of Tennessee

MARKETPLACE
SHOPPING BASICS

PRODUCT OVERVIEW

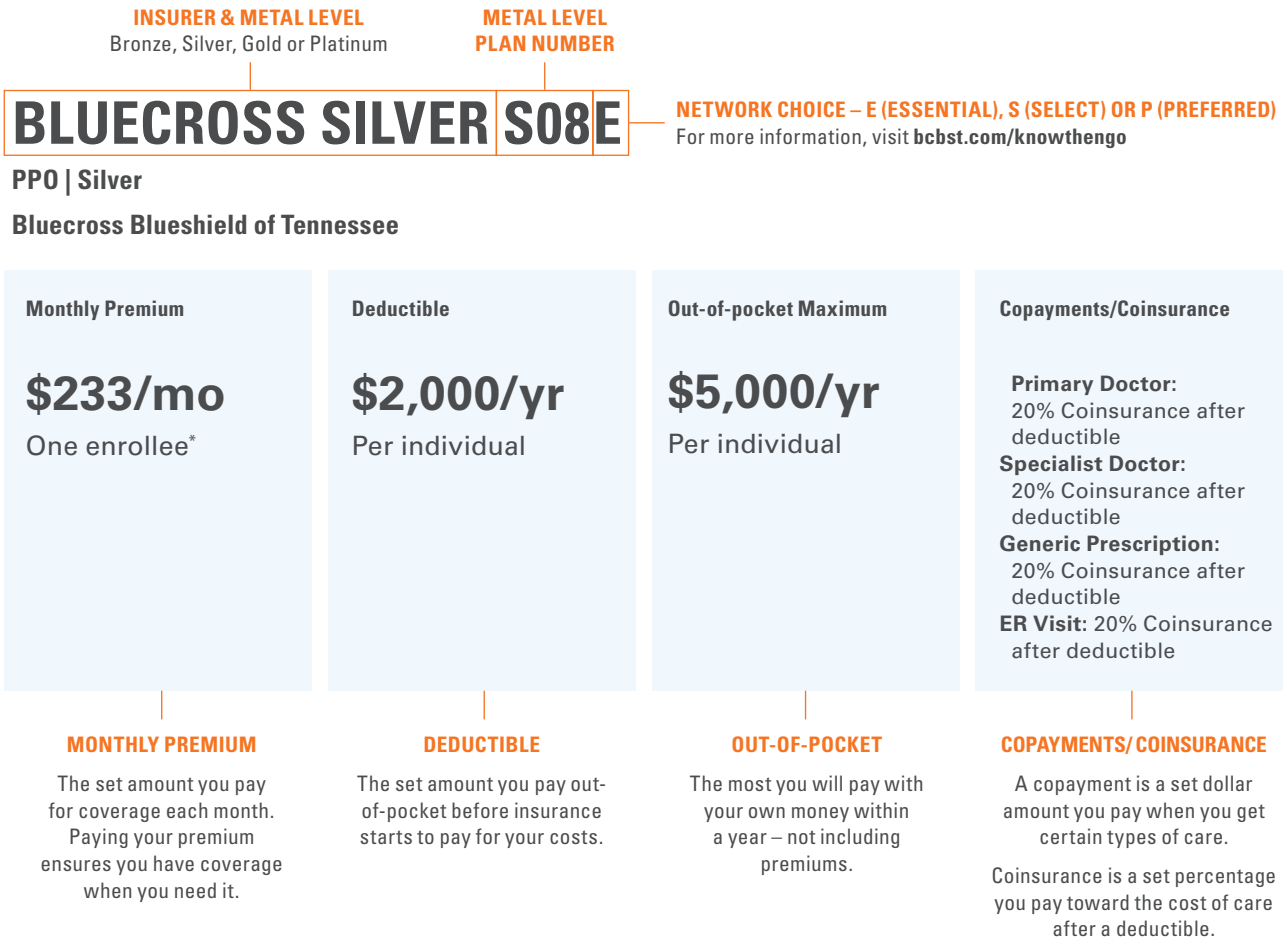
Whether you're a single person or a family of seven, BlueCross BlueShield of Tennessee has a health insurance plan with the security you want at a price you can afford. All of our plans cover the same care and services you and your family need to stay healthy. We now offer more plans to give you more choices.

1 UNDERSTANDING THE PLAN ID

Before you get started, you'll need to understand how to read a Plan ID. The Plan ID has three parts that tell you what kind of plan you're looking at. The first part tells the insurer and the plan's metal level (Bronze, Silver, Gold or Platinum.) Example: BlueCross Silver tells you you're looking at a BlueCross health plan at the Silver level.

