Welcome to the Blue Community!

In this booklet, you’ll find everything you need to start using your insurance. Before diving into the details, here are three ways to make the most out of your plan while saving money on your care:

**Stay in Your Network and Save**

Choosing doctors, hospitals and specialists that are in your network helps keep your costs down. Ask your doctor if they’re in the network shown on your Member ID card. Or check our online Find a Doctor tool to see all your options.

**Get Your Free Screenings**

Most plans cover annual physicals, diabetes screenings, mammograms and immunizations performed by in-network doctors at no extra cost. Log in at bcbst.com/members/TN_state and check the Benefits & Coverage section to see exactly what your plan includes.

**Make Sure Your Care Is Covered**

Certain care requires prior authorization to make sure it is appropriate and cost-effective. You or your doctor will need to check with us ahead of time to confirm coverage before:

- Some outpatient surgeries
- Inpatient hospital stays (except maternity)
- MRIs, CTs or PET scans
- Renting or purchasing certain medical equipment

**Plan Administration and Claims Administration**

Benefits Administration, a division of the Department of Finance and Administration, is the plan administrator, and BlueCross BlueShield of Tennessee is the claims administrator. This program is administered using the benefit structure established by the Insurance Committee that governs the plan. When claims are paid under this plan, they are paid from a fund consisting of your premiums and the employer’s contributions (if applicable). BlueCross BlueShield of Tennessee is contracted by the state to process claims, establish and maintain adequate provider networks and conduct utilization management reviews.

- If you have questions about eligibility or enrollment (e.g., becoming insured, adding dependents, effective date of coverage, transferring between plans, terminating coverage), contact your agency benefits coordinator. They will work with Benefits Administration to assist you.
- If you have questions about health coverage (e.g., prior authorization, claims processing or payment, bills, benefit statements or letters received from your healthcare provider or BlueCross BlueShield), contact BlueCross BlueShield member service at 1-800-558-6213. See also, information at the end of this handbook regarding your appeal rights.
What do you want to do?

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How would you like to reach us?

- **Online:** bcbst.com/members/TN_state
  Manage your account 24/7
- **Chat:** You can chat with us online, too. Just log in to get started.
- **Phone:** 1-800-558-6213
  TTY: 1-800-848-0298
  7 a.m. to 5 p.m. CT
  (8 a.m. to 6 p.m. ET), Monday through Friday

We offer help in 150 different languages.

¿Tienes Preguntas? Tenemos las Respuestas. Tenemos representantes de servicio al cliente que hablan Español y pueden ayudarle con sus preguntas. Para hablar con un representante de servicio al cliente, marque el numero 1-800-558-6213. Presione “1” para preguntas sobre seguro medico o “2” para seguro dental.

If you’d like help in a language other than English, just call 1-800-558-6213.
Using Your Benefits

Your Member ID Card

After you sign up, keep an eye on the mail. We’ll send Member ID cards for each person in your family 18 years or older. You should receive them within 7 to 10 business days. Each card will show your name (the primary policy holder), but they’re valid for all of your covered family members.

Example Member ID Card

Your card shows a lot of important information about your coverage. Here’s how to read it.*

Always keep your card with you and show it to providers any time you get care. Protect it the same way you protect your credit cards.

*Your card may be a bit different based on which plan you choose.

Care Outside of Tennessee

Your plan goes wherever you do.

BlueCard® PPO and BlueCross BlueShield Global Core℠ let you see doctors and hospitals all over the world. Learn more at bcbsglobalcore.com.
You’re in Control

Your online account gives you 24/7 control of your health plan.

After you get your Member ID card, go to bcbst.com/members/TN_state and create an account so you can:

• Find an up-to-date list of providers in your network.
• Check your claims, copays, deductibles and all the services your plan covers.
• View your Explanation of Benefits (EOB) to see how your claims are paid and sign up for EOB email notices.
• Reduce paper and get newsletters and other messages electronically.
• View and pay claims from your providers.

Our mobile app keeps you connected on your phone.

You can manage your plan anywhere, anytime when you log in with the myBlue TN app. Use your online account’s username and password to log in.

The myBlue TN app lets you:

• Find providers in your network.
• View claims and balances.
• Use a mobile version of your Member ID card.
• Get tips to help you stay healthy.
Planning Your Care

Where Should You Go for Care?

