

2022

Medicare Advantage

BlueCross Blue BasicSM MA-Only (PPO)



South Carolina

Medicare Advantage

H8003_BBENRK2022_M



South Carolina

BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association

This information is not a complete description of benefits.
Call 1-800-930-2836 (TTY: 711) for more information.



South Carolina

You deserve more. Get more with BlueCross BlueShield of South Carolina Medicare Advantage.

This kit includes everything you need to **enroll today**. We know how important it is for you to make the right choice. So, we've included all the information you need to make a decision. If you still have questions, contact your local BlueCross agent or call us below.

We're here to help.

Call **1-800-930-2836 (TTY: 711)**. From October 1 to March 31, you can call us 8 a.m. to 8 p.m., 7 days a week. From April 1 to September 30, we're here 8 a.m. to 6 p.m., Monday through Friday.



Medicare:

What you need to know

What is Medicare?

Medicare is a federal health insurance program. It's for people age 65 and older and others with disabilities.

Original Medicare is provided by the government.

It covers some of the costs of hospital stays (**Part A**) and doctor visits (**Part B**). But it doesn't cover everything. For example, you don't get coverage for prescription drugs. And you don't get coverage for dental, wellness or hearing care.



Part A

Hospital Services



Part B

Doctor Visits

What if you want more coverage from Medicare?

If you want more coverage than what Original Medicare provides, you can enroll in a plan offered by a private insurer like us.



Part D
Prescriptions

A Medicare **Part D** plan to cover your prescription drugs

or



Part C

*Hospital Stays
Doctor Visits
Prescriptions*

A Medicare **Advantage (Part C)** plan which:

- › Combines coverage for **Parts A** and **B**
- › Most include prescription drugs
- › Often provides additional benefits

Are you eligible for our plans?

In order to enroll in a Medicare Advantage plan you must:

- › Be enrolled in Original Medicare **Parts A** and **B**
- › Live in the plan's service area
- › Be a United States citizen or be lawfully present in the U.S.

Are there any special eligibility requirements for our plans?

No. You're eligible to enroll in our plans as long as you meet the requirements to the left and you continue to pay your **Part B** premium.

Will I need to get a Medicare Supplement Plan?

No, instead of the remaining 20%, you will only pay your co-pay. A Medicare Advantage plan gives you predictable costs.

Our Medicare plans focus on you

Your health care is important to us

We understand you want to make the best choice for your Medicare coverage, and would like to have additional benefits. That's why our plan is built to help you get more from your Medicare benefits.

Security and trust from a local company you can count on

When you are looking for the right Medicare Advantage plan, it's reassuring to know that BlueCross is more than your partner in health - we're your neighbors. We are the only health plan located in and operated by people living in South Carolina. We've served South Carolinians for 75 years, making it even more essential to deliver local, quality healthcare and caring service.

Your way

Do you want the freedom to live life your way, with a health plan that gives you the **extra** benefits you deserve? BlueCross provides you with options whether you:

- › need dental coverage
- › want extra benefits like:
 - vision
 - discounted hearing aids
 - over-the-counter allowance
 - fitness benefit
 - chiropractic care
 - meal program

When can you enroll?

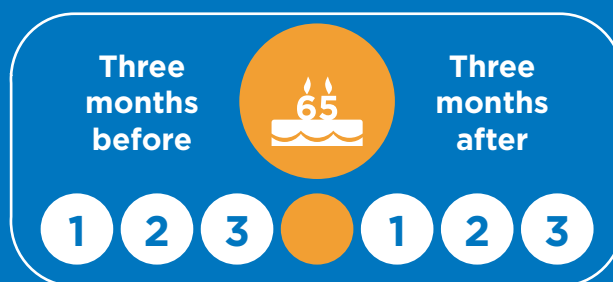
It's important to know your enrollment period.

You can enroll in a Medicare Advantage or Part D plan when you first become eligible for Medicare. This is called your Initial Enrollment Period. You can also enroll or change Medicare Advantage or Part D plans at least once a year. This is typically during the Annual Election Period.

Initial Enrollment Period (IEP)

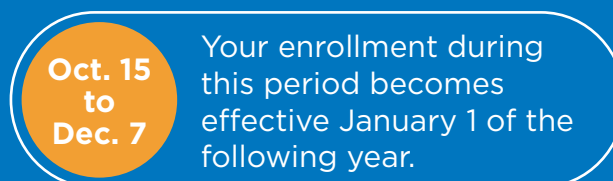
For Medicare Advantage or Part D plans, this is the three months before and three months after the month you either:

- › Turn 65
- › Become eligible for Medicare



Annual Enrollment Period (AEP)

This is the time during the year when you can choose or change your Medicare Advantage or Part D coverage:



Medicare Advantage Open Enrollment Period (OEP): January 1 – March 31

During this time of year, you can make a one-time change to your Medicare Advantage coverage. You may change, or drop your Medicare Advantage plan. If you drop your plan and go back to Original Medicare, you can add PDP coverage. Enrollments made using the OEP are effective the first day of the following month.

