

**2022** | Medicare Advantage

**\$0** BlueCross Total Value<sup>SM</sup> (PPO)

UNIQUELY YOU.  
**UNIQUELY  
BLUE.**



South Carolina

Medicare Advantage  
H8003\_ENRKT2022\_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.

# 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. That's why each plan we offer is built to help you get more from your Medicare benefits. Together, we'll find a plan that's right for you.

## *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 care you need at the value you deserve? BlueCross provides you with options whether you:

- › have a monthly budget
- › need coverage for your prescriptions
- › want access to a large network of doctors, hospitals and pharmacies
- › want extra benefits like vision, hearing, an over-the-counter allowance and a gym membership
- › need dental coverage





# Are you getting enough from your Medicare coverage? Here are a few things to consider when making your decision.

**These questions below are optional. That means you don't have to answer them. Your answers won't affect your enrollment.**

## *Do you want flexibility to see your doctors without restrictions?*

- › BlueCross has a large network of specialists and primary care physicians,
- › A large network of hospitals,
- › And, you don't need a referral to see a doctor.

## *Do you want affordable prescriptions, without the hassle? If this is you...*

- › BlueCross plans include affordable prescription drug coverage at no additional cost,
- › With a large network of pharmacies,
- › And, you can get your 90-day Tier 1 maintenance drugs delivered to your home, or at a local pharmacy, for no cost.



## *Do you want to see providers in other states without the fear of unknown costs?*

Do you live somewhere else part of the year? Do you visit family or friends out-of-state? BlueCross PPO plans include travel coverage.

## *Do you pay too much for your current health plan?*

**It's important to compare all the costs associated with your health plan to find out what is right for you.** Things like the premium, deductible and copays are all important to review, and they make up the total cost of your plan. So be sure to review the "Summary of Benefits" section to learn why BlueCross may be the right option for you.



# 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.

# When can you enroll?

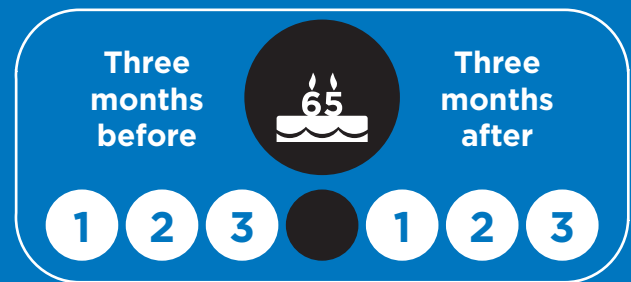
## *It's important to know your enrollment period.*

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)**

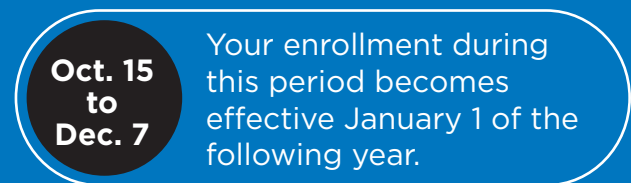
For Medicare Advantage or Part D plans, this is the three months before and three months after the month you either:

- › 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.



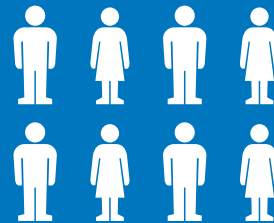
# Understanding drug payment stages



## ***Deductible stage***

During this stage, you pay your deductible and you usually pay the full cost of your drugs up to the deductible amount.

**Once you reach the deductible amount, you pay a copayment in the initial coverage stage. The deductible may only apply to certain drug tiers**

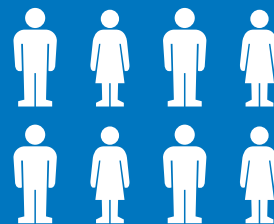


**Up to  
\$4,430**

## ***Initial coverage stage***

During this stage, the plan pays its share of the cost and you pay a copayment or coinsurance (your share of the cost) for each prescription you fill until your total drug costs reach \$4,430.

