Choices for Your Medicare Supplemental Coverage
BlueElite Medicare Supplement Plans give you options for additional coverage

If you need additional coverage for the expenses that Original Medicare leaves you to pay, BlueElite offers you a choice of three plans to meet your needs and your budget. You can keep the same doctors, you are still in the Medicare program and you have all of your Medicare rights and protections.

Please use this handy guide to help you learn more about our BlueElite supplement plans and additional services. Please turn to us with any questions. We want to help you make the right decision for your additional coverage needs, so you can relax and get back to enjoying life.
Who is Eligible for BlueElite?

You must be:

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

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

6-Month Pre-Existing Condition Waiting Period May Apply

This policy will not pay benefits for stays beginning or medical expenses incurred during the first six months of coverage if they are a considered a pre-existing condition. A condition is considered pre-existing if medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. Some or all of this waiting period can be waived if you have creditable coverage (see page 10 for more information).

Effective Date for Your Coverage

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

30-Day Risk-Free Trial

If you are not completely satisfied with your BlueElite policy within the first 30 days of coverage, we’ll refund your premium, less any benefits paid on your behalf. Just return your member ID card and your policy.
## What Does Medicare Cover?

### Medicare Part A  
(hospital insurance) helps pay for:
- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Certain home health care services

### Medicare Part B  
(medical insurance) helps pay for:
- Doctor's fees
- Outpatient hospital services
- Durable medical equipment
- Some preventive services

### Medicare Does Not Cover All Health Care Costs.

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

### What Basic Benefits Do All Medicare Supplement Plans Provide?
- Medicare Part A coinsurance
- The cost of 365 extra days of coverage during your lifetime after Medicare hospital benefits end
- Medicare Part B coinsurance based on Medicare-allowed charges
- The first three pints of blood each year

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

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

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

BlueCross BlueShield of Tennessee has more than 65 years of experience serving Tennesseans just like you. Our familiar cross and shield symbols are recognized and accepted around the state and the world. And our financial stability means we’ll be here when you need us.

Here are a few other reasons you should choose one of our BlueElite Medicare Supplement Plans:

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

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

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

**Benefit and claim information available online.** Just visit our website at bcbst-medicare.com and check your benefits and the status of your claims at your convenience.
Deciding Which BlueElite Plan Is Right for You

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

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

If you want coverage when you travel outside of the country:
Most BlueElite plans cover emergency care worldwide so you can travel with confidence.
**BlueElite Plans Quick Comparison**

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

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

1 Medicare Part B Excess Charge is the difference between your doctor’s charge and Medicare’s approved amount.

An ✓ indicates that this plan covers the charges listed. (Medicare Providers are paid based on a standard fee schedule.)

If a Medicare provider accepts Medicare “assignment”, he or she agrees to accept the Medicare-approved amount as full payment for covered services. If a Medicare provider does not accept “assignment”, he or she is limited in charging up to 15 percent more than the Medicare Allowed amount. This is called the Medicare Part B Excess Charge.

Selecting a plan that covers this Excess Charge can limit your risk to balance billing.
BlueElite Plans Overview

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

<table>
<thead>
<tr>
<th>What Medicare Leaves You to Pay:</th>
<th>PLAN A</th>
<th>PLAN D</th>
<th>PLAN F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part A</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial hospital deductible(^1)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Charges for first three pints of blood</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Daily copayment for 61st – 90th day in the hospital</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Daily copayment for 91st – 150th day in the hospital(^2)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>100% of bills after day 150 in the hospital for an additional 365 days</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily copayment for 21st – 100th day of a skilled nursing facility stay</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>PART B</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part B Deductible</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Generally 20% of the Medicare-eligible charges for physician services and supplies</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Charges for first three pints of blood</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physician charges in excess of Medicare-approved amounts</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Emergency Care in a Foreign Country</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of bills(^3)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

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

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

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

3 Foreign Travel Emergency covered at 80 percent after $250 deductible is met up to $50,000 lifetime maximum.
Expect more from BlueElite Medicare Supplement Plans

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

Save up to 50 percent on a variety of products and services not covered by Medicare with BluePerks®. Your complimentary membership includes access to participating fitness and wellness centers with SilverSneakers®.

