

A photograph of four children running across a grassy field in a park. The image is overlaid with a semi-transparent blue filter. The children are in motion, running from left to right. In the background, there are trees and a playground structure.

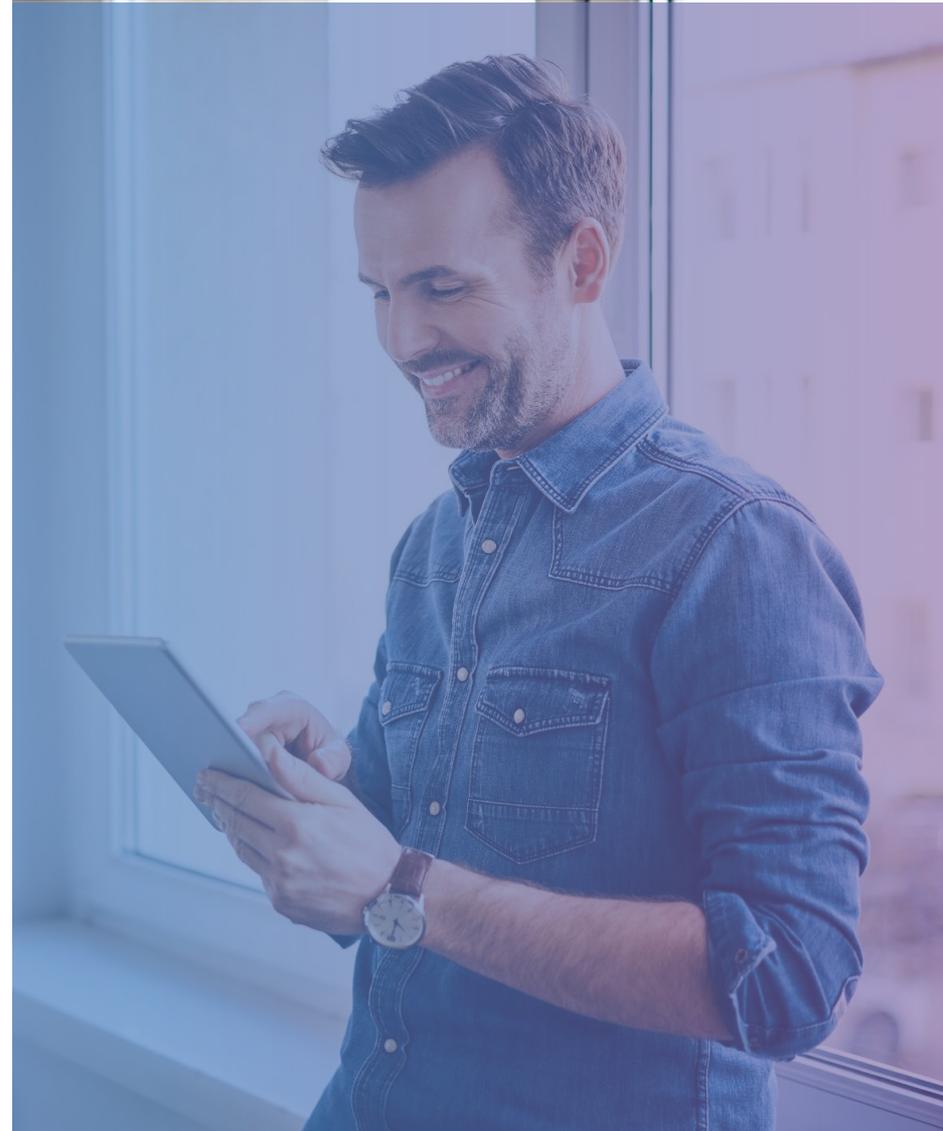
2024 Marketplace Update

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Reasons to Choose BlueCross

- **\$0 Telehealth** visits with **Teladoc** in all plans including B07 (HSA compatible plan)
HEALTH
 - Expanded Primary360 services available in 2024
- **Up to \$400 in Member Rewards**
- **Choice of 2 Networks** in Memphis, Nashville, Knoxville and Chattanooga
- **Blue of Tennessee | Sanitas Medical Centers**, exclusively for BlueCross members, for primary and urgent care in Nashville and Memphis regions
- **Mobile ID Cards**
- **Dedicated Care Support Team** guiding members and helping them get the care they need
- **Welcome Experience** provides up to **7 touchpoints**, starting 2 to 5 days after enrollment
- **BlueCross** earned **4 Stars** in the Marketplace Quality Rating System 



Virtual Care Suite



No-Cost Care across 7 Categories

• Traditional Virtual Care Services

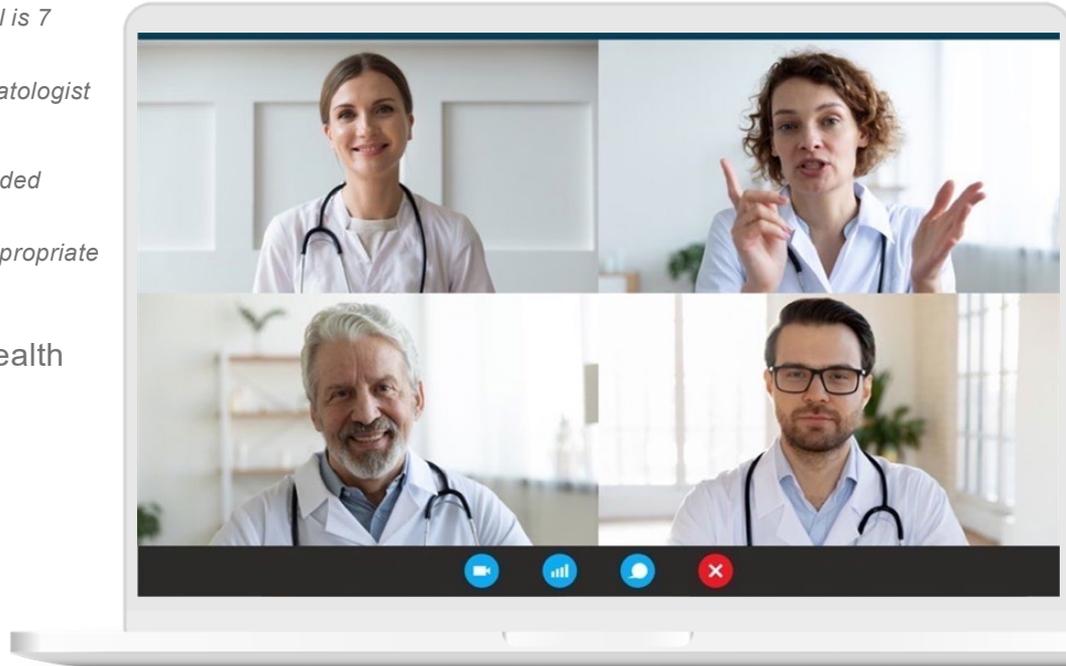
- **Urgent Care 24/7** – average response time after a requested call is 7 minutes
- **Dermatology** – asynchronous consults with board-certified dermatologist
- **Back and Joint Care** – digital self-help tools
- **Nutrition Counseling** – registered dieticians available with expanded hours
- **Tobacco Cessation** – 12-month program with Rx available as appropriate

• Mental Health Complete (comprehensive mental health care)

- Licensed therapists and psychologists
- Psychiatrists with medication management capabilities
- Mental health assessments to evaluate level of need
- Digital tools, self-help courses and crisis management

• Primary360 (available in Region 8 in 2023, **statewide in 2024**)

- Virtual primary care with a dedicated care team of primary care physician, registered nurse and medical assistants
- Comprehensive annual check-up
- 24/7 access to a wide variety of digital tools and messaging.