**Once you reach \$4,430 you enter the coverage gap or “donut hole.”**



**Most people will remain in this stage**

**Up to  
\$7,050**

## ***Coverage gap stage***

During this stage, you receive limited coverage on certain drugs. You'll also get a discount on brand-name drugs and generic drugs. This stage continues until your yearly out-of-pocket drug costs reach \$7,050.

**Once your yearly out-of-pocket costs reach \$7,050, you move to catastrophic coverage.**



**Some people will move into this stage**

**Through  
the end of  
the year**

## ***Catastrophic coverage stage***

In this stage, you pay only a small copayment or coinsurance amount for each prescription you fill.



**Fewer people will reach this stage**

**Which phase will you end up in? Just call us. We're here to help.**

# 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](http://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](http://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](http://www.southcarolinablues.com/links/shop)**.

**REMINDER:** Check your doctors and pharmacies to ensure they are in network before proceeding. We are happy to help you through this process! Call us, or ask your local BlueCross agent.













## 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
<b>Confirmation of Enrollment letter</b>	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.	
<b>Your bill</b>	We'll mail you a monthly statement - simply send it back with your monthly premium. If you sign up for EFT when you enroll, we'll automatically deduct your premium from your bank account each month. You may also choose to have your monthly premium deducted from your SSA check each month. Remember, you'll need to continue paying your Medicare Part B premium (unless it is paid for by Medicaid or by another assistance program). This is in addition to your plan coverage.	
<b>Member ID card</b>	Use your plan member ID card — not your Medicare card — every time you visit the doctor, hospital or pharmacy.	
<b>Evidence of Coverage and drug formulary</b>	This is a complete description of coverage under your MA plan and your member rights. The formulary includes a list of covered drugs and any special requirements. You can find these documents online at <a href="http://www.scblesmedadvantage.com">www.scblesmedadvantage.com</a> .	 or 
<b>Health needs assessment</b>	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 
<b>Doctor visit</b>	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.	
<b>Invitations to local social and health events</b>	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.	
<b>Communication</b>	Watch for periodic communications from BlueCross via email, phone, text or mail for important updates and general health information.	 or 
<b>Surveys</b>	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 Total  
Value<sup>SM</sup> (PPO)*



South Carolina



# 2022 Summary of Benefits

## BlueCross Total Value<sup>SM</sup> (PPO)

### H8003, Plans 004 and 005

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

This plan, BlueCross Total Value, 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](http://www.SCBluesMedAdvantage.com/marx22)**.

To join BlueCross Total Value (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

<b>BlueCross Total Value (PPO) – Upstate (004)</b>	<b>Anderson, Cherokee, Greenville, Oconee, Pickens, Spartanburg and York</b>
<b>BlueCross Total Value (PPO) – Midlands/Coastal (005)</b>	<b>Aiken, Calhoun, Chesterfield, Dillon, Fairfield, Florence, Horry, Kershaw, Lexington, Marion, Marlboro, Orangeburg, Richland, Saluda and Sumter</b>
<b>BlueCross Total Value (PPO) – Lowcountry (006)</b>	<b>Beaufort, Berkeley, Charleston, Dorchester and Georgetown</b>

BlueCross Total Value (PPO) has a network of doctors, hospitals, pharmacies, and other providers, as well as access to out-of-network 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](http://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.

