

Medicare Age-in Outreach Program

Members of BCBST

Commercial Groups



**Tennessee**

Outreach materials at 64



**of Tennessee**

1 Cameron Hill Circle  
Chattanooga, TN 37402  
bcbst-medicare.com

Dear Member:

We value your membership in BlueCross BlueShield of Tennessee. Over the years, you have trusted us for quality health coverage. And as you turn 65, you can continue to look to us for the help you need to make the transition into Medicare.

There are important decisions to make about your health care coverage and if you're like most people, you have questions. The enclosed Medicare 101 guide will give you a high level view of Original Medicare, as well as the other Medicare coverage options that are available to you. It can help with questions such as:

- What do I do about enrolling in Medicare if I plan to work beyond age 65?
- When can I enroll?
- What is the difference in Medicare Advantage and a Medicare supplement plan?
- If I enroll in a plan and change my mind, can I move to another plan?
- Do I need prescription drug coverage too?

We're here to partner with you – providing answers to your questions and helping you choose a plan that fits your needs. If you want to learn more about Medicare options offered by BlueCross, visit our website at **<website>** or call us at **<phone>**, 8 a.m. to 9 p.m. ET, 7 days a week.

Best of Health,  
BlueCross BlueShield of Tennessee

---

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association  
BlueCross BlueShield of Tennessee, Inc. is a PPO plan with a Medicare contract.  
Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal.

# Medicare 101

A guide to the basics



# HELPING YOU GET MORE FROM MEDICARE

This guide can help you understand the different parts of Medicare and how they work, and will provide additional information to help you weigh your options. As you approach eligibility for Medicare, reliable health insurance – and the peace of mind it brings – is more important than ever.



If you are eligible for Medicare, you have several options to choose from. Understanding the options and how they work together can be confusing for anyone. But considering the cost of health care – and the importance of your health – it’s important to take the time to learn about Medicare before you enroll. When you’re prepared with all the facts, you can make a decision that’s best for you and your budget.

With BlueCross BlueShield of Tennessee, answers to your questions are just a phone call away. We want to partner with you by providing the information that can help you decide which type of Medicare plan is right for you.

## Contents

Eligibility	Page 2
The parts of Medicare	Page 2
Enhancing your Medicare Coverage	Page 3
What you may pay for	Page 4
Terms	Page 5
When you can enroll	Page 6
Getting ready for Medicare	Page 7
A comparison of options	Page 8
A helpful checklist	Page 10

# Let's start WITH THE BASICS



## Who is eligible for Medicare?

The Medicare federal health insurance program is available to people who are age 65 or older. It's also available for people under the age of 65 who have certain disabilities, and for people of any age with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant). In this guide, we will refer to the Medicare federal health insurance program as Original Medicare.

## What are the parts of Medicare?

Each part of Medicare offers something different. Here's a quick explanation.



### Medicare Part A

Hospital insurance provided by the government. It helps cover costs for inpatient hospital visits. It can also offer coverage for a limited stay in a skilled nursing facility, hospice care and some home health care.



### Medicare Part B

Medical insurance provided by the government. It helps cover costs for care you get from your doctor or other health care professionals (also called providers). This can include outpatient care, home health care, durable medical equipment and some preventive services.



### Medicare Part C

Hospital and Medical insurance run by Medicare-approved private insurance companies. This coverage is referred to as a Medicare Advantage plan. These plans provide coverage for all the services offered in both Part A and Part B. Additional benefits and services may be included. Most Medicare Advantage plans also include prescription drug coverage (Part D).



### Medicare Part D

Optional prescription drug coverage available from Medicare-approved private insurance companies. Coverage can be provided through a stand-alone prescription drug plan, or through a Medicare Advantage plan that includes prescription drug coverage.

To learn more about what's included in Medicare Parts A, B, C and D visit: [medicare.gov/what-medicare-covers](https://www.medicare.gov/what-medicare-covers).

# Here's how IT ALL STACKS UP

There are two key ways to enhance your Medicare coverage.

