Member Guide
Get the most out of your plan
Welcome to BlueCross BlueShield of Tennessee

We appreciate having you as a member. Because we want you to get the best value from your BlueCross plan, we’ve created this quick reference guide so you can learn about your benefits. If you have any questions or just want to discuss your plan, give us a call. We’ll be glad to help.

This Brochure Is Not Your Evidence of Coverage

You can view and print your Evidence of Coverage (EOC) at bcbst.com in BlueAccess.

1. Log in to BlueAccess (instructions are on page 7)
2. Click the “My Benefits & Coverage” tab
3. Click “My Benefits”
4. Click “My Benefits Booklet”

Please call Member Service (1-800-565-9140) to request a printed copy of your EOC or the material referred to in this brochure.

Some services noted in this guide may not apply to your plan or you may have additional benefits not listed. Check your EOC to see exactly what is included in your plan.
WE’RE HERE TO HELP

Get the information you want online or over the phone. We can help you:

- Find a doctor, hospital, quick care clinic or other provider
- Confirm your benefits
- Check your claims and balances
- Get answers to any question about your BlueCross coverage

We offer service over the phone 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 numero 1-866-636-0164. Presione “1” para preguntas sobre seguro medico o “2” para seguro dental. Service in Other Languages You can access other language services by calling 1-800-565-9140.
Your BlueCross benefits offer you many choices and options for your health care needs. To get the most value as a member, you should learn more about:

- What’s on Your BlueCross Member ID Card
- Doctors or other providers in Your Plan Network
- Annual Physicals & Preventive Health Screenings
- Getting Prior Authorization When Needed
YOUR MEMBER ID CARD
If you have not already received your card, you will get it in the mail soon. Keep an eye out for it – your card carries a lot of important information.

Example Member ID Card
Your card will differ based on your plan.

Some services on this example member ID card may not apply to your plan or you may have additional benefits not listed. Check your EOC to see exactly what is included in your plan.

MEMBER ID CARD TIPS & INFORMATION
- Always carry it with you
- Protect it like you would a credit card
- Show it whenever you receive medical care
- Enjoy out-of-state coverage with acceptance by:
  - Nearly 95 percent of doctors and hospitals in the United States
  - Providers in more than 200 countries around the globe
TIPS TO MAXIMIZE YOUR BENEFITS

1. Use Doctors, Hospitals & Emergency Rooms (ER) in Your Network
   Find your BlueCross Network at the bottom left corner of your member ID card (see page 3)
   ■ BlueCross provider networks include doctors, hospitals, ERs and other health care providers
   ■ Using providers in your network helps you save money while visiting providers outside your network costs more

2. Watch Out for Hidden Costs
   Even if you carefully choose a doctor and hospital in your network, do not assume all of your care will be covered as in network. Services involving an anesthesiologist, pathologist, radiologist or other provider may be out of network. Ask your doctor if everyone providing care is in your BlueCross network.

3. Physicals & Preventive Health Screenings Are Good for You
   ■ They can identify diseases and medical conditions
   ■ Prevention and early detection lead to better health
   ■ Most health plans cover the following items at 100% in-network with no deductibles*
     – Annual physical
     – Mammogram
     – Diabetes screening
     – Immunizations
   * Check your EOC or the “My Benefits” section of BlueAccess to see the exact details of your plan.

4. Prior Authorization for Hospital Stay, MRI or Surgery
   ■ Prior authorization ensures your care is:
     – Covered by your plan
     – Cost effective
     – Right level of care for your condition
   ■ You need to get prior authorization before:
     – Surgical procedures
     – Hospital admissions
     – Outpatient care
     – Advanced radiological imaging services, like an MRI, CT or PET scan

To find a list of services that require prior authorization, visit bcbst.com and enter “prior authorization” in the Search field at the top of the page.
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You can find many resources in BlueAccess, your member self-service portal on bcbst.com, as well as on your smart phone and tablet with the new app – myBlue TN℠. There you can:
- Register for BlueAccess
- Find a Doctor, Hospital or Pharmacy
- Check Your Benefits
- See Which Family Members Are Covered
- View Copays & Deductibles

**USING YOUR TOOLS**
ER OR URGENT CARE CENTER?

When you need care in a true medical emergency, go directly to the closest emergency room. But for less severe illnesses, consider an urgent care center for treatment instead of an expensive trip to the ER. Find an Urgent Care or Convenient Care Facility with the Find a Doctor Tool at bcbst.com or using the BlueCross app, myBlue TN℠.

**Find a Doctor Tool**

1. Click “Find a Doctor” at bcbst.com
2. Type “Urgent Care Center” in the field and click “Search”
3. Sort results by distance, best match or patient reviews

**BlueCross app – myBlue TN℠**

1. Choose menu at bottom of page
2. Select “Find Urgent Care”
3. Enter prefix from member ID card
4. Press “Find Urgent Care Centers” button
**INSTALL THE BLUECROSS APP, myBlue TN™**

View the same information that is available in BlueAccess on your smart phone or tablet. Download the app from iTunes or Google Play, then enter the information from your BlueCross member ID card.

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**BlueAccess**

See the key details and benefits of your plan in BlueAccess. Log-in to your personalized, secure member area at bcbst.com.

**BlueAccess Sections**

- **My Homepage** – View a snapshot of your benefit information, recent claims, tools and resources.
- **My Benefits & Coverage** – Get full details on what’s covered, who’s covered and what you pay for medical services.
- **My Claims & Balances** – Check your claims status and details. Print benefit and claims information. View your remaining deductibles, out-of-pocket maximums and more.
- **My Health & Wellness** – Create a personal health profile and browse information designed to help you reach your health and wellness goals (may not be available to members of some self-funded groups).
- **Cost & Quality Tools** – Find a doctor or hospital in your network, including quality and safety certifications. Get answers about health care expenses — even compare costs.
- **My Account** – Set up your account profile, including contact preferences, communication channels, messaging alerts and BlueVoice participation.

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**Find a Doctor (or other provider) In Your Network**

Look for a new doctor at bcbst.com or on the new app.

- **Search by network, specialty or location**
- **Compare providers by cost & quality**
- **Read doctor reviews from other members**

See your member ID card for information needed to complete your search.
**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: www.bcbst.com/why-bcbst/company-information/corporate-governance/legal.

**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.

**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 an open book 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. Denying care, service or coverage is not rewarded in any way to anyone whether employees, vendors or contracted practitioners by BlueCross.

**Member Grievance Procedure**

Our 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 are 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 is 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 (BCBST) 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 BCBST: Phone: (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 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 are 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.

**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 where the items are shipped to 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 such as Remicade®, Reclast® and Synagis®): If your doctor orders specialty pharmacy items for you, the specialty pharmacy company must be in the network of the BlueCross Plan in the same state as your doctor.

BlueCross BlueShield of Tennessee is a Qualified Health Plan issuer in the Health Insurance Marketplace.
## Benefit Subject

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* Service may not apply to all plans.

## Member Service

1-800-565-9140

Monday–Friday,
8 a.m.–5:15 p.m. (Eastern)