



Member Guide

GET THE MOST OUT OF YOUR PLAN

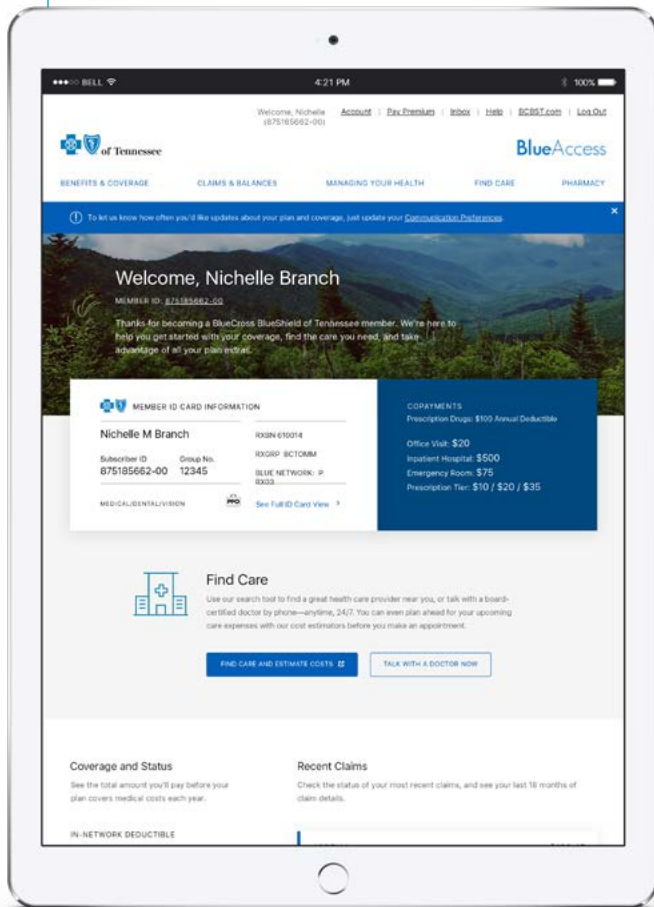


Welcome to BlueCross

We're glad you're part of our BlueCross BlueShield of Tennessee community and we're ready to show you around your new insurance plan. If this is your first time having insurance – or even if you've been covered by other plans before – you may have questions about how your new plan works. We've covered the basics in this book. If you ever need help or more detailed information, we're right here for you.

We're Here to Help

Your Member Care Team is happy to support your care goals and answer questions as you get started with your new plan. If you need help using your benefits, getting care or understanding how things work, we're right here for you.



Get in touch with us the way that works best for you.



Online: **BCBST.com** Manage your account from your PC, smartphone or tablet 24/7



Phone: **1-800-565-9140**
TTY: **1-800-848-0298**
8 a.m. to 6 p.m. ET,
Monday through Friday

We offer help in 150 different languages.

¿Tienes Preguntas? Tenemos las Respuestas. Tenemos representantes de servicio al cliente que hablan español y pueden ayudarle con sus preguntas. Para hablar con un representante de servicio al cliente, marque el número **1-866-636-0164**. Presione "1" para preguntas sobre su seguro médico o "2" para su seguro dental.

If you'd like help in a language other than English, just call 1-800-565-9140.



Let's Get Started

You've got a new health plan and you may be wondering what you need to do first. We can help with that. The next page shows you two important steps to get you started using your plan the easy way.

Your First Stop on Our Site

There's a lot to see and do on our member site, and we want you to explore all the tools and information when you have time. But there are a couple of things we hope you'll do on your first visit.

STEP 1

Activate your online account

Visit us online at bcbst.com/activate to activate your BlueAccessSM account. It's fast and easy, and once you're registered, you'll have 24/7 access to your account information and tools that make keeping up with your health care more convenient.

You can see what care is covered, check your balances and claims status, and find out where you can go to get care when you need it.

STEP 2

Decide if you want to go paperless

You can reduce the amount of mail we send you by choosing "go paperless." Just go to **Account** and then choose **Communication Preferences**. You'll still receive some documents by mail, but you'll get texts or emails anytime they're available.