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Premiums and Benefits	BlueCross Total Value (PPO)
<b>Monthly Plan Premium</b>	
› BlueCross Total Value (PPO) – Upstate (004)	You pay \$0 You must continue to pay your Medicare Part B premium.
› BlueCross Total Value (PPO) – Midlands/Coastal (005)	You pay \$0 You must continue to pay your Medicare Part B premium.
› BlueCross Total Value (PPO) – Lowcountry (006)	You pay \$0 You must continue to pay your Medicare Part B premium.
Deductible	No deductible.
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	<b>In-network:</b> You pay no more than \$6,900 annually. <b>In-network and Out-of-network:</b> You pay no more than \$11,300 combined. Includes copays and other costs for medical services for the year.
<b>Inpatient Hospital Coverage*</b>	<b>In-network:</b> You pay \$450 per day for days 1 - 4 (You pay nothing per day for days 5 - 90). <b>Out-of-network:</b> You pay 40% 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.
<b>Outpatient Hospital Coverage*</b>	<b>In-network:</b> You pay \$0 up to \$375 per visit. You pay \$0 if polyp is found and removed during colonoscopy. <b>Out-of-network:</b> You pay 50% of the cost. *Prior authorization may be required.
<b>Doctor Visits</b>	
› Primary Care Providers	<b>In-network:</b> You pay \$0 per visit. <b>Out-of-network:</b> You pay \$40 per visit.
› Specialists (No referral is required)	<b>In-network:</b> You pay \$40 per visit. <b>Out-of-network:</b> You pay \$55 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 Total Value (PPO)
Preventive Care	<p><b>In-network:</b> You pay \$0.</p> <p><b>Out-of-network:</b> 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); 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>
<b>Urgently Needed Services</b>	<p>You pay \$50 per visit.</p> <p>\$0 copay for international urgently needed care.</p>
<b>Diagnostic Services/Labs/Imaging</b>	*Prior authorization may be required for these services.
› Diagnostic tests and procedures	<p><b>In-network:</b> You pay \$0 up to \$275 per service. You pay \$0 for diagnostic EKG and diagnostic colorectal screening.</p> <p><b>Out-of-network:</b> You pay 50% of the cost.</p>
› Lab services	<p><b>In-network:</b> You pay \$10 per lab service.</p> <p><b>Out-of-network:</b> You pay 50% per lab service.</p>
› Diagnostic radiology service (e.g., MRI and CT scan)	<p><b>In-network:</b> You pay \$0 up to \$150 per service. You pay \$0 for diagnostic mammogram and ultrasounds.</p> <p><b>Out-of-network:</b> You pay 50% of the cost.</p>
› Outpatient x-rays	<p><b>In-network:</b> You pay \$10 - \$20 per x-ray.</p> <p><b>Out-of-network:</b> You pay 50% per x-ray.</p>
<b>Hearing Services</b>	
› Medicare-covered hearing exam	<p><b>In-network:</b> You pay \$45.</p> <p><b>Out-of-network:</b> You pay 50% of the cost.</p>
› Routine hearing exam	<p><b>In-network:</b> You pay \$45.</p> <p><b>Out-of-network:</b> You pay \$45.</p>
› Hearing aids	<p><b>In-network:</b> You pay \$699 - \$999 using TruHearing network for up to 2 hearing aids per year (one per ear, each year).</p> <p><b>Out-of-network:</b> You pay \$699 - \$999. A TruHearing provider must be used for this benefit. See EOC for details.</p>

Premiums and Benefits	BlueCross Total Value (PPO)
<b>Dental Services</b>	
› Preventive dental	<b>In-network:</b> You pay \$0 <b>Out-of-network:</b> 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)	<b>In-network:</b> You pay 50% <b>Out-of-network:</b> You pay 50% Restorative services Endodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services (i.e. Dentures, Root Canals) Limit - \$500 ( <b>In-network services receive the BlueCross discount for covered services</b> ).
› Comprehensive dental (Medicare-covered)	<b>In-network:</b> You pay \$50 copay. <b>Out-of-network:</b> You pay \$50 See your EOC for details.
<b>Vision Services</b>	
› Diabetic eye exam	<b>In-network:</b> You pay \$0 <b>Out-of-network:</b> You pay \$0
› Glaucoma screening	<b>In-network:</b> You pay \$0 <b>Out-of-network:</b> You pay \$0
› Medicare-covered eye exam	<b>In-network:</b> You pay \$50 <b>Out-of-network:</b> You pay 50% of the cost.
› Routine eye exam	<b>In-network:</b> You pay \$0 using the VSP network. 1 exam per year <b>Out-of-network:</b> You pay 50%
› Eyeglasses (frames and lenses) and contacts	<b>In-network:</b> 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. <b>Out-of-network:</b> 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	<b>In-network:</b> You pay \$0 copay for Medicare-covered eyewear related to cataract surgery. <b>Out-of-network:</b> You pay \$0 copay for Medicare-covered eyewear related to cataract surgery.

