# Guide for Health Care Providers

Health Insurance Marketplace

of Tennessee

bcbst.com

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# Health Insurance Marketplace – at a glance

The Marketplace is an online market where people can buy standardized health insurance plans, compare and purchase policies – and apply for financial support to help pay for coverage. The Marketplace is a requirement of the health care law.

The Marketplace provides federal subsidies to qualified individuals to help them pay monthly premiums or lower their health care costs.

Our website **bcbst.com** is a great place to find information and resources that may help individuals find affordable and comprehensive coverage.

## Marketplace plans available statewide

BlueCross BlueShield of Tennessee has multiple plans available in each of the state's eight service regions.

Our comprehensive product offerings include access to three different provider networks – Blue Network S, Blue Network E (in select regions) and Blue Network P through the multi-state plan.

# Essential health benefit plans

An important part of the health care law is a requirement for health insurance plans to cover certain essential health benefits – care and services considered essential for health. That means everyone has the same set of basic benefits. As of Jan. 1, 2014, most health insurance plans now cover certain specific care and services when a network provider is seen.

### These "essential health benefits" include:

- Doctor's office visits and other care received without being admitted to the hospital
- Emergency services and care
- Hospital stays and care
- Health care for women during pregnancy and newborns (maternity care)
- Care and services for children, including dental and vision care
- Prescription medicines
- Lab tests and services
- Preventive and wellness care, including screenings and shots
- Treatment for behavioral and mental health conditions
- Care and services, including certain devices, to help recover from an injury or illness (rehabilitative services)
- Care and services, including certain devices, that help someone keep, learn or develop skills they need for daily living (habilitative services)

Members pay a portion of the cost for these types of care and services. The exact portion the member pays depends on the specific plan they purchased.

**There is no difference in the plan designs for plans sold "on" or "off" the Marketplace.** The Marketplace simply provides another way for people to purchase health insurance, and to take advantage of potential federal subsidies.

### Additional features of BlueCross plans

In addition to the essential health benefits outlined above, all BlueCross individual health plans feature:

- No annual or lifetime dollar limits for essential covered care
- Access to a Nurseline 24/7 for health advice any time
- Coverage in Tennessee, all 50 states and around the world through BlueCard
- Special discounts on health-related products and services

### Guidelines for health insurance companies

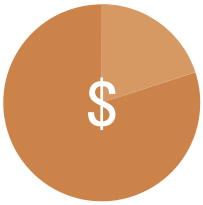
The health care law establishes a number of important health insurance company guidelines:

- Men and women of the same age are charged the same premium.
- Insurance companies must spend at least 80 cents of every premium dollar on health care or improvements to care that directly benefit our members.
- As always, our members have the right to appeal coverage decisions made by their insurance company.

# Plans Identified by Metallic Levels

Health benefit plans are required to cover a certain percentage of the costs for medical services. All individual health insurance plans in the both "on" and "off" the Marketplace are divided into four levels based on actuarial value – Bronze, Silver, Gold and Platinum.

## BRONZE

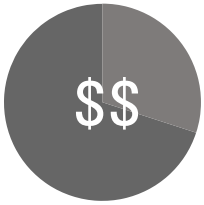



Covers **60%** of the Benefits Costs

**Lowest** monthly payments

**Highest** out-of-pocket costs for medical services

## SILVER




Covers **70%** of the Benefits Costs

**Higher** monthly payments than Bronze plans

**Lower** out-of-pocket costs for medical services thanBronze plans

## GOLD


Covers **80%** of the Benefits Costs

**Higher** monthly payments than Bronze and Silver plans

**Lower** out-of-pocket costs for medical services than Bronze and Silver plans

## PLATINUM


Covers **90%** of the Benefits Costs

**Highest** monthly payments

**Lowest** out-of-pocket costs for medical services

### Multi-State Plan Program

The Multi-State Plan Program is a requirement of the health care law and is a Marketplace product offered by the federal government. BlueCross has six Multi-State Plan options which include Blue Network P providers. The plans are available only to individuals, not group customers. And these plans are only for people who live in Tennessee.