Call your provider. Many offices have a doctor or nurse on call who can call you back to discuss your symptoms and let you know if you need to see someone right away and what type of care you may need.

For non-emergency problems, urgent care or convenient care centers are better choices. They’re open late and on weekends, just like the ER, but you’ll usually get care faster and pay less. Here’s how to find one in your network.

Online:
- Go to bcbst.com/members/TN_state and log in.
- Click Find Care, then click Find a Doctor.
- Click Browse by Category, then choose Urgent and Convenience Care.
- Click Urgent Care or Convenience Care to browse.

myBlue TN mobile app:
- Tap Find Care.
- Tap Urgent Care or Convenience Care.
- Choose your preferences from the Within and Location menus, then tap Submit to see your results.

Know Your Blue Network S

Your network includes a different group of doctors, hospitals and providers near where you live.

Your plan gives you access to doctors and hospitals in Blue Network S. These network providers have agreed to accept lower fees for their services. Their discounts help your health plan cover a larger part of the claims your providers send in.

Your plan lets you see any doctor or hospital you choose. But visiting doctors outside your network means you’ll pay more out of pocket.

Call 1-800-558-6213 for over-the-phone interpretation in 150 languages.
How Much Should Your Care Cost?

Our HealthCare Cost Estimator tool lets you see cost estimates* for more than 1,400 common procedures. You can even use it to compare different doctors and facilities, and see how other members rated them.

- Go to bcbst.com/members/TN_state and log in.
- Click on Find Care, then choose HealthCare Cost Estimator.

*Actual costs may vary.

SMART MONEY IDEA

Use In-Network Doctors and Hospitals for the Most Benefits and Best Service

Get the most from your health plan. Choose doctors and hospitals in your network. You’re free to choose any doctor or hospital you like. But you’ll pay more if you choose a doctor outside your plan’s network. When you use providers in Blue Network S, you get more in return:

- Higher benefits coverage
- Less out-of-pocket expense
- No claims paperwork to fill out
- Better provider knowledge of how your plan works
- Care 24 hours a day, seven days a week

When making a doctor visit, ask if he/she participates in Blue Network S. Think about changing providers if your health care providers aren’t in the network.

When you use an out-of-network provider, you pay any required out-of-network copay or deductible and coinsurance. Also, you pay the difference in the provider’s billed charges and our maximum allowable charge. The amount can be substantial.
24 HOURS A DAY, SEVEN DAYS A WEEK

PhysicianNow® Connects You With Doctors

PhysicianNow Powered by MDLIVE is a convenient way to access a doctor from your home, office or while traveling. All you need is a telephone, smartphone, tablet or computer.*

For PPO plans, the cost is only $15 per telehealth visit.

For CDHP/HSA plans, you pay the negotiated rate until you reach your deductible, then the primary care office coinsurance applies.

PhysicianNow is a great option when it’s not an emergency, when it’s not convenient or you’re too busy to go to your doctor’s office.

Use PhysicianNow for:
- Allergies
- Cold & flu
- Fever
- Sinus infections
- Respiratory issues
- Skin conditions (rashes or insect bites)
- Sore throat
- Urinary tract infections

Common Pediatric Conditions Include: **
- Cold & flu
- Constipation
- Diarrhea
- Earaches
- Nausea & vomiting
- Pink eye

* Some state exclusions apply.
** Children 36 months and under with a fever will be automatically referred to their regular primary care pediatrician.
Blue Distinction®

The Blue Distinction Specialty Care program helps you find high-quality specialty care. Providers that have earned the Blue Distinction Centers and Blue Distinction Centers+ designation have a proven history of delivering exceptional care and results.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Blue Distinction Centers</th>
<th>Blue Distinction Centers+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Treatment expertise</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Better overall patient results</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>More affordable care</td>
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<td>✓</td>
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</tbody>
</table>

To find out if a Blue Distinction Center is in your network, call us at 1-800-558-6213. You can also visit bcbs.com/blue-distinction-center/facility for more information.

State Group Insurance members have options beyond those listed on the website for bariatric care. Also keep in mind there are some limits on fertility coverage. Check your policy before you look for care.
Quality and Safety in Health Care

Think about the last time you purchased a car or a major appliance. You probably compared features, costs, warranties, etc. Now think about the last time you or a family member went to the hospital or had a medical procedure or service. You may not have known that you could compare the cost or quality of your health care.