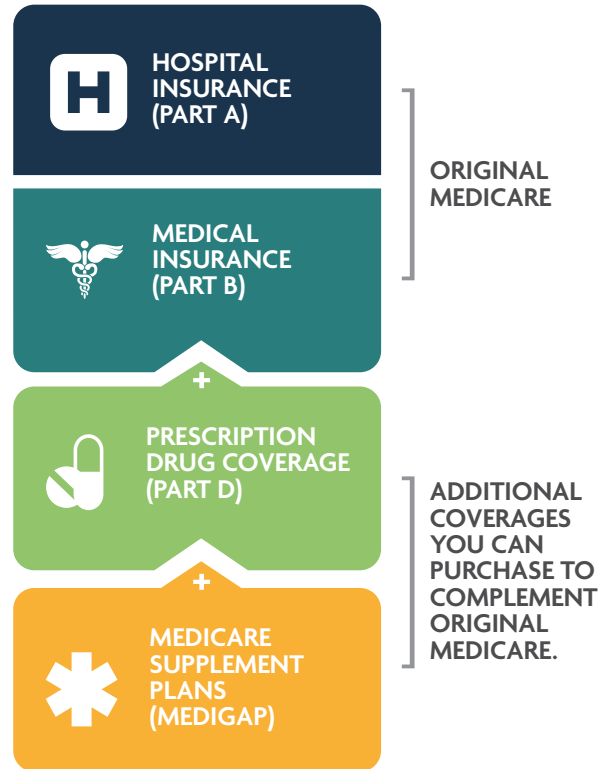
OPTION



## Original Medicare PLUS supplement plans

Medicare Supplement plans can help pay hospital and medical expenses that Original Medicare doesn't cover. If you enroll in a Medicare Supplement and also want drug coverage, you would want to purchase a stand-alone prescription drug plan.

Medicare Supplement plans may have a waiting period before any benefits are paid on pre-existing conditions, and unless you are new to Medicare you may have to answer some health questions to qualify for enrollment.



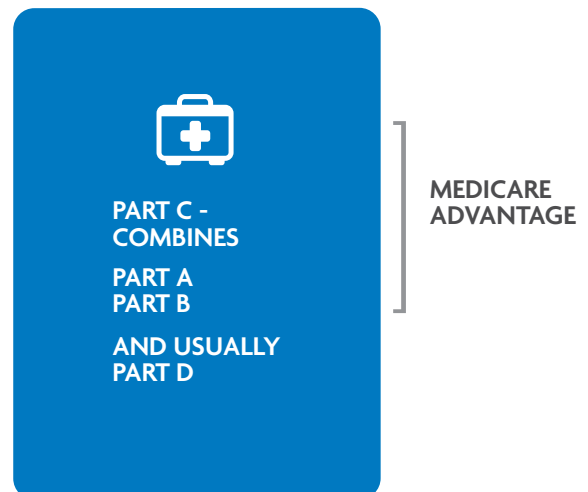
## Medicare Advantage Plans

OPTION



A Medicare Advantage plan includes Medicare Parts A, B and D all in one plan. You receive coverage for the same medically necessary services.

If you enroll in a Medicare Advantage plan, you must continue to pay your Medicare Part B premium if it's not paid by Medicaid or by another third party.



### Note:

If you join a Medicare Advantage plan, you can't use and can't be sold a Medicare supplement insurance (Medigap) policy.





## What you need to know ABOUT POTENTIAL GAPS IN COVERAGE

There are some services, items and procedures that Original Medicare doesn't cover. If you need one of these services, you will have to pay for it out of your pocket unless you have other insurance or are in a Medicare Advantage plan that covers the service.

Also, for services or items that Original Medicare does cover, you will generally have a deductible, coinsurance and/or copayment that you will be responsible for. There are also coverage limits – like the number of days Medicare will pay for a hospital or nursing home stay.

## What's Not COVERED

Here's a brief list of services and items that are not covered by Original Medicare.

- Prescription drugs
- Long-term care
- Routine dental or eye care
- Dentures
- Hearing aids and exams for fitting them
- Routine foot care
- Acupuncture

### Quick Tip

For a complete list of what Original Medicare does not cover, go to:  
**[medicare.gov/  
what-medicare-covers](https://www.medicare.gov/what-medicare-covers)**.



Scroll down to see “What's not covered by Part A and Part B?”