Special Enrollment Period (SEP)

If you have a special situation you may be able to enroll in a Medicare plan outside of the regular enrollment periods. Call us to see if you qualify for a Special Enrollment Period.

It's easy to enroll

If you are ready to enroll, select the enrollment method that works best for you.



At a Medicare community meeting

Call us today at 1-800-930-2836 (TTY: 711) for a schedule of community meetings held during AEP.



By phone

Call us, or your local licensed BlueCross Medicare agent, to enroll over the phone or set up a meeting. You can reach us at **1-800-930-2836 (TTY: 711)**.



Online

Go to **www.southcarolinablues.com/links/shop**. You may also enroll in one of our plans through the Centers for Medicare & Medicaid Services website. To do so, go to **www.medicare.gov**.



By mail

Complete and mail us the enrollment form at the back of this book using the self-addressed postage paid envelope included in this booklet.

Do I need to select a PCP?

If you enroll in a BlueCross Medicare Advantage plan, you don't have to choose a Primary Care Physician (PCP). But we encourage you to, as a PCP can help you find and treat illnesses early.













Just add your in-network PCP's name and address to your enrollment form. Need help finding a PCP? Visit **www.southcarolinablues.com/links/shop**.

Want a quick, easy way to pay your plan premium? Sign up for the EFT.

You can choose how to pay your plan premium. The fastest way is through electronic funds transfer (EFT). With EFT, you won't have to remember to send your payment each month. To sign up, call customer service at 855-204-2744 for assistance.

What happens next?

Once you enroll you'll need to look for the important items below. You'll hear from us within about 14 days of your acceptance into the plan.

Item	Description	Delivery
Confirmation of Enrollment letter	Once Medicare accepts your enrollment, we'll send you a confirmation of enrollment letter. This letter will include information to help ensure you understand your plan's features.	
Member ID card	Use your plan member ID card — not your Medicare card — every time you visit the doctor or hospital.	
Evidence of Coverage	This is a complete description of coverage under your MA plan and your member rights. You can find this document online at www.scbluesmedadvantage.com .	 or 
New member packet	You'll find helpful tools, cost-saving resources and important tips in your new member packet. Think of it as your guide to getting the most out of your plan.	
Health needs assessment	We may contact you to ask questions about your health history. The information won't affect your enrollment in the plan. Depending on your individual health needs you could receive an in-home assessment on behalf of BlueCross.	 or 
Doctor visit	Be sure to schedule your first doctor visit and take advantage of the \$0 annual preventative services available to you. An annual wellness visit is covered at no cost to you. You can schedule an annual checkup with your doctor for routine health screenings and to establish a care plan that fits your needs.	
Invitations to local social and health events	This is an opportunity for you to meet with a pharmacist, nurse, and representatives from your plan to have questions answered and receive healthy resources. We hope you make time to attend these no-cost events.	
Communication	Watch for periodic communications from BlueCross via email, phone, text or mail for important updates and general health information.	 or 
Surveys	Expect to receive an annual satisfaction survey requesting your feedback on your experience with your physician and BlueCross. You could possibly receive surveys from SPH Analytics and Centers for Medicare and Medicaid Services (CMS), in addition to the annual satisfaction survey. We strive for an A+ rating and appreciate your feedback.	

2022 Summary of Benefits

BlueCross Blue BasicSM
MA-Only (PPO)



South Carolina

2022 Summary of Benefits

BlueCross Blue BasicSM MA-Only (PPO)

H8003, Plan 007

This is a summary of the health and drug services covered by BlueCross Blue Basic (PPO): January 1, 2022 – December 31, 2022.

This plan, BlueCross Blue Basic, is offered by BlueCross BlueShield of South Carolina. BlueCross BlueShield of South Carolina is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in BlueCross BlueShield of South Carolina depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage” by calling Customer Service at **1-855-204-2744** (TTY users should call 711). The Evidence of Coverage is available online at **www.SCBluesMedAdvantage.com/marx22**.

To join BlueCross Blue Basic (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in South Carolina:

BlueCross Blue Basic (PPO) - South Carolina (007)	Aiken, Anderson, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chesterfield, Dillon, Dorchester, Fairfield, Florence, Georgetown, Greenville, Horry, Kershaw, Lexington, Marion, Marlboro, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, and York
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BlueCross Blue Basic (PPO) has a network of doctors, hospitals, and other providers. As a member of our plan, you do not need a referral from a Primary Care Provider in order to see a Specialist or to obtain a service. However, you are required to obtain prior authorization from our plan for some services.

For more information or to enroll, call us at **1-800-930-2836** (TTY users should call 711), or visit us at **www.SCBluesMedAdvantage.com/marx22**. From October 1 to March 31, you can call us 8 a.m. to 8 p.m., 7 days a week. From April 1 to September 30, we're here 8 a.m. to 6 p.m., Monday through Friday. Calls to this number are answered by a licensed insurance agent.

Customer Service has free language interpreter services available for non-English speakers.

This information is available in other formats. To get this information in other formats, please call Customer Service.