The next three digits tell you the metal level and plan number.
Example: S08 means Silver Plan 08.

The last digit tells you the provider network this plan uses.
Example: E means this plan allows you to use the doctors and hospitals in Network E (See step 3 for tips to help you choose the right network for you and your family).

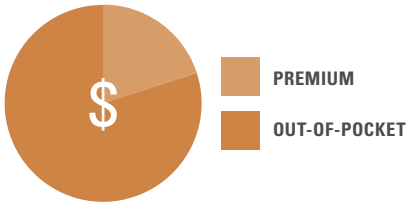


*Actual marketplace plan listing for a 35-year-old in Hamilton County. Plan costs will vary based on age, location, tobacco use and number of people covered on the policy.

2 START BY PICKING A BENEFIT LEVEL — BRONZE, SILVER, GOLD OR PLATINUM.

Our plans feature a range of deductibles, coinsurance and/or copay amounts, and annual out-of-pocket maximums (See page 9 for definitions).

BRONZE

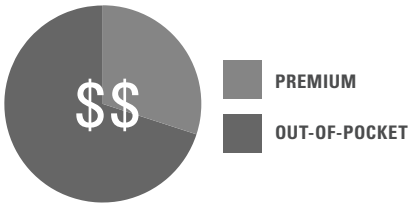


MONTHLY PREMIUM:
As low as $72.33*

DEDUCTIBLE:
In-Network Coverage from $2,500-$5,300

OUT-OF-POCKET MAX:
In-Network Coverage from $5,300-$6,400

SILVER



MONTHLY PREMIUM:
As low as $104.16*

DEDUCTIBLE:
In-Network Coverage from $0-$5,500

OUT-OF-POCKET MAX:
In-Network Coverage from $3,500-$6,350

OTHER FEATURES**
- Plans with Prescription Drug Copays as low as $3
- Plans with Office Visit Copays as low as $10

GOLD

MONTHLY PREMIUM:
As low as $138.25*

DEDUCTIBLE:
In-Network Coverage from $0-$3,500

OUT-OF-POCKET MAX:
In-Network Coverage from $2,100-$6,350

OTHER FEATURES**
- Plans with Prescription Drug Copays as low as $8
- Plans with Office Visit Copays as low as $35
- Plans that pay all costs after deductible is met

PLATINUM

MONTHLY PREMIUM:
As low as $186.70*

DEDUCTIBLE:
$0 for In-Network Coverage

OUT-OF-POCKET MAX:
In-Network Coverage from $1,500-$3,000

OTHER FEATURES**
- Plans with Prescription Drug Copays as low as $3
- Plans with Office Visit Copays as low as $10

* Premiums vary by age and location. Price shown does not include any financial assistance which may be available through the health insurance marketplace.
**All marketplace plans include preventive medical coverage, pediatric vision coverage and pediatric dental coverage.

3 PICKING A PROVIDER NETWORK.

Our networks give you access to doctors, hospitals and other providers who provide care at special, negotiated rates. You can choose between broader networks with higher premiums or smaller networks with lower premiums. Make sure all of your doctors and hospitals are in the network you choose. To check the doctors and hospitals in each network, visit our website at bcbst.com and use the Find a Doctor tool.

BLUE NETWORK P℠ – Preferred

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

BLUE NETWORK S℠ – Select

Our Standard 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
- Lower premium

BLUE NETWORK E℠ – Essential*

Our Most Basic Network

- Available for plans purchased on the Health Insurance Marketplace
- Only available in and around Tennessee's major cities: Chattanooga, Knoxville, Memphis and Nashville

For consumers who:

- Live in or near one of Tennessee's four major cities
- Want the lowest premium

PPO®

No matter what network you choose, all BlueCross plans cover you in all 50 states – and around the world

*Because this is our most limited network, those interested in Network E should check to make sure that their doctors/providers are participating in this network before purchasing.

WE'VE GOT YOU COVERED.

