

2023

Medicare Advantage

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

UNIQUELY YOU.  
UNIQUELY  
BLUE.



South Carolina

Medicare Advantage  
H8003\_ENRK23\_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. When looking for the right health plan - Only Blue Will Do!

## *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, transportation, 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,
- › All hospitals in South Carolina,
- › 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 90-day fills on Tiers 1, 2 and 6 drugs delivered to your home 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?

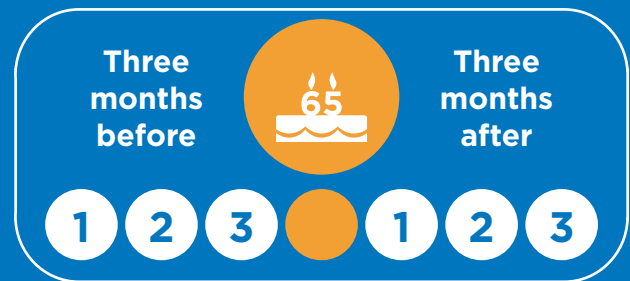
## *It's important to know your enrollment period.*

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)**

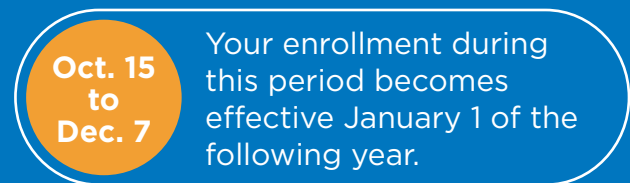
For Medicare Advantage or Part D plans, this is the three months before and three months after the month you either:

- › 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**

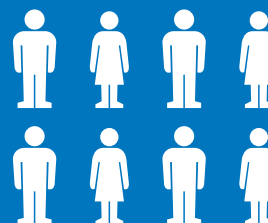


**Up to  
\$4,660**

## ***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 \$4,660.

**Once you reach \$4,660 you enter the coverage gap or “donut hole.”**



**Most people will remain in this stage**

**Up to  
\$7,400**

## ***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 \$7,400.

**Once your yearly out-of-pocket costs reach \$7,400, 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.scbluesmedadvantage.com](http://www.scbluesmedadvantage.com)**. 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.scbluesmedadvantage.com](http://www.scbluesmedadvantage.com)**.













**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.	

# 2023 Summary of Benefits

*BlueCross Total<sup>SM</sup>*  
(PPO)



South Carolina

# 2023 Summary of Benefits

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

### H8003, Plans 001, 002, and 003

This is a summary of the health and drug services covered by BlueCross Total (PPO): January 1, 2023 – December 31, 2023.

This plan, **BlueCross Total**, is offered by BlueCross BlueShield of South Carolina. **BlueCross Total** 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](http://www.scbluesmedadvantage.com)**.

To join BlueCross Total (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 (PPO) – Upstate (001)</b>	<b>Anderson, Cherokee, Greenville, Oconee, Pickens, Spartanburg and York</b>
<b>BlueCross Total (PPO) – Midlands/Coastal (002)</b>	<b>Aiken, Calhoun, Chesterfield, Dillon, Fairfield, Florence, Horry, Kershaw, Lexington, Marion, Marlboro, Orangeburg, Richland, Saluda and Sumter</b>
<b>BlueCross Total (PPO) – Lowcountry (003)</b>	<b>Beaufort, Berkeley, Charleston, Dorchester and Georgetown</b>

BlueCross Total (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 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](http://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](http://www.scbluesmedadvantage.com)**. We are available for phone calls 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.