The only differences between Multi-State Plans and other BlueCross plans on the Marketplace:

1. "Multi-State Plan" is part of the product name
2. The grievance process follows the Federal Employee Plan (FEP) grievance process
3. Use of Blue Network P

### What's in a name?

BlueCross product names indicate the metallic level, plan number and provider network. Much of this is only relevant to BlueCross, but this helps break it down:

Silver S09P, Network P, a Multi-State Plan
Silver S09S, Network S
Silver S09E, Network E S 09 E

METAL LEVEL — PLAN NUMBER — NETWORK

# Cost savings

The advantage of shopping through the Marketplace is so individuals can use it to apply for cost savings (advance premium tax credits and cost-sharing reductions) to lower their health plan costs. How much savings a person can get is based on his or her family size and income. The plan options below give you an idea of the level of coverage. Plans are available both "on" and "off" the Marketplace and can be paired with one of our provider networks.

| Plan Name | Individual Deductible | Out-of-Pocket Maximum | Coinsurance After Deductible | Office Visit Copay (PCP or Specialist) | Pharmacy | HSA Compatible |
|---|---|---|---|---|---|---|
| Bronze B01 | $3,000 | $6,850 | 50% | Deductible/Coinsurance | Deductible/Coinsurance | |
| Bronze B02 | $4,000 | $6,350 | 50% | Deductible/Coinsurance | Deductible/Coinsurance | ✓ |
| Bronze B04 | $6,000 | $6,000 | 100% | Deductible/Coinsurance | Deductible/Coinsurance | ✓ |
| Bronze B05 | $6,250 | $6,250 | 100% | Deductible/Coinsurance | Deductible/Coinsurance | ✓ |
| Bronze B06 | $6,350 | $6,350 | 100% | Deductible/Coinsurance | $3/$75/$250 | |
| Bronze B07 | $5,200 | $6,400 | 50% | Deductible/Coinsurance | Deductible/Coinsurance | ✓ |
| Silver S01 | $0 | $6,350 | 50% | Deductible/Coinsurance | Deductible/Coinsurance | |
| Silver S02 | $1,000 | $6,250 | 50% | Deductible/Coinsurance | $3/50% | |
| Silver S04 | $2,000 | $4,000 | 50% | Deductible/Coinsurance | Deductible/Coinsurance | |
| Silver S05 | $2,500 | $6,850 | 50% | $40/$70 | $3/50% | |
| Silver S08 | $2,000 | $5,000 | 80% | Deductible/Coinsurance | Deductible/Coinsurance | |
| Silver S09 | $2,500 | $4,500 | 80% | Deductible/Coinsurance | Deductible/Coinsurance | |
| Silver S10 | $2,500 | $5,500 | 80% | Deductible/Coinsurance | $8/$35/$60 | |
| Silver S11 | $2,500 | $5,500 | 80% | Deductible/Coinsurance | $8/$35/$60 | |
| Silver S12 | $4,000 | $5,500 | 80% | $10 | Deductible/Coinsurance | |
| Silver S13 | $4,000 | $5,500 | 80% | $10 | $3/$100/$250 | |
| Silver S14 | $5,500 | $6,350 | 80% | $10/$40 | $3/$50/$100 | |
| Silver S15 | $5,500 | $6,350 | 80% | $35/$50 | $3/$35/$75 | |
| Silver S16 | $3,500 | $3,500 | 100% | Deductible/Coinsurance | Deductible/Coinsurance | ✓ |
| Silver S18 | $6,350 | $6,350 | 100% | $35/$50 | $3/$50/$100 | |
| Silver S19 | $3,000 | $4,250 | 90% | Deductible/Coinsurance | Deductible/Coinsurance | ✓ |
| Gold G01 | $0 | $5,250 | 65% | Deductible/Coinsurance | Deductible/Coinsurance | |
| Gold G05 | $1,500 | $4,500 | 80% | $35/$50 | $8/$35/$60 | |
| Gold G06 | $1,500 | $4,500 | 80% | $35/$50 | $8/$35/$60 | |
| Gold G07 | $2,000 | $6,350 | 80% | $10 | $3/$25/$50 | |
| Gold G08 | $2,100 | $2,100 | 100% | Deductible/Coinsurance | Deductible/Coinsurance | |
| Gold G10 | $3,500 | $3,500 | 100% | $35/$50 | 50% | |
| Gold G11 | $3,500 | $3,500 | 100% | $35/$50 | $8/$35/$60 | |
| Platinum P01 | $0 | $1,800 | 50% | $20/$40 | $3/$25/$50 | |
| Platinum P02 | $0 | $1,500 | 75% | Deductible/Coinsurance | Deductible/Coinsurance | |
| Platinum P03 | $0 | $3,000 | 75% | $10/$40 | $3/$25/$50 | |
| Platinum P04 | $1,500 | $1,500 | 100% | $10 | $3/$25/$50 | |

*Not all options are available on HealthCare.gov.