All BlueCross health plans provide:

- Free in-network preventive care and screenings, including annual checkups and shots for adults and children
- Coverage for doctor and specialist visits – with no referral needed
- Coverage for a wide range of prescription medicines
- Coverage for emergency services and hospital stays
- Coverage for prenatal care, delivery services and routine newborn nursery care
- Treatment for behavioral/mental health and substance use condition
- Dental and vision coverage for covered members under 19 (See page 8 for Adult Dental and Vision plans.)
- No annual or lifetime dollar limits
- Access to a 24/7 Nurseline for health advice any time
- Coverage in Tennessee, all 50 states, and across the world
- BluePerks℠ discounts on health-related products and services

Copays you pay throughout the year for care and services count toward your plan's out-of-pocket maximum.

MORE REASONS TO CHOOSE BLUE

Freedom to Choose Any Provider

You can choose to see any provider you want, but it costs you much less when you choose network providers.

Convenient Automatic Claims Filing

Your claims for health care services are filed automatically when you use network providers. There's no paperwork for you to complete or submit.

myBlue TN℠

Mobile App – With our myBlue TN mobile app, you can find a doctor or pharmacy, access your mobile ID card, check your plan's coverage and benefits, see how much of your deductible has been met, look up the status of claims, and much more – all from your smart phone or tablet.

Benefit Information at Your Fingertips

Use our secure, online, self-service portal, BlueAccess℠, to get answers to benefit and coverage questions any time.

Coverage When You Travel

Travel with confidence knowing your BlueCross member ID card is widely recognized and accepted widely accepted in all 50 states – and around the world.

Plans that Help You Control Costs

We offer a number of health plans that are compatible with a Health Savings Account (HSA). HSAs help you manage health care costs by allowing you to set aside pre-tax money to pay for medical expenses in a special savings account. Find out which of our plans are HSA-compatible by calling us at 1-888-423-9489, Monday-Friday, 8 a.m. - 6 p.m. ET.

BluePerks℠

Our members-only discount program helps you save up to 50 percent on health-related products and services like eye exams and contacts, weight-loss programs, massages and acupuncture, yoga and Pilates, fun activities for the whole family – and much more. New offers are added frequently, so check **bcbst.com** for the latest ways to save.

FINANCIAL ASSISTANCE AND OTHER COVERAGE

There are two ways to save when you purchase from the Health Insurance Marketplace (HealthCare.gov). The amount you get is based on your income and your family size. You could get help with:

Your monthly premium

- The Advance Premium Tax Credit lets you to choose whether you want a lower monthly payment or a lump sum that gets refunded with your tax return each year.

Your overall expenses

- Cost-Sharing Reductions (CSR) can lower your overall expenses like your deductible or your out-of-pocket maximum. If you qualify for this type of help, all you need to do is select a Silver plan to use it.

OTHER COVERAGE: DENTAL & VISION

Dental Benefits

We have the largest network of dentists in Tennessee. This affordable added benefit covers diagnostic, preventive and restorative services and much more. Dental plans are only available to purchase on bcbst.com. You can choose to add this coverage any time.

Vision Benefits

VisionBlue℠ saves you money on all of your eye care and eyewear needs. From glasses to cleaning supplies, you, and your eligible, adult dependents, will enjoy discounted rates when you visit network providers. Vision plans are only available to purchase on bcbst.com. You can add this optional coverage any time.

COMMON HEALTH INSURANCE TERMS

- **Copay/Copayment** - A flat dollar amount you pay when you get certain types of care
- **Coinsurance** - The percentage you pay of the cost of care you receive after you meet your Deductible.
- **Deductible** - the dollar amount you pay before your health insurance starts paying its share of the cost.
- **Out-of-Pocket Maximum** - this dollar amount is the most you will pay in a year for covered services from network providers. Your payments toward your deductible, coinsurance and copays apply to the Out-of-Pocket Maximum.
- **Premium** - this is the dollar amount you pay for your coverage each month. Paying your monthly premium ensures you have coverage when you need it.

Plan Levels and Out-of-Pocket Costs

Plan Level	Deductible Range		Coinsurance Range	Out-of-Pocket Maximum Range (includes deductible)	
	Individual	Family		Individual	Family
Bronze	$2,500–$5,300	$5,000–$10,600	50–100%	$5,300–$6,400	$10,600–$12,800
Silver	$0–$5,500	$0–$11,000	50–100%	$3,500–$6,350	$7,000–$12,700
Gold	$0–$3,500	$0–$7,000	65–100%	$2,100–$6,350	$4,200–$12,700
Platinum	$0	$0	50–75%	$1,500–$3,000	$3,000–$6,000

Prescription Drug Coverage[1]

Plan Level	Copay and Coinsurance Ranges			
	Generics	Preferred Brand Drugs	Non-Preferred Brand Drugs	Deductible for Brand Drugs
Bronze	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	None
Silver	$3–$8 copay	$35–$50 copay	$60–$100 copay	None
	$3 copay	50% coinsurance	50% coinsurance	
	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	
Gold	$8 copay	$35 copay	$60 copay	None
	50% coinsurance	50% coinsurance	50% coinsurance	
	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	
Platinum	$3 copay	$25 copay	$50 copay	None
	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	

Each row shows the range of out-of-pocket costs for plans in each metal level. The exact amount you can expect to pay for prescription medications depends on the plan you select.