\$0 Copay for all Teladoc services in 2024 plans

Member Rewards Program

Earn \$400 per year

Earn Points



COMPLETE HEALTH ASSESSMENT

50 points (Required for program)



ANNUAL WELLNESS EXAM

100 points (1 per year)



REGISTER FOR TELADOC HEALTH

50 points (1 per lifetime)



USE TELADOC HEALTH

50 points (2 per year)



GET FLU SHOT

50 points (1 per year)



CONNECT A DEVICE & TRACK STEPS DAILY

1 point (each 5,000 steps)



REGISTER or LOGIN to the BCBSTN app

50 points (1 per year)



CANCER SCREENINGS

(Mammogram, Colorectal, Cervical or Prostate)
50 points (1 per year)



DIABETES MANAGEMENT

(A1C, Urine Test, Kidney Function)
50 points (1 per test/per year)



HEALTHY MATERNITY COMPLETION

100 points (1 per year)

100 points = \$100 gift card (Target, Walmart, Amazon or CVS)

- Max of four gift cards (\$400) per year
- Subscriber and enrolled spouse are both eligible

Blue Network S

Available Statewide

Region 5
West
Jackson Madison
West TN Healthcare

Region 4
Nashville
St. Thomas
Vanderbilt
Vanderbilt Children's

Region 7
East Central
Cookeville Regional
St. Thomas Highlands
St. Thomas Dekalb

Region 2
Knoxville
UT Medical
East TN Children's
Fort Sanders
Parkwest

Region 1
East
Holston Valley
Indian Path
Johnson City Medical



Region 6
Memphis
Baptist Memorial
Regional One
St. Francis
Le Bonheur Children's

Region 8
West Central
Maury Regional
St. Thomas Hickman

Region 3
Chattanooga
Erlanger Medical Center
TC Thompson Children's
Memorial Hospital

Not all providers in the network are listed above visit www.bcbst.com/network-s to search for all providers in Network S.

Blue Network E / L

Available in 4 regions



- Network E/L is available in the 4 largest regions
- Features anchor health system's facilities and physicians:
 - Knoxville (L) – UT Medical Center
 - Chattanooga (E) – Erlanger Medical Center
 - Nashville (E) – Ascension St. Thomas
 - Memphis (E) – Baptist Memorial
- Nashville & Memphis feature Blue of Tennessee | Sanitas Medical Centers for primary and urgent care services

Premium savings vs Network S

- Knoxville (L) – 13.6%
- Chattanooga (E) – 18.6%
- Nashville (E) – 18.4%
- Memphis (E) – 15.5%

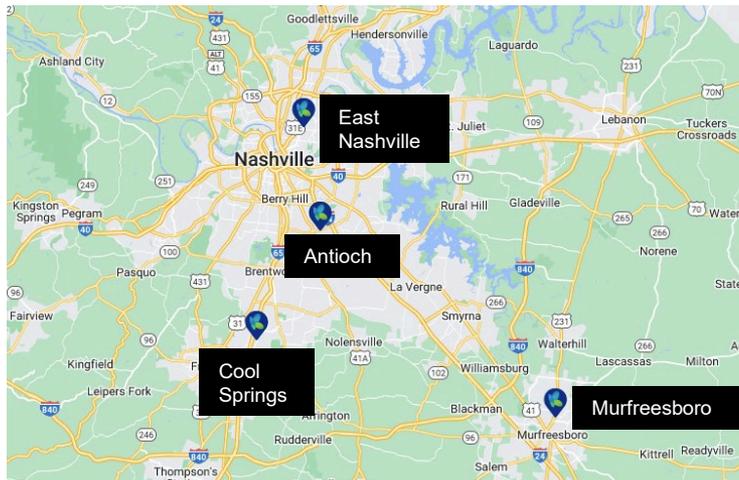
To search for all providers, follow:

- www.bcbst.com/network-l
- www.bcbst.com/network-e

Sanitas Medical Center



- Exclusively for BlueCross members, featuring same-day appointments, evening and weekend hours
- Online scheduling available at <https://www.bcbst.com/blueofennessee>
- Tiered benefit plans available



Middle TN

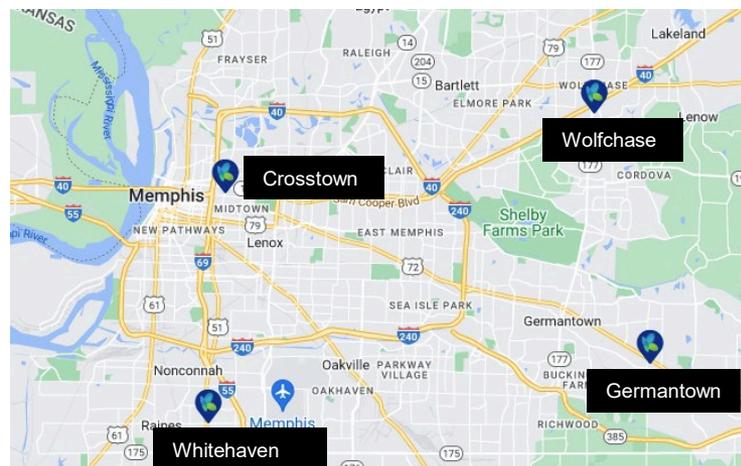
Medical Care

- Primary / Pediatric / Urgent
- Diagnostic and labs
- Referrals to preferred hospital partners and specialists
- Online scheduling / telehealth
- Chronic health programs
- Health risk assessments
- Care coordination

Insurance Support

- BlueCross staff onsite
- One on one help with benefits, claims and payments
- ID card replacements
- Appointment scheduling
- Help finding community resources

Memphis



Mobile ID Card & Care Support

Mobile ID Card

- The mobile ID card includes the same information as the physical ID card
- Available on the free BCBSTN app and on bcbstn.com
 - Members can email / text the card to health care providers
 - Register/Login earns members 50 points in the rewards program
- Hard copy or physical ID cards are available at member's request

