## Benefit Plan Features:

<table>
<thead>
<tr>
<th>Feature</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$100/$300</td>
<td>$100/$300</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(includes copays, coinsurance and deductibles)</td>
<td>$1100/$3300</td>
<td>$2200/$6600</td>
</tr>
<tr>
<td><strong>4th Quarter Carry-over</strong></td>
<td></td>
<td>Included</td>
</tr>
</tbody>
</table>

## Covered Services

### Preventive Care Services

- Covered at 100%
- 30% after Deductible

### Practitioner Office Services

- 20% after Deductible
- 30% after Deductible

- 20% after Deductible
- 30% after Deductible

- 20% after Deductible
- 30% after Deductible

- 20% after Deductible
- 30% after Deductible

- 20% after Deductible
- 30% after Deductible

- 20% after Deductible
- 30% after Deductible

### Services Received at a Facility

- (includes professional and facility charges)

### Inpatient Services

- 20% after Deductible
- 30% after Deductible

### Outpatient Surgery

- 20% after Deductible
- 30% after Deductible

### Routine Diagnostic Services - Outpatient

- 20% after Deductible
- 30% after Deductible

### Advanced Radiological Imaging - Outpatient

- 20% after Deductible
- 30% after Deductible

### Other Outpatient Services

- 20% after Deductible
- 30% after Deductible

### Urgent Care Center Services

- 20% after Deductible
- 30% after Deductible

### Emergency Care Services

- $300 Copay
- $300 Copay

### Emergency Care Advanced Radiological Imaging

- 20% after Deductible
- 20% after Deductible

### Medical Equipment Services

- 20% after Deductible
- 30% after Deductible

### Durable Medical Equipment

- 20% after Deductible
- 30% after Deductible

### Prosthetics or Orthotics

- 20% after Deductible
- 30% after Deductible

### Hearing Aids (limit 1 per ear every 3 years)

- 20% after Deductible
- 30% after Deductible

### Behavioral Health Services

- Unlimited days per annual benefit period
- 20% after Deductible
- 30% after Deductible

- Unlimited visits per annual benefit period
- 20% after Deductible
- 30% after Deductible

### Therapeutic Services

- $25 Copay
- 30% after Deductible

### Skilled Nursing & Rehabilitation Facility Services

- Limited to 100 days combined per annual benefit period
- 20% after Deductible
- 30% after Deductible

### Home Health Care Services

- Limited to 60 visits per annual benefit period
- 20% after Deductible
- 30% after Deductible

---

BlueCross BlueShield of Tennessee, Inc., an independent Licensee of the BlueCross BlueShield Association
<table>
<thead>
<tr>
<th>Benefit Plan Features:</th>
<th>Your Cost In-Network</th>
<th>Your Cost Out-Of-Network ¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice Services</td>
<td>Covered at 100%</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Inpatient ²</td>
<td>Covered at 100%</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Covered at 100%</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Ambulance Services ³, ⁴</td>
<td>20% after Deductible</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Prescription Drugs ³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Contraceptives ⁵⁷</td>
<td>Covered at 100%</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Retail RX04 Network up to 30 day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic ¹⁴</td>
<td>$10.00</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Preferred ¹⁴, ¹⁶</td>
<td>$20.00</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Non-Preferred ¹⁴, ¹⁶</td>
<td>$30.00</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Plus90 or Home Delivery Network up to 90 day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic ¹⁵</td>
<td>$20.00</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Preferred ¹⁵, ¹⁶</td>
<td>$40.00</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Non-Preferred ¹⁵, ¹⁶</td>
<td>$60.00</td>
<td>30% after Deductible</td>
</tr>
<tr>
<td>Self-Administered Specialty Drugs ³, ¹², ¹³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Pharmacy Network - up to 30 day supply</td>
<td>$60.00</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