Quality and safety vary widely in health care. We can help you and your family find high-quality care that’s right for you. We can also offer suggestions about questions to ask your doctor and how to talk with your doctor about choosing what health care you need and which medical tests and treatments you may not need.

• **Know Your Health** — A campaign by ParTNers for Health to help you be more involved in your health care and to empower you to become a smarter patient. It includes resources to help you and your family talk with your doctors about choosing the care you need, what you may not need and the best place to receive care.  [www.tn.gov/partnersforhealth/know-your-health](http://www.tn.gov/partnersforhealth/know-your-health)

• **Leapfrog Hospital Safety Grade** — A consumer-friendly letter grade rating of hospitals on their records of patient safety. Grades are updated twice annually, in the fall and spring.  [www.hospitalsafetygrade.org](http://www.hospitalsafetygrade.org)

At a Glance: Spring 2020 Tennessee Hospital Safety Grades

• **Compare Hospitals** — Interactive tool that helps you choose the best hospital for you.  [www.leapfroggroup.org/compare-hospitals](http://www.leapfroggroup.org/compare-hospitals)

• **Choosing Wisely** — Promoting conversations between patients and clinicians. An initiative of the American Board of Internal Medicine Foundation designed to help you avoid unnecessary medical tests, treatments and procedures.  [www.choosingwisely.org](http://www.choosingwisely.org)
Read and Understand Your Explanation of Benefits (EOB)

You get an EOB every time you or your doctor files a claim for your health care benefits. You can choose to have your EOB mailed to you or posted online to your private account. Your EOB is NOT a bill. It’s a record of claims BlueCross has received, the payments made as stated by your plan design and the amount you owe your doctor. Don’t send a payment unless you get a bill from your doctor. If your bill is more than you think you should owe, call your health care provider or BlueCross to discuss the amount.

To get your EOB online, log in and sign up for advance EOB notices. You’ll get an email when a new EOB is posted to your private account. You’ll see your EOBs faster and have less paper.

The details below show each section of your EOB.

1. **Received** — The date BlueCross got the claim.
2. **Patient Name** — The name of the person who got the health care service(s). This is either you or a covered family member.
3. **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.
4. **Identification Number** — The ID number of the employee covered by the plan. These details should match the ID number on your Member ID card.
5. **Group Number** — The employer’s unique plan account number. These details should match the group number on your Member ID card.
6. **Provider Name** — The name of the health care provider who sent the claim. This may be a doctor, specialist, hospital, lab or clinic.
7. **Date of Service** — The actual date(s) you got care from a provider.
8. **Amount You Owe** — Charges BlueCross didn’t pay. This is the amount you owe the doctor or clinic.
9. **Submitted Charges** — The amount billed by your health care provider.
10. **Network Savings** — The total amount BlueCross paid you or your provider plus the amount saved by using a network provider.
11. **Paid Provider** — The amount BlueCross paid your doctor, caregiver or clinic. If you have an out-of-state facility claim this column will be labeled Benefits/Savings. Contract limits don’t allow the company to list network savings alone. This column includes those savings.
12. **Other Insurance Benefits** — The amount paid by a second insurance carrier. Only applies if a patient has other health coverage.
13. **Notes** — Codes that draw your attention to specific messages about the listed charges.
14. **Non-Covered** — Any part of the submitted charge your health plan doesn’t cover. Your provider may bill you for these charges.
15. **Total** — The total for each column.
16. **Account Status** — Information about the amounts applied to your deductible and out-of-pocket maximum for the year (if applicable).
17. **Date Processed** — The date BlueCross processed your claim (will be different from the date care was received).
18. **Deductible Amount** — The amount of the charges applied toward your deductible each year. Once you’ve met your deductible, your plan covers a part of eligible charges you send from then on.
19. **Out-of-Pocket Maximum** — The most you’ll spend in a year for your care.
20. **Contact Information** — Where to call if you have questions.
YOUR CLAIM SUMMARY

You recently received care from John Barber, MD

The date of your care was: January 9, 2020

Here’s your share of the cost: $189.00

Keep this summary for your records. Your provider will send a bill from their office. You might have even paid them already. If they bill you for more than we say you owe, call us. We can help you resolve the issue.