H8003\_SB2023\_M

Premiums and Benefits	BlueCross Total (PPO)
<b>Monthly Plan Premium</b>	
BlueCross Total (PPO) - Upstate (001)	You pay \$19 You must continue to pay your Medicare Part B premium.
BlueCross Total (PPO) - Midlands/Coastal (002)	You pay \$15 You must continue to pay your Medicare Part B premium.
BlueCross Total (PPO) - Lowcountry (003)	You pay \$25 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	No Deductible
<b>Maximum Out-of-Pocket Responsibility</b> (Does not include prescription drugs)	<b>In-network:</b> You pay no more than \$6,500 annually. <b>In-network and Out-of-network:</b> You pay no more than \$10,000 combined. Includes copays and other costs for medical services for the year.
<b>Inpatient Hospital Coverage*</b>	<b>In-network:</b> You pay a \$350 copay per day for days 1 - 4 (You pay a \$0 copay per day for days 5 - 90). <b>Out-of-network:</b> You pay 40% of the total 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 a \$0 up to \$295 copay per visit. You pay a \$0 copay if a polyp is found and removed during colonoscopy. You pay a \$325 copay for each Medicare covered observation service. <b>Out-of-network:</b> You pay 40% of the total cost.  *Prior authorization may be required.
<b>Ambulatory Surgical Center (ASC) Services*</b>	<b>In-network:</b> You pay a \$0 up to \$295 copay per visit. <b>Out-of-network:</b> You pay 40% of the total cost.  *Prior authorization may be required.
<b>Doctor Visits</b>	
Primary Care Providers	<b>In-network:</b> You pay a \$0 copay per visit. <b>Out-of-network:</b> You pay a \$30 copay per visit.
Specialists	<b>In-network for Total Upstate:</b> You pay a \$35 copay per visit. <b>In-network for Total Midlands/Coastal:</b> You pay a \$30 copay per visit. <b>In-network for Total Lowcountry:</b> You pay a \$40 copay per visit. <b>Out-of-network:</b> You pay a \$55 copay per visit.
Telehealth	You pay \$0 per use. Members must use Blue CareOnDemand for this service. See EOC or call Customer Service for more details.

Premiums and Benefits	BlueCross Total (PPO)
<b>Preventive Care</b>	<p><b>In-network:</b> You pay a \$0 copay.  <b>Out-of-network:</b> You pay 0% of the total cost.</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); Vaccines, including flu shots and pneumococcal shots; Welcome to Medicare initial visit; Annual Wellness Visit; Annual Physical; and Health Coaching via Silver&amp;Fit® Other preventive services are also available.</p> <p>There are some covered services that have a cost, refer to the EOC for complete details.</p>
<b>Emergency Care</b>	<p>You pay a \$95 copay per visit, waived if admitted within 24 hours.</p> <p>You pay a \$250 service specific deductible and then 20% of the total cost for worldwide emergency care.</p>
<b>Urgently Needed Services</b>	<p>You pay a \$50 copay per visit.</p> <p>You pay 0% of the total cost for worldwide urgent 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 a \$0 up to \$275 copay per service. You pay a \$0 copay for diagnostic EKG and diagnostic colorectal screening.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p>
Lab services	<p><b>In-network:</b> You pay a \$0 copay per lab service.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost per lab service.</p>
Diagnostic radiology service (e.g., MRI and CT scan)	<p><b>In-network:</b> You pay a \$0 up to \$150 copay per service. You pay a \$0 copay for diagnostic mammograms and ultrasounds.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p>
Outpatient x-rays	<p><b>In-network:</b> You pay a \$10 copay per x-ray.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost per x-ray.</p>
<b>Hearing Services</b>	
Medicare-covered hearing exam	<p><b>In-network:</b> You pay a \$45 copay.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p>
Routine hearing exam	<p><b>In-network:</b> You pay a \$45 copay using a TruHearing provider.</p> <p><b>Out-of-network:</b> You pay a \$45 copay using a TruHearing provider.</p>