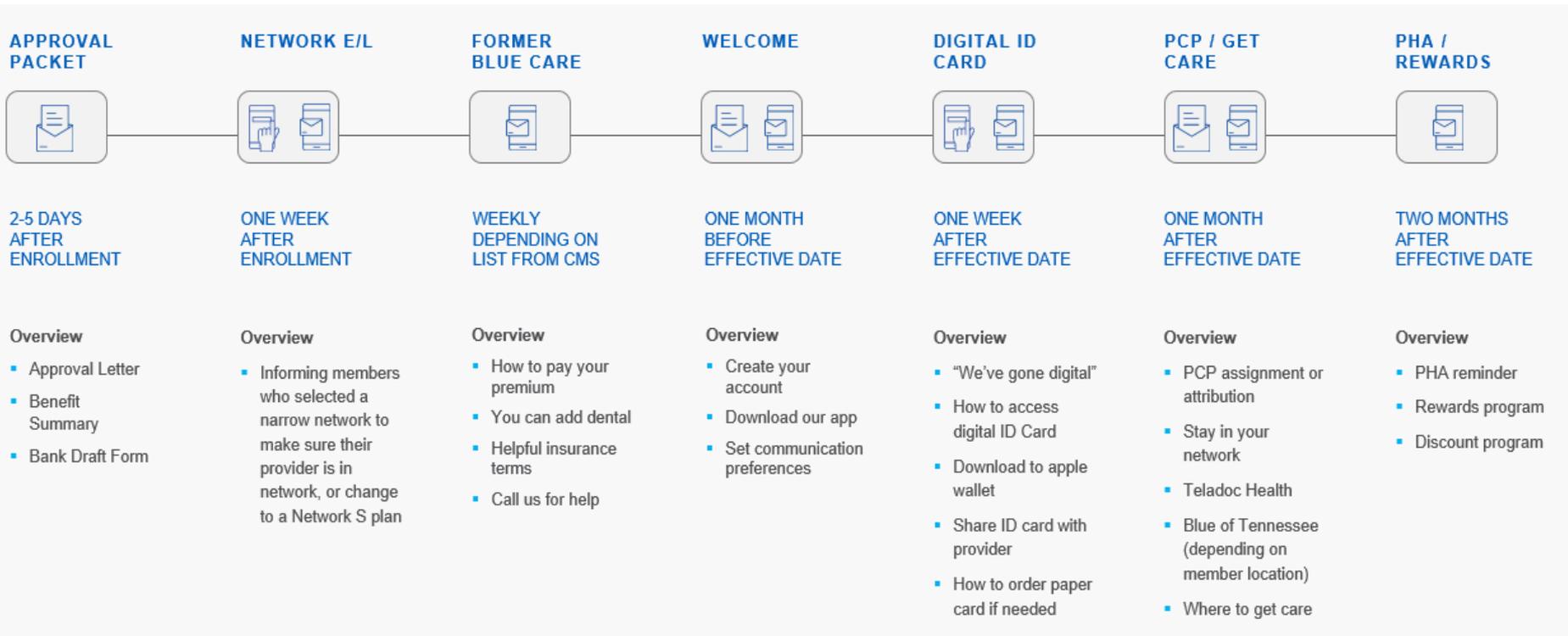
Dedicated Care Support

- A dedicated team of health navigators support our Marketplace members and connect them to programs and services based on their health needs.
- Navigators connect members to clinicians on our multi-disciplinary care team, encourage preventive services and help coordinate other care needs



Mobile ID Card

2024 Member Welcome Journey



Premiums – Ways to Pay



Initial Payment:

- Pay with application through healthcare.gov (effective 11/1/23)
 - Credit Card
 - Debit Card
 - eCheck
- Call Customer Service
 - Debit Card or eCheck
- Mail a check

Recurring Payments:

- Automatic Bank Draft
 - Member enrolls and chooses monthly date of payment
- Online through member's account
 - Debit Card or eCheck
- Call customer Service
 - Debit Card or eCheck
- Mail a check

Credit card only accepted for initial payment at time of enrollment through healthcare.gov (effective 11/1/23)

Welcome to BlueCross BlueShield of Tennessee

If you need further assistance, you may contact one of these BlueCross representatives.

Need Assistance



Billing & Premium Payments

(855) 484-0282



Sales Assistance

(888) 995-7786



Claims & Member Service

(800) 294-3845

Appendix

2024 Plans

2024 Plans – Available Statewide

Network S

Network	S	S	S	S	S	S	S	S	S
		Standard Plan	Off-Market Only	Standard Plan	Standard Plan	Standard Plan	Standard Plan		Standard Plan
				Base Silver	CSR-A	CSR-B	CSR-C		
Regions	all	all	all	all	all	all	all	all	all
Plan Name	Blue Cross B08S \$0 Virtual Care for Medical & Mental Health	BlueCross B16S \$50 PCP Copay + \$0 Virtual Care for Medical & Mental Health*	BlueCross S20S \$0 Virtual Care for Medical & Mental Health	BlueCross S26S \$40 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26S-A \$40 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26S-B \$20 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26S-C \$0 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross G06S \$35 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross G08S \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health
Metallic Level	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Gold	Gold
Deductible	\$8,700	\$7,500	\$3,200	\$5,900	\$5,700	\$700	\$0	\$3,000	\$1,500
OOP Max	\$8,700	\$9,400	\$7,300	\$9,100	\$7,200	\$3,000	\$1,800	\$6,600	\$8,700
Coins	100%	50%	50%	60%	60%	70%	75%	80%	75%
PCP OV	ded/coins	\$50	ded/coins	\$40	\$40	\$20	\$0	\$35	\$30
Specialist OV	ded/coins	\$100	ded/coins	\$80	80	40	10	\$50	\$60
Routine Diagnostic	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	coins	100%	ded/coins
Urgent Care	ded/coins	\$75	ded/coins	\$60	\$60	\$30	\$5	\$50	45
PT/OT/ST	ded/coins	\$50	ded/coins	\$40	\$40	\$20	\$0	ded/coins	\$30
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	coins	ded/coins	ded/coins
ER	\$750+ded/coins	ded/coins	\$750+ded/coins	ded/coins	ded/coins	ded/coins	coins	\$750+ded/coins	ded/coins
Outpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	coins	ded/coins	ded/coins
Inpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	coins	ded/coins	ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx	ded/coins	25 / (50/100 sub to ded)	ded/coins \$20/\$50/\$100PRx	20/40/(80 sub to ded)	20/40/(80 sub to ded)	10/20/(60 sub to ded)	\$0/\$15/\$50	\$8/\$35/\$60	\$15/\$30/\$60
Specialty Rx	ded/coins	\$500 copay w/ded	ded/coins	\$350 w/ded	\$350 copay w/d	\$250 copay w/d	\$150	\$120	\$250
HSA Compatible	No	No	No	No	No	No	No	No	No