<table>
<thead>
<tr>
<th>Type of service(s) provided</th>
<th>Amount Provider Billed</th>
<th>BlueCross Member Discount</th>
<th>We Paid</th>
<th>Other Insurance Paid</th>
<th>Your Share of the Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Outpatient</td>
<td>$10,094.00</td>
<td>-$7,364.00</td>
<td>-$2,370.00</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Facility Ancillaries</td>
<td>$189.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td>$189.00</td>
<td>INV</td>
</tr>
<tr>
<td>Blood Test</td>
<td>$129.00</td>
<td>$0.00</td>
<td>-$129.00</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Culture Test</td>
<td>$99.00</td>
<td>$0.00</td>
<td>-$99.00</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

This amount includes: A non-covered procedure.

INV. This procedure is considered investigative and is not covered under this member’s plan. This decision is based on BlueCross clinical criteria and/or medical policy as well as the terms of evidence of coverage or member handbook.

YOUR ACCOUNT UPDATE AS OF 01/11/2020

In-network Deductible
You have paid $3,000 toward your $3,000 individual deductible.
You have paid $3,053 toward your $5,000 family deductible.

Out-of-pocket Maximum
You have paid $5,000 toward your $5,000 individual maximum.
You have paid $5,053 toward your $9,000 family maximum.

We’re here to help.

If you have questions about this summary, just visit bcbst.com/contact-us or give us a call at 1-800-558-6213 during normal business hours.
TDD/TTY users call 1-800-848-0298.

Depending on your coverage or the services you get, the EOB you see online or get in the mail may look different from the one pictured in this brochure.

Basic definitions stay the same.
Stay Healthy, Save Money

Living Better Shouldn’t Cost You More

Your health plan does more than just pay your medical bills. Our Blue365® discount program helps you save on everyday health-related purchases like eyewear, nutrition programs and fitness gear. Find out more by logging in to your account, choosing Managing Your Health and selecting Member Discounts & Fitness Your Way™. We add new discounts all the time, so check back often. Or sign up for email alerts that let you know whenever we add something.

Work Out Your Way

Working Out Can Be More Convenient and More Affordable

Exercise is one of the best ways to get and stay healthy, and we want to help you with that. Fitness Your Way lets you work out at nearly 10,000 fitness centers across the country.

• Choose from both nationally and independently owned locations*.
• Use any participating location as often as you want.
• You don’t have to sign a long commitment — just three months to start.
• You only have to pay a one-time $29 enrollment fee, then $29 a month.

Signing up is easy:

• Log in to your account.
• Choose Managing Your Health, then Member Discounts & Fitness Your Way.
• Accept the conditions, find the Fitness Your Way tile and select View Details, then Redeem Now.
• Or call 1-855-515-1332 Monday through Friday, 8 a.m. to 8 p.m., in any continental U.S. time zone, to enroll and find locations near you.

* Participating facilities vary.
Livongo® Diabetes Prevention Program

Support When You Need It Most

Sometimes making lifestyle changes can be tough, even when you know those changes may lead to a better version of you. But when you have personal support, coaching and digital tools to help, those changes may be a little easier to make.

We’re partnering with Livongo to offer a new diabetes prevention program that includes all that support and more. Your employer now offers this program at no cost to you and other family members on your plan to help you live a healthy lifestyle. You just need to be 18 or older and meet certain qualifications.

Once you enroll, you’ll get:

• **Advanced Tracking Technology:** Receive a free smart scale and activity tracker that sync to an easy-to-use mobile app, so you can track your weight and activity all in one place.

• **Guidance:** Learn how to take simple but powerful steps to lose weight, gain energy, sleep better and more.

• **Unlimited One-on-One Coaching:** Get personalized advice on nutrition, meal plans, weight loss and more to stay motivated.

To see if you qualify for Livongo’s program, go to healthy.livongo.com/BCBST-DPP, click Join Now and use the registration code **BCBST-DPP** when prompted.

Or call **1-800-945-4355** or email membersupport@livongo.com if you have questions. Either way, be sure to have your Member ID card nearby.
Identity Protection

We’re Looking Out for Your Health. And Your Identity.