# Provider Networks

Individual product offerings from BlueCross feature three different provider networks – Blue Network P, Blue Network S and Blue Network E. Providers contracted through any of these three networks will most likely see patients who have purchased coverage "on" the Marketplace. You don't need to take any action to begin seeing new patients with Marketplace plans. If you are contracted with BlueCross for Blue Networks P, S and E, you already "participate in the Marketplace" via these contracts. You will be reimbursed at the same rates at which you are currently contracted.

### BLUE NETWORK E – Our Essential Network

- Available for plans purchased on and off the Health Insurance Marketplace
- Only available in and around Tennessee's four major cities

**For consumers who:**

- Live in or near Chattanooga, Knoxville, Memphis or Nashville
- Want the lowest premium

### BLUE NETWORK S – Our Select Network

- Available for plans purchased on and off the Health Insurance Marketplace
- Statewide network

**For consumers who want:**

- Access to a select number of doctors and providers statewide
- A lower premium

### BLUE NETWORK P – Our Preferred Network

- Available for plans purchased on (Multi-State Plans only) and off the Health Insurance Marketplace
- Statewide network

**For consumers who want:**

- Access to the most doctors and providers statewide

## Product breakdown by network

BlueCross offers multiple options for individual health insurance via the Marketplace ("on" Marketplace), and directly through BlueCross or an affiliated broker ("off" Marketplace) that feature different provider networks.

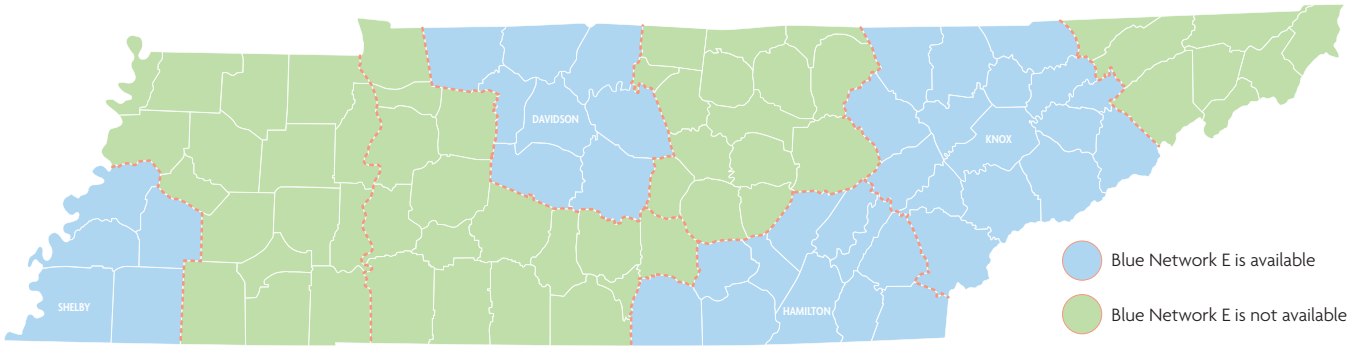
## Verifying network providers

Members are able to see which providers are in any particular network – before they purchase products through the Marketplace – by using our "Find a Doctor" tool on **bcbst.com**.

| | Blue Network P | Blue Network S | Blue Network E |
|---|---|---|---|
| On Marketplace | 6 plans | 22 plans | 22 plans |
| Off Marketplace | 32 plans | 32 plans | 32 plans |

# Important facts about Blue Network E

- Blue Network E is a limited regional network and is available on and off the Marketplace.
- Blue Network E is NOTTHE ONLY network associated with the Marketplace. Providers in Blue Networks P, S or E will see new patients with plans purchased “on” the Marketplace.
- Blue Network E is not available through any other individual or group product offered by BlueCross.
- Blue Network E does not offer state-wide coverage. It is only offered to those who live in the Chattanooga, Knoxville, Memphis or Nashville metropolitan regions and surrounding counties*. See map of service regions below:




## Blue Network E regions and participating counties

THE UNIVERSITY OF TENNESSEE MEDICAL CENTER
erlanger Health System
Saint Thomas Hospital
Methodist Healthcare

| Region 2 – Knoxville Metropolitan Region | Region 3 – Chattanooga Metropolitan Region | Region 4 – Nashville Metropolitan Region | Region 6 – Memphis Metropolitan Region |
|---|---|---|---|
| Anderson | Bledsoe | Cheatham | Fayette |
| Blount | Bradley | Davidson | Haywood |
| Campbell | Franklin | Montgomery | Lauderdale |
| Claiborne | Grundy | Robertson | Shelby |
| Cocke | Hamilton | Rutherford | Tipton |
| Grainger | Marion | Sumner | |
| Hamblen | McMinn | Trousdale | |
| Jefferson | Meigs | Williamson | |
| Knox | Polk | Wilson | |
| Loudon | Rhea | | |
| Monroe | Sequatchie | | |
| Morgan | | | |
| Roane | | | |
| Scott | | | |
| Sevier | | | |
| Union | | | |

# Important Facts about Blue Network E

- Blue Network E may be a good choice for members who place more value on cost savings than whether they see a specific provider for care.
- Members who purchased Blue Network E plans must receive services from a Blue Network E provider in any of those four regions, otherwise they will pay out-of-network rates.
- Blue Network E includes out-of-network benefits. However, the member will pay more for services when visiting an out-of-network provider.
- Blue Network E features the same medical emergency benefits as any other commercial network.
- Marketplace plans also include BlueCard, which offers in-network coverage in all 50 states and around the world.

## Participation in Blue Network E

- BlueCross has already contracted with Blue Network E providers. To offer lower cost products, we limited the network to select providers in each of these regions.
- Blue Network E is a regional network. The network only includes providers in those regions.
- BlueCross has worked hard to develop long-term, quality-based partnerships with providers in these major metropolitan regions. Those providers serve as the anchors for Blue Network E.
- Currently, we have an adequate network for Blue Network E. From time to time, other providers are needed to ensure appropriate access to services. BlueCross will seek to contract with select providers when those needs arise.

# Continuity of care for BlueCross members who change networks

We understand the difficulties presented when a patient in your care changes to a provider network with which you are not contracted. The following guidance may help you advise your patient appropriately.

**What should members do if they are mid-treatment with a provider who is not in Blue Network E, the new network the member recently purchased through the Health Insurance Marketplace?**

BlueCross members who changed provider networks are advised to seek treatment with a network provider to get the most from their health plan. This may mean they need to change doctors or facilities.

In some circumstances, members may still be able to receive network benefits from a non-participating Blue Network E provider, but these requests must be approved by BlueCross prior to the member receiving any additional care. Members must contact BlueCross and submit a request to ensure continuity of care. This is done by completing a "PPO In-Network Benefit Request Form" located on **bcbst.com** under "Manage My Plan – Get A Form – Exception Forms." There are now two versions of this form depending on the member's provider network:

1. Blue Network E
2. Blue Network S or Blue Network P

These forms are also available by contacting Member Service at **1-800-565-9140**. This number can also be found on the back of the member ID card.

Although initiated by the member, the "PPO In-Network Benefit Request Form" requires some information from the provider as well. Please work with our member to complete this form.

**NOTE:** It's important for you to know that if the member is approved for continuity of care with an out-of-network provider, that provider will be reimbursed at Blue Network E rates. Additionally, by signing the form, the provider is agreeing to accept Blue Network E rates. The provider is not permitted to balance-bill the member.

**How will BlueCross process claims for members who are receiving treatment for medical conditions that started before they changed from Blue Networks P or S to Blue Network E?**

Claims are processed based on the benefit plan the member had in effect at the date of service. If the health care provider is not in-network with Blue Network E, out-of-network benefits will apply to any services rendered as of the member's effective date of their new plan.

Claims processed after the member's new plan effective date would be subject to out-of-network penalties. The only exception would be for those members with approved continuity of care requests, which would be processed as in-network benefits.