H8003_BSB2022_M

Premiums and Benefits	BlueCross Blue Basic MA-Only (PPO)
Monthly Plan Premium	
› BlueCross Total Value (PPO) - South Carolina (007)	You pay \$0 You must continue to pay your Medicare Part B premium.
Deductible	No deductible.
Maximum Out-of-Pocket Responsibility	In-network: You pay no more than \$4,900 annually. In-network and Out-of-network: You pay no more than \$10,000 combined. Includes copays and other costs for medical services for the year.
Inpatient Hospital Coverage*	In-network: You pay \$325 per day for days 1 - 6 (You pay nothing per day for days 7 - 90). Out-of-network: You pay 30% of the cost. *Prior authorization may be required. This benefit will begin on day 1 each time you are admitted to a specific facility type. You pay your cost share per admission.
Outpatient Hospital Coverage*	In-network: You pay \$0 up to \$250 per visit. You pay \$0 if polyp is found and removed during colonoscopy. Out-of-network: You pay 30% of the cost. *Prior authorization may be required.
Doctor Visits	
› Primary Care Providers	In-network: You pay \$0 per visit. Out-of-network: You pay \$30 per visit.
› Specialists	In-network: You pay \$35 per visit. Out-of-network: You pay \$45 per visit.
› Telehealth	You pay \$0 per PCP or urgent care visit. Refer to the EOC for complete details on how to access telehealth providers.
Emergency Care	You pay \$90 per visit, waived if admitted. Emergency care is covered worldwide; refer to the EOC for complete details.

Premiums and Benefits	BlueCross Blue Basic MA-Only (PPO)
Preventive Care	<p>In-network: You pay \$0.</p> <p>Out-of-network: You pay \$0 - \$50 per visit, or 0% - 30% of the cost (depending on the service and where it is performed).</p> <p>Preventive care includes: Abdominal aortic aneurysm; Alcohol misuse counseling; Bone mass measurement; Breast cancer screening (mammogram); Cardiovascular disease screenings; Colorectal cancer screenings (colonoscopy); Depression screenings; Diabetes Screening and training; Medicare Diabetes Prevention Program; HIV Screening; Obesity screening and counseling; Prostate cancer screenings (PSA);</p> <p>EKG; Vaccines, including flu shots and pneumococcal shots; Welcome to Medicare initial visit; Annual Wellness Visit; Annual Physical; and Health Coaching via Silver and Fit. Other preventive services are available.</p> <p>There are some covered services that have a cost, refer to the EOC for complete details.</p>
Urgently Needed Services	<p>You pay \$0 - \$40 per visit.</p> <p>\$0 copay for international urgently needed care.</p>
Diagnostic Services/Labs/Imaging	*Prior authorization may be required for these services.
› Diagnostic tests and procedures	<p>In-network: You pay \$0 up to \$100 per service. You pay \$0 for diagnostic EKG and diagnostic colorectal screening.</p> <p>Out-of-network: You pay 30% of the cost.</p>
› Lab services	<p>In-network: You pay \$0 per lab service.</p> <p>Out-of-network: You pay 30% per lab service.</p>
› Diagnostic radiology service (e.g., MRI and CT scan)	<p>In-network: You pay \$0 up to \$150 per service. You pay \$0 for diagnostic mammogram and ultrasounds.</p> <p>Out-of-network: You pay 30% of the cost.</p>
› Outpatient x-rays	<p>In-network: You pay \$10 - \$20 per x-ray.</p> <p>Out-of-network: You pay 30% per x-ray.</p>
Hearing Services	
› Medicare-covered hearing exam	<p>In-network: You pay \$45.</p> <p>Out-of-network: You pay 30% of the cost.</p>
› Routine hearing exam	<p>In-network: You pay \$45.</p> <p>Out-of-network: You pay \$45.</p>

Premiums and Benefits	BlueCross Blue Basic MA-Only (PPO)
› Hearing aids	In-network: You pay \$699 - \$999 using TruHearing network for up to 2 hearing aids per year (one per ear, each year). Out-of-network: You pay \$699 - \$999.
Dental Services	
› Preventive dental	In-network: You pay \$0 Out-of-network: You pay 50% 2 preventive dental visits per year. Oral exam, cleaning, dental bitewing x-rays (fluoride treatment not covered).
› Comprehensive dental (Non Medicare-covered)	In-network: You pay 50% Out-of-network: You pay 50% Restorative services Endodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services (i.e. Dentures, Root Canals) Limit - \$750 (In-network services receive the BlueCross discount for covered services).
› Comprehensive dental (Medicare-covered)	In-network: You pay \$50 copay. Out-of-network: You pay 30% See your EOC for details.
Vision Services	
› Diabetic eye exam	In-network: You pay \$0 Out-of-network: You pay \$0
› Glaucoma screening	In-network: You pay \$0 Out-of-network: You pay \$0
› Medicare-covered eye exam	In-network: You pay \$50 Out-of-network: You pay \$50
› Routine eye exam	In-network: You pay \$0 using the VSP network. 1 exam per year Out-of-network: You pay \$0 using the VSP network. 1 exam per year
› Eyeglasses (frames and lenses) and contacts	In-network: You pay \$0 for one pair of glasses to include frames and lenses or one pair of contact lenses every 2 years using the VSP network. Out-of-network: You pay \$0 for one pair of glasses to include frames and lenses or one pair of contact lenses every 2 years using the VSP network.
› Eyeglasses or contact lenses after cataract surgery	In-network: You pay \$0 copay for Medicare-covered eyewear related to cataract surgery. Out-of-network: You pay \$0 copay for Medicare-covered eyewear related to cataract surgery.