Notes:
1. Out-of-network benefit payment based on BlueCross BlueShield of Tennessee maximum allowable charge. You are responsible for any unpaid billed charges.
2. Prior authorization is required.
3. Certain procedures, services, medication and equipment may require prior authorization.
4. If prior authorization is required but not obtained and services are medically necessary, when using network providers outside Tennessee for physician and outpatient services and all services from out-of-network providers, your liability will be increased to 50% based on out-of-network coinsurance. If services are not medically necessary, no benefits will be provided.
5. Outpatient behavioral health benefits are determined by place of service. Benefits displayed are for services received in an office setting; separate benefits may apply for outpatient services received in an alternate setting.
6. Surgeries include incisions, excisions, biopsies, injection treatments, fracture treatments, applications of casts and splints, sutures and invasive diagnostic services (e.g., colonoscopy, sigmoidoscopy and endoscopy for non-preventive purposes).
7. Includes CT scans, PET scans, MRIs, nuclear medicine and other similar technologies.
8. Includes services such as chemotherapy, infusions, injections, radiation therapy and renal dialysis.
9. Copay, if applicable, waived if admitted to hospital.
10. In true emergency situations, out-of-network emergency services apply to the in-network deductible and/or out-of-pocket maximum.
11. Physical, speech, acupuncture, spinal manipulative and occupational therapies are limited to 60 visits combined per annual benefit period. Cardiac and pulmonary rehabilitative therapies are limited to 36 visits per therapy type per annual benefit period.
12. Visit www.bcbs.com for the Preferred Formulary which includes specialty drugs.
13. You have a distinct arrangement for self-administered specialty drugs. To receive benefits, you must use a Specialty Pharmacy Network provider. Visit www.bcbs.com for a list of providers in the Specialty Pharmacy Network.
14. Specialty drugs are limited to a 30-day supply.
15. Copay, if applicable, applied per prescription, up to a 30 day supply.
16. Your plan requires you to receive long-term medications in a 90-day supply from home delivery or at a retail pharmacy in the Plus90 Network. If you choose to use a retail pharmacy that is not part of the Plus90 Network, you are limited to a 30-day supply. Visit www.bcbs.com to find a list of pharmacies in the Plus90 Network.
17. A financial penalty may be applied if you choose a brand name drug when a generic equivalent is available. Please refer to your Evidence of Coverage (EOC) for specific information.
18. Certain prescription drugs are covered at 100% at network pharmacies, in accordance with the Preventive Services provision of the Affordable Care Act, and are identified on the drug formulary with an "ACA" indicator. Visit www.bcbs.com for the Preferred Formulary.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your Evidence of Coverage (EOC) and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the EOC will govern. For a complete list of limitations and exclusions, please refer to your EOC.

BlueCross BlueShield of Tennessee, Inc., an independent Licensee of the BlueCross BlueShield Association
Summary of Preventive Care Services
Covered at 100% In-Network

In-network preventive care services that are covered with no member cost share include, but are not limited to:

- Primary care services with an A or B recommendation by the United States Preventive Services Task Force (USPSTF)
- Immunizations recommended by the Advisory Committee on Immunization Practices that have been adopted by the Centers for Disease Control and Prevention (CDC)
- Bright Futures recommendations for infants, children and adolescents that are supported by the Health Resources and Services Administration (HRSA)
- Preventive care and screening for women as provided in the guidelines supported by HRSA

The following preventive care services are covered (not an all-inclusive list). Coverage of some services may depend on age and/or risk exposure.

**All Members:**
- One preventive health exam per annual benefit period. More frequent preventive exams are covered for children up to age 3.
- All standard immunizations adopted by the CDC
- Screening for colorectal cancer (age 50 – 75), high cholesterol and lipids (45 and older for women; 35 and older for men), high blood pressure, obesity, diabetes, and depression (12 and older)
- Screening for lung cancer for adults (55 to 80) who have a 30 pack-year smoking history and either currently smoke or have quit within the past 15 years, per annual benefit period
- Screening for HIV and certain sexually transmitted diseases, and counseling for the prevention of sexually transmitted diseases
- Screening and counseling in a primary care setting for alcohol misuse and tobacco use; alcohol misuse and tobacco use limited to 8 visits per annual benefit period
- Dietary counseling for adults with hyperlipidemia, hypertension, type 2 diabetes, obesity, coronary artery disease and congestive heart failure; limited to 12 visits per annual benefit period
- One retinopathy screening for diabetics per annual benefit period

