

(Really, we mean it!)

Your easy-to-understand guide
to individual health insurance.



Introducing PersonalBlue

With a PersonalBlue individual health insurance plan from BlueCross BlueShield of Tennessee, you can rest easy knowing that you have coverage that meets your needs and fits your budget.

We have a wide variety of options and all our PersonalBlue plans include these great features:

Comprehensive wellness benefits (i.e. immunizations, well-care exams, cervical or prostate cancer screenings, mammography screening) with no annual limits on what the plan pays for covered services

Prescription drug coverage

Access to our largest network of doctors, hospitals and health care providers, with the option to save money by choosing our smaller network

Behavioral health coverage

Office surgeries

Routine diagnostic lab tests and X-rays

Advanced radiological imaging (i.e. CAT scans, CT scans, MRI's, PET scans, nuclear medicine and other similar technologies)

Optional maternity coverage

Optional dental coverage

Well Child Care (up to age b)
Annual Well Care (age b + up)
Annual Well Woman Exam

100%

(no annual limit for covered services
per calendar year for each person covered)

Annual Mammography Screening
Annual Cervical Cancer Screening
Prostate Cancer Screening
Immunizations

→ 100% ←
(no annual limit for covered services
per calendar year for each person covered)

Added Value When You Choose Blue

Discover Advantages You Won't Find Anywhere Else

- **Freedom to Choose Any Doctor, Hospital or Other Health Care Provider** – Get the most for your money – and make the most of your benefits – when you visit doctors, hospitals and other health care providers in our provider networks. You can still see any provider you like, but you may pay more for those services considered out of network.
- **No-Hassle Claims Filing** – Your claims are filed automatically when you use a provider in your network.
- **Check Benefit Information and Claims Status Online** – Use BlueAccess at bcbst.com to:
 - see how much you've paid toward your deductible
 - review the status of your claims
 - get information about getting approval for certain medical procedures before you are treated (i.e. prior authorization)
 - view copies of your Explanation of Benefits – the detailed overview showing what services you received, what you were charged, what BlueCross paid and what you may owe your health care provider
 - and more!

- **Accepted Worldwide** – Travel with confidence knowing that your BlueCross member ID card is widely recognized and accepted around the world. BlueCard® Worldwide offers a special network of hospitals and doctors when you need medical care outside of the BlueCross BlueShield of Tennessee service area – even in foreign countries.

You also get special member perks – in some cases, up to a 50 percent discount on non-covered services. We call them BluePerks®. Participating partners offer discounts on:

- Cosmetic services (like BOTOX® injections, treatment of varicose veins and nose reshaping)
- Weight loss programs
- Health club memberships
- Massage therapy
- Vision care
- LASIK vision surgery
- Non-covered prescription drugs
- Visit bcbst.com to learn about other available discounts.



Who doesn't like a massage?!

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Your wait for health insurance is over!

Finding an individual health insurance plan that meets your needs and budget can be difficult and even confusing at times. But we're here to help. If you have questions, just raise your hand and ask.

Self Assessment |3

Self Assessment

Take a few minutes to think about your personal circumstances. This will help you narrow your choices when it comes time to choose a plan.

- 1. Are you looking for coverage for yourself, or for you and your family?** All PersonalBlue plans offer individual and family coverage.
- 2. Do you visit the doctor frequently?** If so, you may want to consider a plan with an office visit copay. It will help you budget by knowing every time you see your primary care physician, you only pay \$35. Visits to specialists cost \$50.
- 3. Do you have prescriptions you need on a regular basis?** No problem. If you have regular prescriptions, consider a plan with a prescription copay.
- 4. Do you need coverage for your annual physical or wellness exam?** Great news! All our PersonalBlue plans have unlimited wellness benefits like well child care, routine physicals and cancer screenings.
- 5. Is it important that you keep your current doctor(s)?** Yes? Then make sure your doctor is in the provider network you choose. Network P has more hospitals, facilities and health care practitioners. But Network S may include your doctor, too, and you could save some money by picking it. It's

also a good option if you don't mind switching doctors or traveling a bit to see a network provider. You can still see any provider you like, but you may pay more for those services considered out of network.

- 6. Have you had any surgeries in the past or are you currently being treated (or in need of treatment) for a particular medical condition?** If so, you may have a pre-existing condition. Some conditions won't be covered by your plan, while others may not be covered for a certain period of time.
- 7. Do you currently have health insurance?** No? You may have to wait 12 months for certain pre-existing conditions to be covered. If you do have health insurance, you may not have to wait nearly as long.
- 8. Are you interested in the tax-savings advantages of a health savings account?** If so, you may want to consider one of our high-deductible health plans. You can open a health savings account (HSA) to pay for qualified medical expenses, which you can deduct from your gross income on your tax return.
- 9. Are you planning to start a family soon?** Congratulations! You should consider adding the optional maternity coverage available with all plans.

Beginning With the Basics

It helps to have an idea of the basic questions you need to ask when searching for the right health insurance plan. Let us help.

DEDUCTIBLE

Having a deductible with your plan is fairly standard. The deductible is the amount of money you have to pay before insurance begins to pay benefits. For example, if you have a \$1,500 deductible, you will need to pay the first \$1,500 of health care expenses. After that, depending on your plan, insurance will begin to pay a percentage of health care costs. The amount of your deductible can affect your premiums. Lower deductible plans usually have higher premiums, so be sure to take that into consideration when choosing a plan. Keep in mind that deductibles apply to each person covered by the plan. So if you have family coverage, each person on the plan must meet his or her own deductible. There is a maximum family deductible, however. Here are a few questions to ask about deductibles when you are choosing your individual insurance plan.

1. How much will my deductible be?
2. What deductible options are available?
3. How will the deductible affect my premium?

COPAY

Many insurance policies feature a fixed dollar amount - or copay - for certain services such as office visits. The amount

of your copay can vary and there may be limitations linked to it, which may affect your overall costs. Be sure to take the time to ask about your copay, since it can help you budget for your medical care. For example, a lower copay may mean a higher premium. Here are a few questions for you to ask.

1. Will I have a copay under this policy and how much?
2. What different copay options are available?
3. Are things like lab work or X-rays included in my copay?
4. Am I limited to a certain number of office visits each year?
5. Is the office visit copay different for specialists?

COINSURANCE

While copay and coinsurance sound similar, they work differently. Coinsurance is the amount you are responsible for after you pay your deductible. And whereas copay is a fixed amount, coinsurance is a percentage. So let's say your coinsurance is 80% / 20% (your health plan pays 80% and you pay 20%) and you have a medical procedure that costs \$100. That means the insurance company will pay \$80 and you'll pay \$20. Here are a few questions to consider when asking about coinsurance.

1. What is my coinsurance portion? 80% / 20%, 100% / 0%, etc.?
2. Do I pay the same percentage for out-of-network visits?
3. Will coinsurance go into effect before my deductible is met?
4. How will my coinsurance percentage affect my premium?