# Defining THE TERMS

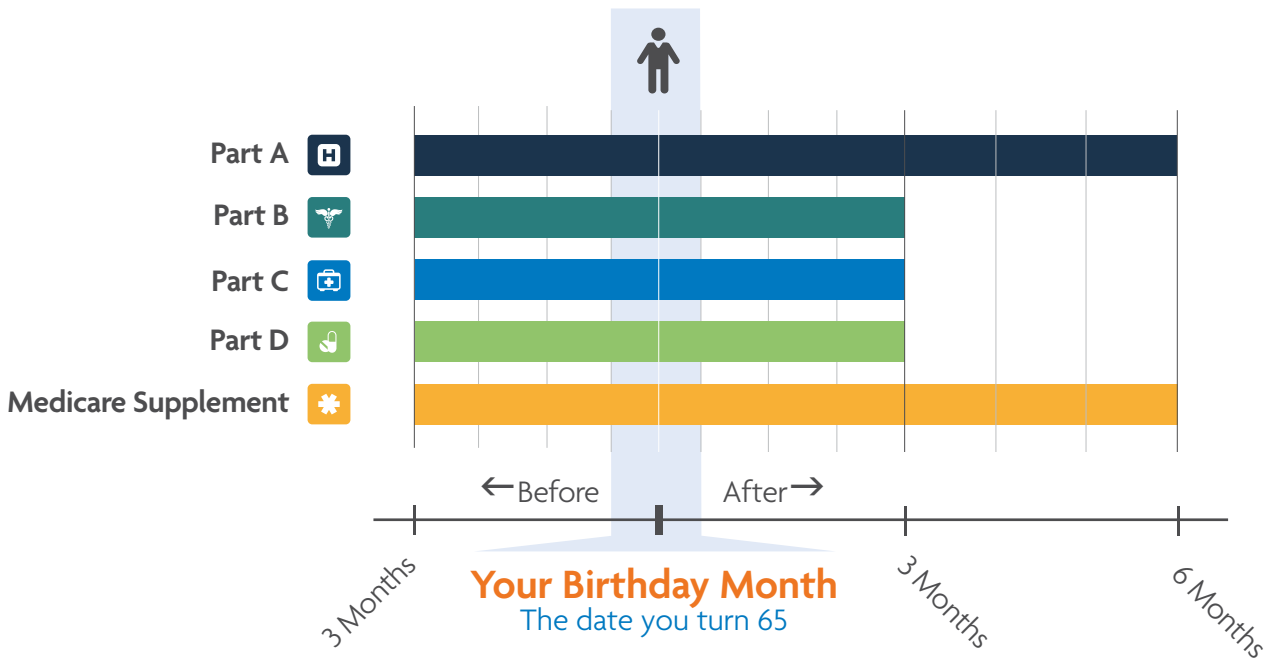
<b>Deductible</b>	An amount that you must pay for health care services before Medicare, your health insurance or prescription drug insurance will pay benefits.	<b>For Example:</b> <b>\$5,000 Hospital Stay</b> - \$1,216 Deductible (Individual Pays) = \$3,784 Plan Pays
<b>Coinsurance</b>	The amount (usually a percentage, like 20%) of the cost that you must pay, after you have paid your deductible.	<b>For Example:</b> <b>\$800 Ambulance Charge 80/20 Plan</b> - \$160 Member Pays - \$640 Plan Pays
<b>Copayment</b>	A fixed amount you must pay for a service or a prescription each time.	<b>For Example:</b> <b>Individual Pays</b> \$10 Doctor Visit \$3 Generic Drugs
<b>Premium</b>	A set amount you pay each month for your insurance plan coverage.	
<b>Formulary</b>	A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.	

# When CAN YOU ENROLL?

When it comes to enrolling in Medicare plans, timing is everything. You can enroll when you turn 65, or when you become eligible for other reasons – but you need to pay close attention to the window of opportunity. If you wait too long, you will have fewer options, and you may have to pay more.

## Example:

Let's assume your birthday is June 15. Your effective date for Medicare Parts A & B would be June 1. You can apply for coverage as early as three months prior to your birthday, but June 1 would be the earliest benefits would begin. Here's a timeline that shows when you can sign up for your different options.



**Part A** eligibility begins at age 64 years and nine months.



**Part B, Part C (Medicare Advantage) and Part D (prescription drug coverage)** enrollment can begin three months before the month of your 65th birthday and ends at the end of the third month after your birth month – for a total of seven months.



**Medicare Supplement (Medigap)** Insurance plans can be purchased once you're enrolled in Part B. You are guaranteed coverage for up to six months after you turn 65. If you purchase a Medigap plan later, you could be denied coverage.

# Countdown TO MEDICARE

- Age 64 - Start planning
  - Learn about Medicare. Read about the different types of plans, what they cover, and how much you would have to pay. Learn what's available to you including retiree benefits from your employer. Think about how your needs could change as you age.
- Age 64 1/2 - Gather the facts
  - Look at the Medicare plans available where you live. Compare costs and benefits. Research the insurance companies to look for financial strength and experience.
- Age 64 and 9 months - Enroll



If you are turning 65 and are still working and covered by a group health plan, you can delay enrollment into Medicare Part A and/or Part B. You have eight months from the time you leave employment to enroll without a penalty.