**Women:**
- Well-woman visit, including annual sexually transmitted infection (STI) counseling and annual domestic violence screening & counseling per annual benefit period
- Cervical Cancer Screening per annual benefit period
- Screening of pregnant women for anemia, iron deficiency, bacteriuria, hepatitis B virus, Rh factor incompatibility, gestational diabetes
- Breastfeeding support/counseling & supplies, including lactation support and counseling by a trained provider and one manual breast pump per pregnancy
- Counseling for women at high risk of breast cancer for chemoprevention, including risks and benefits
- Mammography screening at age 40 and over, and genetic counseling and, if indicated after counseling, BRCA testing for BRCA breast cancer gene
- Osteoporosis screening (age 60 or older)
- HPV testing once every 3 years, beginning at age 30
- FDA-approved contraceptive methods and counseling
  - Medical plan: Injectable or implantable hormonal contraceptives and barrier methods, sterilization for women
  - Rx plan: Generic oral & injectable contraceptives, vaginal contraceptive, patch, prescription emergency contraception

**Men:**
- Prostate cancer screening at age 50 and older
- One-time abdominal aortic aneurysm screening at age 65 – 75 (for men who have ever smoked)

**Children:**
- Newborn screening for hearing, phenylketonuria (PKU), thyroid disease, sickle cell anemia, and cystic fibrosis
- Development delays and autism screening
- Iron deficiency screening
- Vision screening
BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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

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

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Non-Discrimination Grievance"). For help with preparing and submitting your Non-Discrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

They can provide you with the appropriate form to use in submitting a Non-Discrimination Grievance. You can file a Non-Discrimination Grievance in person or by mail, fax or email. Address Your Non-Discrimination Grievance to: Non-Discrimination Compliance Coordinator, c/o Manager, Operations, Member Benefits Administration, 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); NonDiscrimination_Office@bcbs.com (email).


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

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

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

注意事项：如需使用语言障碍辅助服务，请致电 800-565-9140（TTY: 800-848-0298）。


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


주요사항: 태국어로 이용하실 경우 언어 지원 서비스를 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

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


Dili baak akó ninzín: Dili saad bee yánkthi'go Diné bizaid, saad bee áka'ánida'go ñiigayóó', tóó jiik'eh, ée ná hóló, koi'í hóóñiiní 1-800-565-9140 (TTY: 1-800-848-0298).
# East Tennessee State University Medical Residents

## Summary of Benefits (SLU/20)

<table>
<thead>
<tr>
<th>Deductible Calendar Year</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies to Coverage B and C only</td>
<td>$0 / In-Network</td>
<td>$0 / In-Network</td>
</tr>
<tr>
<td></td>
<td>$50 / Out-of-Network</td>
<td>$150 / Out-of-Network</td>
</tr>
</tbody>
</table>

## Benefit Maximums

- Applies to Coverage B and C (per Calendar Year)
- Coverage D (per Lifetime)

<table>
<thead>
<tr>
<th>Benefit Maximums</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,000</td>
</tr>
</tbody>
</table>

## Benefit Percentages apply to

- Any Dentist*

## Covered Services

### Coverage A
- Exams, X-rays
- Cleanings, Fluoride
- Sealants, Space Maintainers

### Coverage B
- Basic Restorative Services
- Basic Endodontics
- Basic Oral Surgery

### Coverage C
- Major Endodontics
- Basic and Major Periodontics
- Major Oral Surgery
- Major Restorative and Prosthodontics
- Implants

### Coverage D
- Orthodontics-Child to age 18

### Preferred Option
- Network Dentists paid at PPO fee schedule; non-network dentists paid 30% less than PPO fee schedule

### National Network
- Included

### Blue365
- Discounts on health and wellness services including routine vision care, Lasik surgery, weight loss and fitness centers, and more

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This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services, Exclusions From Coverage, and Schedule of Benefits sections of the Evidence of Coverage.

When applicable, benefits will be paid based on the Benefit Percentages listed above. Members will be responsible for co-insurance (when benefit percentages are less than 100%), deductible(s), and all other charges when benefit maximums have been met.

