

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 Start by picking a benefit level — Bronze, Silver, Gold or Platinum.

Plans at all levels feature a range of deductibles, coinsurance and/or copay amounts, and annual out-of-pocket maximums. Remember these are costs that you'll pay when you receive care.

2 Then choose a provider network.

Our networks give you access to doctors, hospitals and other providers who provide care at a special, negotiated rate:

Blue NetworkSM P

- Available for plans purchased ON (Multi-State Plans only) and OFF Health Insurance Marketplace
- Statewide

Choose this network if you want:

- Broad access to the most doctors and providers

Blue NetworkSM S

- Available for plans purchased ON and OFF Health Insurance Marketplace
- Statewide

Choose this network if you want:

- Lower premium
- Access to a select number of doctors and providers

Blue NetworkSM E

- Available for plans purchased ON Health Insurance Marketplace only
- Available and limited to metro areas only:
 - Chattanooga
 - Knoxville
 - Memphis
 - Nashville

Choose this network if you want:

- Lowest premium
- Access to fewer doctors and providers in metro areas only

 No matter what network you choose, all BlueCross plans cover you outside the state of Tennessee — and around the world.

We've Got You Covered

All BlueCross health plans provide:

- Free preventive care and screenings when you use a network provider, including annual checkups and shots
- 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 preventive and wellness services for children
- Coverage for prenatal care, delivery services and routine newborn nursery care
- Treatment for behavioral and mental health conditions
- Dental and vision coverage for covered members under 19
- No annual or lifetime dollar limits for essential, covered care
- Access to a 24/7 Nurseline for health advice any time
- Coverage in Tennessee — and across the world
- Special 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 you get the highest level of benefits 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 TNSM – 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, BlueAccessSM, to get answers to benefit and coverage questions any time.
- **An ID Card Recognized Around the World** – Travel with confidence knowing your BlueCross member ID card is widely recognized and accepted in Tennessee — and around the world.
- **BluePerksSM** – 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.

New Cost Savings May Help Reduce Costs

If you buy your health insurance yourself, you may qualify for two new types of cost savings. This savings is available when you apply for coverage through the Health Insurance Marketplace, and the amount you could get is based on your income and family size.

• Premium Tax Credit

This new tax credit is designed to help many Americans and their families. You get to choose how to use it:

- Lower your monthly premiums by taking the tax credit in advance. The credit will be applied throughout the year to your monthly health insurance premium and will be paid

directly to BlueCross. You only pay the amount remaining each month.

- Pay the full amount of your monthly health insurance premium, and then claim the full credit on your tax return.

• Cost-Sharing Reduction

This cost savings reduces the out-of-pocket costs you pay when you receive health care services, such as deductibles and your out-of-pocket maximum. If you qualify for this cost-sharing savings, you'll need to purchase a Silver level plan to take advantage of it.

Other Coverage: Dental & Vision

Dental Benefits – Take care of your smile and your overall health by adding Personal Dental Coverage to your medical coverage. This affordable added benefit covers diagnostic, preventive, restorative services and much more. You can choose to add this coverage any time.

Vision Benefits – VisionBlueSM 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. You can add this optional coverage any time.

Common Health Insurance Terms

Here are some common health insurance terms to know as you start shopping for coverage:

- **Copay/Copayment** – A set dollar amount you pay when you get certain types of care.
- **Coinsurance** – A set percentage you pay of the cost of the care you receive.
- **Deductible** – A set amount of money you pay out of your pocket before your health insurance starts paying part of the cost. Once you reach your deductible for the year, you pay a lower percentage of your health care costs for the rest of the year while your health insurance pays a larger percentage.
- **Out-of-Pocket Maximum** – This amount is the most you will pay with your own money — or out of your own pocket — in a year.
- **Premium** – This is a set amount you pay for your coverage each month. Paying your premium each month 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–\$6,350	\$5,000–\$12,700	50–100%	\$5,300–\$6,350	\$10,600–\$12,700
Silver	\$0–\$6,350	\$0–\$12,700	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–\$1,500	\$0–\$3,000	50–100%	\$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	\$3 copay	\$75 copay	\$250 copay	None
	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	
Silver	\$3–\$8 copay	\$35–\$100 copay	\$60–\$250 copay	None – most plans \$500 – select plans
	\$3 copay	50% coinsurance	50% coinsurance	
	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	
Gold	\$3–\$8 copay	\$25–\$35 copay	\$50–\$60 copay	None – most plans \$500 – select plans
	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–\$60	Deductible/Coinsurance
Specialist	\$10–\$100	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		

Plan Benefits for Covered Services	
Benefit for Covered Services	Network Benefits
+ Hospital Emergency Care	
Facility Charges	Deductible/Coinsurance* (*BlueCross G07 Plan – \$250 copay instead of 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-Antagonists 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
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.



BlueCross BlueShield of Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bcbst.com