We want to help keep your personal information safe online and off. Your plan includes Experian identity protection services, free of charge. Choose the protection that’s best for you and your family:

- **IdentityWorks Credit 1B** is for family members 18 years and older with eligible medical coverage. It includes credit monitoring, credit report, fraud protection and fraud resolution support. Each eligible member in your household needs to sign up separately.

- **IdentityWorks Minor Plus** offers credit monitoring for all family members under 18 years old.

To sign up:

- Go to [bcbst.com/members/TN_state](http://bcbst.com/members/TN_state) and log in.
- Click on the **Identity Protection Services** link in the **Benefits & Coverage** section. It will take you to a secure landing page with instructions on how to enroll/renew your services.

Experian is an independent vendor that administers its IdentityWorks Credit 1B and IdentityWorks Minor Plus identity protection services on behalf of BlueCross BlueShield of Tennessee.
Member Rights and Responsibilities

Member Rights
You have the right to:

• Be treated with respect and dignity.
• Expect that any information you give will be treated in a confidential manner.
• Information about policies and services of the plan.
• Information regarding in-network providers.
• Medically necessary and appropriate medical care.
• Information about your health.
• Make decisions about your health care with practitioners.
• Voice complaints about your health care providers, the care given to you, or the plan. You can expect an answer within a reasonable time. You also have the right to formally appeal this answer if you do not agree.
• A candid discussion of appropriate or medically necessary care options for your condition, regardless of cost or benefit coverage.

Confidentiality and Privacy
Your health is your own private business. Be assured that we will treat your medical records and claims payment history in a confidential manner. When you enroll in the plan, you give routine consent for certain matters. That allows the company to release information without your prior written consent for these purposes:

• Claim processing.
• Performing peer review, utilization review, and medical audits.
• Administration of programs established by us for quality health care and control of health care costs.
• Medical research and education.

Important steps are taken to protect your privacy.

• Employees have been trained to understand the importance of safeguarding your privacy. In fact, they sign confidentiality agreements to ensure they will carry out the established policies.
• Contracted practitioners and providers follow confidentiality guidelines set forth by the state in which they practice.
• Vendors must sign confidentiality agreements if they receive personal health information for purposes of plan administration such as measurement of data to improve quality.

• It is our policy not to release member-specific health information to employers unless allowed by law.
• Members have the right to approve the release of personal health information in special circumstances beyond those listed above.

Members can take comfort in knowing that confidentiality is important to us. You are encouraged to call one of the member service representatives if you have questions about privacy policies and practices.

Women’s Health and Cancer Rights Act
Your medical plan’s coverage of a medically necessary mastectomy also includes post-mastectomy coverage for reconstruction of the breast, surgery on the other breast to achieve the appearance of symmetry, protheses, and physical complications during any stage of the mastectomy, including lymphedemas. This coverage will be provided in consultation with the attending physician and patient.

Benefits are subject to the same annual deductibles and coinsurances as other services.

Member Responsibilities
Members are responsible for:

• Reading the member materials in their entirety and complying with the rules and limitations as stated.
• Contacting in-network providers to arrange for medical appointments as necessary.
• Notifying in-network providers in a timely manner of any cancellations of appointments.
• Paying the coinsurance and deductibles as stated in the benefit plan documents at the time service is provided.
• Receiving prior authorization for services when required, and complying with the limits of the prior authorization.
• Carrying and using their plan identification card and identifying themselves as a plan member prior to receiving medical services.
• Using in-network providers consistent with the applicable benefit plan.
• Providing, to the extent possible, information needed by professional staff in order to care for the member.
• Following instructions and guidelines given by those providing health care services.
Appeal Procedures
If you have a problem with coverage or payment of medical, behavioral health and substance use, or pharmacy services, there are internal and external procedures to help you. These procedures do not apply to any complaint or grievance alleging possible professional liability, commonly known as malpractice, or for any complaint or grievance concerning benefits provided by any other plan.

Specific questions regarding initial levels of appeal (the internal appeal process) should be directed to the claims administrator member service numbers provided below.

Benefits Administration is not involved in the appeals process. The appeals process follows Federal rules and regulations and assigns appeal responsibilities to the carriers and independent review organizations.

Behavioral Health and Substance Use Appeals
Contact Optum at 855-437-3486 for EAP, behavioral health and substance use appeals.

