2023 Summary of Benefits BlueCross Secure℠ (HMO)

H7165, Plans 001 and 002

This is a summary of the health and drug service covered by BlueCross Secure (HMO): January 1, 2023 – December 31, 2023.

This plan, **BlueCross Secure**, is offered by BlueCross BlueShield of South Carolina. **BlueCross Secure** is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in BlueCrossBlueShield 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 also available online at www.scbluesmedadvantage.com.

To join BlueCross Secure (HMO), 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 Secure (HMO) – Greenville (001)	Greenville County
BlueCross Secure (HMO) - Richland (002)	Richland County

BlueCross Secure (HMO) has a network of doctors, hospitals, pharmacies, and other providers. As a member of our plan, you do not need a referral from a Primary Care Provider to see a Specialist or to obtain a service. However, you are required to obtain prior authorization from our plan for some services.

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

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.

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. We are available for phone calls from October 1 to December 31;you can call us 8 a.m. to 8 p.m., 7 days a week. From January 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.

H7165_SB2023_M

Premiums and Benefits	BlueCross Secure (HMO)
Monthly Plan Premium	
BlueCross Secure (HMO) – Greenville (001)	You pay $0 You must continue to pay your Medicare Part B premium.
BlueCross Secure (HMO) – Richland (002)	You pay $10 You must continue to pay your Medicare Part B premium.
Deductible	No Deductible.
Maximum Out-of-Pocket Responsibility (Does not include prescription drugs)	You pay no more than $6,500 annually. Includes copays and other costs for medical services for the year.
Inpatient Hospital Coverage*	You pay a $325 copay per day for days 1 - 6 (You pay a $0 copay per day for days 7 - 90). *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*	You pay a $0 up to $275 copay per visit. You pay $0 if a polyp is found and removed during colonoscopy. You pay $275 for each Medicare covered observation service. *Prior authorization may be required.
Ambulatory Surgical Center (ASC) Services	You pay a $0 up to $275 copay per visit. *Prior authorization may be required.
Doctor Visits	
Primary Care Providers	You pay a $0 copay per visit.
Specialists	You pay a $30 copay per visit.
Telehealth	You pay $0 per use. Members must use BlueCare On Demand for this service. See EOC or call Customer Service for more details.
Preventive Care	You pay a $0 copay. 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); 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 also available. There are some covered services that have a cost, refer to the EOC for complete details.

Premiums and Benefits	BlueCross Secure (HMO)
Emergency Care	You pay a $95 copay per visit, waived if admitted within 24 hours. You pay a $250 service specific deductible and then 35% of the total cost for worldwide emergency care.
Urgently Needed Services	You pay a $40 copay per visit.
Diagnostic Services/Labs/ Imaging*	*Prior authorization may be required for these services.
Diagnostic tests and procedures	You pay a $0 up to $100 copay per service. You pay $0 for diagnostic EKG and diagnostic colorectal screening.
Lab services	You pay a $0 copay per lab service.
Diagnostic radiology service (e.g., MRI and CT scan)	You pay a $0 up to $150 copay per service. You pay a $0 copay for diagnostic mammograms and ultrasounds.
Outpatient x-rays	You pay a $5 copay per x-ray.
Hearing Services	
Medicare-covered hearing exam	You pay a $45 copay.
Routine hearing exam	You pay a $45 copay for one per year using TruHearing providers.
Hearing aids	You pay $699 - $999 using TruHearing network for up t0 2 hearing aids per year (one per ear, each year). The copayment range is based on different types and styles of hearing aids. The lower range $699 is for the Advanced hearing aid type and the higher range $999 is for the Premium hearing aid type, a TruHearing provider must be used for in- and out-of-network hearing aid benefit.
Dental Services	
Comprehensive Dental (Medicare Covered)	You pay a $50 copay.
Vision Services	
Diabetic eye exam	You pay a $0 copay.
Glaucoma screening	You pay a $0 copay.
Medicare-covered eye exam	You pay a $50 copay.
Routine eye exam	You pay a $0 copay using the VSP network. 1 exam per year.
Eyeglasses (frames and lenses) and contacts	You pay a $0 copay 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	You pay a $0 copay for Medicare-covered eyewear related to cataract surgery.
Mental Health Services	
Inpatient visit*	You pay a $624 copay per day, days 1 through 3. You pay a $0 copay per day, days 4 through 90. *Prior authorization may be required.