*Members may see any dentist. We have contracted dentists in our network that have agreed to limit their charges to our fee schedule. Because we have no contract with non-network dentists, members may be responsible for any billed charges that exceed our Maximum Allowable Charge.
Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:
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重要通知：如果您说西班牙语，您有免费的双语服务。请致电1-800-565-9140 (TTY: 1-800-848-0298)。

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

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


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

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

注意事項：如果說日語，我們免費提供多語系支援。請撥打1-800-565-9140 (TTY: 1-800-848-0298)


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


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<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Examination</td>
<td>$10 Copayment</td>
<td>Up to $35</td>
<td>One exam within a 12 month period for each member covered under the plan.</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Up to $39</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses Fit and Follow-Up</td>
<td>$55 Copayment</td>
<td>Up to $0</td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td>10% off retail</td>
<td>Up to $0</td>
<td></td>
</tr>
</tbody>
</table>

**Vision Materials**

**Standard Plastic Lenses**

<table>
<thead>
<tr>
<th>Lens Type</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>$0 Copayment</td>
<td>Up to $30</td>
<td>One set of lenses within a 12 month period for each member covered under the plan.</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$0 Copayment</td>
<td>Up to $45</td>
<td></td>
</tr>
<tr>
<td>Trifocal</td>
<td>$0 Copayment</td>
<td>Up to $80</td>
<td></td>
</tr>
</tbody>
</table>

**Frames**

<table>
<thead>
<tr>
<th>Lens Type</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>$0 Copayment</td>
<td>Up to $75</td>
<td>One pair of frames within a 24 month period for each member covered under the plan.</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$0 Copayment</td>
<td>Up to $80</td>
<td>One set of lenses within a 12 month period for each member covered under the plan. In lieu of lenses + frames.</td>
</tr>
</tbody>
</table>

**Contacts**

<table>
<thead>
<tr>
<th>Type</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional</td>
<td>$0 copay up to $150</td>
<td>Out-of-network up to $120</td>
<td></td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 copay up to $150</td>
<td>Out-of-network up to $120</td>
<td></td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Paid in Full</td>
<td>Up to $200</td>
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</tr>
</tbody>
</table>

**Lens Options**

<table>
<thead>
<tr>
<th>Option</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Polycarbonate</td>
<td>$40 Copayment</td>
<td>Up to $0</td>
<td></td>
</tr>
<tr>
<td>Standard Polycarbonate (For covered dependent children under 19 years of age)</td>
<td>$0 Copayment</td>
<td>Up to $5</td>
<td></td>
</tr>
<tr>
<td>UV Treatment</td>
<td>$15 Copayment</td>
<td>Up to $0</td>
<td></td>
</tr>
<tr>
<td>Tint</td>
<td>$15 Copayment</td>
<td>Up to $0</td>
<td></td>
</tr>
<tr>
<td>Standard Plastic Scratch Coating</td>
<td>$15 Copayment</td>
<td>Up to $0</td>
<td></td>
</tr>
<tr>
<td>Standard Progressive Lenses (add on to Bifocal)</td>
<td>$85 Additional Copayment</td>
<td>$0 Additional *</td>
<td></td>
</tr>
<tr>
<td>Premium Progressive Lenses (add on to Bifocal)</td>
<td>$85 Additional Copayment, 20% off retail price less $120 allowance</td>
<td>$0 Additional *</td>
<td></td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45 Copayment</td>
<td>Up to $0</td>
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</tr>
<tr>
<td>Other Lens Options</td>
<td>20% off retail</td>
<td>N/A</td>
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* $45 maximum reimbursement
Diabetic Eye Care
(Care and testing for diabetic members)

<table>
<thead>
<tr>
<th>Service</th>
<th>Copayment</th>
<th>Allowance per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$0</td>
<td>Up to $77</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>$0</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Extended Ophthalmoscopy</td>
<td>$0</td>
<td>Up to $15</td>
</tr>
<tr>
<td>Gonioscopy</td>
<td>$0</td>
<td>Up to $15</td>
</tr>
<tr>
<td>Scanning Laser</td>
<td>$0</td>
<td>Up to $33</td>
</tr>
</tbody>
</table>

**Some or all of the diagnostic services described above will be provided as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations referenced above.

