

Important BlueAdvantage (PPO)SM Information

Keep this letter. It's proof that you have a special right to buy a Medigap policy or join a Medicare plan.

Dear Member,

BlueAdvantage Emerald (PPO)SM won't offer your Medicare plan in 2025. This means your coverage through us will end Dec. 31, 2024. We know that's not the news you were hoping for, and we're sorry. We've included some information for you about your options for choosing a new Medicare plan.

When can you join a new Medicare plan?

You can join a new plan during the Annual Enrollment Period. It starts Oct. 15, 2024 and goes through Dec. 7, 2024.

Because your plan will no longer be available, and to give you more time to think about your options, you also have a Special Enrollment Period. This chance to join a new plan starts Dec. 8, 2024 and goes through Feb. 28, 2025.

If you join a new plan before Dec. 31, 2024, your new plan will start on Jan. 1, 2025. If you join a new plan after Dec. 31, 2024, your coverage in the new plan will start the month after you join your new plan.

What happens if you don't join another Medicare plan?

If you don't take action before Dec. 31, 2024, you'll lose your prescription drug coverage and only be covered by Original Medicare starting Jan. 1, 2025.

What do you need to do?

You need to choose how you want to get your health and prescription drug coverage. Review your options for Medicare coverage and decide which is best for you:

- **Option 1: You can join another Medicare health plan.** Call **1-800-MEDICARE (1-800-663-4227)** 24 hours a day, 7 days a week or visit **Medicare.gov** to choose a

new plan. Private companies that contract with Medicare to provide benefits offer Medicare health plans. Medicare health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing or dental. Most Medicare health plans include prescription drug coverage.

- **Option 2: You can change to Original Medicare.** Original Medicare is coverage managed by the Federal government. If you choose Original Medicare, you need to join a separate Medicare Prescription Drug Plan to get prescription drug coverage. You may also want to buy a Medicare Supplement Insurance (Medigap) policy to fill in the gaps in Original Medicare coverage. See below for more information on Medigap policies.

Important Information:

Medigap Policies –You have a special right to buy a Medigap policy because your plan is ending. This letter is your proof of that right. You'll have this special right for 63 days after your coverage with BlueAdvantage Emerald ends. See the enclosed Medigap fact sheet for more information on your Medigap rights. You'll likely need to join a separate Medicare Prescription Drug Plan if you want Medicare drug coverage.

If you have an employer or union group health plan, VA benefits, or TRICARE for Life, contact your insurer or benefits administrator. Ask how joining another plan or returning to Original Medicare affects your coverage.

If you only have Medicare Part B, you'll also need to get Part A if you want to join a Medicare Advantage plan or buy a Medigap policy. Contact Social Security at **1-800-772-1213** for information on enrolling in Part A. TTY users should call **1-800-325-0778**.

How do you get help comparing Medicare plans?

It's important to find a plan that covers your doctor visits and prescription drugs.

Visit **Medicare.gov** or refer to your Medicare & You Handbook for a list of Medicare health and prescription drug plans in your area.

You can also get help comparing plans if you:

- **Call Tennessee State Health Insurance Assistance Program at 1-877-801-0044 or TTY: 1-800-848-0298, Monday through Friday, 8 a.m. to 5 p.m. ET.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**.
- **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying your plan isn't going to be offered next year and you want help choosing a new plan. This toll-free help line is available 24 hours a day, 7 days a week. **TTY users should call 1-877-486-2048.**

- **Visit Medicare.gov.** Click on “Supplements & Other Insurance” for information on Medigap policies and tools that can help you find plans available in your area. Click the “Find plans” tab to compare the plans in your area.

For information on Medigap plans, please call the Tennessee Department of Commerce and Insurance at **1-800-342-4029**. TTY users should call **711**.

If you need more information, please call us at **1-800-831-2583**, TTY **711**. From **Oct. 1 to March 31**, you can call us from 8 a.m. to 9 p.m. ET, seven days a week. From **April 1 to Sept. 30**, we’re available from 8 a.m. to 9 p.m. ET, Monday through Friday. Tell the customer service representative you got this letter.