Premiums and Benefits	BlueCross Blue Basic MA-Only (PPO)
Mental Health Services	
› Inpatient visit*	In-network: You pay \$620 per day, days 1 - 3, \$0 per day, days 4 - 90. Out-of-network: You pay 30% of the cost. *Prior authorization may be required.
› Outpatient group therapy/individual therapy	In-network: You pay \$35 per visit. Out-of-network: You pay 30% per visit.
Skilled Nursing Facility*	In-network: You pay \$0 per day for days 1 - 20. You pay \$188 per day for days 21 through 100. Out-of-network: You pay 30% of the cost. Our plan covers up to 100 days in a SNF. *Prior authorization may be required.
Physical Therapy*	In-network: You pay \$35 per visit. Out-of-network: You pay \$45 per visit. *Prior authorization may be required.
Ambulance*	In-network: You pay \$275 per one-way trip for ground ambulance. You pay \$275 of the cost of air ambulance. Out-of-network: You pay \$295 per one-way trip for ground ambulance. You pay \$275 of the cost of air ambulance. *Prior authorization may be required for non-emergency transportation.
Transportation	Not covered.
Medicare Part B Drugs*	In-network: You pay 20% of the cost of chemotherapy drugs. Out-of-network: You pay 30% of the cost of chemotherapy drugs. In-network: You pay 20% of the cost for other Part B drugs. Out-of-network: You pay 30% of the cost for other Part B drugs. *Prior authorization may be required.
Ambulatory Surgical Center Services*	In-network: You pay \$0 up to \$225 per visit. Out-of-network: You pay 30% of the cost. *Prior authorization may be required.
Chiropractic Care (Medicare-covered)	In-network: You pay \$20 per visit. Out-of-network: You pay 30% of the cost.
Dialysis*	In-network: You pay 20% of the cost. Out-of-network: You pay 30% of the cost. *Prior authorization may be required.

Premiums and Benefits	BlueCross Blue Basic MA-Only (PPO)
Foot Care (podiatry services)	
› Medicare-covered foot exams and treatment	In-network: You pay \$35 per visit. Out-of-network: You pay 30% of the cost.
› Routine foot care	Not covered.
Home Health Care*	In-network: You pay \$0. Out-of-network: You pay 30% of the cost. *Prior authorization may be required.
Meal Program	Not covered.
Medical Equipment/Supplies	
› Durable Medical Equipment (e.g., wheelchairs, oxygen)*	In-network: You pay 20% of the cost. Out-of-network: You pay 30% of the cost. *Prior authorization may be required.
› Prosthetics (e.g., braces, artificial limbs)*	In-network: You pay 20% of the cost. Out-of-network: You pay 30% of the cost. *Prior authorization may be required.
› Diabetic supplies	In-network: You pay 0% (preferred vendor One Touch/network pharmacy). In-network: You pay 20% of the cost (non-preferred vendor/non-network pharmacy). Out-of-network: You pay 30% of the cost.
Occupational Therapy*	In-network: You pay \$35 per visit. Out-of-network: You pay \$45 per visit. *Prior authorization may be required.
Outpatient Substance Abuse*	In-network: Individual and group therapy visits – You pay \$35. Out-of-network: Individual and group therapy visits – You pay 30% of the cost. *Prior authorization may be required.
Over-the-Counter Service	You receive \$40 per quarter for a total of up to \$160 per year in Over-the-Counter items with free shipping. Order placed once per quarter via phone, catalog or vendor website. Details provided in new member welcome kit.
Physical Exam - Annual	In-network: You pay \$0 for one physical exam per year. Out-of-network: You pay 30% of the cost for one physical exam per year.

Premiums and Benefits	BlueCross Blue Basic MA-Only (PPO)
Speech and Language Therapy*	In-network: You pay \$35 per visit. Out-of-network: You pay \$45 per visit. *Prior authorization may be required.
Wellness Programs (e.g., fitness)	You pay \$0 for a basic membership to a Silver&Fit participating fitness center.
Visitor Travel	The Visitor/Travel Program will include Blue Medicare Advantage PPO network coverage of all Part A, Part B, and Supplemental benefits offered by your plan outside your service area in 47 states, the District of Columbia and 1 territory: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and West Virginia. For some of the states listed, MA PPO networks are only available in portions of the state. These areas are subject to change, see EOC for details.