# Identifying a Marketplace Member

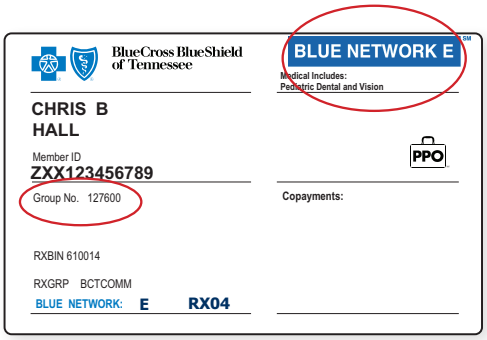
BlueCross members with Marketplace and traditional individual health insurance plans have the same member ID card you have been accustomed to seeing for years.

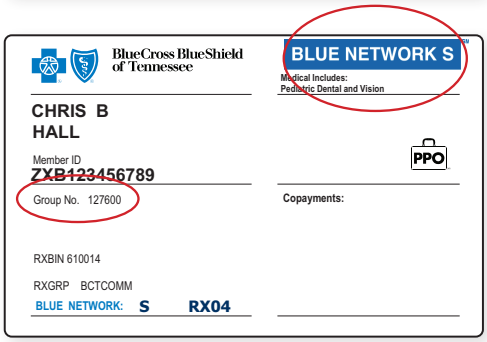
There are a few minor differences:

- Individual member ID cards prominently feature the provider network associated with that member's plan in the upper right corner, in addition to the lower left corner.
- Members with "On" Marketplace plans are in Group number 127600.
- Members with "Off" Marketplace or traditional individual insurance plans are in Group number 129800.

## Alpha prefixes

While ID cards may show different Alpha prefixes, that information is not as relevant in identifying members as the Group numbers are. For your reference, you may see the following Alpha prefixes on member ID cards:




*Both of these are examples of Marketplace Member ID Cards

| Essential Health Benefit (EHB) Products | Blue Network P | Blue Network S | Blue Network E |
|---|---|---|---|
| On Marketplace | Not Offered | ZXB | ZXX |
| Off Marketplace | ZXP | ZXS | ZXY |
| Multi-State Plan (On Marketplace) | ZXC | Not Offered | Not Offered |

# Identifying Members Who Receive Financial Assistance

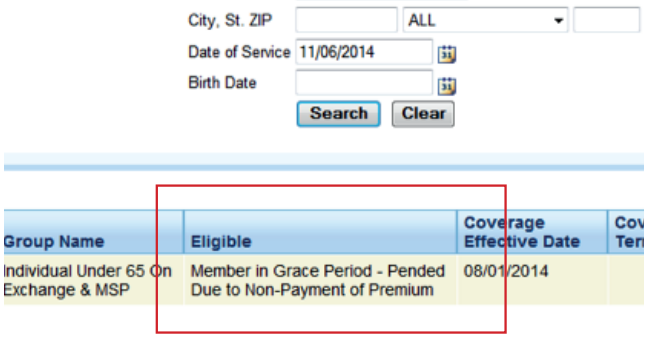
- You might be interested in knowing which individuals receive financial assistance with their monthly premiums. However, that interaction is between the individual and the federal government. It has no impact on the way our member is treated by a health care provider or by BlueCross.
- Even though an individual purchased health insurance through the Marketplace, it does not necessarily mean they receive financial assistance.
- Just as you do with your patients now, **you'll need to verify benefits and eligibility at the time of service.** Doing so will also help you determine if your patient has any payment obligations. This process is the same for Marketplace members as it is for any other commercial member. It is also important to verify the member's provider network before offering health care services.

# Grace period requirements for individuals receiving financial assistance

The health care law requires that Marketplace members who purchased a plan through HealthCare.gov and received advance premium tax credits be given a three-month grace period to make premium payments. During this time, health insurers may not dis-enroll members. And, during the second and third months of the grace period, insurers are also required to notify health care providers about the possibility that claims may be denied if the premium is not paid.

## BlueCross will use multiple ways to communicate with you when a member is in the grace period.

- After the first month of non-payment, the member is identified in our system as being in the grace period.
- You will see a notification when verifying eligibility through BlueAccess℠ that reads "Member in Grace Period – Pended Due to Non-Payment of Premium."
- Our provider phone service team will inform you the member is in the grace period when you call us to verify eligibility.