2024 Plans – Regions 1, 5, 7, 8

Network S

Network	S	S	S	S	S	S	S
				Base Silver	CSR-A	CSR-B	CSR-C
Regions	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8
Plan Name	BlueCross B07S HSA + \$0 Virtual Care for Medical & Mental Health	BlueCross B10S \$0 Virtual Care for Medical & Mental Health	BlueCross B15S \$0 Virtual Care for Medical & Mental Health	BlueCross S04S \$0 Virtual Care for Medical & Mental Health	BlueCross S04S-A \$0 Virtual Care for Medical & Mental Health	BlueCross S04S-B \$0 Virtual Care for Medical & Mental Health	BlueCross S04S-C \$0 Virtual Care for Medical & Mental Health
Metallic Level	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver
Deductible	\$5,950	\$7,100	\$9,450	\$3,300	\$2,750	\$950	\$325
OOP Max	\$7,100	\$8,600	\$9,450	\$6,450	\$5,250	\$1,800	\$625
Coins	50%	50%	100%	50%	50%	50%	50%
PCP OV	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Specialist OV	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Routine Diagnostic	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Urgent Care	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
PT/OT/ST	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
ER	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$600+ded/coins
Outpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Inpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx	ded/coins	ded/coins \$20/\$50/\$100PRx	ded/coins	ded/coins \$20/\$50/\$100PRx	ded/coins 20/50/100PRx	ded/coins 20/50/100PRx	ded/coins 20/50/100PRx
Specialty Rx	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
HSA Compatible	Yes	No	No	No	No	No	No

2024 Plans – Regions 1, 5, 7, 8

Network S

Network	S	S	S	S	S	S	S	S	S	S	S	S	S
	Base Silver	CSR-A	CSR-B	CSR-C	Base Silver	CSR-A	CSR-B	CSR-C	Base Silver	CSR-A	CSR-B	CSR-C	
Regions	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	1,5,7,8	
Plan Name	BlueCross S24S \$35 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S24S-A \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S24S-B \$25 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S24S-C \$5 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25S \$55 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25S-A \$20 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25S-B \$10 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25S-C \$0 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27S \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27S-A \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27S-B \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27S-C \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	
Metallic Level	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	
Deductible	\$5,450	\$3,900	\$900	\$250	\$0	\$0	\$0	\$0	\$5,700	\$4,500	\$875	\$200	
OOP Max	\$8,900	\$7,300	\$2,300	\$850	\$9,450	\$7,550	\$2,250	\$650	\$6,700	\$5,500	\$1,875	\$650	
Coins	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
PCP OV	\$35	\$30	\$25	\$5	\$55	\$20	\$10	\$0	\$60	\$60	\$60	\$60	
Specialist OV	\$75	75	50	10	\$100	80	50	25	\$120	120	120	120	
Routine Diagnostic	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Urgent Care	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
PT/OT/ST	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
ER	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$600+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins
Outpatient Facility	\$1500+ded/coins	\$1500+ded/coins	\$1500+ded/coins	\$800+ded/coins	\$1500+ded/coins	\$1500+ded/coins	\$1500+ded/coins	\$600+ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Inpatient Facility	\$2000+ded/coins	\$2000+ded/coins	\$2000+ded/coins	\$800+ded/coins	\$2000+ded/coins	\$2000+ded/coins	\$2000+ded/coins	\$600+ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Rx	60/100/250	40/60/250	20/40/100	\$5/\$10/\$50	\$4500 ded / ded/coins	\$4000 ded/coins	\$600 ded/coins	\$300 ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Specialty Rx	50%	50%	50%	50%	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
HSA Compatible	No	No	No	No	No	No	No	No	No	No	No	No	No

2024 Plans – Region 2

Network L

Network	L	L	L	L	L	L	L	L	L
				Standard Plan					Off-Market Only
					Base Silver	CSR-A	CSR-B	CSR-C	
Regions	2	2	2	2	2	2	2	2	2
Plan Name	BlueCross B07L HSA + \$0 Virtual Care for Medical & Mental Health	BlueCross B10L \$0 Virtual Care for Medical & Mental Health	BlueCross B15L \$0 Virtual Care for Medical & Mental Health	BlueCross B16L \$50 PCP Copay + \$0 Virtual Care for Medical & Mental Health*	BlueCross S04L \$0 Virtual Care for Medical & Mental Health	BlueCross S04L-A \$0 Virtual Care for Medical & Mental Health	BlueCross S04L-B \$0 Virtual Care for Medical & Mental Health	BlueCross S04L-C \$0 Virtual Care for Medical & Mental Health	BlueCross S20L \$0 Virtual Care for Medical & Mental Health
Metallic Level	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
Deductible	\$5,950	\$7,100	\$9,450	\$7,500	\$3,300	\$2,750	\$950	\$325	\$3,200
OOP Max	\$7,100	\$8,600	\$9,450	\$9,400	\$6,450	\$5,250	\$1,800	\$625	\$7,300
Coins	50%	50%	100%	50%	50%	50%	50%	50%	50%
PCP OV	ded/coins	ded/coins	ded/coins	\$50	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Specialist OV	ded/coins	ded/coins	ded/coins	\$100	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Routine Diagnostic	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Urgent Care	ded/coins	ded/coins	ded/coins	\$75	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
PT/OT/ST	ded/coins	ded/coins	ded/coins	\$50	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
ER	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$600+ded/coins	\$750+ded/coins
Outpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Inpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx	ded/coins	ded/coins \$20/\$50/\$100PRx	ded/coins	25 / (50/100 sub to ded)	ded/coins \$20/\$50/\$100PRx	ded/coins 20/50/100PRx	ded/coins 20/50/100PRx	ded/coins 20/50/100PRx	ded/coins \$20/\$50/\$100PRx
Specialty Rx	ded/coins	ded/coins	ded/coins	\$500 copay w/ded	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
HSA Compatible	Yes	No	No	No	No	No	No	No	No