For coverage and cost of Original Medicare, look in your current “**2022 Medicare & You**” handbook. View it online at www.medicare.gov, or get a copy by calling **1-800-MEDICARE** (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

You must continue to pay your Part B premium.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Limitations, copayments, and restrictions may apply. Benefits, premiums, copayments or coinsurance may change on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat BlueCross Total members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Service number, **1-855-204-2744**, or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Additional Benefits

*Get more with
a BlueCross
Blue BasicSM
MA-Only (PPO)
plan.*



South Carolina

BlueCross BlueShield of South Carolina Medicare Advantage Dental Benefits



You deserve more.
Savings, coverage and flexibility

NEW for 2022 all BlueCross PPO plans include dental benefits with additional comprehensive procedures added. Your money will go farther with deep discounts from BlueCross in-network dentists on all covered procedures. Plus, preventive dental does not count towards the dollar allowance!

Get the dental coverage you deserve without the hassle of a restrictive network, additional paperwork or a higher premium. With over 1,300 dentists serving South Carolina, you can be sure you will get the care you need.

BLUECROSS PPO - DENTAL BENEFITS				
	Service	In-Network	Visits Per/Year	Out-of-Network
Preventive Dental <i>Does not count towards allowance</i>	Oral Exams	\$0	2 per/year	50%
	Cleanings			
	Dental X-rays	\$0	1 per/year	50%
Comprehensive Dental*	Restorative Endodontics Extractions Prosthodontics	0% Anesthesia Other Oral/Maxillofacial Surgery Other Services (e.g. deep cleanings, fillings, crowns, root canals, dentures, bridges)		50% (both in- and out-of-network)
Annual Comprehensive Allowance	BlueCross Total \$1000 BlueCross Blue Basic \$750 BlueCross Total Value \$500			

***All comprehensive services are a 50% coinsurance in-network.** In-network dentists will also apply a deeply discounted BlueCross rate. There is no waiting period. See EOC for a complete list of procedures.

BlueCross BlueShield of South Carolina is a Medicare Advantage PPO and HMO plan with a Medicare contract. Enrollment depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat BlueCross members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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NOW MAKING HOUSE CALLS



BlueCross BlueShield of South Carolina Medicare Advantage plans come with more access to convenient in-home care with telehealth. Video chat with a doctor anytime, anywhere with Blue CareOnDemand. Get the care you need at the value you deserve.

BlueCareOnDemandSC.com



Medicare Advantage

Blue Cross Blue Shield of South Carolina is a Medicare Advantage PPO and HMO plan with a Medicare contract. Enrollment depends on contract renewal.
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Delight in the Details

Why miss out on life's most precious moments because of hearing loss? Many wait too long to seek help, but you don't have to. As part of your BlueCross BlueShield of South Carolina Medicare Advantage plan, you have a hearing aid benefit available through TruHearing®.

Your benefit makes it easy



Unmatched Service

TruHearing guides you from first call to aftercare and beyond
Our Hearing Consultants schedule an exam, fitting, and follow-up with a licensed provider near you
We work with your health plan to help you understand your benefit



Hearing Aids That Enhance Life¹

Stream your favorite music and shows with Bluetooth®
Get health insights to help you set goals and improve your health
Communicate directly with your provider in TruHearing's app



Simply State-of-the-Art²

Own Voice Processing (OVP®) removes the sound of your speech from all other amplified sound to make your voice sound more natural
Multi-track processing technology filters noise and helps you focus on voices
Rechargeable battery options last from breakfast to bedtime



Call TruHearing to learn more
and schedule a hearing care
appointment near you

1-866-202-0042

TTY: 711

Hours:
8am–8pm, Monday–Friday

Your 2022 Hearing Coverage


Your plan covers up to two hearing aids per year (one per ear, per year).



TruHearing Advanced TruHearing Premium*

	32 Channels 6 Programs	48 Channels 6 Programs	Routine Exam In-Network ³
Your Plan:	Retail: \$2,720/aid	Retail: \$3,250/aid	
BlueCross Secure SM HMO	\$699 copay/aid	\$999 copay/aid	\$45 exam copay
BlueCross Total and Total Value SM PPO BlueCross Blue Basic SM PPO (MA-only)	\$699 copay/aid	\$999 copay/aid	\$45 exam copay

*Rechargeable battery option is available on select styles for an additional \$50 per hearing aid.

 Schedule an appointment
1-866-202-0042 | TTY: 711
 Hours: 8am - 8pm, Monday - Friday

 Check your hearing
[BCBSSC-HS.TruHearing.com](https://www.bcbssc-hs.com/truhearing)

Your benefit also includes:



- + Risk-free 60-day trial period
- + 1 year of follow-up visits
- + 80 free batteries per non-rechargeable hearing aid
- + Full 3-year manufacturer warranty

¹ Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory. In-app interfacing requires provider activation.

² Features may vary by model. Activation required.

³ Must be performed by a TruHearing network provider.

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Flexibility & Choice in Fitness



The Silver&Fit® Healthy Aging and Exercise program will empower you to get fit with fitness options, digital tools, and healthy aging resources designed to meet your unique needs.



8,000+ Digital Workout Videos

You can view yoga, strength, Pilates, walking, cardio, and many other workout videos on the Silver&Fit website and through the Silver&Fit mobile app.