BluePerks™ Discount Program

With our BluePerks program, you can take positive steps toward better health and save on costs at the same time. As a member of BlueCross BlueShield of Tennessee, you will be entitled to discounts of up to 50 percent on health-related products and services typically not covered by health plans. All at no additional cost to you.

BluePerks makes it easier to choose a healthy lifestyle with savings on:

- Hearing aids and supplies
- Eyeglasses, contacts and exams
- Weight-loss programs
- Vitamins and supplements
- Travel services
- Massage therapy
- LASIK corrective vision surgery
- Groceries
- Family activities and outings

To find a list of participating providers go to bcbst-medicare.com.
The Healthways SilverSneakers® Fitness Program

With recent health and wellness studies reinforcing the positive impact physical activity can have on the lives of older adults, BlueCross BlueShield of Tennessee is pleased to offer the SilverSneakers fitness program at no additional cost to our BlueElite members.

SilverSneakers, the nation’s leading exercise program designed exclusively for older adults, offers an innovative blend of physical activity, healthy lifestyle direction and social opportunities.

BlueElite members receive a membership with access to more than 11,000 participating fitness and wellness centers nationwide, including popular national programs such as YMCA and Curves.

Many sites offer amenities such as:

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

SilverSneakers® is a registered mark of Healthways, Inc. Healthways is an independent company that provides fitness services for BlueCross BlueShield of Tennessee. Healthways does not provide BlueCross BlueShield branded products and services. Healthways is solely responsible for the services they provide.
Take Advantage of BlueAccess™ and Secure Online Tools

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

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

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

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

Highlights of Your BlueAccess Home Page

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

*Have your Medicare ID card available.*

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

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**Follow these easy steps:**

When you are filling out the information requested, please print clearly and use only black ink.

To help you complete the application, please follow these guidelines:

- **Page 1**
  
  A. Complete the Personal Information section.
  
  B. Please refer to your Medicare card when filling out this information.
  
  C. Select the plan you wish to purchase by checking the appropriate box.
  
  D. Enter the date you would like your coverage to become effective.

- **Page 2**
  
  E. If you are not applying within the six months of your Medicare Part B effective date, or if you do not qualify under a guarantee issue provision, answer the questions in this section.

  F. For each question answered yes, please circle the applicable condition.

- **Page 3**
  
  G. Please list your current or previous health insurance.

- **Page 4**
  
  H. Please read these important disclosures and provide your signature and date at the bottom.

**Final steps:**

If you are switching insurance companies for your Medicare Supplement coverage, you must also complete the Medicare Supplement Replacement Form and return it with your application.

Please attach proof of creditable coverage if you have any.

Return your application in the envelope provided or give it to your agent.

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**Don’t forget.**

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

**For questions or to enroll by phone:**

Call 1-800-247-8510, Monday through Friday 8 a.m. to 6 p.m., ET. TTY/TDD users dial 711.
BlueCross BlueShield of Tennessee wants to make sure you understand the insurance terms used in this brochure and the enclosed Outline of Coverage. This glossary will help you have a clear understanding of how the plans work so that you can make an informed decision about your health plan choice.

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

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

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

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

**Creditable Health Coverage:** In order to have your pre-existing condition waiting period waived, you must have had other health coverage. That coverage can include a workplace health plan, COBRA, a federal government plan (including TRICARE, CHAMPUS or CHAMPVA), church plan coverage or an individual health or Medicare Supplement plan. Your previous health coverage must not have been canceled for fraud or nonpayment of premiums. You must not have had more than a 63-day gap between the date the other coverage(s) ended and the date you apply for a Medicare Supplement plan.

**Deductible:** The amount of your medical expenses that you must pay for yourself each year before Medicare or your plan starts to pay. For example, if Medicare Part A has a $1,000 deductible for inpatient hospital care, you would pay the first $1,000 of the cost of a hospital stay before Medicare would pay any benefits unless your Medicare Supplement plan pays this cost for you.

**Medicare Part B Excess Charges:** The difference between your doctor’s charge for a service and Medicare’s approved amount, if your doctor is not a Medicare participating provider. Plan F provides some coverage for these excess charges. With all other plans you are responsible for paying the excess charges.

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

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

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

For questions or to enroll by phone,
Call 1-800-247-8510,
Monday through Friday 8 a.m. to 6 p.m., ET.

TTY/TDD users dial 711.