- We will send you a letter, which is generated when you file a claim.
- We will include a notification on your remittance advice.

In addition, it's important to know we are also reaching out to members who are in the grace period. We encourage them to make premium payments and educate them on the financial risks they take by not keeping current on payments.

## It is important to note:

- The extended grace period only applies to Marketplace members who receive financial assistance. The 31-day grace period applies for all other individual members.
- Individuals must pay their first month's premium before receiving any coverage. The grace period only applies after the member has made an initial premium payment to start their coverage.
- BlueCross will pay for claims processed during the first month of the extended grace period.
- BlueCross will not recoup payments made to providers during the first month of the extended grace period.

## Requesting payment up front

We know you might be concerned about the ability of patients to pay for their health care costs, even now that they have health insurance. It is important to note that health care providers are not permitted to collect retainer fees, deposits or payment of service in full for any covered service from any BlueCross member, per the agreement specified in our contract with you. You are, however, permitted to require payment for service, up to the cost share amount per the member's plan.

If the member's coverage is terminated for non-payment of premium, you are permitted to bill the member for any unpaid services.

As with any other commercial network, **please verify benefits and eligibility before charging any member a copay, deductible or coinsurance up front.** You may refer to the Compensation Section of your BlueCross Core Agreement that refers to inappropriate billing of a BlueCross member.

**6.1 Reimbursement.**

The Physician shall be reimbursed for the provision of Covered Services provided to BlueCross members in accordance with the terms set forth in this Physician Agreement and the applicable Network Attachment. Such reimbursement shall represent the maximum amount payable to Physician for Covered Services and Physician shall not bill any BlueCross member for any contractual difference between billed charges and such reimbursement. Physician agrees that in no event, including, but not limited to, non-payment by BlueCross (including non-payment as a result of Physician's failure to submit charges in accordance with Section 6.8), rebundling or down coding of charges by BlueCross (as described in Section 6.8), BlueCross' insolvency, or breach of this Agreement, shall Physician bill, charge, collect a deposit from, seek compensation from, or have any recourse against BlueCross members or person, other than BlueCross, acting on the behalf of BlueCross members, for Covered Services provided pursuant to this Agreement.

In addition, per our contract, any discrimination against BlueCross members is not permitted.

**4.2 Nondiscrimination.**

The Physician shall provide health care services to members in accordance with recognized standards and within the same time frame, as those services provided to Physician's other patients. Physician agrees not to differentiate or discriminate in the treatment of members on the basis of race, sex, age, handicap, religion, national origin or network reimbursement, and to observe, protect and promote the rights of members as patients. However, BlueCross recognizes the Physician's right to refuse to treat any member for appropriate medical and/or professional reasons, in accordance with applicable state or federal law, provided that the reason for such refusal is not that the patient is a member in a participating BlueCross Benefit Plan. Notwithstanding, Physician acknowledges his or her obligation to render emergency medical treatment as required by applicable laws or regulations, including the Emergency Medical Treatment and Active Labor Act ("EMTALA").

# Verifying Benefits and Eligibility

With many newly-covered individuals gaining access to health insurance for the first time, and others moving from one type of plan to another, it's more important than ever for you to **verify benefits and eligibility.**

## Here are some benefits of doing so:

**Help ensure your patients are covered at the network rate.**
BlueCross plans sold through the Health Insurance Marketplace may be available in any of the three following networks: the regional Blue Network E, or statewide Blue Networks S and P.

It is extremely important that patients who have purchased plans using Blue Network E receive services from a Blue Network E provider in one of the four service regions (Chattanooga, Knoxville, Memphis or Nashville); Otherwise, they will pay out-of-network rates.

Verifying your patients' benefits and eligibility will help ensure your patients have selected Marketplace plans that utilize the network(s) for which you are contracted.

**Know if your patients are current with their premium payments.**
When you call BlueCross to verify benefits, we'll let you know if our member has any unpaid premiums; If so, we'll indicate there is an administrative hold on their account. Because of possible contract changes or policy cancellations, a final determination of benefits will be made when BlueCross receives claims.

Claims will be pended for those members who are within the three-month grace period. BlueCross will send your remittance advice with the following explanation: "This claim was pended due to non-payment of premium and will be denied if the premium is not paid by the end of the grace period."

*Once our member makes a payment, you will not need to call BlueCross to ensure your claims are paid. We will initiate payment once the premium is paid in full.