Plan Benefits for Covered Services

Benefit for Covered Services	Network Benefits	
Practitioner Services		
Office Visit for Diagnosis and Treatment of Illness or Injury	Copay Range (actual copay varies by plan)	Deductible/Coinsurance (percentage varies by plan)
Primary Care Practitioner (PCP)[2]	$10–$35	Deductible/Coinsurance
Specialist	$10–$50	Deductible/Coinsurance
Routine Diagnostic Lab, X-ray*	Deductible/Coinsurance	
Advanced Radiological Imaging (includes CAT scans, CT scans, MRIs, PET scans, nuclear medicine and other similar techniques)		
Office Surgery (includes anesthesia performed in and billed by the practitioner's office. Office Surgeries include incisions, excisions, biopsies, injection treatments, fracture treatments, applications of casts and splints, sutures, and invasive diagnostic services (e.g., colonoscopy, sigmoidoscopy and endoscopy)		
Preventive Health Care Services		
Well Child Care (to age 6)	100%	
Annual Well Care (ages 6 and up)		
Annual Well Woman Exam		
Annual Mammography Screening		
Annual Cervical Cancer Screening		
Annual Prostate Cancer Screening		
Immunizations		
Services Received at a Facility		
Inpatient Services	Deductible/Coinsurance	
Skilled Nursing or Rehabilitation or Habilitation (60 days per calendar year)		
Outpatient Facility Services		
Outpatient Surgery		
Other Outpatient Services		

*Routine Diagnostic Lab & X-ray is covered at 100% in plans with an Office Visit Copay

Plan Benefits for Covered Services

Benefit for Covered Services	Network Benefits
Hospital Emergency Care	
Facility Charges	Deductible/Coinsurance
Practitioner Charges	Deductible/Coinsurance
Therapy Services	
Physical, Speech, Occupational & Manipulative Therapies (limited to 20 visits per therapy per calendar year)	Deductible/Coinsurance
Cardiac and Pulmonary Rehab Therapies (limited to 36 visits per therapy per calendar year)	
Behavioral Health Services	
Inpatient Services	Deductible/Coinsurance
Outpatient Services	
Other Services	
Ambulance	Deductible/Coinsurance
Home Health Services (60 per calendar year)	Deductible/Coinsurance
Maternity Care (prenatal care, delivery and routine newborn care)	Covered
Pediatric Dental Services (members under 19 years)	
Pediatric Vision Services (members under 19 years)	
Dependent Age Limit	to age 26

[1] Plan does not cover certain prescription drugs that have an over-the-counter alternative in the following prescription drug classes:

- Proton pump inhibitors are not covered except for patients: (1) who are 18 years or younger; (2) with Grade III erosive esophagitis confirmed by endoscopy; (3) with Grade IV erosive esophagitis confirmed by biopsy; or (4) with Zollinger-Ellison syndrome confirmed by diagnostic test.
- Histamine H2-Antgonists are not covered except for patients who are 18 years or younger.
- Second generation non-sedating antihistamines, which may also contain decongestants, are not covered, except for Zyrtec syrup prescribed for a member 2 years or younger.

Plan does not cover any prescription drug for which there is an over-the-counter equivalent in both dosage and strength, except insulin.

[2] Primary Care Practitioners (PCP) = family practice, internal medicine, general practice, pediatrics, OB/GYN, physician assistant, nurse practitioner , behavioral health services and health department. Specialist = all other

Note: Certain services require prior authorization. Out-of-network benefits are provided at 50 percent when prior authorization is not obtained.

Out-of-network benefit percentages apply to BlueCross BlueShield of Tennessee's maximum allowable charge. The member is responsible for any amount exceeding the maximum allowable charge from out-of-network providers.

WE'RE HERE TO HELP. CALL US.

1-888-519-3023 or
visit **bcbst.com**

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

For TDD/TTY help call 1-800-848-0299.
Spanish: Para obtener asistencia 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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