ANNUAL OUT-OF-POCKET MAXIMUM

If you ever have a serious injury or illness, your out-of-pocket costs (things like hospital charges, medications, leg braces, etc.) can add up. Fortunately, there's an annual out-of-pocket maximum for your coinsurance, deductible and sometimes your prescription drugs, depending on the plan. Once you meet the maximum, your insurance company will start to pay covered costs at 100%. So if you ever have an extended hospital stay or illness, you can have peace of mind that your finances are protected. Here are a few questions to ask about your out-of-pocket maximum.

1. What's my out-of-pocket maximum?
2. Once I pay my maximum, will I still pay a copay?
3. Are prescriptions included in my out-of-pocket maximum?

PRESCRIPTION DRUG BENEFITS

While many insurance policies include coverage for prescription drugs, some do not. It's important to know what prescription drug benefits (if any) are included before you invest in a particular plan. You'll also want to know how your plan requires that you pay for them. Some offer prescription drug copays, some put limits on brand name drugs. Here are a few questions to ask about prescription drug coverage.

1. Does this plan cover prescription drugs?
2. Is there a copay for prescription drugs? If so, is it different for generic and brand name drugs?
3. Are all prescription drugs covered or is there a limited list?

WELLNESS BENEFITS

Early detection of a disease can have a huge impact on your health. Your wellness benefits are there to cover the preventive measures you take to help keep you healthy, like cancer screenings, mammograms, physicals, etc. Here are some questions to ask about your wellness benefits.

1. Are wellness benefits covered differently than other services?
2. What types of services are covered by wellness benefits?

Got it? Now let us help you find
your PersonalBlue. 



Meet Steve

28-year-old healthy male (non-smoker)

PPO - \$1,500 deductible

\$35 office visit copay (charge for regular doctor's visit)

\$8, \$35 or \$60 prescription drug copay with
\$500 brand deductible

100% coverage for wellness benefits

MONTHLY PREMIUM = \$141.08*

Hey, I'm Steve and this is my PersonalBlue.

I recently left my corporate job to start my own business. I needed a health insurance plan that would cover my annual physical and take care of me in case of an emergency.

My PersonalBlue plan is affordable, I know how much I'm out if I do have a major medical expense, and I have all the benefits I need to feel secure.

How I saved money:
I chose a smaller network of doctors and hospitals because my doctor was in that network.

(PPO - \$1,500 deductible - Network S)

For a full list of various plan options, please refer to page 24

Benefit Features		Network Provider		
Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Individual	Family	You Pay	Individual	Family
\$1,500	\$4,500	20%	\$4,500	\$10,500

Benefits For Covered Services	Network Benefits
Practitioner Office Services	Office Visit Copay
Office visit for diagnosis and treatment of illness or injury	\$35 Primary Care Practitioner/\$50 Specialist Copay
Routine Diagnostic Lab, X-Ray	100%
Advanced Radiological Imaging (Includes CAT scans, CT Scans, MRI's, PET scans, nuclear medicine and other similar technologies)	Deductible/Coinsurance
Office Surgery (Includes anesthesia performed in and billed by the practitioner's 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)	Deductible/Coinsurance

Benefits For Covered Services	Network Benefits
Prescription Drug Options*	Choose Your Prescription Drug Benefits
Generic Drugs	\$8 Copay
Preferred Brand Name Drugs	\$35 Copay
Non-Preferred Brand Name Drugs	\$60 Copay
Deductible on Brand Name Drugs (separate from medical deductible)	\$500 Brand Deductible (each member has to meet their own brand deductible before any benefits are paid for brand name drugs)
	No Brand Deductible

We can't possibly outline all the great benefits of Steve's PersonalBlue plan in this short summary. Visit bcbst.com, call us at 1-877-378-8600, e-mail us at individual_sales@bcbst.com or call your broker to learn more.



Meet The Martins

Mike – 38-year-old healthy male (non-smoker)
Allison – 34-year-old healthy female (non-smoker)
Samantha – 8-year-old female

PPO - \$3,500 deductible per person
(\$10,500 family deductible)

\$35 office visit copay (charge for first four regular doctor's visits)

\$8, \$35 or \$60 prescription drug copay with
\$500 brand deductible

100% coverage for wellness benefits

MONTHLY PREMIUM = \$392.08*

Hi. We're the Martin family and this is our PersonalBlue.

We both work for small companies that don't offer health insurance benefits, so we needed a plan that would take care of our family and not blow our budget.

Our PersonalBlue plan helps us plan ahead – we know it costs \$35 to see the doctor. We love the fact that our \$35 payment covers our time with the doctor and the costs for any lab work or tests run during that visit. No surprises!

How we kept our plan affordable: We picked a plan with a \$500 brand name drug deductible; if we need prescriptions, we're comfortable using generic drugs. We also chose a plan that limits each of us to four doctor's visits a year.

We can't possibly outline all the great benefits of The Martins' PersonalBlue plan in this short summary. Visit bcbst.com, call us at 1-877-378-8600, e-mail us at individual_sales@bcbst.com or call your broker to learn more.

Meet The Martins | 9

(PPO - \$3,500 deductible per person / \$10,500 family deductible - Network P)

For a full list of various plan options, please refer to page 25

Benefit Features		Network Provider		
Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Individual	Family	You Pay	Individual	Family
\$3,500	\$10,500	0%	\$3,500	\$10,500
		20%	\$6,500	\$16,500

Benefits For Covered Services		Network Benefits		
Practitioner Office Services		Choose Your Office Visit Copay		
Office visit for diagnosis and treatment of illness or injury		\$35 Primary Care Practitioner/ \$50 Specialist Copay	\$35 Primary Care Practitioner/ \$50 Specialist Copay (first 4 visits) Deductible/Coinsurance (fifth visit and beyond)	Deductible/Coinsurance
Routine Diagnostic Lab, X-Ray		100%	100% (first 4 visits) Deductible/Coinsurance (fifth visit and beyond)	Deductible/Coinsurance
Advanced Radiological Imaging (Includes CAT scans, CT Scans, MRI's, PET scans, nuclear medicine and other similar technologies)		Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Office Surgery (Includes anesthesia performed in and billed by the practitioner's 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)		Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance

Benefits For Covered Services		Network Benefits		
Prescription Drug Options*		Choose Your Prescription Drug Benefits		
Generic Drugs Preferred Brand Name Drugs Non-Preferred Brand Name Drugs Deductible on Brand Name Drugs (separate from medical deductible)		\$8 Copay	\$8 Copay	50%
		\$35 Copay	\$35 Copay	
		\$60 Copay	\$60 Copay	
		\$500 Brand Deductible (each member has to meet their own brand deductible before any benefits are paid for brand name drugs)	No Brand Deductible	

*See page 26 for plan limitations.



Meet Brad

19-year-old healthy male (non-smoker)

PPO - \$5,000 deductible

Deductible/coinsurance office visit

\$8, \$35 or \$60 prescription drug copay with
\$500 brand deductible

100% coverage for wellness benefits

MONTHLY PREMIUM = **\$57.84***

What's up? I'm Brad and this is my PersonalBlue plan.