**There are several ways providers can easily verify benefits and eligibility.**

- Log on to BlueAccess, the secure area of **bcbst.com.**
- Call Provider Service at **1-800-924-7141.**

Note: Verification of BlueCross BlueShield of Tennessee health coverage is not a guarantee of benefits or coverage (does not guarantee benefits will be paid for the Provider's services).

# Out-of-Network Benefits

All BlueCross health plans include out-of-network benefits. This includes Marketplace plans that feature Blue Network E. It's important to remember that members get more from their health plan by visiting in-network providers.

Providers will be reimbursed up to the Maximum Allowable Charge (MAC), which is based on a statewide standard out-of-network reimbursement schedule. We are not able to release this information publicly.

## Emergency situations

All Marketplace plans feature the same medical emergency benefits as any other commercial network.

If a Blue Network E member uses an out-of-network Emergency Room for an emergency situation, the claim will process as in-network, subject to the MAC. To provide our members with additional peace of mind, we have a higher out-of-network reimbursement schedule for true medical emergencies. These typically include life-threatening situations or accidents, and are defined by diagnosis codes.

If a Blue Network E member uses an out-of-network Emergency Room and it is not an emergency situation, the claim will process as out-of-network, subject to the standard MAC.

## Provider reimbursement

The provider reimbursement fee schedule for patients with coverage through the Marketplace remains the same as your currently-contracted fee schedule with BlueCross.

Your patients with BlueCross individual health plans may feature BlueCross Networks P, S or E.

If you are a provider in any of these networks, you will be reimbursed at your current contracted rate.

### Remittance advice

The same information that appears today on your remittance advices will also appear on those for members who have purchased health plans through the Marketplace.

# Membership and Billing Information

## First premium payment makes coverage effective

Members who selected health plans through the Marketplace must make their first premium payment by the appropriate deadline in order for coverage to be effective. Even if an individual applies and selects a plan, the enrollment isn't complete until the first premium payment is made. The first month's premium is due 30 calendar days from the effective date. Coverage will cancel if the premium is not paid in full.

BlueCross will only issue member ID cards to those individuals who have made their first premium payment.

## Making premium payments

As soon as a member receives a billing statement, he or she can pay online (**bcbst.com**) by registering through our secure member portal – BlueAccess. Members may also call us to make a payment via automatic bank withdrawal. Premium payments can be mailed in the envelope provided with the member's billing statement.

## Making changes to health plan or provider networks

Members are not allowed to change plans once they have made their first month's premium payment, unless they qualify for a Special Enrollment Period. Otherwise, the next opportunity to change plans or provider networks is during the next Marketplace open enrollment period.

Members may call the Member Service number found on the back of their ID cards with any questions about their plan. This number is **1-800-565-9140**.

# What your patients need to know about the Health Insurance Marketplace

**New health care changes mean that health insurance is more available and affordable for many Tennesseans. The changes in health care impact everyone, so it's important to know what it means for your patients.**

## Most Americans Required to Have Coverage

To make sure everyone is protected, the health care law requires most Americans to sign up for health insurance or face a tax penalty. Tax credits and other financial assistance are available to help make health insurance more affordable.

## Helpful Resources

Our website has detailed educational materials for Tennesseans who are searching for affordable, comprehensive coverage – whether through the Marketplace, a certified broker or directly from BlueCross. Indviduals can visit **bcbst.com** to:

- Find a list of certified brokers appointed by BlueCross
- Locate community meetings to learn more about the Marketplace
- Get information about instant quotes and subsidy calculations
- Use our "Find a Doctor" tool to verify network providers
- View helpful animated videos
- And much more

## Phone Support

- If you are referring someone who is seeking coverage: **1-888-257-0996**
- For providers: **1-800-924-7141**
- For members: **1-800-565-9140**

of Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com

BlueCross does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.
BlueCross BlueShield of Tennessee is a Qualified Health Plan issuer in the Health Insurance Marketplace.

For TDD/TTY help call 1-800-848-0299.
Spanish: Para obtener ayuda en español, llame al 1-800-565-9140
Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140
Chinese: 如果需要中文的帮助，请拨打这个号码 1-800-565-9140
Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-565-9140

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Provider Health Insurance
Marketplace Guide