Home Fitness Kits

You can pick one kit per benefit year. Choose from Wearable Fitness Tracker, Pilates, Strength, Swim, and Yoga Kit options.*



Get Started Program

By answering a few online questions about your fitness level and goals, you can receive a personal exercise plan, including suggested workout videos.



Healthy Aging Coaching

You can work toward your fitness, nutrition, and lifestyle goals during scheduled phone sessions with a coach.



Standard Fitness Network Choices

You can work out at 16,500+ participating fitness centers, many with exercise classes for older adults.



Fitness Tracking

You can visit the Silver&Fit website to sync your wearable fitness tracker or mobile app to the Silver&Fit Connected!™ tool and track your activity.**



Mobile App

You can download the Silver&Fit ASHConnect mobile app to view digital workout videos and informational articles.



Member Resources

You can visit the online library of resources for exclusive articles and videos on healthy aging, healthy eating, staying active, and more.

You can also get **Fit at Home™** with daily Facebook Live and YouTube workouts, available to the public at no cost. See the full class schedule at www.SilverandFit.com/Workouts.



For more information about the program, visit www.SilverandFit.com or call your health plan.

*Once selected, **Home Fitness Kits cannot be exchanged.**

**Purchase of a wearable fitness tracker or app may be required to use the Connected! tool and is not reimbursable by the Silver&Fit program.

Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Please talk to a doctor before starting or changing an exercise routine. All programs and services are not available in all areas. The people in this piece are not Silver&Fit members. Silver&Fit, Silver&Fit Connected!, Fit at Home, and the Silver&Fit logo are trademarks of ASH. Other names and logos may be trademarks of their respective owners. Kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change.

BlueCross BlueShield of South Carolina is a Medicare Advantage PPO and HMO plan with a Medicare contract. Enrollment depends on contract renewal. BlueCross BlueShield of South Carolina is an independent licensee of Blue Cross and Blue Shield Association.

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Choose the OneTouch® meter that's right for you at no charge.

The only meter with
Blood Sugar
Mentor™



OneTouch Verio Reflect® meter

- Blood Sugar Mentor™ messages provide personalized guidance, insight and encouragement.
- ColorSure® Dynamic Range Indicator instantly shows if results are in or out of range and when they are at near-low or near-high levels.
- Connect to the OneTouch Reveal® mobile app for even more insights.

OneTouch Verio Flex® meter

- ColorSure® technology shows if results are in or out of range .
- Connect to the OneTouch Reveal® mobile app for even more insights.

To order a OneTouch® system at no charge:

Visit www.OneTouch.orderpoints.com and input brochure code 326BLU252 or call 877-764-5382 and provide brochure code 326BLU252.

While your meter is being shipped, contact your health care provider for your OneTouch Verio® test strip prescription.



Treatment decisions should be based on current numerical result and health care professional's recommendation.

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You **deserve more!**

Get excellent eye care and eyewear with
BlueCross BlueShield of South Carolina and VSP® Vision



You will like what you see with VSP®

With BlueCross Medicare Advantage and VSP you get more vision coverage! VSP has more than 60 years of experience helping people see. Protect your eyes with an annual vision exam and get a full-service plan that features a covered-in-full frame collection through the VSP Advantage Provider Network.

Benefits through a VSP Advantage Network Provider	
Eye Exam	• Comprehensive WellVision Exam® at no cost*
Lenses	• Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full* • Plus additional member discounts. Save an average of 20-25% on lens enhancements, such as scratch-resistant and anti-reflective coatings, progressive lenses and more
Frames	• Frames from the VSP Genesis collection are covered in full every 2 years
Contact Lenses	• Members who prefer contacts lenses may instead choose prescription contacts in lieu of frame & lenses • Contact lens exam (fitting and evaluation) are covered under the allowance
Want More Discounts?	
Additional Pairs of Glasses	• Within 12 months of exam: Up to 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor. Including popular brands like: Anne Klein, bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more.
VSP Laser VisionCare SM Program	• Discounts for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase at VSP contracted facilities

Questions? We have answers.
Call us at 1-800-930-2836 (TTY: 711).
October 1 to December 31, 8 a.m. - 8 p.m., 7 days a week
January 1 to September 30, 8 a.m. - 6 p.m., Monday - Friday



Disclaimers & Exclusions * Discounts are only available from VSP-contracted facilities. Based on applicable laws, benefits and savings may vary by location. Promotions are subject to change without notice. The following items are excluded under this plan: plano lenses, two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts. Items not covered under contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; contact lens modification, polishing or cleaning. Featured frame brands subject to change. 20% off applies to any amount above the retail allowance. LASIK coverage only applies to wavefront technology with the microkeratome surgical device.

BlueCross BlueShield of South Carolina is a Medicare Advantage PPO and HMO plan with a Medicare contract. Enrollment depends on contract renewal. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association. Y0012_VSPF_M



Medicare Advantage

Over-the-Counter (OTC) Benefit

Personal Wellness Products

With your BlueCross BlueShield of South Carolina Medicare Advantage membership, you can get **up to \$40 worth of healthcare products** every quarter. Members use the benefit to order items such as mobility aids, compression garments, incontinence products, toothpaste, lotions, cleansers and much more, from familiar brands including Curad, Biotene and Remedy.