2024 Plans – Region 2

Network L

Network	L	L	L	L	L	L	L	L	L	L	L	L	L
	Base Silver	CSR-A	CSR-B	CSR-C	Base Silver	CSR-A	CSR-B	CSR-C	Base Silver	CSR-A	CSR-B	CSR-C	Standard Plan
Regions	2	2	2	2	2	2	2	2	2	2	2	2	2
Plan Name	BlueCross S24L \$35 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S24L-A \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S24L-B \$25 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S24L-C \$5 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25L \$55 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25L-A \$20 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25L-B \$10 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25L-C \$0 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26L \$40 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26L-A \$40 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26L-B \$20 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26L-C \$0 PCP Copay + \$0 Virtual Care for Medical & Mental Health	Standard Plan
Metallic Level	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Standard Plan
Deductible	\$5,450	\$3,900	\$900	\$250	\$0	\$0	\$0	\$0	\$5,900	\$5,700	\$700	\$0	Standard Plan
OOP Max	\$8,900	\$7,300	\$2,300	\$850	\$9,450	\$7,550	\$2,250	\$650	\$9,100	\$7,200	\$3,000	\$1,800	Standard Plan
Coins	50%	50%	50%	50%	50%	50%	50%	50%	60%	60%	70%	75%	Standard Plan
PCP OV	\$35	\$30	\$25	\$5	\$55	\$20	\$10	\$0	\$40	\$40	\$20	\$0	Standard Plan
Specialist OV	\$75	75	50	10	\$100	80	50	25	\$80	80	40	10	Standard Plan
Routine Diagnostic	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	coins	Standard Plan
Urgent Care	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	\$60	\$60	\$30	\$5	Standard Plan
PT/OT/ST	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	\$40	\$40	\$20	\$0	Standard Plan
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	coins	Standard Plan
ER	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$600+ded/coins	ded/coins	ded/coins	ded/coins	coins	Standard Plan
Outpatient Facility	\$1500+ded/coins	\$1500+ded/coins	\$1500+ded/coins	\$800+ded/coins	\$1500+ded/coins	\$1500+ded/coins	\$1500+ded/coins	\$600+ded/coins	ded/coins	ded/coins	ded/coins	coins	Standard Plan
Inpatient Facility	\$2000+ded/coins	\$2000+ded/coins	\$2000+ded/coins	\$800+ded/coins	\$2000+ded/coins	\$2000+ded/coins	\$2000+ded/coins	\$600+ded/coins	ded/coins	ded/coins	ded/coins	coins	Standard Plan
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Standard Plan
Rx	60/100/250	40/60/250	20/40/100	\$5/\$10/\$50	\$4500 ded / ded/coins	\$4000 ded/coins	\$600 ded/coins	\$300 ded/coins	20/40/(80 sub to ded)	20/40[80 sub to ded]	10/20[60 sub to ded]	0/15/50	Standard Plan
Specialty Rx	50%	50%	50%	50%	ded/coins	ded/coins	ded/coins	ded/coins	\$350 w/ded	\$350 copay w/d	\$250 copay w/d	\$150	Standard Plan
HSA Compatible	No	No	No	No	No	No	No	No	No	No	No	No	Standard Plan

2024 Plans – Region 2

Network L

Network	L	L	L	L	L	L
						Standard Plan
	Base Silver	CSR-A	CSR-B	CSR-C		
Regions	2	2	2	2	2	2
Plan Name	BlueCross S27L \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27L-A \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27L-B \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27L-C \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross G06L \$35 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross G08L \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health
Metallic Level	Silver	Silver	Silver	Silver	Gold	Gold
Deductible	\$5,700	\$4,500	\$875	\$200	\$3,000	\$1,500
OOP Max	\$6,700	\$5,500	\$1,875	\$650	\$6,600	\$8,700
Coins	50%	50%	50%	50%	80%	75%
PCP OV	\$60	\$60	\$60	\$60	\$35	\$30
Specialist OV	\$120	120	120	120	\$50	\$60
Routine Diagnostic	ded/coins	ded/coins	ded/coins	ded/coins	100%	ded/coins
Urgent Care	ded/coins	ded/coins	ded/coins	ded/coins	\$50	\$45
PT/OT/ST	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	\$30
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
ER	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	ded/coins
Outpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Inpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0
Rx	ded/coins	ded/coins	ded/coins	ded/coins	\$8/\$35/\$60	\$15/\$30/\$60
Specialty Rx	ded/coins	ded/coins	ded/coins	ded/coins	\$120	\$250
HSA Compatible	No	No	No	No	No	No

2024 Plans – Regions 3, 4, 6

Network E

Network	E	E	E	E	E	E	E	E
			Standard Plan					Off-Market Only
				Base Silver	CSR-A	CSR-B	CSR-C	
Regions	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6
Plan Name	BlueCross B07E HSA + \$0 Virtual Care for Medical & Mental Health	BlueCross B15E \$0 Virtual Care for Medical & Mental Health	BlueCross B16E \$50 PCP Copay + \$0 Virtual Care for Medical & Mental Health*	BlueCross S04E \$0 Virtual Care for Medical & Mental Health	BlueCross S04E-A \$0 Virtual Care for Medical & Mental Health	BlueCross S04E-B \$0 Virtual Care for Medical & Mental Health	BlueCross S04E-C \$0 Virtual Care for Medical & Mental Health	BlueCross S20E \$0 Virtual Care for Medical & Mental Health
Metallic Level	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
Deductible	\$5,950	\$9,450	\$7,500	\$3,300	\$2,750	\$950	\$325	\$3,200
OOP Max	\$7,100	\$9,450	\$9,400	\$6,450	\$5,500	\$1,800	\$625	\$7,300
Coins	50%	100%	50%	50%	50%	50%	50%	50%
PCP OV	ded/coins	ded/coins	\$50	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Specialist OV	ded/coins	ded/coins	\$100	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Routine Diagnostic	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Urgent Care	ded/coins	ded/coins	\$75	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
PT/OT/ST	ded/coins	ded/coins	\$50	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
ER	\$750+ded/coins	\$750+ded/coins	ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$600+ded/coins	\$750+ded/coins
Outpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Inpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx	ded/coins	ded/coins	25 / (50/100 sub to ded)	ded/coins \$20/\$50/\$100PRx	ded/coins 20/50/100PRx	ded/coins 20/50/100PRx	ded/coins 20/50/100PRx	ded/coins \$20/\$50/\$100PRx
Specialty Rx	ded/coins	ded/coins	\$500 copay w/ded	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
HSA Compatible	Yes	No	No	No	No	No	No	No

2024 Plans – Regions 3, 4, 6

Network E

Network	E	E	E	E	E	E	E	E
	Base Silver	CSR-A	CSR-B	CSR-C	Base Silver	CSR-A	CSR-B	CSR-C
Regions	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6
Plan Name	BlueCross S24E \$35 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S24E-A \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S24E-B \$25 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S24E-C \$5 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25E \$55 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25E-A \$20 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25E-B \$10 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S25E-C \$0 PCP Copay + \$0 Virtual Care for Medical & Mental Health
Metallic Level	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
Deductible	\$5,450	\$3,900	\$900	\$250	\$0	\$0	\$0	\$0
OOP Max	\$8,900	\$7,300	\$2,300	\$850	\$9,450	\$7,550	\$2,250	\$650
Coins	50%	50%	50%	50%	50%	50%	50%	50%
PCP OV	\$35	\$30	\$25	\$5	\$55	\$20	\$10	\$0
Specialist OV	\$75	75	50	10	\$100	80	50	25
Routine Diagnostic	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Urgent Care	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
PT/OT/ST	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
ER	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$600+ded/coins
Outpatient Facility	\$1500+ded/coins	\$1500+ded/coins	\$1500+ded/coins	\$800+ded/coins	\$1500+ded/coins	\$1500+ded/coins	\$1500+ded/coins	\$600+ded/coins
Inpatient Facility	\$2000+ded/coins	\$2000+ded/coins	\$2000+ded/coins	\$800+ded/coins	\$2000+ded/coins	\$2000+ded/coins	\$2000+ded/coins	\$600+ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx	60/100/250	40/60/250	20/40/100	\$5/\$10/\$50	\$4500 ded / ded/coins	\$4000 ded/coins	\$600 ded/coins	\$300 ded/coins
Specialty Rx	50%	50%	50%	50%	ded/coins	ded/coins	ded/coins	ded/coins
HSA Compatible	No	No	No	No	No	No	No	No

