



# Medicare Advantage

You've Got This.  
And We've Got You.

2025 BlueAdvantage Extra (PPO)<sup>SM</sup>



## WELCOME

# With You Step by Step

We can't wait to tell you all about your new BlueAdvantage Extra plan benefits — and how to get the most out of them. Remember, we've got you every step of the way. If you need anything, give us a call.

## HERE'S WHAT TO EXPECT:

1

### **Read through this booklet.**

It tells you what you can expect from your plan.

2

**Talk with us.** We'll give you a call to say hello and learn more about your health needs and goals. If you join our My HealthPath® Wellness & Rewards Program and answer these questions, you'll get a gift card you can use for certain items.





3

**Check our drug list** to see which drugs we cover.

4

**Be on the lookout** for your Member ID card.

5

**It's a good idea to check our provider network** before you get care. Sometimes, it changes.

## BENEFITS

# We've Got You Covered

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We want to make sure you know what's included in your plan. The chart to the right is an overview of in-network benefits and more in BlueAdvantage Extra. You can find your plan's benefit details in your **Evidence of Coverage** booklet online at [bcbstmedicare.com/documents](https://www.bcbstmedicare.com/documents).





**Medical**  
**\$0**  
DEDUCTIBLE



**Primary Care  
Visits**  
**\$0**  
COPAY



**Transportation**  
**24**  
ONE-WAY TRIPS  
to plan-approved locations  
not to exceed 50 miles per trip



**Pharmacy**  
**\$590**  
DEDUCTIBLE



**Dental Care**  
**\$2,500**  
ALLOWANCE  
PER YEAR



**Routine  
Hearing Exam**  
**\$0**  
COPAY



**Over-the-  
Counter Items**  
**\$125**  
ALLOWANCE  
PER QUARTER  
No rollover



**Eyewear  
Allowance**  
**\$250**  
ALLOWANCE  
PER YEAR



**14 Meals**  
AFTER QUALIFYING  
FACILITY STAY  
Including hospital, inpatient  
or skilled nursing facility

## ADDED VALUE

# How About Some Added Value?



### Member Discounts

As a BlueCross member, you can get access to discounts on health-related products and services such as:

- › LASIK corrective vision surgery
- › Vitamins, minerals and supplements
- › Fitness accessories

Visit [bcbstmedicare.com](https://www.bcbstmedicare.com) to learn more. These are not covered benefits. Discounts may change without notice.



### Over-the-Counter (OTC)

You get a quarterly allowance for certain over-the-counter medications and products to help you stay well. Order online at [bcbstmedicare.com/OTC](https://www.bcbstmedicare.com/OTC) or call **1-844-995-5834**, TTY **711**.

Any unused amount won't roll over to the next quarter.



## Free Fitness Program

Your plan includes a free fitness program. It gives you access to:

- › Fitness centers nationwide
- › Social events and group fitness classes
- › Free exercise videos online

You can find more info at [silverandfit.com](https://silverandfit.com) or call **1-888-797-8091**, TTY **711**, Monday through Friday, 8 a.m. to 9 p.m. ET.



## Transportation Benefit

Your plan provides 24 one-way trips per year or covered routine medical, dental, vision and hearing appointments. You can also get non-emergency ambulance transportation. To schedule a ride, call **1-844-908-3663**, Monday through Friday 7 a.m. to 8 p.m. CT and Saturday 9 a.m. to 7 p.m. CT.



## Telehealth

Want to get care in the comfort of your home? Your plan includes telehealth services. Check your **Evidence of Coverage** or call us for more information.





## DRUG BENEFITS

# Pharmacy & Prescription

### Your Costs

Your plan has Defined Standard Part D with a deductible for drug benefits. Your plan includes one tier. See page 8 for more info about your drug coverage.

### Part D and Part B Insulin Coverage

You won't pay more than \$35 for a one-month supply of each covered insulin product, whether or not you've met the deductible.

### Mail-Order Option

You can save time and money with the mail-order benefit. You get standard shipping at no additional cost to you.



### Pharmacies to Use

CVS Caremark® helps us manage your prescription drug coverage. But that doesn't mean you have to use a CVS pharmacy. You have a broad network of pharmacies to choose from.

You can find our drug and pharmacy lists and copays online at [bcbstmedicare.com/pharmacy](https://www.bcbstmedicare.com/pharmacy). Or, you can call us.

**BENEFITS**

# Pharmacy Coverage

What you pay for a 30-day supply at a pharmacy

|                               |        | Extra  |
|-------------------------------|--------|--|
| <b>DEDUCTIBLE</b>             |        | <b>\$590</b>   |
| <b>INITIAL COVERAGE PHASE</b> | Tier 1 | Generic Drugs <b>25% coinsurance</b><br>Brand Drugs <b>25% coinsurance</b><br><br>Or if you get Extra Help:<br><br>Generic Drugs <b>\$0 to \$4.90 copay*</b><br>Brand Drugs <b>\$0 to \$12.15 copay*</b><br><br>*The amount you pay is determined by the covered Part D prescription and your Low-Income Subsidy (LIS) coverage. Please refer to your LIS Rider for the specific amount you pay. |
| <b>CATASTROPHIC COVERAGE</b>  |        | <b>You pay \$0</b>   |

You can see the list of covered drugs (also called a formulary) and amounts for covered drugs at a pharmacy at [bcbstmedicare.com/documents](http://bcbstmedicare.com/documents).



