

Medical Benefits

Customer Service: (800) 565-9140

**Website: www.bcbst.com
Group Number: 104640**



BlueCross BlueShield

Lincoln Memorial University has selected BlueCross BlueShield of Tennessee as its medical insurance provider.

This plan uses the Preferred Provider Organization (PPO). You are provided one medical plan that uses the BCBST Network S. To receive the maximum benefit from your PPO Plan, make sure your provider is a member of Blue Network S. Under the PPO program, you have the flexibility to go to any provider that you choose and you are not required to choose a Primary Care Physician (PCP). However, anytime you select an in-network physician or facility, you will see significant discounts and savings. In-network providers will also file your claims for you. Blue Network S is a very extensive networks within the BCBST system, so there is no need for you to ever have to go out of network.

If you select an out-of-network physician or facility, you will be subject to higher copays and out-of-pocket maximums. You are also responsible for the difference between billed charges and the maximum allowable charge. It definitely works to your advantage to use the in-network providers whenever possible. For additional information, please contact the Office of Human Resources.

Lincoln Memorial University has a spousal surcharge to an employee if the spouse has elected coverage under the LMU health insurance program but has other group medical coverage available to him/her through an employer. This charge is in addition to the employee's portion of the regular medical premium listed in the Employee Payroll Deduction box below.

Monthly charge: \$50.00

Bi-Weekly charge: \$23.08

Employee Payroll Deductions

Monthly Payroll Deduction		
	Network S	Network P-Tennova
Employee Only	\$100.00	\$115.00
Employee + One	\$350.00	\$380.00
Family	\$475.00	\$525.00
Bi-Weekly Payroll Deduction		
	Network S	Network P-Tennova
Employee Only	\$46.15	\$53.08
Employee + One	\$161.54	\$175.38
Family	\$219.23	\$242.31

Enrollment Changes

Changes to your enrollment may be made annually during open enrollment each year. Mid-year changes may be made for the following qualifying events:

- Marriage/Divorce
- Birth/Adoption
- Death
- Change in job status of yourself or your spouse
- Change in Medicaid or CHIP status (within 60 days)

However, all changes (with the exception of Medicaid/CHIP) must be made within 30 days of your qualifying event. You must notify the Office of Human Resources immediately when you experience a qualifying event.

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Medical Benefits (Continued)

Benefits—BCBST Network S or P	In-Network Benefits (Member Pays)	Out of Network Benefits (Member Pays)
Annual Deductible Individual Family	\$750 \$1,500	\$1,500 \$3,000
Annual Out-of-Pocket Maximum Individual Family	\$2,500 \$5,000	\$7,500 \$15,000
Coinsurance (Member pays)	20%	40%
Physician Medical Service PhysicianNow (via Mobile/Video Powered by MDLive) PCP Office Visit Specialist Office Visit Routine Diagnostic Lab, X-Ray in office Non-Routine Diagnostic Services*	100% after \$10 Copay 100% after \$25 Copay 100% after \$50 Copay No additional copayment 80% after deductible	N/A 40% after deductible 40% after deductible 40% after deductible 40% after deductible
Routine Preventive Care	\$0 Copay (Covered 100%)	40% after deductible
Emergency Room · Ambulance	20% after deductible 20% after deductible	40% after deductible 40% after deductible
Hospital/Facility Services · Inpatient Hospital Stays* · Outpatient Surgery* · Advanced Radiological Imaging - Outpatient	20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible
Behavioral Health* · Inpatient · Outpatient Office Visit	20% after deductible 100% after \$25 Copay	40% after deductible 40% after deductible
Therapy Services · Physical/Manipulative-limited to 30 visits per year · Cardiac/Pulmonary-limited to 36 visits per year · Speech/Occupational -limited to 10 visits per year · Chiropractic-limited to 5 visits per year	20% after deductible 20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible 40% after deductible

Your Prescription Benefit Program— Administered by EmpiRx

There is a annual brand name deductible of \$100 deductible per covered member. Once the deductible has been met, you will then pay copays on all medications. Generic medications do not have a deductible. All deductible and copays for pharmacy apply to your maximum out of pocket on your medical limit.. Your copays are as follow:

34 day supply at the pharmacy :	\$10/\$30/ \$60
35-60 day supply	\$20/\$60/\$120
61-90 day supply	\$30/\$90/\$180

Mail order is available . See your member materials for additional details

You can locate participating pharmacies by logging on the member portal at <https://portal.myempirxhealth.com> or by calling (877) 241-7123

You will have a BCBST medical ID card and a separate pharmacy ID card from EmpiRx