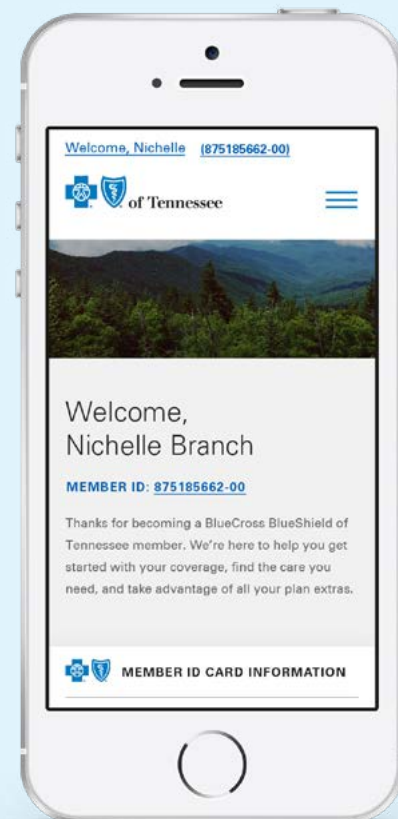
STEP 3

Tell us if you have any other insurance (even if you don't)

We need this information so we can pay your claims correctly and on time. We need to hear from you, even if you don't have other insurance. We'll check in with you about any new insurance around the same time every year.

When you're on the go – we're still right here.

Our member site is mobile friendly so you can use it on your smart phone or tablet, no matter where you are.





Before You Get Care

Using your insurance is as simple as showing your Member ID card when you go to the doctor, hospital or pharmacy. But knowing a few things up front can help you save money and get the most out of your benefits.

Choosing Where to Get Care Saves You Money

We work with certain doctors, hospitals and specialists to give you the best discounts for care. We call this your provider network. When you choose to get care inside that network, you save money. Before you get care, ask your provider if they're in your network. Or, check for yourself using the Find a Doctor tool. You can find it under **Find Care & Estimate Costs** on BlueAccess.

Free Screenings Keep You Healthy

Keeping an eye on your health – even when you're feeling fine – could save you money in the long run. When health problems are found early (before they become more serious), they're often easier and less costly to treat.

Most plans cover yearly checkups with an in-network doctor at no cost. This checkup may also include lab tests to check for common health problems and immunizations.

Some Services May Need Approval

Before you get care, it's a good idea to make sure your plan covers it. You can find out by visiting the **Benefits** section of your member site. If something needs approval, your doctor will need to check with us before you get the care so you don't have to pay unexpected costs. Here are some things that might need approval:

- Surgeries
- Stays in the hospital
- MRIs, CT scans or PET scans
- Renting or buying medical equipment





Planning to Get Care

Using an in-network provider is a good start when you're planning to get care. But you can save even more when you get the right care – at the right place – based on your needs.

Where Should You Go for Care?

Most of the time, your primary doctor is the best place to get non-emergency care for things like migraines, urinary tract infections, colds or the flu. But when you can't get a fast appointment, or you need care for non-emergency problems after hours, urgent care or convenient care centers are better choices than the emergency room. They're open late and on weekends, just like the ER, but you'll usually get care faster and pay less. Here's how to find one in your network.

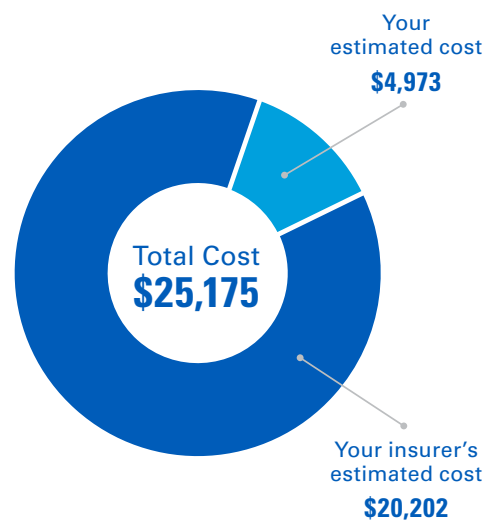
- Go to **bcbst.com/member** and log in.
- Click **Find Care & Estimate Costs**.
- Type "Urgent Care Center" in the search field and choose Urgent Care Center from the drop-down list.

How Much Will Your Care Cost?

You can better plan for your share of health care costs when you get an estimate first. Our HealthCare Cost Estimator tool lets you see cost estimates* for more than 1,400 common procedures. You can even use it to compare different doctors and facilities, and see how other members rated them.