Premiums and Benefits	BlueCross Total (PPO)
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).  <b>Out-of-network:</b> You pay \$699 - \$999. A TruHearing provider must be used for this benefit.</p> <p>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.</p>
<b>Dental Services</b>	
Preventive Dental (Non-Medicare covered)	<p><b>In-network:</b> You pay a \$0 copay.*  <b>Out-of-Network:</b> You pay 50% of the total cost.*</p> <p>2 preventive dental visits per year. Oral exam, cleaning, 1 dental bitewing x-ray (fluoride treatment not covered).</p> <p><b>In-network services receive the BCBS discount (Going to an out of network dentist may cost you more than using a contracted in network dentist. We pay up to 50% for reasonable and customary charges for out of network claims.)</b></p> <p>*Preventive dental services are included in your \$3000 preventive/comprehensive limit per year. See your EOC for details.</p>
Comprehensive Dental (Non-Medicare Covered)	<p><b>In-network:</b> You pay 50% of the total cost.*  <b>Out-of-network:</b> You pay 50% of the total cost.*</p> <p>Non-routine services, diagnostic services, restorative services, endodontics, extractions, prosthodontics, other oral/maxillofacial surgery, periodontics, and other services (i.e., dentures, root canals).</p> <p><b>In-network services receive the BCBS discount (Going to an out of network dentist may cost you more than using a contracted in network dentist. We pay up to 50% for reasonable and customary charges for out of network claims.)</b></p> <p>*Comprehensive dental services are included in your \$3000 preventive/comprehensive limit per year. See your EOC for details.</p>
Comprehensive Dental (Medicare-Covered)	<p><b>In-network:</b> You pay a \$50 copay.  <b>Out-of-network:</b> You pay 40% of the total cost.  See your EOC for details.</p>
<b>Vision Services</b>	
Diabetic eye exam	<p><b>In-network:</b> You pay a \$0 copay.  <b>Out-of-network:</b> You pay a \$0 copay.</p>

Premiums and Benefits	BlueCross Total (PPO)
Glaucoma screening	<b>In-network:</b> You pay a \$0 copay. <b>Out-of-network:</b> You pay a \$0 copay.
Medicare-covered eye exam	<b>In-network:</b> You pay a \$50 copay. <b>Out-of-network:</b> You pay a \$50 copay.
Routine eye exam	<b>In-network:</b> You pay a \$0 copay using the VSP network. 1 exam per year. <b>Out-of-network:</b> You pay a \$0 copay using the VSP network. 1 exam per year.
Eyeglasses (frames and lenses) and contacts	<b>In-network:</b> 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. <b>Out-of-network:</b> 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	<b>In-network:</b> You pay a \$0 copay for Medicare-covered eyewear related to cataract surgery. <b>Out-of-network:</b> You pay a \$0 copay for Medicare-covered eyewear related to cataract surgery.
<b>Mental Health Services</b>	
Inpatient visit*	<b>In-network:</b> You pay a \$624 copay per day, days 1 through 3, You pay a \$0 copay per day, days 4 through 90. <b>Out-of-network:</b> You pay 40% of the total cost. *Prior authorization may be required.
Outpatient group therapy/ individual therapy	<b>In-network:</b> You pay a \$40 copay per visit. <b>Out-of-network:</b> You pay 40% of the total cost per visit.
<b>Skilled Nursing Facility (SNF)*</b>	<b>In-network:</b> You pay a \$0 copay per day for days 1 - 20. You pay a \$196 copay per day for days 21 - 100. <b>Out-of-network:</b> You pay 40% of total the cost. Our plan covers up to 100 days in a SNF. *Prior authorization may be required.
<b>Physical Therapy*</b>	<b>In-network for Total Lowcountry and Upstate:</b> You pay a \$40 copay per visit. <b>In-network for Total Midlands/Coastal:</b> You pay a \$35 copay per visit. <b>Out-of-network:</b> You pay a \$55 copay per visit. *Prior authorization may be required.
<b>Ambulance*</b>	<b>In-network:</b> You pay a \$295 copay per one-way trip for ground ambulance. You pay a \$295 copay for a one-way trip for air ambulance. <b>Out-of-network:</b> You pay a \$295 copay per one-way trip for ground ambulance. You pay a \$295 copay for a one-way trip for air ambulance. *Prior authorization may be required for non-emergency transportation.