2024 Plans – Regions 3, 4, 6

Network E

Network	E	E	E	E	E	E
	Standard Plan	Standard Plan	Standard Plan	Standard Plan		Standard Plan
	Base Silver	CSR-A	CSR-B	CSR-C		
Regions	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6	3,4,6
Plan Name	BlueCross S26E \$40 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26E-A \$40 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26E-B \$20 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S26E-C \$0 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross G06E \$35 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross G08E \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health
Metallic Level	Silver	Silver	Silver	Silver	Gold	Gold
Deductible	\$5,900	\$5,700	\$700	\$0	\$3,000	\$1,500
OOP Max	\$9,100	\$7,200	\$3,000	\$1,800	\$6,600	\$8,700
Coins	60%	60%	70%	75%	80%	75%
PCP OV	\$40	\$40	\$20	\$0	\$35	\$30
Specialist OV	\$80	80	40	10	\$50	\$60
Routine Diagnostic	ded/coins	ded/coins	ded/coins	coins	100%	ded/coins
Urgent Care	\$60	\$60	\$30	\$5	\$50	45
PT/OT/ST	\$40	\$40	\$20	\$0	ded/coins	\$30
All Other Therapy	ded/coins	ded/coins	ded/coins	coins	ded/coins	ded/coins
ER	ded/coins	ded/coins	ded/coins	coins	\$750+ded/coins	ded/coins
Outpatient Facility	ded/coins	ded/coins	ded/coins	coins	ded/coins	ded/coins
Inpatient Facility	ded/coins	ded/coins	ded/coins	coins	ded/coins	ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0
Rx	20/40/(80 sub to ded)	20/40[80 sub to ded]	10/20[60 sub to ded]	0/15/50	\$8/\$35/\$60	15/30/60
Specialty Rx	\$350 w/ded	\$350 copay w/d	\$250 copay w/d	\$150	\$120	\$250
HSA Compatible	No	No	No	No	No	No

2024 Plans – Region 3

Network E

Network	E	E	E	E	E
		Base Silver	CSR-A	CSR-B	CSR-C
Regions	3	3	3	3	3
Plan Name	BlueCross B10E \$0 Virtual Care for Medical & Mental Health	BlueCross S27E \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27E-A \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27E-B \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S27E-C \$60 PCP Copay + \$0 Virtual Care for Medical & Mental Health
Metallic Level	Bronze	Silver	Silver	Silver	Silver
Deductible	\$7,100	\$5,300	\$4,500	\$875	\$200
OOP Max	\$8,600	\$6,300	\$5,500	\$1,875	\$650
Coins	50%	50%	50%	50%	50%
PCP OV	ded/coins	\$60	\$60	\$60	\$60
Specialist OV	ded/coins	\$120	120	120	120
Routine Diagnostic	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Urgent Care	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
PT/OT/ST	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
ER	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins
Outpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Inpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0
Rx	ded/coins \$20/\$50/\$100PRx	ded/coins	ded/coins	ded/coins	ded/coins
Specialty Rx	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
HSA Compatible	No	No	No	No	No

2024 Plans – Region 4, 6

Network E (1 Gold on Network S)

Copays at Blue of Tennessee | Sanitas Centers for PCP & Urgent Care

Network	E	E	E	E	E	S	E
		Base Silver	CSR-A	CSR-B	CSR-C		
Regions	4,6	4,6	4,6	4,6	4,6	4,6	4,6
Plan Name	BlueCross B11E \$25 PCP Copay at Blue of TN + \$0 Virtual Care for Medical & Mental Health	BlueCross S28E \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S28E-A \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S28E-B \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross S28E-C \$30 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross G07S \$10 PCP Copay + \$0 Virtual Care for Medical & Mental Health	BlueCross G07E \$10 PCP Copay + \$0 Virtual Care for Medical & Mental Health
Metallic Level	Bronze	Silver	Silver	Silver	Silver	Gold	Gold
Deductible	\$6,900	\$5,850	\$4,600	\$925	\$275	\$1,000	\$1,550
OOP Max	\$9,100	\$6,800	\$5,550	\$1,900	\$650	\$4,800	\$6,200
Coins	50%	50%	50%	50%	50%	70%	70%
Sanitas PCP	\$25	\$30	\$30	\$30	\$30	\$10	\$10
All Other PCP	ded/coins	\$60	\$60	\$60	\$60	ded/coins	ded/coins
Specialist OV	ded/coins	\$120	120	120	120	ded/coins	ded/coins
Routine Diagnostic	Sanitas 100%/All other ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	Sanitas 100%/All other ded/coins	Sanitas 100%/All other ded/coins
Sanitas Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50
All Other Urgent Care	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
PT/OT/ST	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
All Other Therapy	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
ER	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins	\$750+ded/coins
Outpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Inpatient Facility	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx	ded/coins \$20/\$50/\$100PRx	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins \$20/\$50/\$100PRx	ded/coins \$20/\$50/\$100PRx
Specialty Rx	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
HSA Compatible	No	No	No	No	No	No	No

Member Welcome Journey

Member Welcome Journey – Approval Packet



May 10, 2023

CHRIS HALL
1 Cameron Hill Circle
CHATTANOOGA TN 37402

ProofProof

Dear Chris,

Thank you for choosing us for your health insurance needs. We're glad to have you as a new member.

This packet includes important information about your benefits. You can find your digital Member ID card online at bcbst.com or by downloading the BCBSTN™ app.

Your coverage

Your health plan number is B07S, and your coverage starts on 01/01/2023. Your monthly premium will be \$620.46.

Covered members

Name	Date of Birth	Tobacco Usage	Original Effective Date
Chris Hall	09/09/1962	N	01/01/2023
Chris Hall	07/19/1960	N	01/01/2023

Your premium is due on the first of each month. We want to make paying your premium as easy as possible. Choose the payment method that's most convenient for you:

- Online** – Make a payment by debit card or e-check using your bcbst.com account.
- Automatic bank draft** – Sign up in your member portal or complete and return the enclosed form with a voided check (in the enclosed envelope).
- By phone** – Call us at 1-855-484-0282, Monday through Friday, 8 a.m. to 6 p.m. ET, for personalized help making a payment by e-check.
- By mail** – Send a check* for the full premium to:
BlueCross BlueShield of Tennessee
 Individual Billing
 P.O. Box 5282
 Carol Stream, IL 60197

MEMBER DETAILS

Member Name
Chris Hall

Member ID
902218823

Date of Birth
07/19/1960

Group No.
100000



Your Provider Network: **Network E** Your Plan: **Bronze B07** Your In-Network Cost:

Coverage Area, Network and Emergency Care **\$750**
 Your plan doesn't include benefits for most care outside of TN* or for providers who aren't in your network except for emergency care services. ER Visit Copay,
Then 50% After Deductible

You Have Preventive Care **\$0**
 Recommended preventive health services, such as screenings, vaccinations and counseling that can help you avoid illness and improve your health.

