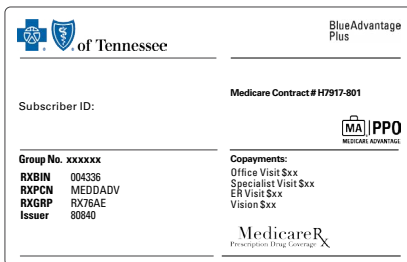


2024 Quick Reference Guide

Plan	Group Number	ID Prefix	Prior Authorization	Provider Contacts
BlueAdvantage (PPO) SM	116884	ZXD	1-800-924-7141	1-800-924-7141
BlueAdvantage Plus (PPO) SM	Varies	ZXG	1-800-924-7141	1-800-924-7141
BlueCare Plus (HMO D-SNP) SM	129884	ZEU	1-866-789-6314	1-800-299-1407
BlueCare Plus Choice (HMO D-SNP) SM	129884	ZEU	1-866-789-6314	1-800-299-1407
BlueCare Plus Select (HMO D-SNP) SM	129884	ZEU	1-866-789-6314	1-800-299-1407
BlueElite SM Medicare Supplement	123776	ZEH	Not Applicable	1-800-924-7141

BlueAdvantage Plus



Blue Cross of Tennessee BlueAdvantage Plus

Subscriber ID: Medicare Contract # H7917-801

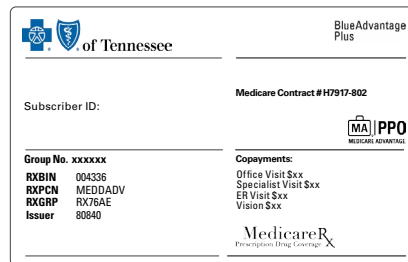
Group No. xxxxxx

RXBIN 004336
RXPCN MEDDADV
RXGRP RX76AE
Issuer 80840

Copayments:
Office Visit \$xx
Specialist Visit \$xx
ER Visit \$xx
Vision \$xx

MA PPO
MEDICARE ADVANTAGE

MedicareRx
Prescription Drug Coverage



Blue Cross of Tennessee BlueAdvantage Plus

Subscriber ID: Medicare Contract # H7917-802

Group No. xxxxxx

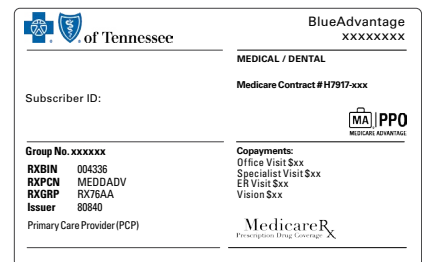
RXBIN 004336
RXPCN MEDDADV
RXGRP RX76AE
Issuer 80840

Copayments:
Office Visit \$xx
Specialist Visit \$xx
ER Visit \$xx
Vision \$xx

MA PPO
MEDICARE ADVANTAGE

MedicareRx
Prescription Drug Coverage

BlueAdvantage PPO



Blue Cross of Tennessee BlueAdvantage xxxxxxxx

MEDICAL / DENTAL

Subscriber ID: Medicare Contract # H7917-xxx

Group No. xxxxxxxx

RXBIN 004336
RXPCN MEDDADV
RXGRP RX76AE
Issuer 80840

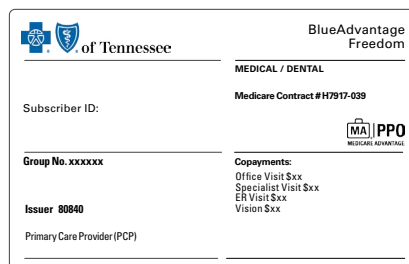
Copayments:
Office Visit \$xx
Specialist Visit \$xx
ER Visit \$xx
Vision \$xx

MA PPO
MEDICARE ADVANTAGE

Primary Care Provider (PCP)

MedicareRx
Prescription Drug Coverage

BlueAdvantage PPO Freedom



Blue Cross of Tennessee BlueAdvantage Freedom

MEDICAL / DENTAL

Subscriber ID: Medicare Contract # H7917-039

Group No. xxxxxx

Issuer 80840

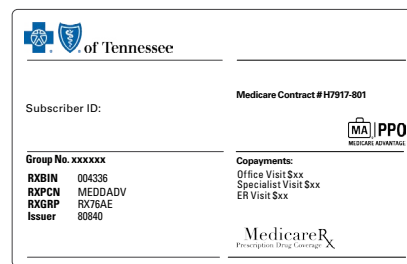
Primary Care Provider (PCP)

Copayments:
Office Visit \$xx
Specialist Visit \$xx
ER Visit \$xx
Vision \$xx

MA PPO
MEDICARE ADVANTAGE

MedicareRx
Prescription Drug Coverage

Group 44 BlueAdvantage



Blue Cross of Tennessee

Subscriber ID: Medicare Contract # H7917-801

Group No. xxxxxxxx

RXBIN 004336
RXPCN MEDDADV
RXGRP RX76AE
Issuer 80840

Copayments:
Office Visit \$xx
Specialist Visit \$xx
ER Visit \$xx

MA PPO
MEDICARE ADVANTAGE

MedicareRx
Prescription Drug Coverage

BlueCare Plus

CHRIS B HALL	MEDICAL / DENTAL
Subscriber ID: ABCD12345678	Medicare Contract # H3259-001
Group No. 129884	Copayments: Office Visit \$xx Specialist Visit \$xx ER Visit \$xx Hospital Stay \$xx
RXBIN 004336 RXPCN MEDDADV RXGRP RX76AD Issuer 80840	MedicareRx Prescription Drug Coverage