## What is the Annual Election Period?

The Annual Election Period (AEP), also known as the Fall Open Enrollment, runs from Oct. 15 to Dec. 7 each year. This is the time you can make changes to your Medicare coverage. For example, if you are enrolled in Original Medicare you can change to a Medicare Advantage plan during the AEP. During this time, you might consider a supplemental policy or prescription drug plan. Any elections you make during this period are effective Jan. 1 of the following year.

## What is the Medicare Advantage Disenrollment Period?

The disenrollment period, between Jan. 1 and Feb. 14 each year, is the time you can disenroll from a Medicare Advantage plan and return to Original Medicare. If you use this option, you could also enroll in a stand-alone Part D prescription drug plan and/or apply for a Medigap plan. Once you have elected your options and the disenrollment dates have passed, you are enrolled in your chosen plan for the rest of the calendar year. During the next Annual Election Period, you can change your coverage for the following year.



## Quick Tip

If you don't enroll in prescription drug coverage when you're first eligible, you must wait until AEP (Oct. 15 – Dec. 7) unless you qualify for a special enrollment period. If you go without coverage that is at least as good as Medicare Part D for 63 continuous days, you'll have to pay a late enrollment penalty.

# WEIGH YOUR OPTIONS



## ORIGINAL MEDICARE (PARTS A & B)

**How it works:** Administered by the government. Pays doctors, hospitals and other providers directly for the part of your care that it covers.

**What it covers:** Part A helps pay for “medically necessary” care in a hospital or in a skilled nursing facility (after a hospital stay), and hospice care. Part B helps pay for doctor’s visits, outpatient services and certain diagnostic and preventive screenings. For a complete list, visit Medicare.gov.

**Costs:** Part A is an earned benefit. You won’t pay for coverage if you or your spouse paid in to Social Security for at least 10 years. You will pay a premium for Part B (medical insurance) that’s based on your annual income.\* Monthly premiums are deducted from your Social Security check. If you don’t receive benefits, you’ll be billed quarterly.

**Out-of-pocket costs:** Each benefit period, you’ll pay a deductible for each hospital stay, and then a copay after a certain number of days. For visits to your doctor or surgeon, you must meet an annual deductible. After you pay your deductible, you will pay coinsurance. Usually, Medicare pays 80% and you pay 20%.

**Providers available (doctors/hospitals):** You can see any provider who can participate in Medicare, and who is accepting patients.

**Prescription drug coverage:** Medicare Part B pays for a very limited number of prescription drugs – typically those that you don’t take at home. These include the injections or vaccinations you get from a doctor.



## MEDICARE ADVANTAGE (PART C)

**How it works:** Administered by a private insurance company that has contracted with the Medicare program. Medicare pays the insurance company for benefits offered through the Medicare Advantage plan.

**What it covers:** It covers the same services that Original Medicare covers. The plans typically include prescription drug coverage and extra benefits like vision or hearing care and fitness program memberships. You may receive extra help to deal with a specific medical condition.

**Costs:** You will still pay your Part B premium to Medicare. Some Medicare Advantage plans have no additional premium - other than what you pay for Medicare part B.

**Out-of-pocket costs:** Typically low premiums, if any, in addition to Part B premiums (and Part A premium if you have one). Copays/coinsurance for doctor’s visits and other services. Limited annual maximum out-of-pocket limits.

**Providers available (doctors/hospitals):** Plans have a list of doctors, hospitals and pharmacies (known as networks) that have contracts with the insurance company to provide care for the plan’s members. If you don’t use a provider in the plan’s network, you may have to pay more for your care.

**Prescription drug coverage:** Most Medicare Advantage plans have prescription drug coverage included.

\*In 2014, your part B premium will be \$104.90 if your yearly income is less than or equal to \$85,000. For higher incomes, you will pay more. Check Medicare.gov to determine your part B premium.



## MEDICARE PRESCRIPTION DRUG COVERAGE (PART D)

**How it works:** Administered by a private insurance company that has contracted with the Medicare program. This coverage is available as a stand-alone product for someone with Original Medicare or Original Medicare and a supplement. Or, it can be included as part of an all-in-one Medicare Advantage plan.

**What it covers:** These plans offer coverage for prescription drugs.

**Costs:** A stand-alone plan may have an additional monthly premium. Medicare Advantage plans that include prescription drug coverage include that coverage under one monthly premium.

**Out-of-pocket costs:** Copays or coinsurance for covered prescription drugs.

**Pharmacies available:** Prescription drug plans include a network of accepting pharmacies. In most instances, members must use a network pharmacy for the plan to cover their prescription drug purchase.



## MEDICARE SUPPLEMENT PLAN (MEDIGAP)

**How it works:** Sold by private insurance companies. There are several types of standard plans that must follow federal and state laws. They can help you pay for some of the expenses not covered by Original Medicare.