Pharmacy Appeals
Contact CVS/caremark at 877-522-8679 for pharmacy appeals.

Medical Service Appeals
If you are in disagreement with a coverage decision or the way a claim has been paid or processed, you or your authorized representative should first call BCBS member service at 800-558-6213 to discuss the issue. If the issue cannot be resolved through member service, you or your authorized representative may file an appeal or member grievance with BlueCross BlueShield by completing the correct form or as otherwise instructed. You, or your authorized representative, will have 180 days to start an internal appeal with BlueCross BlueShield following notice of an adverse determination. The appeals/grievance form can be found on the BlueCross BlueShield of Tennessee Member Home Page at bcbst.com/members/tn_state. Once a determination is made, you will be notified in writing and advised of any further appeal options and timeframes for filing additional appeals. All requests must be filed within the specified timeframes.

When an appeal decision made by BlueCross BlueShield is unfavorable and the appeal qualifies for external review, BlueCross BlueShield will advise you, or your authorized representative, of the right to initiate an external appeal. External appeals are considered by an Independent Review Organization (IRO). If you choose to pursue an external appeal, you or your authorized representative, must submit a request within four months of the notice of the appeal decision you receive from BlueCross BlueShield.

If a denial of coverage or authorization can reasonably be expected to prevent a covered individual from obtaining urgently needed covered services (e.g., emergency or life threatening procedures), then the member, or their authorized representative, may request an expedited reconsideration.

If the treating provider fails to request the reconsideration and decides not to provide urgently needed services, then you, or someone acting on the your behalf, may request the expedited reconsideration. If BlueCross BlueShield agrees that it is appropriate to conduct an expedited reconsideration, we will inform you or your authorized representative of our decision as quickly as possible based on the circumstances of the care, including the ability to obtain information concerning the case from the provider.

Please Note: The expedited reconsideration process only applies in situations where a benefit determination or a prior authorization denial has been made prior to services being received.

Notification of decisions will be made within the following time frames and all decision notices shall advise of any further appeal options:

- No later than 72 hours after receipt of the appeal for urgently needed services
- 30 days for denials of non-urgent care not yet received
- 60 days for denials of services already received
# Quick Reference to BlueCross Resources

**Answers to Your Questions Online or on the Phone**

**1-800-558-6213**  
Monday – Friday, 7 a.m. – 5 p.m. CT  
(8 a.m. to 6 p.m. ET)

**bcbst.com/members/TN_state**

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## Benefit Subject

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<tr>
<th>Benefit Subject</th>
<th>Where You Can Find It Online</th>
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<tbody>
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<td></td>
<td>![Your Account]</td>
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<tr>
<td>Plan Benefits</td>
<td>Benefits &amp; Coverage</td>
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<tr>
<td>Family Members Covered</td>
<td></td>
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<tr>
<td>Amount of Copays and Deductibles</td>
<td></td>
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<tr>
<td>Claims (archived for two years)</td>
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<tr>
<td>Balances (Deductible &amp; OOP)</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>Claims &amp; Balances</td>
</tr>
<tr>
<td>Explanation of Benefits (EOB)</td>
<td></td>
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<tr>
<td>Personal Health Statement</td>
<td></td>
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<tr>
<td>Find a Doctor (Network, Specialty or Location)</td>
<td>Find Care</td>
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<tr>
<td>Locate an Urgent Care Center</td>
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<tr>
<td>Locate a Convenient Care Center</td>
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<td>Member Discount Program</td>
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<tr>
<td>Fitness Your Way</td>
<td>Managing Your Health</td>
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<tr>
<td>Financial Planner</td>
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<tr>
<td>Compare Doctors by Cost &amp; Quality</td>
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<tr>
<td>Read Doctor Reviews from Members</td>
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</tbody>
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**Member Service in Other Languages:**  
**1-800-558-6213**

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The PhysicianNow program operates subject to state regulation and may not be available in certain states.  
PhysicianNow phone consultations are available 24/7 while video consultations are available during the hours of 7 a.m. to 9 p.m. seven days a week or by scheduled availability. MDLive is an independent internet based service that allows consumers to select and interact with independent physicians and other health care providers. For complete terms of use, visit: welcome.mdlive.com/terms-of-use.