I'm in my second year of college and my parents still worry about me. I guess that's pretty typical and I really shouldn't complain. They helped me find the perfect health insurance plan for me...and they are paying for it!

My PersonalBlue plan gives my parents comfort in knowing I'm covered in case anything unexpected comes up. And I like it because my generic prescription drugs only cost \$8. Pretty sweet deal when you're on a college budget!

How we kept the monthly payment low: The high deductible and the deductible/coinsurance option for doctor's visits combine to keep the monthly payments under \$60 — or about the price of a used textbook.

We can't possibly outline all the great benefits of Brad's PersonalBlue plan in this short summary. Visit bcbst.com, call us at 1-877-378-8600, e-mail us at individual_sales@bcbst.com or call your broker to learn more.

Meet Brad | 11

(PPO - \$5,000 deductible - Network S)

For a full list of various plan options, please refer to page 26

Benefit Features		Network Provider		
Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Individual	Family	You Pay	Individual	Family
\$5,000	\$15,000	0%	\$5,000	\$15,000
		20%	\$8,000	\$21,000

Benefits For Covered Services	Network Benefits		
	Choose Your Office Visit Copay		
Practitioner Office Services			
Office visit for diagnosis and treatment of illness or injury	\$35 Primary Care Practitioner/ \$50 Specialist Copay	\$35 Primary Care Practitioner/ \$50 Specialist Copay (first 4 visits) Deductible/Coinsurance (fifth visit and beyond)	Deductible/Coinsurance
Routine Diagnostic Lab, X-Ray	100%	100% (first 4 visits) Deductible/Coinsurance (fifth visit and beyond)	Deductible/Coinsurance
Advanced Radiological Imaging (Includes CAT scans, CT Scans, MRI's, PET scans, nuclear medicine and other similar technologies)	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Office Surgery (Includes anesthesia performed in and billed by the practitioner's 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)	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance

Benefits For Covered Services	Network Benefits		
	Choose Your Prescription Drug Benefits		
Prescription Drug Options*	Generic Drugs	\$8 Copay	\$8 Copay
	Preferred Brand Name Drugs	\$35 Copay	\$35 Copay
	Non-Preferred Brand Name Drugs	\$60 Copay	\$60 Copay
	Deductible on Brand Name Drugs (separate from medical deductible)	\$500 Brand Deductible <small>(each member has to meet their own brand deductible before any benefits are paid for brand name drugs)</small>	No Brand Deductible

*See page 26 for plan limitations.



Meet Lauren

35-year-old healthy female (non-smoker)

PPO - \$7,500 deductible

Deductible/coinsurance office visit

Prescription drugs covered at 50%

100% coverage for wellness benefits

MONTHLY PREMIUM = \$79.36*

Hey there. I'm Lauren and this is my PersonalBlue.

My friends give me a hard time because I watch every penny. Yes, I clip coupons every Sunday; but I am saving for a down payment on my first home.

While I know I need health insurance, I don't want to pay a small fortune for it. I have a good amount in savings, so I chose a plan with a really high deductible to keep my monthly payments as low as possible. Typically I only go to the doctor for annual checkups – which are covered at 100% by my PersonalBlue plan.

— — — — —
I how I keep my costs down (without a coupon): I chose the
I deductible/coinsurance option for office visits. I may pay
I a little more up front if I do need medical care, but I'm
I willing to do that to keep my premium low.
— — — — —

(PPO - \$7,500 deductible - Network P)

For a full list of various plan options, please refer to page 26

Benefit Features		Network Provider		
Deductible		Choose Your Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Individual	Family	You Pay	Individual	Family
\$7,500	\$22,500	0%	\$7,500	\$22,500
		20%	\$10,500	\$28,500

Benefits For Covered Services		Network Benefits	
Practitioner Office Services		Choose Your Office Visit Copay	
Office visit for diagnosis and treatment of illness or injury		\$35 Primary Care Practitioner/ \$50 Specialist Copay (first 4 visits)	Deductible/ Coinsurance
Routine Diagnostic Lab, X-Ray		100% (first 4 visits) Deductible/Coinsurance (fifth visit and beyond)	Deductible/Coinsurance
Advanced Radiological Imaging (Includes CAT scans, CT Scans, MRI's, PET scans, nuclear medicine and other similar technologies)		Deductible/Coinsurance	Deductible/Coinsurance
Office Surgery (Includes anesthesia performed in and billed by the practitioner's 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)		Deductible/Coinsurance	Deductible/Coinsurance

Benefits For Covered Services		Network Benefits	
Prescription Drug Options*		Choose Your Prescription Drug Benefits	
	Generic Drugs		50%
	Preferred Brand Name Drugs		
	Non-Preferred Brand Name Drugs		

We can't possibly outline all the great benefits of Lauren's PersonalBlue plan in this short summary. Visit bcbst.com, call us at 1-877-378-8600, e-mail us at individual_sales@bcbst.com or call your broker to learn more.



Meet Marie

62-year-old healthy female (non-smoker)

HSA compatible HDHP - \$5,000 deductible

Coinsurance office visit

100% coverage for wellness benefits

MONTHLY PREMIUM = \$227.06*

How I kept my monthly payment low: I chose the high-deductible health plan. I pay the full price of any health care services and prescription drugs I receive until I reach my deductible. Not a bad deal since I don't go to the doctor that often!

Hello, I'm Marie and this is my PersonalBlue.

I've worked hard all my life and I'm looking forward to spending more time with my grandchildren. Having recently retired, I needed a health insurance plan to help me feel secure until my Medicare benefits kick in. I also wanted to take advantage of the tax savings that come along with opening a health savings account.

My PersonalBlue plan helps me keep my retirement savings in my savings account! I can't afford an expensive monthly premium, so I chose a high-deductible health plan. I see the doctor once or twice a year and I take some prescription drugs, but it's better for me to have a lower monthly bill.

* Your actual rate may vary.

(HDHP - \$5,000 deductible - Network P)

For a full list of various plan options, please refer to page 27

Benefit Features		Network Provider		
Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Individual	Family	You Pay	Individual	Family
\$5,000	\$10,000	0%	\$5,000	\$10,000

All family members' expenses contribute to one deductible and out-of-pocket maximum. The full family deductible must be met before benefits are paid on any family member's claim.

Benefits For Covered Services	Network Benefits
Practitioner Office Services	
Office visit for diagnosis and treatment of illness or injury	Deductible/Coinsurance
Routine Diagnostic Lab, X-Ray	Deductible/Coinsurance
Advanced Radiological Imaging (Includes CAT scans, CT Scans, MRI's, PET scans, nuclear medicine and other similar technologies)	Deductible/Coinsurance
Office Surgery (Includes anesthesia performed in and billed by the practitioner's 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)	Deductible/Coinsurance

Benefits For Covered Services	Network Benefits
Prescription Drug Options*	Deductible/Coinsurance

We can't possibly outline all the great benefits of Marie's PersonalBlue plan in this short summary. Visit bcbst.com, call us at 1-877-378-8600, e-mail us at individual_sales@bcbst.com or call your broker to learn more.

