



1 Cameron Hill Circle
Chattanooga, Tennessee 37402
bcbstmedicare.com

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

We're writing to let you know about an error that caused a problem with your BlueAdvantage (PPO)SM plan. Unfortunately, because of this error, your coverage will end on Dec. 31. We're very sorry about this mistake.

You may get a notice from the Centers for Medicare & Medicaid Services about your plan coverage ending. We want to assure you that we do offer coverage in your area, but we'll need a **new** enrollment form for 2022.

If you want to keep your Sapphire plan, you'll need to re-enroll in BlueAdvantage Sapphire East as soon as possible.

We want to help make it easier for you to re-enroll. Here are your options:

- Enroll online at bcbstmedicare.com/signup.
- Call us at <1-800-292-5146>, TTY 711.
- Fill out the enrollment form we included with this letter and send it back to us in the postage paid envelope provided. Be sure to mark **Sapphire E (PPO)** on your enrollment form as your plan choice.
- Enroll with your broker.
- Attend a BlueCross enrollment meeting near you. We've included a list of meetings on the back of this letter. But you can go to <bcbstmedicare.com/reenroll> for the most up-to-date list.

You recently received your 2022 Annual Notice of Changes from us. You'll have those same great benefits when you re-enroll in the BlueAdvantage Sapphire East plan.

We sincerely apologize for the frustration and inconvenience and look forward to serving you in 2022.

MEMBER DETAILS

Member Name

<First Name> <Last Name>

Member ID

<Member ID>

We're here to help

If you have any questions about this letter or what you need to do, just give us a call at **1-800-292-5146**, TTY **711**. From **Oct. 1 to March 31**, you can call us from 8 a.m. to 9 p.m. ET, seven days a week. From **April 1 to Sept. 30**, we're available from 8 a.m. to 9 p.m. ET, Monday through Friday. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.

Best of Health,

Your Member Care Team

BlueAdvantage Enrollment Meetings

Drop by these locations between 9 a.m. and 2 p.m. on the dates listed and we can answer your questions and help you complete the enrollment process.

<ANDERSON COUNTY

[Location]
[Street, City]
[Date]

BLOUNT COUNTY

[Location]
[Street, City]
[Date]

CAMPBELL COUNTY

[Location]
[Street, City]
[Date]

CLAIBORNE COUNTY

[Location]
[Street, City]
[Date]

COCKE COUNTY

[Location]
[Street, City]
[Date]

GRAINGER COUNTY

[Location]
[Street, City]
[Date]

HAMBLEN COUNTY

[Location]
[Street, City]
[Date]

JEFFERSON COUNTY

[Location]
[Street, City]
[Date]

KNOX COUNTY

[Location]
[Street, City]
[Date]

LOUDON COUNTY

[Location]
[Street, City]
[Date]

MONROE COUNTY

[Location]
[Street, City]
[Date]

MORGAN COUNTY

[Location]
[Street, City]
[Date]

ROANE COUNTY

[Location]
[Street, City]
[Date]

SCOTT COUNTY

[Location]
[Street, City]
[Date]

SEVIER COUNTY

[Location]
[Street, City]
[Date]

UNION COUNTY

[Location]
[Street, City]
[Date]>



Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross), including its subsidiaries SecurityCare of Tennessee, Inc. and Volunteer State Health Plan, Inc. also doing business as BlueCare Tennessee, 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 Member Service at the number on the back of your Member ID card or call **1-800-831-2583**, TTY **711**. **From Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

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 Member Service at the number on the back of your Member ID card or call **1-800-831-2583**, TTY **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@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi Language Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-831-2583, TTY 711.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-831-2583, TTY 711.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-831-2583, TTY 711。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-831-2583, TTY 711.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-831-2583, TTY 711 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-831-2583, ATS 711.

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-831-2583, TTY 711.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-831-2583, ማስማት ለተሳናቸው 711.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-831-2583, TTY 711.

सूचना: જો તમે ગુજરાતી બોલતા હો, તો નિશ્ચિલક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-831-2583, TTY 711

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-831-2583, TTY 711 まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-831-2583, TTY 711.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-831-2583, TTY 711 पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-831-2583, телетайп 711.

توجه: اگر به زبان فارسی صحبت می کنید خدمات زبان و ترجمه به صورت رایگان برایتان فراهم می گردد. با 1-800-831-2583, TTY 711 تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-831-2583, TTY 711.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-831-2583, TTY 711.

ATENÇÃO: se fala português, encontram-se disponíveis serviços linguísticos grátis. Ligue para 1-800-831-2583, TTY 711.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-831-2583, TTY 711.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-800-831-2583, TTY 711.