**What it covers:** Medigap plans pay for additional days of hospital care, and help with costs of deductibles, copays and coinsurance.

**Costs:** Premiums for Medigap plans will vary according to the plan you choose and the insurance provider. Premiums for these plans will typically increase each year based on your age.

**Out-of-pocket costs:** The plan might pay all or most of your out-of-pocket costs from Original Medicare. The amount of coverage (for instance, the percentage the plan pays of your deductibles) will vary by plan type.

**Providers available (doctors/hospitals):** You can see any doctor who participates in Medicare.

## Explaining Medicare Part D

For 2014, your cost for prescription drugs depends on which of the following coverage stages you're in.

- Deductible** - If your plan requires a deductible, you'll pay that first.
- Initial Coverage Stage** - You'll pay your copay or coinsurance until both you and your plan have paid a total of **\$2,850**.
- Donut Hole (coverage gap)** - You'll pay **47.5%** of the cost for brand name drugs, and **72%** on generic drugs. You're out of the donut hole when your total out-of-pocket costs reach **\$4,550**.

Although you will pay only **47.5%** of the price for the brand-name drug, the entire drug cost will count toward the amount you need to qualify for catastrophic coverage. For generic drugs, only the amount you pay will count towards getting you out of the coverage gap.

- Catastrophic coverage** - At this stage, you'll pay a small copay or coinsurance for each covered drug for the rest of the plan year.

# A Helpful CHECKLIST

If you are considering a Medicare Advantage or prescription drug plan, there are some things to consider before making your decision.

- Check to see if your doctor is listed in the network for the plan you are considering.
- Check to see which pharmacies are listed in the plan's network and ask to see a "formulary," which lists the covered drugs and your copays.
- Consider costs including premium, deductibles, copayments and coinsurance.
- Consider the extra benefits and discount programs that may be offered with a Medicare Advantage plan.
- Make a list of the things that are most important to you. These items might include:
  - Free preventive care
  - Low premiums
  - Maintaining or improving the quality of your health
  - Limiting what you pay out-of-pocket for your care
  - Access to out-of-state doctors and hospitals
  - A wide choice of doctors, hospitals and other health care facilities
  - No referrals to see specialists
  - Affordable prescription drug coverage



## Quick Tip

To learn more about what a Medicare Advantage plan covers, along with the copays, deductibles and monthly premium (if any), check the website of the insurance company, or call and request an information packet. You can also get information on which prescription drugs are covered and the list of doctors, hospitals or pharmacies that are contracted to provide care for that plan's members. On [medicare.gov](https://www.medicare.gov), you can search for plans offered where you live. For more information on what BlueCross offers, visit [BetterMedicare.com](https://www.bettermedicare.com).

## Other Medicare RESOURCES

### Medicare

For help with your Medicare questions, you can call 1-800 MEDICARE (1-800-633-4227), TTY 1-877-486-2048, or visit: [medicare.gov](https://www.medicare.gov).

### State of Tennessee

You can get personalized Medicare counseling through your State Health Insurance Assistance Program (SHIP). In Tennessee, call toll-free to 1-877-801-0044.

### Social Security

The Social Security office can determine if you're eligible for Part A and/or Part B and tell you how to enroll, apply for extra help with Medicare prescription drug costs, or help with questions about premiums. Call 1-800-772-1213, TTY, 1-800-325-0778 – or visit: [socialsecurity.gov](https://www.socialsecurity.gov).

## You may need more THAN ORIGINAL MEDICARE

Now that you have the basic facts about Medicare, let us help you make your plan decision. Our experienced agents can help you to find the right plan for your needs.

BlueCross BlueShield of Tennessee offers all-in-one Medicare plans that provide medical, hospital and prescription drug coverage, Medicare supplement insurance and stand-alone prescription drug coverage. If you have any questions, please call **1-888-652-9643**. TTY/TDD: **711**, 8 a.m. to 9 p.m., ET, 7 days a week. For more details about the Medicare plans we offer, visit us at [Facebook.com/BCBSTMedicare](https://www.facebook.com/BCBSTMedicare) or on our website at [BetterMedicare.com](https://www.bettermedicare.com).





**FOR MORE INFORMATION,  
PLEASE CALL OR VISIT:**

**1-888-652-9643**

**TTY/TDD: 711**

**8 a.m. to 9 p.m. ET,  
7 days a week**

**BetterMedicare.com**



BlueCross BlueShield of Tennessee  
1 Cameron Hill Circle | Chattanooga, TN 37402  
BetterMedicare.com

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

BlueCross BlueShield of Tennessee, Inc. is a PPO plan with a Medicare contract.  
Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal.