Premiums and Benefits	BlueCross Secure (HMO)
Outpatient group therapy/ individual therapy	You pay a $35 copay per visit.
Skilled Nursing Facility (SNF)*	You pay a $0 copay per day for days 1 - 20.You pay a $196 copay per day for days 21 - 100. *Prior authorization may be required.
Physical Therapy*	You pay a $35 copay per visit. *Prior authorization may be required.
Ambulance*	You pay a $285 copay per one-way trip for ground ambulance.You pay a $285 copay for a one-way trip for air ambulance. *Prior authorization may be required for non-emergency transportation.
Transportation	You receive 24 one-way trips per year to any health-related location. See your EOC for details.
Medicare Part B Drugs*	You pay 20% of the total cost of chemotherapy drugs. You pay 20% of the total cost for other Part B drugs. **Effective 7/1/2023:** You pay a $35 copay for a 1-month supply of Medicare Part B select insulins for use in home infusion pumps. *Prior authorization may be required.
Chiropractic Care (Medicare-covered)	You pay a $20 copay per visit.
Dialysis*	You pay 20% of the total cost. *Prior authorization may be required.
Foot Care (podiatry services)	
Medicare-covered foot exams and treatment	You pay a $35 copay per visit.
Routine foot care	Not covered
Home Health Care*	You pay 0% of the total cost. *Prior authorization may be required.
Meal Program	You pay a $0 copay for meals upon discharge from Hospital, Skilled Nursing or Rehab facility. Two meals per day for 5 days. See EOC for details.
Medical Equipment/Supplies	
Durable Medical Equipment(e.g., wheelchairs, oxygen) *	You pay 20% of the total cost. *Prior authorization may be required.
Prosthetics (e.g., braces, artificial limbs) *	You pay 20% of the total cost. *Prior authorization may be required.
Diabetic supplies	We only cover OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for $0. Note: In case of an approved medical exception, other brands may be covered, and you pay 20% of the total cost.
Occupational Therapy*	You pay a $35 copay per visit. *Prior authorization may be required.

Premiums and Benefits	BlueCross Secure (HMO)
Outpatient Substance Abuse*	Individual session - You pay a $35 copay. Group session – You pay a $40 copay. *Prior authorization may be required.
Over-the-Counter Service	You receive $45 per quarter for a total of $180 per year in Over-the-Counter items with free shipping. Order placed once per quarter via phone, catalog, or vendor website. New for 2023 you can use an OTC Benefits Card at your pharmacy. See EOC for details.
Physical Exam - Annual	You pay a $0 copay for one physical exam per year.
Speech and Language Therapy*	You pay a $35 copay per visit. *Prior authorization may be required.
Wellness Programs (e.g., fitness)	You pay $0 for basic membership to a Silver & Fit participating fitness center and a home fitness kit with fitness tracker.

Prescription Drug Costs

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $30 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Outpatient Prescription Drugs			
Deductible Stage	You pay $0		
Initial Coverage Stage	Preferred Retail (30-day supply)	Standard Retail (30-day supply)	Mail-Order (90-day supply)
Tier 1: Preferred Generic	You pay $0	You pay $5	You pay $0
Tier 2: Generic	You pay $10	You pay $15	You pay $0
Tier 3: Preferred Brand	You pay $42	You pay $47	You pay $105
Select Insulins	You pay $30	You pay $30	You pay $90
Tier 4: Non-Preferred	You Pay $100	You pay $100	You pay $250
Tier 5: Specialty	You pay 33%	You pay 33%	You pay 33%
Tier 6: Select Care Drugs	You pay $0	You pay $5	You pay $0

Yearly Deductible Stage: There is no deductible stage with BlueCross Secure.

Initial Coverage Stage: During this stage, the plan pays its share of the cost of your Tier 1, Tier 2, Tier 3, Tier 4, Tier 5 and Tier 6 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 $4,660.

Additional Gap Coverage: You also receive some coverage for generic drugs. For drugs on Tier 1 and Tier 6 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 and Tier 6, 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 (preferred or non-preferred, 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.scbluesmedadvantage.com.

Catastrophic Coverage: After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of:

- **5%** of the cost, or
- **$4.15** copay for generic (including brand drugs treated as generic) and **$10.35** copay for all other drugs.

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 Secure 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, (855) 204-2744, or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.