Premiums and Benefits	BlueCross Total (PPO)
<b>Transportation</b>	You receive 24 one-way trips per year to any health-related location. See your EOC for details.
<b>Medicare Part B Drugs*</b>	<p><b>In-network:</b> You pay 20% of the total cost of chemotherapy drugs.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost of chemotherapy drugs.</p> <p><b>In-network:</b> You pay 20% of the total cost for other Part B drugs.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost for other Part B drugs.</p> <p><b>Effective 7/1/2023:</b> You pay a \$35 copay in-network and out-of-network for a 1-month supply of Medicare Part B select insulins for use in home infusion pumps.</p> <p>*Prior authorization may be required.</p>
<b>Chiropractic Care</b> (Medicare-covered)	<p><b>In-network:</b> You pay a \$20 copay per visit.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p>
<b>Dialysis*</b>	<p><b>In-network:</b> You pay 20% of the total cost.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p> <p>*Prior authorization may be required.</p>
<b>Foot Care (podiatry services)</b>	
Medicare-covered foot exams and treatment	<p><b>In-network:</b> You pay a \$50 copay per visit.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p>
Routine foot care	Not covered.
<b>Home Health Care*</b>	<p><b>In-network:</b> You pay 0% of the total cost.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p> <p>*Prior authorization may be required.</p>
<b>Meal Program</b>	<p>There is no coinsurance, copayment, or deductible for this benefit.</p> <p>The meal benefit provides 2 meals per day for 5 days for members that are being discharged from an inpatient or rehab facility. The member must communicate with BCBSSC Transition of Care Nurse or Discharge Planner to process the claim form and order the meals and schedule delivery.</p> <p>The benefit is available throughout the year each time the member is discharged from a hospital or rehab facility.</p>
<b>Medical Equipment/Supplies</b>	
Durable Medical Equipment (e.g., wheelchairs, oxygen)*	<p><b>In-network:</b> You pay 20% of the total cost.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p> <p>*Prior authorization may be required.</p>
Prosthetics (e.g., braces, artificial limbs)*	<p><b>In-network:</b> You pay 20% of the total cost.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p> <p>*Prior authorization may be required.</p>

Premiums and Benefits	BlueCross Total (PPO)
Diabetic supplies	<p><b>In-network:</b> 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.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost.</p>
Occupational Therapy*	<p><b>In-network:</b> You pay a \$40 copay per visit.</p> <p><b>Out-of-network:</b> You pay a \$55 copay per visit.</p> <p>*Prior authorization may be required.</p>
Outpatient Substance Abuse*	<p><b>In-network:</b> Individual and group therapy visits – You pay a \$40 copay.</p> <p><b>Out-of-network:</b> Individual and group therapy visits – You pay 40% of the total cost.</p> <p>*Prior authorization may be required.</p>
Over-the-Counter Service	<p>You receive \$55 per quarter for a total of \$220 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.</p>
Physical Exam - Annual	<p><b>In-network:</b> You pay a \$0 copay for one physical exam per year.</p> <p><b>Out-of-network:</b> You pay 40% of the total cost for one physical exam per year.</p>
Speech and Language Therapy*	<p><b>In-network for Total Lowcountry and Upstate:</b> You pay a \$40 copay per visit.</p> <p><b>In-network for Total Midlands/Coastal:</b> You pay a \$35 copay per visit.</p> <p><b>Out-of-network:</b> You pay a \$55 copay per visit.</p> <p>*Prior authorization may be required.</p>
Visitor Travel	<p>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 48 states and 2 territories: 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, Mississippi, 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.</p>
Wellness Programs (e.g., fitness)	<p>You pay \$0 for basic membership to a Silver&amp;Fit® participating fitness center and a home fitness kit with fitness tracker.</p>

## 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	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 \$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 Total.

**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.scblymedadvantage.com](http://www.scblymedadvantage.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 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<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 2023 all BlueCross PPO plans include dental benefits with additional comprehensive procedures added and BIGGER allowances. Your money will go farther with deep discounts from BlueCross in-network dentists on all covered procedures.

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	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	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 Allowance	BlueCross Total \$3000 BlueCross Blue Basic \$1000 BlueCross Total Value \$2000			

**\*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)



**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

**1-888-937-9672**

TTY: 711

#### Hours:

8am–8pm, Monday–Friday

## Your 2023 Hearing Coverage

Your benefit covers up to two Advanced or Premium hearing aids per year with copayments starting at \$699.