Outreach materials at 64 ½



As you turn 65, count on the health plan you know and trust to help you make the most of Medicare.

<Reference Code: XXXXXXXXXX>

<MEMBER FIRST NAME LAST NAME>  
<MEMBER ADDRESS1>  
<MEMBER ADDRESS2>  
<CITY, STATE ZIP CODE>

Dear <Member First Name Last Name>,

Thank you for the trust you've placed in us over the years. Now that you're approaching eligibility for Medicare, reliable health insurance — and the peace of mind it brings — is more important than ever.

Fortunately, as a valued BlueCross BlueShield of Tennessee member, you're in the right hands. Answers to your questions are just a phone call away. We want to partner with you by providing the information that can help you decide which Medicare plan is right for your budget.

We'll help you find a plan that provides medical, hospital and prescription drug coverage, with plenty of benefits. Many of our plans include:

- **\$0** monthly premium
- **\$0** annual deductible
- **\$0** copay for preventive care
- **\$10** copay for primary care physician office visits
- Wide choice of doctors and hospitals with no referrals needed
- **\$3** copays for preferred generic drugs – even through the gap
- Routine hearing and vision care
- **Free** gym membership through Healthways' SilverSneakers<sup>®\*</sup> Fitness Program

We'll be contacting you with information on how to prepare for Medicare. You'll have the opportunity to learn more about the Medicare health plans available to you from BlueCross BlueShield of Tennessee.

In the meantime, if you have questions, please call **1-888-841-8493**, TTY/TDD members should call **711**, 8 a.m. to 9 p.m. Eastern Time, 7 days a week. Or visit **www.bettermedicare.com**. We appreciate the trust you've placed in us over the years and look forward to helping you make the most of this important time in your life.

Sincerely,

John Maki  
Vice President Sales & Account Management  
BlueCross BlueShield of Tennessee

Y0013\_14\_PAgelnLtr ACCEPTED 02082014

**YES!** I want to know more about BlueCross BlueShield of Tennessee's Medicare Advantage plans.

<MEMBER FIRST NAME LAST NAME>  
<MEMBER ADDRESS1>  
<MEMBER ADDRESS2>  
<CITY, STATE ZIP CODE>



Please send me more information in the mail.

Phone Number (\_\_\_\_) \_\_\_\_\_ Best time to call \_\_\_  a.m.  p.m.

By supplying my phone number or email address, I grant permission for a sales representative to contact me to answer questions regarding Medicare Advantage Products or schedule an in-home visit. Contact me even if I am on a state or national do-not-call list.

Please e-mail me information at \_\_\_\_\_ (optional)

Y0013\_14\_AGEIN\_BRC APPROVED 12/30/2013

\*HealthWays® is an independent company that provides fitness services for BlueCross BlueShield of Tennessee. Healthways does not provide BlueCross BlueShield-branded products and services. Healthways is solely responsible for the services they provide.

BlueCross BlueShield of Tennessee, Inc. is a PPO plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium, copayments and coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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

**Please fill out the information on the front of this form  
and use the enclosed self-addressed envelope to return.**

\*HealthWays® is an independent company that provides fitness services for BlueCross BlueShield of Tennessee. Healthways does not provide BlueCross BlueShield-branded products and services. Healthways is solely responsible for the services they provide.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium, copayments and coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

BlueCross BlueShield of Tennessee, Inc. is a PPO plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal.

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

Outreach materials at 64 <sup>3</sup>/<sub>4</sub>

# Great news!

## You'll soon be eligible for the health coverage you've earned...

The countdown has begun ... and your 65th birthday is quickly approaching. That's why it's important that you take immediate action to make sure your health care coverage is in place the day you turn 65.

It's easy to do. Just turn to a trusted name for reliable health coverage: BlueCross BlueShield of Tennessee. We have a choice of Medicare plans, including BlueAdvantage (PPO)<sup>SM</sup>, designed to meet your needs and your budget.

### Many of our plans feature:

- **\$0** monthly premium
- **\$0** annual deductible
- **\$0** copay for preventive care
- **\$10** copay for primary care physician office visits
- Wide choice of doctors and hospitals with no referrals needed
- **\$3** copays for preferred generic drugs – even through the gap.
- Routine hearing and vision care
- **Free** gym membership through Healthways' SilverSneakers<sup>®\*</sup> Fitness Program

As you're counting down to Medicare, count on us. BlueCross BlueShield of Tennessee has been providing health care coverage for over 65 years to Tennessee residents. You'll have peace of mind knowing our plans are backed by experience, financial stability and outstanding service.