BlueCare Plus Choice

BlueCare Plus Choice	
MEDICAL / DENTAL	
Subscriber ID:	Medicare Contract # H3259-002
Group No. 129884	Copayments: Office Visit \$xx Specialist Visit \$xx ER Visit \$xx Hospital Stay \$xx
RXBIN 004336 RXPCN MEDDADV RXGRP RX76AD Issuer 80840	MedicareRx Prescription Drug Coverage

BlueCare Plus Select

BlueCare Plus Select	
MEDICAL / DENTAL	
Subscriber ID: ABCD12345678	Medicare Contract # H3259-003
Group No. 129884	Copayments: Office Visit \$0 Specialist Visit \$0 ER Visit \$0 Hospital Stay \$0
RXBIN 004336 RXPCN MEDDADV RXGRP RX76AD Issuer 80840	MedicareRx Prescription Drug Coverage

2024 Prior Authorization List

BlueAdvantage

Acupuncture

Ambulance

Non-Emergency Transportation (such as transport to a routine doctor's office visit or dialysis)

Diabetes Supplies and Services

Diabetes Monitoring Supplies

Diabetes Self-Management Training

Diagnostic Tests, Lab and Advanced Radiology Services

Advanced Imaging Services (such as MRIs, CT, PET scans)

Diagnostic Tests and Procedures (such as radiation therapy, genetic testing, cardiac echo includes but not limited to proton beam therapy and all genetic testing)

Non-routine Lab Services (including genetic testing, out-of-network lab services)

Therapeutic Radiology Services

BlueAdvantage (cont.)

Radiation Therapy

Proton Beam Therapy (proton radiotherapy, proton beam)

Selective interventional radiology and standard radiation treatment

Durable Medical Equipment

All purchases greater than \$500 and all rentals (including oxygen equipment)

Home Health Care

Home Infusion Therapy

Skilled Nursing Visits and Skilled Therapies (Occupational, Physical or Speech services provided in the home)

Acute and Sub-Acute Inpatient Services

Acute Inpatient Admission

Inpatient Rehab, Long-Term Acute Care and Skilled Nursing Facility Admissions

Continued on next page

BlueAdvantage (cont.)

Certain Medicare Part B Drugs and Certain Part D Prescription Medications

(see authorization list and formulary on Provider web page)

Mental Health Care

Inpatient Services

Outpatient Group Therapy Visits

Outpatient Individual Therapy Visits

Prosthetic Devices

Required for orthotics and prosthetics purchases greater than \$200

Opioid Treatment Program Services

Outpatient Rehabilitation and Chiropractic Care

Phase II Cardiac and Pulmonary Rehab Services

Occupational Therapy, Physical Therapy and Speech Therapy Visits

Outpatient Surgery (all potential cosmetic/ investigational)

Ambulatory Surgical Center (for specific procedures, sleep studies)

Outpatient Hospital (for specific procedures)

Supervised Exercise Therapy (SET)

Transplant Services

Solid Organ, Bone Marrow, Stem Cell and Cornea

BlueCare Plus

Acupuncture

Ambulance

Non-Emergency Transportation (such as transport to a routine doctor's office visit or dialysis)

Diabetes Supplies and Services

Diabetes Monitoring Supplies

Diabetes Self-Management Training

Diagnostic Tests, Lab and Advanced Radiology Services

Advanced Imaging Services (such as MRIs, CT, PET scans)

Diagnostic Tests and Procedures (such as radiation therapy, genetic testing, cardiac echo includes but not limited to proton beam therapy and all genetic testing)

Non-routine Lab Services (including genetic testing, out-of-network lab services)

Therapeutic Radiology Services

Radiation Therapy

Proton Beam Therapy (proton radiotherapy, proton beam)

Selective interventional radiology and standard radiation treatment

Continued on next page

BlueCare Plus (cont.)

Durable Medical Equipment

All purchases greater than \$500 and all rentals (including oxygen equipment)

Home Health Care

Home Infusion Therapy

Home Health Service to include all therapies, nursing visits, and psychiatric visits

Acute and Sub-Acute Initial Inpatient Services

Acute Inpatient Admission

Non-emergent out-of-network services

Inpatient Rehab, Long-Term Acute Care and Skilled Nursing Facility Admissions

Certain Medicare Part B Drugs and Certain Part D Prescription Medications (see authorization list and formulary on Provider web page)

Mental Health Care

Inpatient Services

Outpatient Services

BlueCare Plus (cont.)

Prosthetic Devices

Required for orthotics and prosthetics purchases greater than \$200

Outpatient Rehabilitation and Chiropractic Care

Occupational Therapy, Physical Therapy and Speech Therapy Visits

Outpatient Surgery (all potential cosmetic/ investigational)

Ambulatory Surgical Center (for specific procedures, sleep studies)

Outpatient Hospital (for specific procedures)

Transplant Services

Solid Organ, Bone Marrow, Stem Cell and Cornea

Notes:

Observation stays require notification from the provider to facilitate discharge planning and care management referrals.

Please check Availity for the most up to date information or contact Provider Services.