- This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services, Exclusions from Covered Services, and Schedule of Benefits sections of the Evidence of Coverage.
- When applicable benefits are paid after the Copayment listed above and to the allowance listed, members are responsible for amounts above the allowance.
- Members may see any vision care provider. However, contracted providers in our network have agreed to limit certain charges and provide additional discounts once the allowance has been reached. Because we have no contract with non-network providers, members are responsible for all charges that exceed the out-of-network reimbursement.
Group Long Term Disability Insurance

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability. The cost of this insurance is paid by East Tennessee State University GME.

Eligibility

**Definition of a Member**
You are a member if you are a regular employee of East Tennessee State University GME, actively working at least 40 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

**Eligibility Waiting Period**
The eligibility waiting period varies; contact your human resources representative for details.

Benefits

**Monthly Benefit**
40 percent of the first $2,500 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)

**Maximum Monthly Benefit**
$1,000

**Minimum Monthly Benefit**
$100

**Benefit Waiting Period**
90 days
Group Long Term Disability Insurance

Definition of Disability
For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period
If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

<table>
<thead>
<tr>
<th>Age</th>
<th>Maximum Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>3 years 6 months</td>
</tr>
<tr>
<td>63</td>
<td>3 years</td>
</tr>
<tr>
<td>64</td>
<td>2 years 6 months</td>
</tr>
<tr>
<td>65</td>
<td>2 years</td>
</tr>
<tr>
<td>66</td>
<td>1 year 9 months</td>
</tr>
<tr>
<td>67</td>
<td>1 year 6 months</td>
</tr>
<tr>
<td>68</td>
<td>1 year 3 months</td>
</tr>
<tr>
<td>69+</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Employee Assistance Program
- Lifetime Security Benefit
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while Long Term Disability benefits are payable

This information is only a brief description of the group Long Term Disability insurance policy sponsored by East Tennessee State University GME. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and East Tennessee State University GME may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com
SI 13271-D-TN-165753 (3/19)
Pharmacy - Preferred Formulary

Your pharmacy coverage gives you access to an extensive list of prescription drugs to treat a wide range of conditions. You can get these medications at preferred prices from thousands of pharmacies in Tennessee and across the nation, including many national chains and independent pharmacies.

Understanding Your Benefits

It’s important to know which drugs your plan covers. Reviewing your pharmacy plan now can help you later when you need to fill a prescription. Your plan uses the Preferred Formulary Guide, which includes a list of all the generic, brand name and specialty drugs your plan covers. It also lists applicable plan details including quantity limits and prior authorization requirements.

View these details by downloading the Preferred formulary at bcbst.com/PreferredRX.

You can also call Member Service at the number listed on your Member ID card for questions about the drugs covered under your plan.

To learn about other aspects of your prescription drug coverage, visit the Pharmacy section of BlueAccess®. You’ll need to know your pharmacy network (for example, RX04). You can find this information on your Member ID card.

How Do I Fill My Prescriptions?

To locate a network pharmacy anywhere in the country, you can use the Find a Doctor tool at bcbst.com.
DentalBlue℠

Your benefits give you convenient access to quality dental services. DentalBlue is one of the largest dental PPO (Preferred Provider Organization) networks in Tennessee. Your network includes:

- 3,000+ dentists in Tennessee and bordering counties
- Over 200,000 dental access points across the United States

Pay Less With DentalBlue

Preventive Screenings Are Good For You
Prevention and early detection lead to better health because they can identify dental problems early before they become more serious. Most of our dental plans cover two exams and two cleanings per year as well as one set of bitewing X-rays.

Networks Stretch Your Benefit Dollar
Even though some dental services cost $1,000 or more, most dental plans still have an annual maximum benefit of $1,000. When network dentists discount their fees, you save money.

Check Your Plan Options And Benefits
Review your schedule of benefits in your Evidence of Coverage (EOC)† to see your specific plan option, limits, deductible and coinsurance levels. Not all dental services are covered by these plans. Benefits are arranged in four levels of coverage, A-D.