**Don't delay:** It's important that your coverage is in place the day you turn 65. That's why you should request a FREE information packet and talk to one of our licensed sales agents right now.



**\$0**  
Monthly Plan  
Premium

**\$0**  
Annual  
Deductible

**\$10** copay  
for primary care  
physician office visits

**\$3** copays  
for preferred  
generic drugs - even  
through the gap

Get the Facts:  
Call 1-888-571-0185,  
TTY: 711,  
8 a.m. to 9 p.m. ET,  
7 days a week.  
Or visit  
[www.bettermedicare.com](http://www.bettermedicare.com).



1-888-571-0185, TTY: 711.



Visit [www.bettermedicare.com](http://www.bettermedicare.com).



Detach and return the postage-paid Information Request card below.

Or call your authorized BlueCross BlueShield of Tennessee agent.

 **of Tennessee**  
HEALTH. WELLNESS. VISION.  
[www.bettermedicare.com](http://www.bettermedicare.com)

\*HealthWays<sup>®</sup> is an independent company that provides fitness services for BlueCross BlueShield of Tennessee. Healthways does not provide BlueCross BlueShield-branded products and services. Healthways is solely responsible for the services they provide.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium, copayments and coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

BlueCross BlueShield of Tennessee, Inc. is a PPO plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal.

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



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 692 CHATTANOOGA TN  
POSTAGE WILL BE PAID BY ADDRESSEE  
ATTN: MEDICARE ADVANTAGE BRC  
BLUECROSS BLUESHIELD OF TENNESSEE  
1 CAMERON HILL CIRCLE, STE 0006  
CHATTANOOGA TN 37402-9826

FROM \_\_\_\_\_



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**FREE INFORMATION REQUEST CARD**

**YES!** I want to know more about BlueCross BlueShield of Tennessee's Medicare Advantage plans.

Please send me more information in the mail.

Phone Number (\_\_\_\_) \_\_\_\_\_

Best time to call  a.m.  p.m.

By supplying my phone number or email address, I grant permission for a sales representative to contact me to answer questions regarding Medicare Advantage products or schedule an in-home visit. Contact me even if I am on a state or national do-not-call list.

Please e-mail me information at: \_\_\_\_\_

(optional)

Y0013\_14\_AGEIN\_BRC APPROVED 12/30/2013



1 Cameron Hill Circle  
Chattanooga, TN 37402-0001

[www.bettermedicare.com](http://www.bettermedicare.com)



You may also call your authorized BlueCross BlueShield of Tennessee agent.

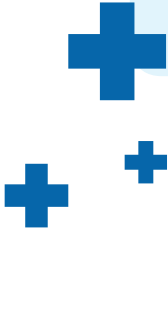
Or visit [www.bettermedicare.com](http://www.bettermedicare.com).

**But you must take action now:** Call BlueCross BlueShield of Tennessee at 1-888-571-0185, TTY: 711.

**Plus ...** No referrals for physician or specialist visits ... Routine hearing and vision benefit ... **And much, much more!**

- \$0 Monthly plan premium
- \$0 Annual deductible
- \$3 copays for preferred generic drugs - even through the gap
- \$10 copay for primary care physician office visits

**Countdown to Medicare!** You'll soon be eligible for health coverage with:

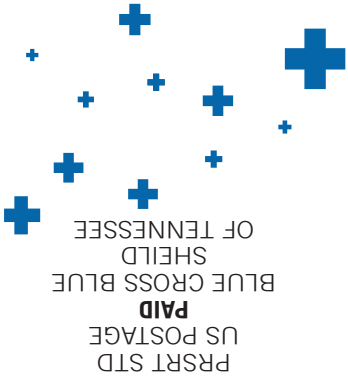


THIS IS AN ADVERTISEMENT

Y0013\_14\_BDAY3mo ACCEPTED 01/20/2014

Now is the time to make sure your health care coverage will be in place the day you turn 65.

**The months are counting down...**

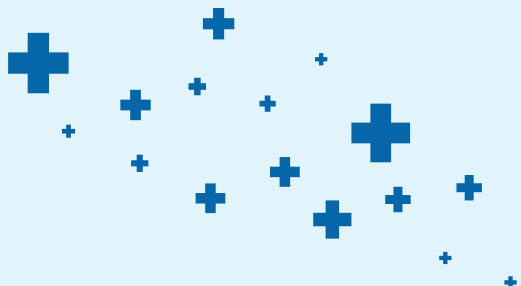


PRRST STD  
US POSTAGE  
PAID  
BLUE CROSS BLUE  
SHIELD  
OF TENNESSEE



Call 1-888-571-0185, TTY: 711  
Or visit [www.bettermedicare.com](http://www.bettermedicare.com).