All Medicare Part D plans have benefit phases. The phase you're in depends on how much you and your plan or you alone have paid for covered drugs. You move to the next phase when costs reach the next limit. So what you pay for covered drugs depends on what benefit phase you're in.

The initial coverage phase ends once your drug costs reach **\$2,000**.

The catastrophic phase begins when your drug costs reach **\$2,000**. It lasts through **Dec. 31**.

## NETWORK

# Getting Your Care

BlueAdvantage has broad networks of providers, pharmacies, hospitals and specialists. And your plan doesn't require referrals. To find an in-network provider or pharmacy, you can visit [bcbst-medicare.com/findcare](https://bcbst-medicare.com/findcare).

| WHERE TO GO                        | WHY GO HERE?   |
|------------------------------------|--|
| <b>PRIMARY CARE PROVIDER (PCP)</b> | For routine, non-emergency care, try your PCP first. Some of our in-network providers offer virtual visits for certain routine care. |
| <b>TELEHEALTH</b>                  | If you have a non-emergency condition, you can have a telehealth visit with a doctor instead of going to urgent care.                |
| <b>URGENT CARE</b>                 | When your PCP isn't available and you want in-person care, but it's not an emergency, an urgent care might be able to help.          |
| <b>EMERGENCY ROOM (ER)</b>         | Go to the ER or call 911 if you need care right away for an emergency medical condition.   |



## SCREENINGS

# It Pays to Stay Healthy

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We've got another good reason to take care of your health. When you sign up for our My HealthPath® Wellness and Rewards Program, you may be eligible to receive gift cards for certain screenings your doctor says you need.

Not everyone needs all these tests, so you'll only get gift cards for the ones that apply to you. Questions about that? Call us.



### How It Works:

1. Sign up for My HealthPath at [bcbstmyhealthpath.com](https://bcbstmyhealthpath.com)
2. Get the screenings your doctor says you need.
3. Your doctor will send us the claim for the screening.
4. We'll process the claim and send you your gift card.



## Eligible preventive screenings include:

- › Annual Wellness Visit
- › Colorectal cancer
- › Breast cancer
- › Some diabetic screenings and tests

Log in to your online account to find all eligible screenings and tests and the gift cards you can earn for them.

We encourage you to get your screenings as recommended by your provider. However, gift cards are only awarded as defined in the My HealthPath program. To earn a gift card, you must be enrolled in My HealthPath, be eligible for the incentive and get the service(s) within the calendar year. Once we process the claim(s), you'll get your gift card(s) within 12 weeks. Gift card eligibility requirements and some restrictions may apply.

## SAFETY

# Let's Fight Fraud Together

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We know fraud is a real issue. Here are some things you can do to help keep your information safe:

- › Share your information only with people you know.
- › Only order from online pharmacies in your health plan's pharmacy network.
- › Be careful about what links you click on in emails or pop-up ads online.
- › Write down suspicious numbers and report them.

You can call our Fraud Hotline, **1-888-343-4221**, TTY **711**, 24/7 to report any suspicious activity.





## SAFETY

# Companies We Work With

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We contract with other companies to help us with certain covered services and programs. They may call you or send you letters. When they do, it's OK to talk with them. But if you're ever worried about people claiming to work with us, call us. This list of companies can change without notice.

### **ABLETO**

Virtual mental health providers.

### **AMEDISYS**

Provides specialized medical care for people living with a serious illness who live in certain Middle Tennessee counties

### **CVS CAREMARK®**

Helps with our prescription Part D drug programs.

### **EYEMED®**

Supports your vision care.

### **RETINA LABS**

Performs retinal eye exams and bone density screenings.

### **SIGNIFY HEALTH™**

Provides in-home screenings for certain members.

### **SILVER&FIT®**

Offers fitness and wellness programs.

### **SOMATUS**

Provides care coordination support for members with kidney disease.

### **TELADOC HEALTH®**

Lets you talk with a provider anytime for help with non-emergency medical conditions

### **TRUHEARING™**

Helps with your hearing needs.

## Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross), including its subsidiaries SecurityCare of Tennessee, Inc. and Volunteer State Health Plan, Inc. also doing business as BlueCare Tennessee, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- › Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- › Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583**, TTY **711**. From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance (“Nondiscrimination Grievance”). For help with preparing and submitting your Nondiscrimination Grievance, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583**, TTY **711**. They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; 423-591-9208 (fax); Nondiscrimination\_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can contact BlueCross’s Nondiscrimination Coordinator at 423-535-1010 (phone), Nondiscrimination\_CoordinatorGM@bcbst.com (email), or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross’s website: [bcbst.com](http://bcbst.com).

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# Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-831-2583, TTY 711. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-831-2583, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-831-2583, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-831-2583, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-831-2583, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-831-2583, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-831-2583, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-831-2583, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-831-2583, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-831-2583, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-831-2583, TTY 711. سيقوم شخص ما بتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, वस हमें 1-800-831-2583, TTY 711 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-831-2583, TTY 711. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-831-2583, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-831-2583, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-831-2583, TTY 711. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-831-2583, TTY 711 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

# We're right here when you need us.



[bcbstmedicare.com](http://bcbstmedicare.com)



Need to check your benefits or  
talk with a doctor on-the-go?  
Download our **BCBSTN<sup>SM</sup>** app for  
24/7 access.



**1-800-831-2583, TTY 711**  
**OCT. 1 TO MARCH 31, SEVEN DAYS A WEEK**  
**FROM 8 A.M. TO 9 P.M. ET. FROM APRIL 1**  
**TO SEPT. 30, M-F FROM 8 A.M. TO 9 P.M.**



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