Need more information on
health savings accounts? 



An HSA can help you reduce your taxable income

Make your money work and take full advantage of a high-deductible health plan by opening a Health Savings Account (HSA).* HSAs help you take control of your health care spending, and they offer you tax incentives and investment opportunities.

Advantages of Health Savings Accounts

- **Save Money and Reduce Taxable Income** – Save for your health care expenses with a health savings account. You won't be penalized or taxed for using HSA funds to pay for qualified medical expenses**. You can even deduct your HSA contributions from your gross income on your tax return.
- **Put Your Money to Work** – The money you contribute to your HSA earns interest. You may also have investment options to increase your potential earnings and grow your account. Best of all, the interest earned on your contributions is tax-free when used to pay for qualified medical expenses.
- **Supplement Your Health Plan** – Some expenses may not be covered by your health plan, but they may qualify as eligible expenses** for your HSA. Some examples include:
 - Non-covered expenses such as contact lenses, dental expenses, long-term care insurance premiums, etc.
 - Qualified medical expenses incurred by a spouse or dependent who are not covered under your PersonalBlue plan.
 - Covered expenses applied toward your health plan's deductible and your coinsurance.

- **Secure Additional Retirement Income** – You can make contributions to your HSA until you turn 65. While you aren't allowed to make additional contributions, you can use the HSA funds to pay for expenses not covered by Medicare. This includes insurance premiums with the exception of Medicare supplement plans. After age 65, you can also withdraw funds for non-qualified expenses without penalty. However, these withdrawals are subject to income tax.
- **Transfer HSA to Surviving Spouse** – In the event of your death, your surviving spouse can begin using funds from your HSA. If your spouse is enrolled in an HSA-qualified high-deductible health plan, he or she can also contribute to your HSA. Just designate your spouse as the beneficiary when you open your HSA.

Setting Up An HSA – BlueCross BlueShield of Tennessee does not offer HSA administration. For more information on HSAs, please see your financial advisor, financial institution or visit the PersonalBlue section of bcbst.com for more information from our banking partners.



* BlueCross BlueShield of Tennessee is not engaged in rendering tax, investment or legal advice. Federal and state tax regulations are subject to change. If tax, investment, or legal advice is required, seek the services of a licensed professional. BlueCross BlueShield of Tennessee does not act as an administrator of HSAs. The company only provides a high-deductible health plan that meets federal HSA regulations.

** Eligible expenses are determined by the IRS. For a complete listing, please check the IRS.gov Web site or contact your HSA administrator.

Optional Maternity & Dental Coverage

Optional Coverage – Maternity

If you are thinking about starting a family, consider purchasing optional maternity coverage, also called a benefit rider. The additional benefit covers prenatal care, delivery services and routine newborn nursery care at the hospital.

10-Month Waiting Period

You must wait 10 months from the start date (or effective date) of the policy before any maternity benefits will be paid. If your delivery date occurs after your 10-month waiting period has passed, any charges billed as part of the global maternity bill on your delivery date will be paid. Benefits will not be paid for services billed separately and received during your 10-month waiting period.

Maternity benefits are paid on the same basis as any other condition and are subject to all policy provisions. Maternity coverage is only offered when you initially enroll in a medical plan, or if you have a qualifying event such as marriage or loss of employer-sponsored coverage. You can drop your maternity coverage any time without impacting your health coverage. Keep in mind, once you drop maternity coverage, you can't add it back unless you have a qualifying event.

Optional Coverage – Dental

BlueCross BlueShield of Tennessee also offers Personal Dental Coverage. It's easy to apply – just check the Personal Dental Coverage box when you apply for your medical plan. You can also apply for dental coverage after your medical policy has been activated. Keep in mind that you cannot have another dental policy in place.

Plan Features

- Gain access to the largest dental PPO network in the state.
- Choose any dentist you like, but save more by using a network dentist.
- Keep in your budget with a low \$50 calendar year deductible per person or \$150 per family.
- Enjoy an annual maximum of \$1,000 per person once your deductible has been met.
- Because BlueCross pays for services based on what's called a Maximum Allowable Charge (or MAC) fee schedule, your money is stretched even further.

Affordable Monthly Premiums

Take advantage of low monthly premiums – just \$26.50 for each adult and \$14.60 for dependents from ages 2 through 17.

Covered Dental Services

- Diagnostic and preventive services
- Restorative services
- Major restorative services like crowns and onlays*
- Endodontic services
- Periodontic services*
- Removable and fixed prosthetics*
- Oral surgical services

This list is a summary of covered services. Complete coverage details are included in the policy.

Limitations on Dental Services

- Your coverage includes two exams in a 12-month period.
- Your coverage includes two cleanings in a 12-month period.
- You may have one complete and one panoramic X-ray in a 36-month period. Your coverage also includes two bitewings (X-rays) in a 12-month period.
- Children may have one fluoride treatment in a 12-month period.

Exclusions on Dental Services

- Cosmetic procedures
- Dental implants
- Orthodontic services
- Mouth guards
- Prescription drugs
- Any service not listed in the schedule of benefits under Attachment C of the policy
- Any portion of the charge that exceeds the Maximum Allowable Charge (MAC)

Remember to keep those pearly whites healthy!



This is only a partial list. A complete list of limitations and exclusions is included in the policy and can be requested from your agent or BlueCross sales representative. Below is an example showing how much you may pay for a routine cleaning.

Network Dentist	Non-Network Dentist
Dentist charges Because your dentist is part of our dental network, he or she agrees to write off \$7 and only charge \$53 for the cleaning.	\$60 (-\$7)
BlueCross pays \$48 (or the maximum allowable charge for an adult cleaning)	(-\$48)
You pay	\$5
	You pay
	\$12

It's Easy To Get A Quote & Apply

Get A Quote

Just as each individual is unique, so too are the prices for PersonalBlue plans. As much as we want to, we can't outline all the options in this brochure. Good thing it's easy to get your very own PersonalBlue quote. Here's how:

- Call us at 1-877-378-8600 or call your broker
- Go online at bcbst.com
- E-mail us at individual_sales@bcbst.com

Ready to Apply?

Step 1:

Before you complete an application, make sure:

- You are a resident of Tennessee.
- Any dependent children are 25 years old or younger.
- You have lived in the United States for at least six months and have proof of a Green Card or a school or work visa if you are a citizen of a foreign country.

Please note, you can't have other health insurance in place on your policy's effective date and may not be pregnant or an expectant parent. New moms are eligible for coverage after having their six week check-up after giving birth.

Step 2:

Select and apply for the plan that's right for you.

- Complete the application online at bcbst.com or request a paper application from your BlueCross representative or broker.
- If you use the paper application, send the completed version back to us or to your broker.

Step 3 (you're almost done!):

Decide when your coverage will begin. You can choose when you want your coverage to begin when you apply for your plan.