Note: Services may vary based on your plan or contract. Some plans don’t include coverage for all four levels, move services from coverage B to C or have waiting periods.

<table>
<thead>
<tr>
<th>Coverage A</th>
<th>Diagnostic and preventive services such as exams, cleanings and X-rays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage B</td>
<td>Basic services such as fillings and extractions</td>
</tr>
<tr>
<td>Coverage C*</td>
<td>Major restorative services such as crowns, bridges and dentures</td>
</tr>
<tr>
<td>Coverage D**</td>
<td>Orthodontic services such as braces and retainers</td>
</tr>
</tbody>
</table>

*If your employer’s plan is self-funded, please check with your employer for your EOC.
**Services not available in some plans
What Services Are Covered?

We ask dentists to bill their services based on the completion date. If you’re eligible on the completion date, benefits will be provided. If you have a treatment in progress and had coverage with a different carrier, please check with your dentist to see which carrier should receive the bill. The billing date determines which carrier should provide coverage.

If you started orthodontic treatment before the date your BlueCross coverage started, file that claim with your previous carrier. However, any orthodontic services (e.g., monthly adjustment fees) you have after your DentalBlue coverage starts should be filed with us. We’ll apply it to the orthodontic maximum.

Know What We’ll Pay

With the exception of emergency care, you and your dentist can determine what your dental plan covers — and the amount we’ll — before you have treatment. We recommend a prior authorization for any service that may cost more than $200.

BlueAccess℠

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

BlueAccess Sections

Homepage – View a snapshot of your benefit information, recent claims, programs and support.

Benefits & Coverage – Get full details on what’s covered, who’s covered and what you pay for services.

Claims & Balances – Check your claims status and details. Print benefit and claims information. View your benefit maximums and more.

Managing Your Health – 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).

Find Care – Find a dentist in your network, get answers about dental care expenses – even compare costs.

Account – Set up your account profile, including contact preferences, communication channels, messaging alerts and BlueVoice participation.

Find A Dentist (Or Other Provider) In Your Network

- Using a dentist in your network helps you save money and avoid balance billing
- Visiting a provider outside your network may cost you more

Look for a new dentist at bcbst.com/findadoctor.

- Find a dental provider by clicking on Browse by Category then selecting Dental Care.

BlueCross BlueShield of Tennessee

BlueCross BlueShield of Tennessee complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

For TDD/TTY help call 1-800-848-0298.

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

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.
Your Vision Coverage

We offer the flexibility of a national network with thousands of eye doctors in both independent practices and retail chains.

Each covered member gets a routine eye exam every 12 months. Exams by network providers include eye dilation as needed, refraction and evaluation for several conditions. If your plan covers routine vision materials, frames, standard lenses or contact lenses are part of your copayments and allowances. To learn more, log in to BlueAccess™ at bcbs.com/member or call Member Service at the number on the back of your ID card.

How To Use Your Vision Benefits

1. Find A Provider in Your Network
   - Visit bcbs.com and click on Find a Doctor to begin your search.
   - Choose your vision network from the network dropdown list.
   - Search for vision providers through the search bar or explore our preselected options.
   - You also have access to the following optical retail locations*:

2. Make An Appointment And Show Your Member ID Card
   Once you’ve chosen a provider, call to make your appointment and confirm they’re in your network. Or, stop by one of the many network providers who offer walk-in appointments. Some also have evening and weekend hours to fit your busy schedule.
   Check your plan benefits for details on what services are covered and what share of the cost you may owe.

3. Out-Of-Network Benefits
   If you visit a provider who isn’t in your network, you’ll pay in full at the time of your visit and then send us a claim yourself. If you have out-of-network benefits, we’ll send you a check for the amount we cover. Check your plan benefit summary for more information. To get a claim form:
   - Visit bcbs.com/visionclaimform
   - Call the Member Service number on your Member ID card

Submit your claim online or mail your claim and detailed receipts to us at:

EyeMed Vision Care
Attn: Out-of-Network Claims
P.O. Box 8504
Mason, OH 45040
Eyeglasses

If your plan includes benefits for frames and lenses, you can use them at any independent or retail providers in our network, or at Glasses.com.