Premiums and Benefits	BlueCross Total Value (PPO)
<b>Mental Health Services</b>	
› Inpatient visit*	<b>In-network:</b> You pay \$620 per day, days 1 - 3, \$0 per day, days 4 - 90. <b>Out-of-network:</b> You pay 50% of the cost. *Prior authorization may be required.
› Outpatient group therapy/individual therapy	<b>In-network:</b> You pay \$35 per visit. <b>Out-of-network:</b> You pay 50% per visit.
<b>Skilled Nursing Facility*</b>	<b>In-network:</b> You pay \$0 per day for days 1 - 20. You pay \$188 per day for days 21 - 100. <b>Out-of-network:</b> You pay 40% of the cost. Our plan covers up to 100 days in a SNF. *Prior authorization may be required.
<b>Physical Therapy*</b>	<b>In-network:</b> You pay \$40 per visit. <b>Out-of-network:</b> You pay \$60 per visit. *Prior authorization may be required.
<b>Ambulance*</b>	<b>In-network:</b> You pay \$275 per one-way trip for ground ambulance. You pay \$275 of the cost of air ambulance. <b>Out-of-network:</b> You pay \$275 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.
<b>Transportation</b>	Not covered.
<b>Medicare Part B Drugs*</b>	<b>In-network:</b> You pay 20% of the cost of chemotherapy drugs. <b>Out-of-network:</b> You pay 50% of the cost of chemotherapy drugs. <b>In-network:</b> You pay 20% of the cost for other Part B drugs. <b>Out-of-network:</b> You pay 50% of the cost for other Part B drugs. *Prior authorization may be required.
<b>Ambulatory Surgical Center Services*</b>	<b>In-network:</b> You pay \$0 up to \$375 per visit. <b>Out-of-network:</b> You pay 50% of the cost. *Prior authorization may be required.
<b>Chiropractic Care (Medicare-covered)</b>	<b>In-network:</b> You pay \$20 per visit. <b>Out-of-network:</b> You pay 50% of the cost.



Premiums and Benefits	BlueCross Total Value (PPO)
<b>Dialysis*</b>	<b>In-network:</b> You pay 20% of the cost. <b>Out-of-network:</b> You pay 50% of the cost. *Prior authorization may be required.
<b>Foot Care (podiatry services)</b>	
› Medicare-covered foot exams and treatment	<b>In-network:</b> You pay \$35 per visit. <b>Out-of-network:</b> You pay 50% of the cost.
› Routine foot care	Not covered.
<b>Home Health Care*</b>	<b>In-network:</b> You pay \$0. <b>Out-of-network:</b> You pay 50% of the cost. *Prior authorization may be required.
<b>Medical Equipment/Supplies</b>	
› Durable Medical Equipment (e.g., wheelchairs, oxygen)*	<b>In-network:</b> You pay 20% of the cost. <b>Out-of-network:</b> You pay 50% of the cost. *Prior authorization may be required.
› Prosthetics (e.g., braces, artificial limbs)*	<b>In-network:</b> You pay 20% of the cost. <b>Out-of-network:</b> You pay 50% of the cost. *Prior authorization may be required.
› Diabetic supplies	<b>In-network:</b> You pay 0% (preferred vendor One Touch/network pharmacy). <b>In-network:</b> You pay 20% of the cost (non-preferred vendor/non-network pharmacy). <b>Out-of-network:</b> You pay 50% of the cost.
<b>Occupational Therapy*</b>	<b>In-network:</b> You pay \$40 per visit. <b>Out-of-network:</b> You pay \$60 per visit. *Prior authorization may be required.
<b>Outpatient Substance Abuse*</b>	<b>In-network:</b> Individual and group therapy visits – You pay \$35. <b>Out-of-network:</b> Individual and group therapy visits – You pay 50% of the cost. *Prior authorization may be required.