COST ESTIMATE

For Knee Replacement



- Go to **bcbst.com/member** and log in to BlueAccess.
- Click on **Find Care & Estimate Costs**.

*Actual costs may vary.



Let Us Help You Stay Healthy

Living better shouldn't cost you more. That's why we've got you covered with discounts on health and fitness services, programs and gear to help you fit more healthy choices into your budget.

Member Discounts to Help You Live Better for Less

Your health plan does more than just pay your medical bills. Our Blue365[®] discount program helps you save on everyday health-related purchases like eyewear, nutrition programs and fitness gear. Find out more by logging in to BlueAccess, choosing **Managing Your Health** and select **Member Discounts & Fitness Your Way[™]**.

We add new discounts all the time, so check back often. Or sign up for email alerts that let you know whenever we add something.

Work Out Your Way

Fitness Your Way[™] by Tivity Health[™] lets you work out at more than 10,000 fitness centers across the country.

You'll pay a one-time \$29 enrollment fee, then \$29 a month. You don't have to sign a long commitment—just three months to start.

Signing up is easy:

- Log in to BlueAccess.
- Choose **Managing Your Health**, then find the Fitness Your Way tile.
- Or call **1-855-515-1332** Monday through Friday, 8 a.m. to 8 p.m.

* Participating facilities vary.

Know Your Rights

As a BlueCross BlueShield of Tennessee member, you have a number of rights, responsibilities and expectations that will engage you as a health care consumer and help you receive the type of care you deserve. More information about your rights and responsibilities is available online at: bcbst.com/manage-my-plan/member-rights.page.

[Reviews of Medical Necessity Decisions](#)

As a BlueCross BlueShield of Tennessee member, you have the right to request a review by an independent third party of medical necessity decisions. You can learn more about how your specific benefit plan handles requests for independent reviews in your benefit materials or Evidence of Coverage (EOC).

[Be Assured of Fair Decisions About Care](#)

BlueCross BlueShield of Tennessee works hard to earn and keep your trust. Whenever possible, we want to be open about how we make decisions. For prior authorizations and other health care decisions, we look at two factors: whether the care or service suggested is appropriate for your condition and whether your plan covers it. BlueCross doesn't reward employees, vendors or contracted practitioners in any way for denying care, service or coverage.

[Member Appeals Procedure](#)

Our appeal procedure, also called a grievance, procedure is intended to provide a fair and quick method of resolving any disputes you may have with BlueCross BlueShield of Tennessee. If you have a question about a claim, think a claim has not been paid correctly, want to appeal a claim decision or if you're not happy with any aspect of your BlueCross coverage, please contact our Member Service Department at **1-800-565-9140** (or the phone number on your Member ID card). Please see your EOC for complete information about the Member Grievance Procedure.

[Improving Your Quality of Care and Services](#)

Your safety, quality of care and the services you receive as a BlueCross BlueShield of Tennessee member are important to you – and to us. That's why we have a Quality Improvement Program that is evaluated each year for quality of care and service, appropriateness of care and access to providers.

Our program is nationally recognized by two external accrediting bodies, URAC and the National Committee for Quality Assurance (NCQA). For more details about our Quality Improvement Program, please send requests to:

BlueCross BlueShield of Tennessee
Attn: Quality Management 2.3
1 Cameron Hill Circle
Chattanooga, TN 37402

[Your Benefits Under the Women's Health and Cancer Rights Act](#)

Your BlueCross BlueShield of Tennessee health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses and the complications resulting from a mastectomy (including lymphedema). Please review your benefit plan materials for more details about these benefits and your coverage in general.

