number.
- If you do not know the code, just say the name of the topic. The automated system will quickly search for any messages on the topics you requested.
- You can access the index of all the topics and codes at bcbst.com.
- Many topics are also available in Spanish.

Health Information Library is provided by McKesson Corporation. McKesson is an independent company that provides health care information technology for BlueCross BlueShield of Tennessee.

Nurseline*

Call our Nurseline, toll free, 24/7 at 1-866-904-7477. With unlimited access to health information any time of day or night through Nurseline, you can speak one-on-one with a registered nurse about any health concerns you may have.

24/7 Nurseline offers health advice and is provided by Infomedia Group, Inc. d/b/a Carenet Healthcare Services, an independent company that does not provide BlueCross BlueShield of Tennessee branded products and services.

**See CoverKids Most Frequently Dialed Numbers.*



The Governor's Children's Cabinet has launched kidcentral tn. The program's website, kidcentraltn.com, is a one-stop shop for Tennessee families to connect with important information and resources provided by state departments.

Some kidcentraltn.com features include:

- The FREE kidcentraltn.com mobile app
- Links to Social Security, CoverKids, TennCare, WIC and more
- A Search function that helps you find what you need to know about Health, Education, Development and Support

Building blocks for building futures—find the resources you need at kidcentraltn.com.



Know your rights and responsibilities

CoverKids knows it's important for you to understand how your child's health plan works. As a plan member you and your child have the right to:

- Be treated with respect
- Choose your child's doctor
- Contact CoverKids with any questions about your child's care
- Talk with your child's doctor about his/her treatment
- Voice a complaint about your child's care

CoverKids and your doctor will work together to provide treatment to your child. To provide the best treatment, we need you to do the following:

- Be honest about your child's health condition
- Follow plans from your child's doctor for his/her care
- Make sure your child takes medicine as it is prescribed
- Use the hospital emergency rooms only for emergencies
- Read the booklets and papers from your child's doctor

By working together with your child's doctor and CoverKids you can meet your child's treatment goals.

Like us on Facebook

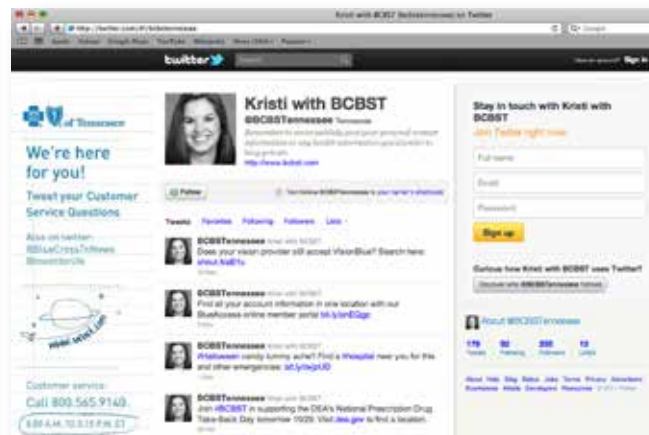
See the latest BlueCross BlueShield of Tennessee news and updates on Facebook.



facebook.com/bcbst.com

Timely Topics on Twitter

It's easy to stay updated on an incredibly wide variety of BlueCross BlueShield of Tennessee topics on Twitter.



twitter.com/bcbstennessee

Got an Opinion? Tell us at BlueVoiceSM

Wanted: Your opinions! Rewards: cash prizes!

We are looking for people like you to join BlueVoice and make a difference! BlueVoice is our online research panel and where we hear the voice of our members. We want to know your thoughts and opinions so we can better understand what is important to you and your family.



Once you become a BlueVoice panelist, we will contact you by email once or twice a month to participate in online surveys. Your participation is not required for every survey. However, eligible participants who complete a survey will be entered into drawings for cash prizes.

***You Speak. We Listen.
Log on today and be heard.***

bluevoicetn.com

NOTES:

CoverKids Most Frequently Dialed Numbers

Member Services:	1-888-325-8386
TDD:	1-866-591-2908 (for hearing impaired)
E-mail:	coverkids@bcbst.com
Website:	bcbst.com
*Nurseline:	1-866-904-7477
*Health Information Library:	1-800-999-1658
Drug Benefits Appeal:	1-888-343-4232 (fax number)
Care Management:	1-800-225-8698
CareSmart® Disease Management:	1-888-416-3025
CaringStart for moms-to-be:	1-888-416-3025
For eligibility, enrollment and renewal questions:	1-866-620-8864

Be assured of fair decisions about care

BlueCross BlueShield of Tennessee and CoverKids work hard to earn and keep your trust. Whenever possible, we want to be an open book about how we make decisions. For prior authorizations and other health care decisions, we look at two factors: whether the care or service suggested is appropriate for your condition and whether your plan covers it. Denying care, service or coverage is not rewarded in any way to anyone whether employees, vendors or contracted practitioners by BlueCross BlueShield of Tennessee.

To give you peace of mind about the fairness of decisions, BlueCross BlueShield of Tennessee offers a number of ways to address concerns you might have. You can voice appeals, grievances or complaints about your health care practitioners, the care you receive or your plan network. You can expect an answer to your concerns within a reasonable timeframe. You have the right to formally appeal this answer if it is not acceptable. If a request for care or service was not authorized, you may also have a review of that decision by an independent review organization, and BlueCross BlueShield of Tennessee must abide by that organization's decision.



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Do you need help in these languages: العربية (Arabic); **Bosanski** (Bosnian); كوردی - بادینانی (Kurdish-Badinani); کوردی - سۆزانی (Kurdish-Sorani); **Soomaali** (Somali); Español (Spanish); **Người Việt** (Vietnamese)?

CoverKids language and member services are free at 1-888-325-8386, Monday-Friday, 8 a.m. to 6 p.m. ET.

For TDD/ TTY help call 1-866-591-2908. Federal and State laws protect your rights.

They do not allow anyone to be treated in a different way because of: race, language, sex, age, color, birthplace, or disability.
Need help? Call the Office of Non-Discrimination Compliance for free at 1-855-286-9085. For TTY dial 711 and ask for 855-286-9085.

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