- Coverage can begin the first day of the month after your application is approved.
- Coverage can begin the day after your application is approved.
- Coverage can begin the day after your BlueCross BlueShield of Tennessee Short-Term policy ends. This date must be after we receive your application.
- Coverage can begin any other date you choose and state on your application. (Just be sure it's less than 60 days from when you apply.) The date can't be changed once the policy is approved. If your requested date is before we receive your application, we will change the effective date to the day after we receive your application. You are responsible for all premiums from this effective date.

A Few Words About Health Questions, Pre-Existing Conditions & Benefit Exclusion Riders

Pre-Existing Conditions & Benefit Exclusion Riders | 21

Completing Health Questions

We want to issue a health insurance policy. But you have to tell us the truth – and disclose your health information – when answering questions on your application. Not doing so can be considered fraud. Your acceptance will be based on the information you provide. You must also meet height and weight guidelines and minimum health requirements before your application can be approved. If approved for coverage, your monthly premium rate will be determined based on the health status of all applicants (if you applied for more than one person). Rest assured, once approved for coverage, your premiums cannot be increased due to changes in your health status or the number of claims you file.

Pre-Existing Conditions*

PersonalBlue policies include a 12-month waiting period before any benefits will be paid for pre-existing conditions. A pre-existing condition is any physical or mental condition that was present during the 12-month period before your coverage became effective, for which medical advice, diagnosis, care or treatment was recommended or received, or symptoms existed and a reasonably prudent person would have sought medical advice, diagnosis, care or treatment from a health care provider.

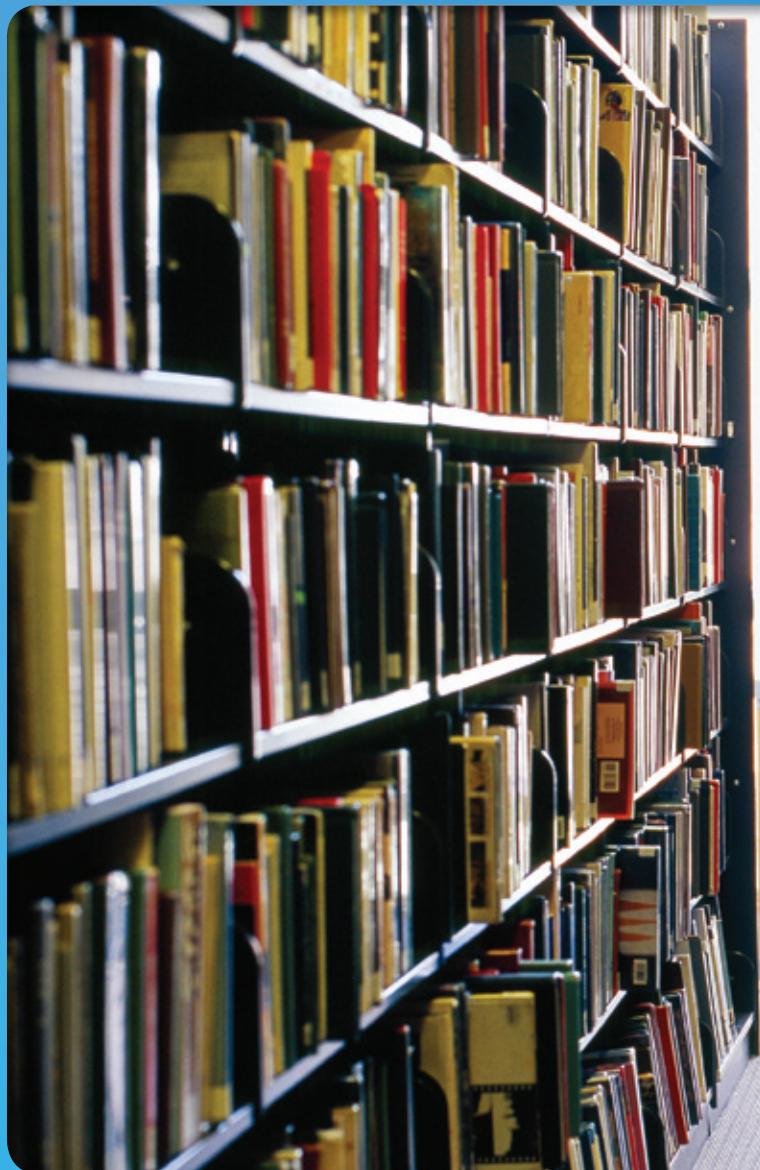
Limits on pre-existing conditions are a standard part of most health plans. They make sure benefits are paid only for conditions that occur after your health coverage becomes effective. Paying only for approved services and conditions helps control health care costs and prevent possible insurance abuse.

Please carefully read the information on pre-existing conditions when you receive your policy.

Benefit Exclusion Riders

Our underwriting policies may require that we place a "benefit exclusion rider" on your policy for a particular condition you or one of your dependents may have. That means BlueCross won't provide benefits for the condition for the life of your policy. This may include (but is not limited to) benefits for services, supplies, treatment, charges and possibly medications related to the condition.

You may ask that we reconsider a benefit exclusion rider by sending a letter and any medical records related to the condition(s).



Appendix

- 23.....Common Terms You'll Need to Know
- 24..... PPO - \$1,000 Deductible Plan Options
- 24..... PPO - \$1,500 Deductible Plan Options
- 24..... PPO - \$2,500 Deductible Plan Options
- 25..... PPO - \$3,500 Deductible Plan Options
- 26..... PPO - \$5,000 Deductible Plan Options
- 26..... PPO - \$7,500 Deductible Plan Options
- 27.....HDHP Plan Options
- 28.....Exclusions from Coverage

More detailed information awaits!

Coinsurance: the percentage of health care costs you are responsible for paying, typically after your deductible is met

Copay: a fixed dollar amount you must pay with your own money for medical services, like office visits or prescription drugs

Deductible: the amount of money you must pay each year – with your own money – before the insurance company begins paying benefits

Formulary drug list: a list of brand name and generic prescription drugs and over-the-counter drugs covered by your health insurance plan

High-Deductible Health Plan (HDHP): a health insurance plan with lower premiums and higher deductibles than a traditional health plan

Maximum Allowable Charge (MAC): the maximum dollar amount BlueCross BlueShield of Tennessee will pay a doctor, hospital or other health care provider for a covered medical service

Network: a group of doctors, hospitals and other health care providers contracted to provide services to insurance companies' customers for less than their usual fees

Out-of-pocket maximum: the total amount you pay with your own money – or out of your own pocket – in a year

Pre-existing condition waiting period: the length of time that you will not receive benefits for treatment of any health condition that you already have as of the effective date of your policy

Preferred Provider Organization (PPO): a network of doctors, caregivers and medical facilities that agree to provide health care services to our members at a lower cost; members get the most from their PPO plan when network providers are used

Premium: the monthly payment made for an insurance policy

Prescription drug benefits (Rx): the type of benefits provided for the purchase of drugs prescribed by a physician that are not available over the counter