Choose from hundreds of high quality items in the following categories:



Oral Care



Orthopedic Supports



First Aid



Home Medical



Leg and Foot Care



Skin Care

Friendly, Reliable Service

Knowledgeable customer service representatives are available by phone, online or by mail to answer your questions.

Three easy ways to order:



Phone

1-833-660-0903
(TTY:711)A



Mail



Online

<https://livewell.medline.com/BCSSCMAA>

We ship your products directly to your door at no additional cost.

brought to you by:



LiveWell™
OTC Benefits Solution

BlueCross BlueShield of South Carolina is a Medicare Advantage PPO and HMO plan with a Medicare contract. Enrollment depends on contract renewal. BlueCross BlueShield of South Carolina is a independent licensee of Blue Cross and Blue Shield Association Y0012_OTCF21_M

Getting Started

The following forms are needed to enroll in Blue BasicSM MA-Only (PPO)





Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a sales representative at 1-800-930-2836 (TTY: 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit us online at www.scbluesmedadvantage.com or call 1-855-204-2744 (TTY: 711) to view a copy of the EOC.
- ☐ Review the provider directory to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

BlueCross Blue Basic is a Medicare Advantage Preferred Provider Organization plan with a Medicare contract. Enrollment in BlueCross Blue Basic depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat BlueCross Blue Basic members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15 — December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 — December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

BlueCross Blue Basic
P.O. Box 100191
Columbia, SC 29202

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call BlueCross Blue Basic at **1-855-204-2744**. TTY users can call 711.

Or, call Medicare at **1-800-MEDICARE** (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a BlueCross Blue Basic al **1-855-204-2744**/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.


Section 1 - All fields on this page are required (unless marked optional)
Select the plan you want to join:
☐ BlueCross Blue Basic \$0 a month

FIRST name:

LAST name:

(Optional) Middle Initial:

Birth Date:

(____ / ____ / ____)

(M M / D D / Y Y Y Y)

Sex:

☐ M ☐ F

Phone Number:

Permanent Residence Street Address (Don't enter a PO Box):

City:

State:

ZIP Code:

Mailing Address (only if different from your Permanent Residence Address. PO Box allowed):

Street address:

City:

State:

ZIP Code:

Emergency Contact:

Phone Number:

Relationship to You:

Email Address (optional):

Your Medicare Information:

Please take out your red, white and blue Medicare card to complete this section.

☐ Fill out this information as it appears on your Medicare card

- OR -

☐ Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare Card):

Medicare Number: ____ - ____ - ____

Is Entitled To:

Effective Date (MM/DD/YYYY):

HOSPITAL (Part A) (____ / ____ / ____)

MEDICAL (Part B) (____ / ____ / ____)

You must have Medicare Part A and Part B to join a Medicare Advantage plan.



**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in BlueCross Blue Basic.
- By joining this Medicare Advantage Plan, I acknowledge that BlueCross Blue Basic will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my BlueCross Blue Basic coverage begins, I must get all of my medical benefits from BlueCross Blue Basic. Benefits and services provided by BlueCross Blue Basic and contained in my BlueCross Blue Basic "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor BlueCross Blue Basic will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:**Today's Date:**

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:





Agent Use Only:	
Plan ID#:	Effective Date of Coverage:
ICEP/IEP:	AEP: SEP (type):
BlueCross MAPD Agent ID:	
Agent Name:	Date:
Section 2 - All fields on this page are optional	
Answering these questions is your choice. You can't be denied coverage because you don't fill them out.	
Select one if you want us to send you information in a language other than English. <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
Select one if you want us to send you information in an accessible format. Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Audio CD <input type="checkbox"/> Please contact BlueCross at 1-855-204-2744 if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., Eastern Time, Monday - Friday. Our automated phone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1, through March 31, we are available 8 a.m. to 8 p.m., Eastern Time, seven days a week.	
Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List your Primary Care Physician (PCP), clinic, or health center: _____	
I want to get the following materials via email. Select one or more. <input type="checkbox"/> Evidence of Coverage <input type="checkbox"/> Pharmacy/Provider Directories <input type="checkbox"/> Formulary	

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



**Attestation of Eligibility for an Enrollment Period**

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my *Extra Help* paying for Medicare prescription drug coverage (newly got *Extra Help*, had a change in the level of *Extra Help*, or lost *Extra Help*) on (insert date) _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get *Extra Help* paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term-Care Facility (for example, a nursing home or long-term-care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.





Attestation of Eligibility for an Enrollment Period (continued)

- ☐ I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you, or you're not sure, please contact BlueCross at **1-855-204-2744**, TTY users should call 711. Our office hours are 8 a.m. to 8 p.m., Eastern Time, Monday - Friday. Our automated phone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 through March 31, we are available 8 a.m. to 8 p.m., Eastern Time, seven days a week.





Medicare Beneficiary, please initial below beside the type of product(s) you want the agent to discuss.

☐**Stand-alone Medicare Prescription Drug Plans (Part D)**

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare certain Medicare plans.