*GLASSES.com*

After you’ve used up your eyewear benefit, you can get 40% off retail price when you buy extra complete pairs of glasses.*

Contact Lenses

If your plan includes benefits for contact lenses, you can use them at any independent or retail providers in our network, or at Contactsdirect.com.

*contactsdirect*

After you’ve used up your contacts benefit, you can get 15% off conventional contact lenses.**

Diabetic Eye Care

If you have diabetes, you can get up to two extra eye exams each year. Your plan may also include benefits for retinal imaging and additional diabetic testing at no cost to you.***

Non-Covered Items

You can get up to 20% off retail price of vision care items purchased at participating provider locations including non-prescription sunglassess, cleaning supplies and accessories.

Laser Vision Correction

You can get 15% off the regular price and 5% off the promotional price of laser vision correction performed by U.S. Laser Vision Network Providers. Call 1-877-5LASER or visit EyeMedlasik.com for more details.

* Frames, lenses or lens options purchased separately are 20% off retail price.
** Discount doesn’t apply to doctor’s services or other types of contact lenses.
*** No cost when deemed necessary and performed by an in-network provider.
Talk to Doctors Anytime You Need Them

Use PhysicianNow® Powered by MDLive when it’s not an emergency, and you can’t get to a doctor’s office. **And you’ll typically pay less than you would for a visit to the office or urgent care clinic.**

Use PhysicianNow for things like:

- Allergies, cold, fever and flu
- Sinus or respiratory issues
- Skin conditions (rashes or insect bites)
- Certain pediatric conditions
- Urinary tract infections
- Constipation or diarrhea
- Earaches
- Nausea and vomiting
- Pink eye

How do I use PhysicianNow?

You can talk with a doctor using your phone, online video chat, or the mobile app.

It’s easy to get started.

Register for PhysicianNow by logging in to your BlueAccess℠ account at [bcbst.com/member](http://bcbst.com/member) and clicking Talk With a Doctor Now. Or call 1-888-283-6691.

Once you register, you can use it anytime. You can also download the app from the App Store℠ or Google Play℠. Search for PhysicianNow, one word.

Have your BlueCross Member ID card with you — your doctor will need information from it.
BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.

- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

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

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination.OfficeGM@bcbsnt.com (email).


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

The PhysicianNow program operates subject to state regulation and may not be available in certain states. PhysicianNow phone consultations are available 24/7 while video consultations are available during the hours of 7 a.m. to 9 p.m. seven days a week or by scheduled availability. MLive is an independent internet-based service that allows consumers to select and interact with independent physicians and other health care providers. For complete terms of use, visit welcome.mlive.com/terms-of-use.

The App Store is a registered trademark of Apple, Inc. Android is a trademark of Google, Inc.

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


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

ЧУЙ: Є закинчення Немовляння мова. Звертайтеся за допомогою по номеру 1-800-565-9140 (TTY: 1-800-848-0298) або відвідайте наш веб-сайт.

See Your Evidence of Coverage at BCBST.com!

If you’re new to BlueAccess™:

Register for BlueAccess (you’ll need your Member ID card). If you haven’t received your card yet, it should arrive in the next few days. BlueAccess registration will be available the day your coverage starts.

1. **Go to bcbst.com/member.** Select the Log In or Register link. Select the Register Now link at the bottom of the Member Login box.

2. Enter your subscriber ID, group number, date of birth, and ZIP code. Select Continue.

To complete your registration, verify your identity, and then enter your username, password and credentials. Then agree to the terms of service.

Start here if you have a BlueAccess ID:

View your Evidence of Coverage (EOC).

1. Go to bcbst.com/member. Select the Log In or Register link. Enter your username and password.

2. Select the Benefits & Coverage tab. Select Benefit Booklets.

While you’re in BlueAccess you can also:

- Find a doctor.
- Look up claims and coverage.
- Take a Personal Health Assessment.
- Check Hospital & Physician Quality.
- Find exclusive Blue365® member discounts.
- Get a temporary Member ID card.
- View current balances.

To request a printed version of your BlueCross BlueShield of Tennessee EOC, please call the phone number on the back of your Member ID card.