Premiums and Benefits	BlueCross Total Value (PPO)
<b>Physical Exam - Annual</b>	<b>In-network:</b> You pay \$0 for one physical exam per year. <b>Out-of-network:</b> You pay 50% of the cost for one physical exam per year.
<b>Speech and Language Therapy*</b>	<b>In-network:</b> You pay \$40 per visit. <b>Out-of-network:</b> You pay \$60 per visit. *Prior authorization may be required.
<b>Wellness Programs (e.g., fitness)</b>	You pay \$0 for a basic membership to a Silver&Fit participating fitness center.
<b>Visitor Travel</b>	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.

Outpatient Prescription Drugs				
Deductible - You pay \$75 deductible on Tiers 3, 4, and 5.	Standard Retail Rx 30-day supply	Standard Mail Order Rx 90-day supply	Preferred Retail Rx 30-day supply	Preferred Mail Order Rx 90-day supply
Tier 1: Preferred Generic	You pay \$5	You pay \$12.50	You pay \$0	You pay \$0
Tier 2: Generic	You pay \$20	You pay \$50	You pay \$15	You pay \$37.50
Tier 3: Preferred Brand	You pay \$47	You pay \$117.50	You pay \$40	You pay \$100
<b>Select Insulin Drugs</b>	You pay \$35	You pay \$105	You pay \$35	You pay \$87.50
Tier 4: Non-Preferred Drug	You pay \$100	You pay \$250	You pay \$100	You pay \$250
Tier 5: Specialty	You pay 31%	You pay 31%	You pay 31%	You pay 31%

**Yearly deductible stage:** During this stage, you pay the full cost of your Tier 3, Tier 4 and Tier 5 drugs. You stay in this stage until you have paid your Part D deductible for your Tier 3, Tier 4 and Tier 5 drugs.

**Initial coverage stage:** During this stage, the plan pays its share of the cost of your Tier 1 and Tier 2 drugs and you pay your share of the cost. After you (or others on your behalf) have met your Tier 3, Tier 4 and Tier 5 deductible, the plan pays its share of the costs of your Tier 3, Tier 4 and Tier 5 drugs and you pay your share. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total **\$4,430**.

**Additional Gap Coverage:** You also receive some coverage for generic drugs. For drugs on Tier 1 you pay the same share of the cost that you normally pay while in the Initial Coverage Stage, or 25% of the costs, whichever is lower. For all other generic drugs besides those on Tier 1, you pay 25% of the costs. During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee). For generic drugs, the amount paid by the plan (75%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap.

Cost-Sharing may change depending on the pharmacy you choose (mail order, Long Term Care (LTC) or home infusion, and 30 or 90-day supply) and when you enter another of the four stages of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the stages of the benefit, please call us or access our Evidence of Coverage online at **[www.scblyuesmedadvantage.com/marx22](http://www.scblyuesmedadvantage.com/marx22)**.

**Catastrophic Coverage:** After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay the greater of:

- **5%** of the cost, or
- **\$3.95** copay for generic (including brand drugs treated as generic) and **\$9.85** copay for all other drugs.

For 2022, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or “donut hole” stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive “Extra Help” from Medicare.

For coverage and cost of Original Medicare, look in your current **2022 Medicare & You** handbook. View it online at **[www.medicare.gov](http://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.