You Can See a Doctor by Phone or Computer **\$0**
 When you can't see your usual doctor, Teladoc™ Health lets you talk to board-certified doctors about common, non-emergency conditions including primary care and mental health issues 24/7.

Your Deductible(s) **\$5,950**
 How much you pay for covered care before we begin to pay. If your plan covers more than one person, your family deductible will be twice your individual deductible. (individual)
\$11,900
(family)

Your Coinsurance **50%**
 The percentage of the cost of covered care that you're responsible for paying. Coinsurance usually applies after you pay your deductible.

Your Out-of-Pocket Maximum(s) **\$7,100**
 This is the most you pay for covered care. When you reach this limit, we'll usually pay 100% of your covered care for the rest of the year, as long as you pay your premiums. If your plan covers more than one person, your family out-of-pocket maximum will be twice your individual out-of-pocket maximum. (individual)
\$14,200
(family)

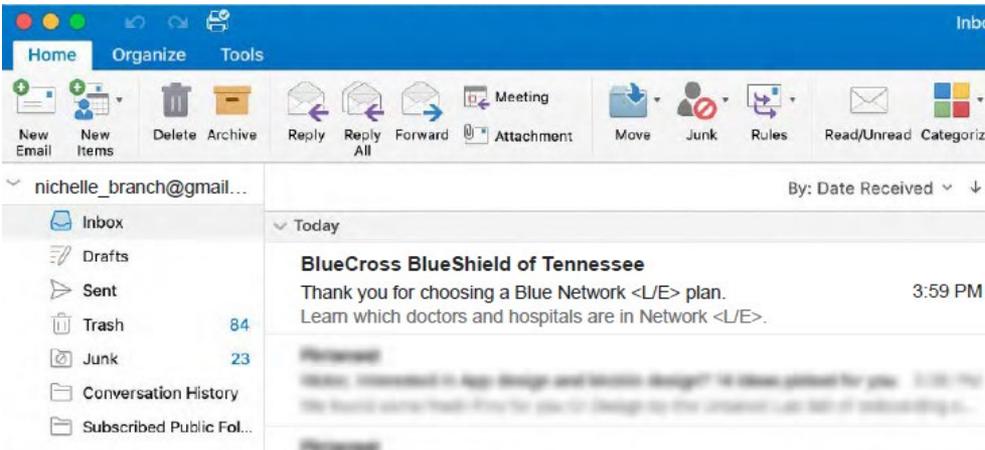
To view your Evidence of Coverage and your Summary of Benefits, log in to bcbst.com/sbc.

* Our online Find Care tool helps you find providers in your network, view their credentials, get contact information and more. See bcbst.com/network-e for a full list.

CMS Required Document OnMkt New Approval
GMC_SLX_COMM_0009



Member Welcome Journey – Network E/L Info



Tuesday 20:21

15charactername, your 2023 BlueCross plan uses Network <L/E>. What that means: <https://bcb.st/yournetwork>. Text HELP for terms. STOP to stop.



To keep the cost of your care as low as possible, you should only get care from providers in Blue Network <L/E>SM.

If you get care from providers outside your network, you'll have to pay for the full cost of your care.*



Remember to check if your provider is in your network before you schedule an appointment.

[SEE NETWORK <L/E> PROVIDERS](#)

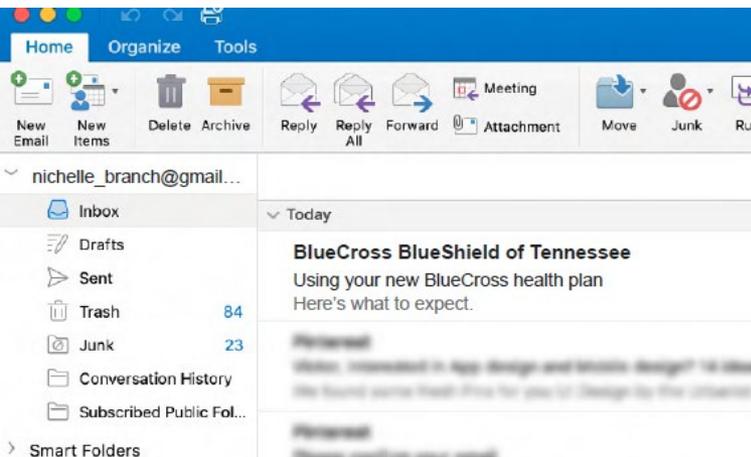
If you'd rather switch to a plan with a larger provider network, you can switch to one of our Network SSM plans through Dec. 15. Go to bcbst.com/plans, call us at 1-800-845-2738, or call your broker.

Please see your plan details for more information.

*Except in an emergency.

Member Welcome Journey – Former TennCare Members

Email only, limited to those identified by CMS having used Loss of Medicaid/CHIP SEP



Hi <Nichelle>,

Thanks again for choosing us to be your partner in health.

Your new Marketplace health insurance plan works a little differently than your previous TennCare coverage.

Here are some things you'll want to know:

- You can pay your monthly premium [here](#), by calling us or mailing in the bank draft form we sent you.
- You may have to pay part of the cost for some of your care.

- You can find helpful videos with more information on using your new plan [here](#).



Your new plan may also use certain insurance terms, like:

- **Copay:** A fixed dollar amount you must pay with your own money for care and services like office visits or prescription drugs.
- **Deductible:** The amount you pay each year before we begin paying.
- **Coinurance:** The percentage of costs for care you'll pay — usually after you've paid your deductible.



We're here to help.

Have any questions about using your new health plan? Just give us a call at **1-800-565-9140**.

CALL US

Member Welcome Journey – Welcome (general info)



Hi Nichelle,

Download the BlueCross app and create your online account so you can:



Get online chat support and a digital ID card right from the app.



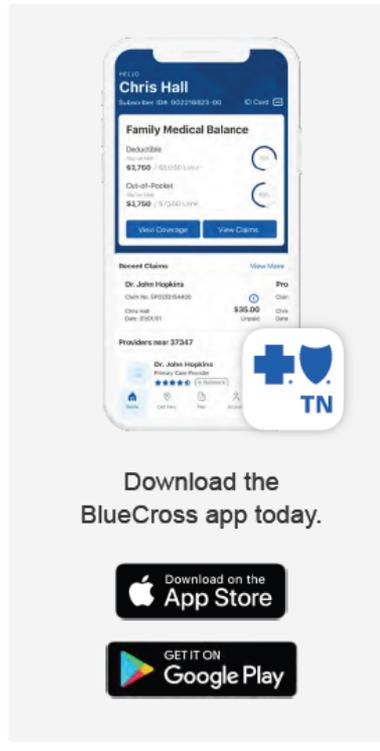
Set up your telehealth benefits.