Primary Care Practitioner (PCP): a health care provider specializing in family practice, internal medicine, general practice, pediatrics, obstetrics or gynecology, or a physician assistant or nurse practitioner

Prior authorization: getting approval for certain medical procedures before you are treated

Qualifying event: a change in circumstances (like marriage, divorce, losing employer-sponsored health coverage) that would allow a member to change plans or add optional maternity coverage

Rider: an amendment to your policy that either adds coverage (like a maternity benefits rider) or specifies a particular condition that won't be covered (a benefit exclusion rider)

Schedule of Benefits: a complete overview of the covered benefits your plan provides

Wellness benefit: coverage for routine services and preventive visits, like cancer screenings, mammograms and physicals

PPO - \$1,000 Deductible (In-Network)

	Rx Coverage	Office Visit	Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Plan number		PCP/Specialist	Individual	Family	You Pay	Individual	Family
K01	\$8/\$35/\$60	\$35/\$50	\$1,000	\$3,000	20%	\$4,000	\$9,000
L01	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50	\$1,000	\$3,000	20%	\$4,000	\$9,000

PPO - \$1,500 Deductible (In-Network)

	Rx Coverage	Office Visit	Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Plan number		PCP/Specialist	Individual	Family	You Pay	Individual	Family
K04	\$8/\$35/\$60	\$35/\$50	\$1,500	\$4,500	20%	\$4,500	\$10,500
L04	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50	\$1,500	\$4,500	20%	\$4,500	\$10,500


 Steve's PersonalBlue

PPO - \$2,500 Deductible (In-Network)

	Rx Coverage	Office Visit	Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Plan number		PCP/Specialist	Individual	Family	You Pay	Individual	Family
K07	\$8/\$35/\$60	\$35/\$50	\$2,500	\$7,500	20%	\$5,500	\$13,500
K08	\$8/\$35/\$60	\$35/\$50 (4 visits)	\$2,500	\$7,500	20%	\$5,500	\$13,500
K09	\$8/\$35/\$60	Deductible/Coinsurance	\$2,500	\$7,500	20%	\$5,500	\$13,500
K10	\$8/\$35/\$60	\$35/\$50	\$2,500	\$7,500	0%	\$2,500	\$7,500
K11	\$8/\$35/\$60	\$35/\$50 (4 visits)	\$2,500	\$7,500	0%	\$2,500	\$7,500
K12	\$8/\$35/\$60	Deductible/Coinsurance	\$2,500	\$7,500	0%	\$2,500	\$7,500
L07	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50	\$2,500	\$7,500	20%	\$5,500	\$13,500
L08	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50 (4 visits)	\$2,500	\$7,500	20%	\$5,500	\$13,500
L09	\$8/\$35/\$60 with \$500 brand deductible	Deductible/Coinsurance	\$2,500	\$7,500	20%	\$5,500	\$13,500
L10	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50	\$2,500	\$7,500	0%	\$2,500	\$7,500
L11	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50 (4 visits)	\$2,500	\$7,500	0%	\$2,500	\$7,500
L12	\$8/\$35/\$60 with \$500 brand deductible	Deductible/Coinsurance	\$2,500	\$7,500	0%	\$2,500	\$7,500
M07	50%	\$35/\$50	\$2,500	\$7,500	20%	\$5,500	\$13,500
M08	50%	\$35/\$50 (4 visits)	\$2,500	\$7,500	20%	\$5,500	\$13,500
M09	50%	Deductible/Coinsurance	\$2,500	\$7,500	20%	\$5,500	\$13,500
M10	50%	\$35/\$50	\$2,500	\$7,500	0%	\$2,500	\$7,500
M11	50%	\$35/\$50 (4 visits)	\$2,500	\$7,500	0%	\$2,500	\$7,500
M12	50%	Deductible/Coinsurance	\$2,500	\$7,500	0%	\$2,500	\$7,500

With so many PersonalBlue options, you really can find the right health insurance plan for your needs and budget. Think about what benefits you think you need the most (use the Self Assessment questions on page 3 to help) and let us work with you to find a plan that's just right for you. Your very own PersonalBlue.



The Martins' PersonalBlue is Plan number L14

PPO - \$3,500 Deductible (In-Network)

Plan number	Rx Coverage	Office Visit	Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
			Individual	Family		Individual	Family
K13	\$8/\$35/\$60	\$35/\$50	\$3,500	\$10,500	20%	\$6,500	\$16,500
K14	\$8/\$35/\$60	\$35/\$50 (4 visits)	\$3,500	\$10,500	20%	\$6,500	\$16,500
K15	\$8/\$35/\$60	Deductible/Coinsurance	\$3,500	\$10,500	20%	\$6,500	\$16,500
K16	\$8/\$35/\$60	\$35/\$50	\$3,500	\$10,500	0%	\$3,500	\$10,500
K17	\$8/\$35/\$60	\$35/\$50 (4 visits)	\$3,500	\$10,500	0%	\$3,500	\$10,500
K18	\$8/\$35/\$60	Deductible/Coinsurance	\$3,500	\$10,500	0%	\$3,500	\$10,500
L13	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50	\$3,500	\$10,500	20%	\$6,500	\$16,500
L14	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50 (4 visits)	\$3,500	\$10,500	20%	\$6,500	\$16,500
L15	\$8/\$35/\$60 with \$500 brand deductible	Deductible/Coinsurance	\$3,500	\$10,500	20%	\$6,500	\$16,500
L16	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50	\$3,500	\$10,500	0%	\$3,500	\$10,500
L17	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50 (4 visits)	\$3,500	\$10,500	0%	\$3,500	\$10,500
L18	\$8/\$35/\$60 with \$500 brand deductible	Deductible/Coinsurance	\$3,500	\$10,500	0%	\$3,500	\$10,500
M13	50%	\$35/\$50	\$3,500	\$10,500	20%	\$6,500	\$16,500
M14	50%	\$35/\$50 (4 visits)	\$3,500	\$10,500	20%	\$6,500	\$16,500
M15	50%	Deductible/Coinsurance	\$3,500	\$10,500	20%	\$6,500	\$16,500
M16	50%	\$35/\$50	\$3,500	\$10,500	0%	\$3,500	\$10,500
M17	50%	\$35/\$50 (4 visits)	\$3,500	\$10,500	0%	\$3,500	\$10,500
M18	50%	Deductible/Coinsurance	\$3,500	\$10,500	0%	\$3,500	\$10,500

→ Brad's PersonalBlue

PPO - \$5,000 Deductible (In-Network)