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  
Total Value<sup>SM</sup>  
(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				
Preventive Dental  <i>Does not count towards allowance</i>	Service	In-Network	Visits Per/Year	Out-of-Network
	Oral Exams Cleanings	\$0	2 per/year	50%
	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](https://BlueCareOnDemandSC.com)



South Carolina

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

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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 Life<sup>1</sup>

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-Art<sup>2</sup>

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

Your Plan:	Retail: \$2,720/aid	Retail: \$3,250/aid	Routine Exam In-Network <sup>3</sup>
BlueCross Secure <sup>SM</sup> HMO	<b>\$699</b> copay/aid	<b>\$999</b> copay/aid	<b>\$45</b> exam copay
BlueCross Total and Total Value <sup>SM</sup> PPO BlueCross Blue Basic <sup>SM</sup> PPO (MA-only)	<b>\$699</b> copay/aid	<b>\$999</b> copay/aid	<b>\$45</b> 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.TruHearing.com)

#### 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

<sup>1</sup> 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.

<sup>2</sup> Features may vary by model. Activation required.

<sup>3</sup> Must be performed by a TruHearing network provider.

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

All content ©2021 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant. BCBSSC\_AEP\_F\_2022\_V1

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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](http://www.SilverandFit.com/Workouts).



For more information about the program, visit [www.SilverandFit.com](http://www.SilverandFit.com) or call your health plan.

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\*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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# 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 <sup>SM</sup> 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

# 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](http://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.

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 Blue Shield Association.

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# Getting Started

*The following forms are needed to enroll in BlueCross Total Value<sup>SM</sup> (PPO)*



South Carolina



**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](http://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.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- ☐ In addition to your monthly plan premium, 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.
- ☐ **HMO Only** - Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ **PPO Only** - 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.



**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 Total Value  
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 Total Value 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 Total 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 Total Value (Upstate) \$0 per month
- ☐ BlueCross Total Value (Midlands/Coastal) \$0 per month
- ☐ BlueCross Total Value (Lowcountry) \$0 per month

FIRST name: LAST name: (Optional) Middle Initial:

Birth Date: Sex: Phone Number:

( \_\_ / \_\_ / \_\_ ) ( M M / D D / Y Y Y Y ) ☐ M ☐ F

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.





**Answer these important questions:**

Will you have other prescription drug coverage (like VA, TRICARE) in addition to BlueCross Total?

☐ Yes☐ No

Name of other coverage:      Member number for this coverage:      Group number for this coverage:

\_\_\_\_\_

**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in BlueCross Total Value.
- By joining this Medicare Advantage Plan, I acknowledge that BlueCross Total Value 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 Total Value coverage begins, I must get all of my medical and prescription drug benefits from BlueCross Total Value. Benefits and services provided by BlueCross Total Value and contained in my BlueCross Total Value "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor BlueCross Total Value 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:





South Carolina

**2022 BlueCross Total Value<sup>SM</sup> (PPO)  
Individual Enrollment Request Form**

**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.

☐ Spanish ☐ Other \_\_\_\_\_

Select one if you want us to send you information in an accessible format.

Braille ☐ Large Print ☐ Audio CD ☐

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? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center: \_\_\_\_\_

I want to get the following materials via email. Select one or more.

☐ Evidence of Coverage ☐ Pharmacy/Provider Directories ☐ 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.**







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](mailto: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 v chương trình s của kh này, quý v s v giúp v v các thông tin bng ngôn ngữ của quý v miễn phí. v nói chuyện v m t thông dch 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 tinutulungan, 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  
تامول عمل او ادع اسم اللى ع لوصح اللى قح اللى دلف، هذه حصل الة طخ صوصخب الة سئس ادع است صخش يدل و ا كى دل ناك ن  
ب لصت ام جرتم عم ثدحت لل.ة فلكت اى ا نود نم كت غلب اى وررضل 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)

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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)

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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)

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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)

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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)

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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)

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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)

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تا اعلاطا و کمک هک دیراد ار نی قح، دی شاپ هت شادی ت شاد هب ی هم ان رب نی ا ی هراب رد ی ت ال اؤس دین ک ی م کمک و ا هب هک یدرف ای امش رگا  
دی ام نی هرام شاپ آ فط ل، م چ رت م اب ن در ک ت ب ح ص ی ا ر ب. دین ک ت 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.



# BlueCross Total Value<sup>SM</sup> (PPO)



South Carolina

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