[Notice of Information Privacy Policies and Practices](#)

BlueCross BlueShield of Tennessee, Inc. and some subsidiaries and affiliates are required to: Maintain the privacy of all health plan information, which may include your name, address, diagnosis codes, etc. as required by applicable laws and regulations; provide this notice of privacy practices to all members; inform members of the company's legal obligations; and advise members of additional rights concerning their health plan information. Your health plan information may be used and disclosed for treatment, payment, and health care operations. A copy of this notice is included in your EOC. You may also request a copy of our privacy practices at any time. Please contact BlueCross at:

- Phone: **1-888-455-3824**
- Email: Privacy_Office@bcbst.com
- Mail: BlueCross BlueShield of Tennessee
The Privacy Office
1 Cameron Hill Circle
Chattanooga, TN 37402-0001

[HIPAA Compliant](#)

BlueCross BlueShield of Tennessee, Inc. is compliant with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

[Insurance Terms](#)

The online glossary at bcbst.com/manage-my-plan/glossary-terms.page can help you better understand insurance terms such as “Effective Date” and “Maximum Allowable Charge.” To understand the meaning of a term, you can check there for an easy-to-read description. The online Medical Policy Manual gives you easy-to-find information to help you understand new medical technologies and whether they’re appropriate for your particular situation. The manual’s medical policies identify technologies as medically necessary, not medically necessary, investigational or cosmetic. By researching technology in advance, you can use your health care dollars more wisely.

Making sure you get the care and service you deserve is important to us. We work hard to make sure you’re happy with your health plan, so if there’s any reason you’re not, please tell us. We’ll do everything we can if you have a complaint about:

- The quality of your care
- Availability of care
- Your relationship with your providers, or with us
- Anything else related to your health plan. If you’re not happy with any part of your care or your health plan, we want to hear from you. Just give us a call at the number on the back of your Member ID card.

If you’d rather write to us, please send it to us at:

**BlueCross BlueShield of Tennessee
Commercial Member Complaint Department
1 Cameron Hill Circle, Suite 0019
Chattanooga, TN 37402-0019**

[Ancillary Claims Process](#)

Please ask your doctor to use in-network providers for the following ancillary services to get the most out of your benefits.

Independent Clinical Laboratories: Sometimes physicians will send your specimens drawn in their office to an outside independent clinical laboratory for processing, which may or may not be in the same state. To receive in-network benefits for the lab work, the lab must be contracted with the BlueCross plan in the state where your sample was drawn.

Durable Medical Equipment (DME) (hospital beds, crutches, wheelchairs, oxygen tanks, etc.): If you or your doctor orders DME or supplies, the DME company must be in the network of the BlueCross Plan in that state to which the items are shipped in order to receive in-network benefits. If you purchase DME items from a retail store, the store must be in the network of the local BlueCross Plan.

Specialty pharmacy (injectable or infusion drugs that your physician administers): If your doctor orders specialty pharmacy items for you, the specialty pharmacy company must be in the network.

[Identity Protection](#)

Your benefits include Experian credit monitoring at no extra cost. See the plans available and sign up in BlueAccess.

BlueCross BlueShield of Tennessee (BlueCross) 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 differently because of race, color, national origin, age, disability or sex.

BlueCross:

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

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

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 a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 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 Compliance Coordinator; 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, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດລາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການລູກຄ້າອື່ນໆ ຈຳນວນສາມ, ໂດຍບໍ່ຄວນ ຈ່າຍ ມາ ທີ່ ທ່ານ ໂທ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298)።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد. 1-800-565-9140 (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).


ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínizin: Díí saad bee yáńítı'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kojí' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).





QUICK REFERENCE TO BLUECROSS RESOURCES

Answers to Your Questions Online or on the Phone

 **1-800-565-9140**
Monday - Friday,
8 a.m. - 6 p.m. ET

 **BCBST.com**

Where You Can Find It Online

Benefit Subject	 BlueAccess	 myBlue TN
Plan Benefits	Benefits & Coverage	My Insurance
Family Members Covered		
Amount of Copays and Deductibles		
Claims (archived for two years)	Claims & Balances	My Insurance
Deductible Balances		
Out-of-Pocket Maximum		
Talk to a Nurse*	Managing Your Health	Main Menu
Find a Doctor (Network, Specialty or Location)	Find Care & Estimate Costs	Main Menu
Locate an Urgent Care Center		
Blue365 Discount Program		
Fitness Your Way	Managing Your Health	Member Service in Other Languages: 1-800-565-9140
Explanation of Benefits (EOB)	Claims & Balances	
Personal Health Statement		
Create a Personal Health Profile	Managing Your Health	
Take a Personal Health Assessment		
Self-Directed Online Coaching*		
Compare Doctors by Cost and Quality	Find Care & Estimate Costs	
Read Doctor Reviews from Members		

* Service may not apply to all plans.