	Rx Coverage	Office Visit	Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Plan number		PCP/Specialist	Individual	Family	You Pay	Individual	Family
K19	\$8/\$35/\$60	\$35/\$50	\$5,000	\$15,000	20%	\$8,000	\$21,000
K20	\$8/\$35/\$60	\$35/\$50 (4 visits)	\$5,000	\$15,000	20%	\$8,000	\$21,000
K21	\$8/\$35/\$60	Deductible/Coinsurance	\$5,000	\$15,000	20%	\$8,000	\$21,000
K22	\$8/\$35/\$60	\$35/\$50	\$5,000	\$15,000	0%	\$5,000	\$15,000
K23	\$8/\$35/\$60	\$35/\$50 (4 visits)	\$5,000	\$15,000	0%	\$5,000	\$15,000
K24	\$8/\$35/\$60	Deductible/Coinsurance	\$5,000	\$15,000	0%	\$5,000	\$15,000
L19	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50	\$5,000	\$15,000	20%	\$8,000	\$21,000
L20	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50 (4 visits)	\$5,000	\$15,000	20%	\$8,000	\$21,000
L21	\$8/\$35/\$60 with \$500 brand deductible	Deductible/Coinsurance	\$5,000	\$15,000	20%	\$8,000	\$21,000
L22	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50	\$5,000	\$15,000	0%	\$5,000	\$15,000
L23	\$8/\$35/\$60 with \$500 brand deductible	\$35/\$50 (4 visits)	\$5,000	\$15,000	0%	\$5,000	\$15,000
L24	\$8/\$35/\$60 with \$500 brand deductible	Deductible/Coinsurance	\$5,000	\$15,000	0%	\$5,000	\$15,000
M19	50%	\$35/\$50	\$5,000	\$15,000	20%	\$8,000	\$21,000
M20	50%	\$35/\$50 (4 visits)	\$5,000	\$15,000	20%	\$8,000	\$21,000
M21	50%	Deductible/Coinsurance	\$5,000	\$15,000	20%	\$8,000	\$21,000
M22	50%	\$35/\$50	\$5,000	\$15,000	0%	\$5,000	\$15,000
M23	50%	\$35/\$50 (4 visits)	\$5,000	\$15,000	0%	\$5,000	\$15,000
M24	50%	Deductible/Coinsurance	\$5,000	\$15,000	0%	\$5,000	\$15,000

Lauren's PersonalBlue

PPO - \$7,500 Deductible (In-Network)

	Rx Coverage	Office Visit	Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Plan number		PCP/Specialist	Individual	Family	You Pay	Individual	Family
M26	50%	\$35/\$50 (4 visits)	\$7,500	\$22,500	20%	\$10,500	\$28,500
M27	50%	Deductible/Coinsurance	\$7,500	\$22,500	20%	\$10,500	\$28,500
M29	50%	\$35/\$50 (4 visits)	\$7,500	\$22,500	0%	\$7,500	\$22,500
M30	50%	Deductible/Coinsurance	\$7,500	\$22,500	0%	\$7,500	\$22,500

Prescription Drug Plan Limitations: The PPO plans do 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.
- The plan does not cover any prescription drug for which there is an over-the-counter equivalent in both dosage and strength, except insulin.

The PPO plans use a limited formulary drug list, which outlines the drugs covered by your health plan. Some classes of drugs only cover the generic versions. These include ACE inhibitors, antidepressants, antitussives, expectorants, anxiolytics, sedatives, hypnotics, HMG-CoA reductase inhibitors, NSAIDS and quinolones.

One of your options with PersonalBlue is a high-deductible health plan that can be paired with a Health Savings Account (HSA). Think of HSAs like the little engine that could. Money that goes into HSAs is tax deductible. It earns interest. It can be used to pay for qualified medical expenses, like prescription drugs, eyeglasses, artificial limbs, hearing aids and so much more. And because you have the higher deductible plan, you have lower monthly payments. That's money you can use for fun things...like going to the movies or downloading a bunch of new songs.



He's really glad the HSA plan left room in his budget for new music!

HDHP - HSA Compatible Plans (In-Network)

	Rx Coverage	Office Visit	Deductible		Coinsurance	Out-of-Pocket Maximum (includes deductible)	
Plan number		PCP/Specialist	Individual	Family	You Pay	Individual	Family
J1	Deductible/Coinsurance	Deductible/Coinsurance	\$1,500	\$3,000	0%	\$1,500	\$3,000
J2	Deductible/Coinsurance	Deductible/Coinsurance	\$1,500	\$3,000	20%	\$3,500	\$7,000
J3	Deductible/Coinsurance	Deductible/Coinsurance	\$2,500	\$5,000	0%	\$2,500	\$5,000
J4	Deductible/Coinsurance	Deductible/Coinsurance	\$2,500	\$5,000	20%	\$4,500	\$9,000
J5	Deductible/Coinsurance	Deductible/Coinsurance	\$3,500	\$7,000	0%	\$3,500	\$7,000
J6	Deductible/Coinsurance	Deductible/Coinsurance	\$3,500	\$7,000	20%	\$5,500	\$11,000
J7	Deductible/Coinsurance	Deductible/Coinsurance	\$5,000	\$10,000	0%	\$5,000	\$10,000

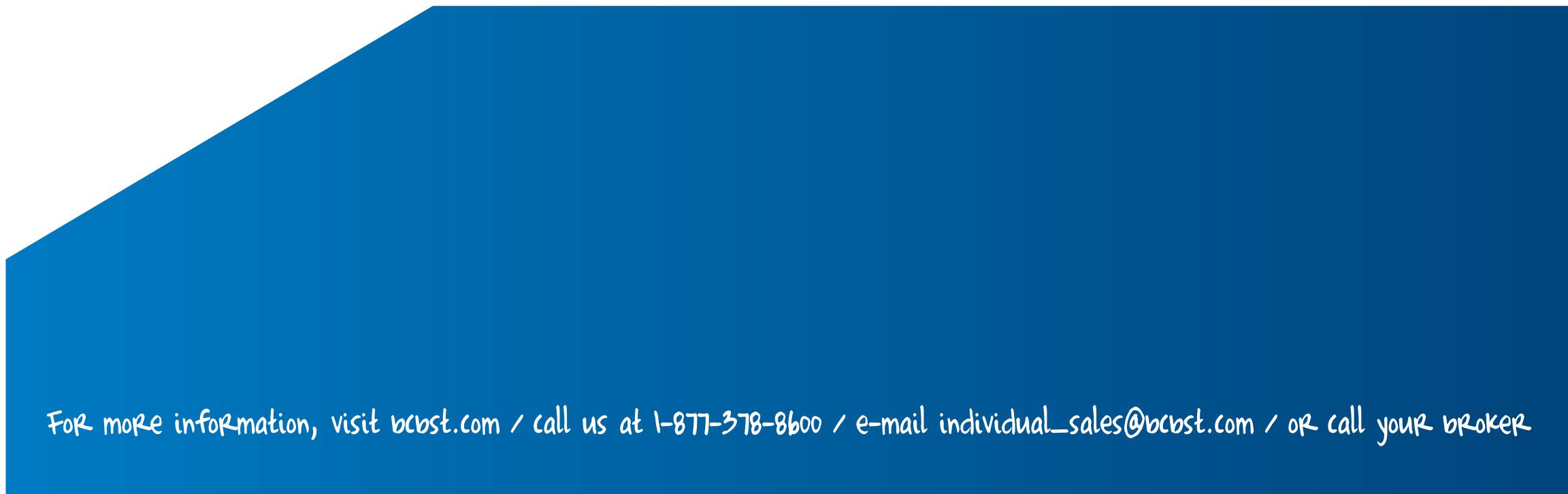
Prescription Drug Plan Limitations: The HDHP plans do not cover any prescription drug for which there is an over-the-counter equivalent in both dosage and strength, except insulin.