☐**Medicare Advantage Plans (Part C/MA)**

Medicare Health Maintenance Organization (HMO) —A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in a Medicare plan or the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____

Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____



The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any sales meeting to ensure you understand what will be discussed.

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Initial Method of Contact (Indicate here if beneficiary was a walk-in):	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	

Scope of Appointment documentation is subject to CMS record-retention requirements



South Carolina

Voluntary Authorization to Disclose Protected Health Information (PHI) to a Third Party

RETURN THIS FORM TO:

BlueCross BlueShield of South Carolina Medicare Advantage, P.O. Box 100191 Columbia, SC 29202
Fax Number: **803-462-2590**

Section A – Member Information (Individual Whose Information Will Be Released):

Primary Member's ID Number (as shown on the Member's identification card) or Social Security Number:

Primary Member's Name: (Last, First, Middle Initial)

Date of Birth: (DOB)

Telephone Number: (Including area code)

Address: (Including ZIP)

Spouse's Name*/DOB: (if included in authorization)

Dependent's Name* age 16 or older/ DOB: (if included in authorization)

Dependent's Name* age 16 or older/ DOB: (if included in authorization)

Section B – Authorized Person (Person or Organization Receiving Your Information):

I authorize BlueCross BlueShield of South Carolina (BlueCross) to disclose protected health information to:

Name:

Relationship:

Address:

Telephone:

Name:

Relationship:

Address:

Telephone:



Voluntary Authorization to Disclose Protected Health Information (PHI) to a Third Party Cont.

Section C – Description of Information to be Released (Type of Information That Will Be Used or Disclosed):

Please check only one:

- ☐ I authorize BlueCross to disclose any PHI (except psychotherapy notes) to the above-named individual/entity that they may request. If applicable, this information may include information pertaining to chronic diseases, behavioral health conditions, communicable diseases including HIV or AIDS, and/or genetic information.

_____ Also include any alcohol and substance use records, if applicable. (Indicate by initialing). **This authorization will not apply to alcohol or substance use information unless specifically authorized.**

- ☐ I authorize BlueCross to disclose ONLY the following PHI: _____

This authorization is made at my request or for the following purpose(s): _____

Section D – Expiration and Revocation (When This Authorization Will End):

Expiration: This authorization will expire on _____ or 12 months after termination of coverage with BlueCross or upon my written revocation, whichever occurs first.

Revocation: I understand that I may revoke this authorization at any time by sending written notice of my revocation to the address shown above.

I understand that revocation of this authorization will not affect any action taken by BlueCross in reliance on this authorization before my written notice of revocation was received.

Section E – Signature*/Date:

I am making this authorization at my request and have had full opportunity to read and consider the contents of this authorization. I understand that BlueCross will not condition my enrollment in a health plan, eligibility for benefits, or payment of claims upon my signing this authorization. I further understand the Authorized Person may not be subject to federal/state privacy laws and they may further release my protected health information.

Signature*: _____ Date: _____

Spouse's Signature*: _____ Date: _____

Dependent Age 16 or Older Signature*: _____ Date: _____

Dependent Age 16 or Older Signature*: _____ Date: _____

*If the individual's personal representative signs this authorization, the personal representative must attach legal documentation showing the authority to act on the individual's behalf.

You should keep a signed copy of this authorization for your records; however, we will provide a copy upon your request.

Service Track 104 (Rev. 7/19)

Order # 12214M



South Carolina

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800- 537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396- 0183. (Spanish)

如果您,或是您正在協助的對象,有關於本健康計畫方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 [在此插入數字 1-844-396-0188 (Chinese)

Nếu quý v, hoặc là người mà quý v đang giúp v, có những câu hỏi quan tâm về chương trình sức khỏe này, quý v sẽ được giúp v với các thông tin bằng ngôn ngữ của quý v miễn phí. v nói chuyện v với m t thông dịch viên, xin g v 1-844-389-4838 (Vietnamese)

이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

Arabic
تامولعملالو ادعاسم الى لوصحالي قحالي كيدلف، هذه حصال طخ صوصخب ةلئسأ هدعاست صخش يدل وأ كيدل ناك ن
ب لصتا مچرت م عم ثدحتلل.ةفلكل ةي ا نود نم كتغلب ةيوررضلل 1-844-396-0189

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190 . (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通話とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

تا اعلاطا و کمک هک دیراد ار نی ا قح، دی شاپ هت شاد یت شاد هب ی هم ان رب نی ا ی هراب رد یت ال اؤس دین ک یم کمک و ا هب هک یدرف ای امش رگا
دی ام نی هرام شاپ ا فط ل، مچرت م اب ند رکت ب ح ص ی ا رب. دین کت فای رد 1-844-398-6233 ل ص ا ح س ا م ت ناگی ا ر روط هب ار دوخ نابز هب
Persian-Farsi

*Thank you for your
interest in BlueCross
BlueShield of South
Carolina Medicare
Advantage.*

*You can feel confident knowing you
have made the right choice. We are
excited to partner with you on your
health journey.*



South Carolina

BlueCross Blue BasicSM MA-Only (PPO)



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