You can get care online or over the phone with **PhysicianNow® Powered by MDLIVE**. Register your account so it's ready when you need it. Just tap **Talk to a Doctor Now** in the app.



Get updates on your programs and perks.

Your plan includes no-cost programs and perks made just for you. Stay up to date on them by going to the **Account** tab and tapping Settings. Then, tap **Communication Settings** and the **Email** switch so you don't miss a beat.



Download the BlueCross app today.



Exclusive Care for BlueCross Members

We've teamed up with Sanitas Medical Center to offer exclusive care for our members so you can get the care you need close to home.



Your closest Sanitas location is:

<Sanitas location name>
<Address>
<City>, <State> <ZIP>

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[NONDISCRIMINATION NOTICE](#)

[EMAIL POLICY](#)

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[View in Browser](#)

Member Welcome Journey – Digital ID Card



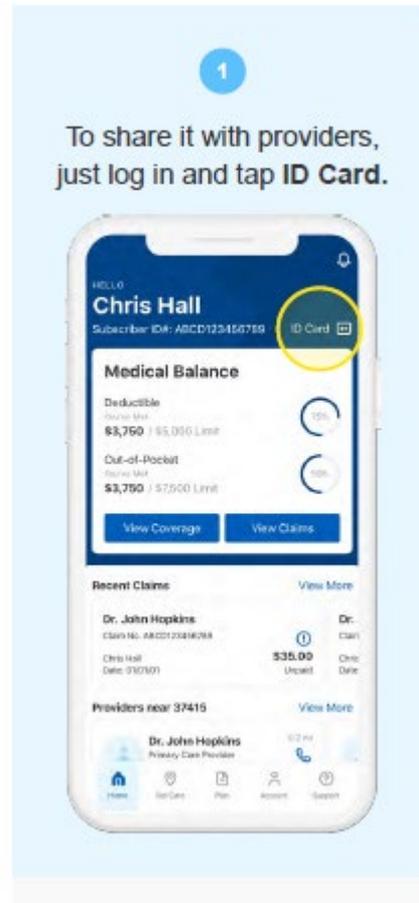
<Nichelle>, your Member ID card this year will be digital.

You'll need to show it whenever you get care from providers. You can find it by downloading our free BCBSTN™ app and setting up an account.

GET THE APP

You'll need to share this digital ID with your providers.

To do that, just log in and tap ID Card. Apple users can add it to Apple Wallet.



1

To share it with providers, just log in and tap ID Card.



2

Then tap **Share**.

You can also get your ID from bcbst.com

You can download or print your ID card by logging in to your bcbst.com account. Go to **Benefits & Coverage**, then **ID Card**.

3

Select **Mail** or your Providers preferred method to share your ID Card.

A new email will be composed with images of the front and back of your digital ID Card attached. Just address your email to your provider and tap **Send**.



Member Welcome Journey – PCP / Get Care Info



<Nichelle>, your health plan gives you a lot of options when you need care.

Knowing where to go, and when, helps you get care sooner — and saves you money.



Make sure that no matter where you go for care, your providers are in Blue Network <E/S/L>SM.

Your plan will only help pay for care from out-of-network providers during a true emergency. You can find all the providers in your network at [bcbst.com/network-](https://www.bcbst.com/network-) <e/s/l/>.

[SEE YOUR NETWORK](#)



Make sure you have a primary care provider (PCP) who works with you to manage your health and help you get all the care you need.

We've chosen a PCP we think might be a good fit for you. Log in to your [bcbst.com](https://www.bcbst.com) account to find out more or choose a new PCP.

[MEET YOUR PCP](#)



Set up a TeladocTM Health account so you can talk to a doctor free of charge.

Use anywhere, anytime for non-emergency medical conditions like the flu, allergies, rashes and more. Just log in to your [bcbst.com](https://www.bcbst.com) account or BCBSTN app and choose **Talk With A Doctor Now.**

[LOG IN TO YOUR ACCOUNT](#)



Get the care you need on your schedule at Blue of Tennessee with Sanitas Medical Center.

You can get primary care for the whole family, preventive screenings, vaccinations and more.



Your closest location is:

<Blue of TN location name>
<Address>
<City>, <State> <ZIP>

[MAKE AN APPOINTMENT](#)

[Learn more](#)

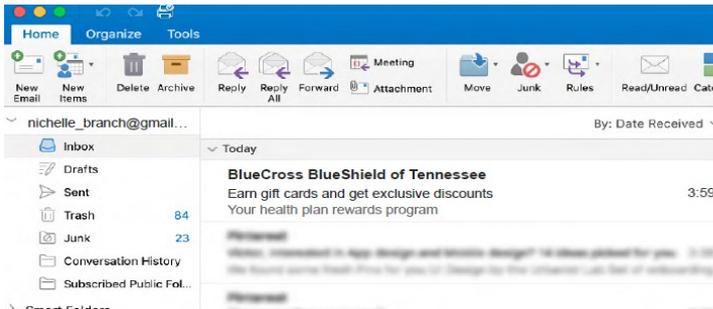


[PRIVACY POLICY](#)

[NONDISCRIMINATION NOTICE](#)

[EMAIL POLICY](#)

Member Welcome Journey – Rewards & Discounts



Hi <Nichelle>,
Healthy decisions pay off.

Taking your personalized health assessment (PHA) is a quick way to get a snapshot of your health, and you'll earn money just for taking it.

Once you complete your health assessment, you'll get a personalized wellness report, as well as tools and tips to live healthy.

[EARN REWARDS](#)



A PHA lets you see:

- How healthy you are
- Ways you can improve your health
- Resources to help you meet your goals
- Online trackers to measure your progress



You can earn up to \$100 in gift cards each year through our rewards program. After you've taken your PHA, you can earn rewards by:

- Registering for and using Teladoc™ Health
- Getting a flu shot
- Getting an annual wellness exam
- Tracking your fitness
- Using the BCBSTN™ app



Your plan includes a discount program that makes it easier to live a healthy life. It helps you save on products and services in these categories:

- Apparel and footwear
- Fitness
- Hearing and vision
- Home and family
- Nutrition
- Personal care
- Travel

These discounts change often, so check back frequently in your [bcbst.com](#) account or the BCBSTN app.

And don't forget about Fitness Your Way, which lets you use thousands of fitness centers or online classes for just \$19 down and \$19-\$99 a month.

[FIND DISCOUNTS](#)

Any questions?