Exclusions from Coverage

When a service or supply is excluded, all related expenses, services and supplies will also be excluded. PersonalBlue policies do not provide benefits for the following services, supplies or charges:

1. Services or supplies not listed as covered services under the policy;
2. Services or supplies that are determined to be not medically necessary and appropriate or have not been authorized by BlueCross BlueShield of Tennessee;
3. Services or supplies that are investigational in nature including, but not limited to: (1) drugs, (2) biologicals; (3) medications; (4) devices; and (5) treatments;
4. When more than one treatment alternative exists, each is medically appropriate and medically necessary, and each would meet the member's needs, we reserve the right to provide payment for the least expensive covered service alternative;
5. Illness or injury resulting from war and covered by: (1) veteran's benefit; or (2) other coverage for which the member is legally entitled and that occurred before the member's coverage began under this policy;
6. Self-treatment or training;
7. Staff consultations required by hospital or other facility rules;
8. Services that are free;
9. Services required because of illness or injury related to the member's participation in a felony, attempted felony, riot or insurrection;
10. Services or supplies for the treatment of work related illness or injury, regardless of the presence or absence of workers' compensation coverage. This exclusion does not apply to injuries or illnesses resulting from self-employment;
11. Personal, physical fitness, recreational or convenience items and services such as: (1) barber and beauty services; (2) television; (3) air conditioners; (4) humidifiers; (5) air filters; (6) heaters; (7) physical fitness equipment; (8) saunas; (9) whirlpools; (10) water purifiers; (11) swimming pools; (12) tanning beds; (13) weight loss programs; (14) physical fitness programs; (15) self-help devices that are not primarily medical in nature, even if ordered by a practitioner; or (16) devices and computers to assist in communication or speech;
12. Services or supplies received before the member's effective date for coverage under a PersonalBlue policy;
13. Services or supplies related to a hospital confinement, received before the member's effective date for coverage under a PersonalBlue policy;
14. Services or supplies received after coverage under a PersonalBlue policy ceases for any reason. This is true even though the expenses relate to a condition that began while the member was covered;
15. Telephone, email or web-based consultations or telemedicine services, except as may be provided for by specially arranged care management or emerging health care programs as described in the prior authorization, care management, medical policy and patient safety section of this policy;
16. Charges for failure to keep a scheduled appointment;
17. Services for providing requested medical information including medical records or completing forms, including claim forms. We will not charge the member for statutorily authorized copying charges;
18. Court ordered examinations and treatment, unless medically necessary;
19. Room, board and general nursing care rendered on the date of discharge, unless admission and discharge occur on the same day;
20. Charges in excess of the maximum allowable charge for covered services.
21. Any service stated in the policy as a non-covered service or limitation;
22. Benefits for conditions that are listed in the benefit exclusion rider, if applicable, are excluded, as stated in the rider;
23. Charges for services performed by you or your spouse, or your or your spouse's parent, sister, brother or child;
24. Services and supplies for pre-existing conditions during the pre-existing condition waiting period;
25. Services for which the member is not legally obligated to pay or for which no charge would be made if the member had no health insurance coverage;
26. Any charges for handling fees;
27. Services or supplies, including bariatric surgery, for weight loss or to treat obesity, even if you have other health conditions that might be helped by weight loss or reduction of obesity. This exclusion applies whether you are of normal weight, overweight, obese or morbidly obese;
28. Safety items or items to affect performance primarily in sports-related activities;
29. Cosmetic services. This exclusion also applies to surgeries to improve appearance following a prior surgical procedure, even if that prior procedure was a covered service. Cosmetic services include, but are not limited to: (1) removal of tattoos; (2) facelifts; (3) keloid removal; (4) dermabrasion; (5) chemical peels; (6) breast augmentation; (7) lipectomy; (8) body contouring or body modeling; (9) injections to smooth wrinkles, including but not limited to Botox; (10) laser resurfacing; (11) sclerotherapy injections, laser or other treatment for spider veins and varicose veins, except as appropriate per Medical Policy; (12) piercing ears or other body parts; (13) rhytidectomy or rhytidoplasty (Surgery for the removal or elimination of wrinkles); (14) rhinoplasty, except as appropriate per medical policy; (15) panniculectomy; (16) abdominoplasty; (17) thighplasty; (18) brachioplasty;
30. Services or supplies related to treatment of complications (except complications of pregnancy) that are a direct or closely related result of a member's refusal to accept treatment, medicines, or a course of treatment that a provider has recommended or that has been determined to be medically necessary. This includes leaving an inpatient medical facility against the advice of the treating physician;
31. Blepharoplasty and browplasty, except for: (1) correction of injury to the orbital area resulting from physical trauma or non-cosmetic surgical procedures (e.g., removal of malignancies); (2) treatment of edema and irritation resulting from Grave's disease; or (3) correction of trichiasis, ectropion, or entropion of the eyelids;
32. Sperm preservation;
33. Services and supplies for orthognathic surgery;
34. Services and supplies for maintenance care;
35. Private duty nursing;
36. Pharmacogenetic testing or pharmacogenomics (a procedure or test to determine how a drug will be metabolized by an individual, given that individual's genetic makeup);
37. Services or supplies for methadone, methadone maintenance therapy, buprenorphine and buprenorphine maintenance therapy;
38. Cranial orthosis, including helmet or headband, for the treatment of plagiocephaly;
39. Services or supplies to treat sexual dysfunction, regardless of cause, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido;
40. Services or supplies related to complications of cosmetic procedures, complications of bariatric surgery; re-operation of bariatric surgery or body remodeling after weight loss;
41. Chelation therapy, except for (1) control of ventricular arrhythmias or heart block associated with digitalis toxicity; (2) emergency treatment of hypercalcemia; (3) extreme conditions of metal toxicity, including thalassemia with hemosiderosis; (4) Wilson's disease (hepatolenticular degeneration); and (5) lead poisoning;
42. Vagus nerve stimulation for the treatment of depression;
43. Artificial intervertebral disc;
44. Balloon sinuplasty for treatment of chronic sinusitis;
45. Treatment for benign gynecomastia;
46. Treatment for hyperhidrosis; and
47. Percutaneous intradiscal electrothermal annuloplasty and percutaneous intradiscal radiofrequency thermocoagulation to treat chronic discogenic back pain. These procedures allow controlled delivery of heat to the intervertebral disc through an electrode or coil.

This is a summary and not all inclusive. Your policy provides a complete list of benefits, limitations, exclusions and provisions. Certain medical conditions may be excluded.



For more information, visit bcbst.com / call us at 1-877-378-8600 / e-mail individual_sales@bcbst.com / or call your broker



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