*BlueCross BlueShield of Tennessee has been providing health care coverage for over 65 years to Tennessee residents. You can count on our trusted advisors to help you choose the Medicare solution that best fits your needs and your wallet.*



# Sample Outbound Follow-up Phone Call Script



Good <morning/afternoon>, this is <BCBST rep's name> calling on behalf of BlueCross BlueShield of Tennessee. May I speak with <member name>?

[if member is unavailable] I'm calling about the Medicare information we sent to <member name>. If <member name> has any questions, <he/she> can call me at <phone number> from 8:00 a.m. to 9:00 p.m. Eastern Time, seven days a week. Thank you.

[if member is available] Hello, <member name> this is <representative's name> from BlueCross BlueShield of Tennessee. I'm calling you today to let you know that we offer several Medicare plans that would give you the opportunity to stay with the name you can trust for your health care needs. BlueAdvantage is our all-in-one Medicare Advantage plan that offers you more than Original Medicare. Do you have a moment to speak with me today?

[if no]

Would there be a more convenient time for me to call you?

[if yes, schedule time and date for follow up call]

[if no]

Okay, I understand. You should have received information in the mail from us about Medicare. If you have any questions about Medicare or BlueAdvantage, you can call me back at <phone number> from 8:00 a.m. to 9 p.m., Eastern Time, seven days a week. Thank you for speaking with me today. BlueCross BlueShield of Tennessee, Inc. is a PPO Plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal. BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

[if yes]

That's great. By now you should have received information in the mail from us about Medicare. I'm calling to follow up with you and see if I can help you with any questions you might have. I am a licensed sales agent for BlueCross, so I can help you with questions about our plans – or about Medicare in general.

We offer plans with premiums as low as zero. And, we have a wide selection of doctors and hospitals to choose from. Of course, you must continue to pay your Medicare Part B premium. There is no referral needed for physicians or specialists. And there are many other important benefits to BlueAdvantage plans.

To enroll in one of our Medicare plans, you must have Medicare A&B in place. Have you received your red, white and blue card from Medicare?

[if no] To be eligible for our Medicare health plans, you must be enrolled in Medicare Parts A and B. I can help answer your questions today about our plans and once you have enrolled in Medicare A and B, you can call us back to enroll in the plan that works best for you. BlueCross

BlueShield of Tennessee, Inc. is a PPO Plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal. BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

[if yes] Great. You are eligible to enroll in Medicare coverage three months before your 65<sup>th</sup> birthday. As a valued member of BlueCross, we will make sure the transition from your current BlueCross coverage to a BlueCross Medicare plan is easy. Is there anything I can do today to help you with this transition?

[agent responds to individual's questions regarding product options covering the details of the plan that best fits the beneficiary's needs.]

If you're interested in enrolling now, we can do that today. That way, everything will be in place so that on <date> your new coverage will begin. I also want you to know that you are not required to provide any health related information to a plan representative unless it will be used to determine your enrollment eligibility.

[if member is ready to enroll]

If you are ready to enroll in our plan, please call us back at <phone number> and our telephonic enrollment team will gladly assist you. Thank you. BlueCross BlueShield of Tennessee, Inc. is a PPO Plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal. BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

[if member does not want to enroll at this time]

<member name>, thank you for speaking with me today. If you think of anything else we can help you with, please call me back at <phone number> from 8:00 a.m. to 9:00 p.m., Eastern Time, seven days a week. Thank you. BlueCross BlueShield of Tennessee, Inc. is a PPO Plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal. BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

**[Script for Outbound call at age 64 3/4, if member's voicemail answers the call]**

Hello <member name>. This is [representative's name] calling on behalf of BlueCross BlueShield of Tennessee. We recently mailed you information about your Medicare options.

You are eligible to enroll in a Medicare health plan three months before your 65<sup>th</sup> birthday. As a valued member of BlueCross BlueShield of Tennessee, I'd like to help ensure that this process is as easy for you as possible.

If I can help make your plan decision or answer any questions you have about our plans you may call me direct at <phone number> from 8:00 a.m. to 9.00 p.m., Eastern Time, seven days a week. If you're asked to leave a message, your call will be returned the next business day. BlueCross Blue Shield of Tennessee, Inc. is a PPO plan with a Medicare contract. Enrollment in BlueCross BlueShield of Tennessee, Inc. depends on contract renewal. BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

Y0013\_14\_PGAISCPT3 Approved 01212014