Best of Health,

Your Member Care Team

What You Should Know About Medigap

Medigap Basics

A Medigap policy (also called Medicare Supplement Insurance) is private health insurance that supplements Original Medicare. This means it helps pay some of the costs (“gaps”) that Original Medicare doesn’t cover (like copayments, coinsurance and deductibles). If you have Original Medicare and a Medigap policy, Medicare will pay its share for covered health care costs, and then your Medigap policy pays its share.

Medigap coverage is different from your BlueAdvantage Emerald coverage. Medigap policies only help pay if you are in Original Medicare. You don’t need a Medigap policy if you’re in a Medicare health plan.

Medigap policies must follow Federal and state laws designed to protect you. In most states, Medigap insurance companies can only sell you a “standardized” Medigap policy identified by letters A through N. Each standardized Medigap policy must offer the same basic benefits, no matter which insurance company sells it. Cost is usually the only difference between Medigap policies with the same letter sold by different companies.

Your Right to Buy a Medigap Policy

Guaranteed issue rights (also called “Medigap protections”) are rights you have when insurance companies must offer you certain Medigap policies. In most cases, you have a guaranteed issue right when you lose coverage in your Medicare health plan. When you have guaranteed issue rights, the insurance company must sell you a policy, must cover pre-existing conditions and can’t charge you more because of any health problems. If you’re under 65, you may not be able to buy a Medigap policy until you’re 65.

Because you’re losing coverage with BlueAdvantage Emerald, you may have a guaranteed issue right to buy a Medigap policy. Make sure you keep a copy of the letter that says your coverage is ending. To protect your rights, you must buy a Medigap policy no later than 63 calendar days after your coverage with BlueAdvantage Emerald ends.

- Because your coverage under our plan ends Dec. 31, 2024, you must buy a Medigap policy no later than March 4, 2025. If you leave our plan before Dec. 31, 2024, you have 63 calendar days from the day your coverage ends to buy a Medigap policy.
- You have the right to buy Medigap Plan A, B, C*, D*, F*, G*, K, or L from any company selling these policies in Tennessee.

*Plans C and F are no longer available to people who are new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F.

You may also have the right to buy any Medigap policy in these situations:

- If you first got Medicare Part B in the last 6 months.
- You joined a Medicare Advantage plan or Medicare Cost Plan for the first time, or Programs of All-Inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first 12 months of joining, you decide you want to switch to Original Medicare.
- You dropped a Medigap policy to join a Medicare Advantage plan (or to switch to a Medicare SELECT policy) for the first time, you have been in the plan less than a year, and you want to switch back.
- You were initially enrolled in Part B based on disability before turning 65, and you turned 65 within the past 6 months.

You Can Buy a Medigap Policy Now

If you want to buy a Medigap policy, follow these steps:

1. Call Tennessee State Health Insurance Assistance Program to learn more about which policies are available.
2. Contact the company that sells the Medigap policy and ask for an application.
3. Fill out the application and make a copy of the letter that came with this mailing. It will prove that you have special rights to buy a Medigap policy.
4. Mail the application and a copy of the letter to the Medigap insurance company.

Remember, you must buy a Medigap policy no later than 63 days from the day your coverage in BlueAdvantage Emerald ends. It's best to buy before your coverage with our plan ends so that your Medigap policy starts the same day as your Original Medicare coverage.

Get Help Comparing Your Options

We'll call you to explain how you can get help comparing plans. You can also:

- **Call Tennessee State Health Insurance Assistance Program at 1-877-801-0044 or TTY: 1-800-848-0298, Monday through Friday, 8 a.m. to 5 p.m. ET.** Counselors are available to answer your questions, discuss your needs, and give you information about your options and Medigap policies. All counseling is **free**.
- **Visit Medicare.gov.** Click on "Supplements & Other Insurance" for information on Medigap policies and tools that can help you find plans available in your area.
- **Call 1-800-MEDICARE (1-800-633-4227).** This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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 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 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**.

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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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-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 도와 드릴 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 يتحدث 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, बस 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 Italianovi 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。日本語を話す人者が支援いたします。これは無料のサービスです。