### TruHearing Advanced TruHearing Premium\*

32 Channels | 6 Programs

48 Channels | 6 Programs

Your Plan:	Retail: <b>\$2,720/aid</b>	Retail: <b>\$3,250/aid</b>	Routine Exam In-Network <sup>3</sup>
BlueCross HMO	<b>\$699</b> copay/aid	<b>\$999</b> copay/aid	<b>\$45</b> exam copay
BlueCross PPO	<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  
**1-888-937-9672** | TTY: 711  
Hours: 8am–8pm, Monday–Friday

 Check your hearing  
[BCBSSG-HS.TruHearing.com](https://www.BCBSSG-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.

placeholder for health plan disclaimers

All content ©2022 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. 323150\_BCBS-SC\_2022\_AEP\_F\_0522

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## Flexibility & Choice in Fitness

The Silver&Fit® program has Something for Everyone®. Eligible members can enjoy tools and features including:



### On-Demand Workout Videos

You can view yoga, strength, Pilates, walking, cardio, and many other workout videos at [www.SilverandFit.com](http://www.SilverandFit.com) and on the ASHConnect™ mobile app.



### Healthy Aging Coaching

You can work toward your fitness, nutrition, and lifestyle goals during scheduled phone, video, or chat sessions with a certified health coach.



### Workout Plans

By answering a few online questions about your fitness level and goals, you can get workouts to help you start an exercise routine.



### Well-Being Club

You can learn new skills and focus on your well-being by connecting with others, joining live-streaming classes and events, and viewing exclusive articles and videos.



### Standard Fitness Network Choices

You can join thousands of participating fitness centers, many with exercise classes for older adults.



### Home Fitness Kits

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



### Mobile App

You can download the ASHConnect mobile app to view workout videos and search for fitness centers.



### Fitness Tracking

You can sync your wearable fitness tracker or mobile app to the Silver&Fit Connected!™ tool to track your activity and earn rewards like hats and pins.\*\*

For questions, call us at 1-877-427-4788 (TTY/TDD: 711), Monday through Friday, between 8 a.m. to 9 p.m. Eastern time.

You can also get **Fit at Home™** with 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).



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

\*\*Rewards are subject to change. 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 and to use that data to process and administer available rewards to you under the program. The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. The persons in this piece are not Silver&Fit members. Silver&Fit, Something for Everyone, ASHConnect, Silver&Fit Connected!, Fit at Home, and the Silver&Fit logo are trademarks of ASH. Limitations and restrictions may apply. 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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# Get started with a FREE OneTouch® brand meter today.

As the sole-preferred\* brand on BlueCross BlueShield of South Carolina's Medicare Advantage plans, OneTouch® offers the best coverage on your drug benefit.

Latest  
Innovation



OneTouch Verio Reflect®

OneTouch Verio Flex®

OneTouch Verio® brand meters are designed to make testing easy and help you manage your diabetes.

- ✓ Simple two step testing
- ✓ ColorSure® technology instantly shows when your results are in or out of range
- ✓ Connect to the OneTouch Reveal® mobile app for even more insights

To get a OneTouch Verio Reflect® or Verio Flex® meter: Bring your prescription and insurance card to a retail pharmacy. If you are charged for the cost of the meter, have your pharmacist use this voucher.

## OneTouch Verio Reflect® or Verio Flex® meter

BIN: 601341 RxPCN: OHS Group ID#: LVJMV384 ID#: NOCHARGEMETR

- Submit this claim to Opus Health™ for reimbursement plus a dispensing fee. Questions? Call 1-800-364-4767.
- **Requires a valid prescription.** Offer valid for one meter per patient every 12 months.
- Offer good while supplies last. Void where prohibited by law.
- This offer from LifeScan, Inc. can only be redeemed where OneTouch® products are sold and prescriptions can be processed.
- By participating in this program or by otherwise processing a program voucher, you warrant that you will not submit a claim for reimbursement of any meter covered by this agreement with any commercial payor or state or federal government funded program (including but not limited to Medicare, Medicare Advantage, Medicaid, Medigap, VA, DOD, or TriCare®).
- Offer expires 12/31/22



# ONETOUCH®

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

**\*Sole-Preferred:** For most plans, the only product available on the preferred list, usually covered at the lowest co-payment or co-insurance.

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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	
<b>Eye Exam</b>	• Comprehensive WellVision Exam® at no cost*
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full*</li> <li>• 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</li> </ul>
<b>Frames</b>	• Frames from the VSP Genesis collection are covered in full every 2 years
<b>Contact Lenses</b>	<ul style="list-style-type: none"> <li>• Members who prefer contacts lenses may instead choose prescription contacts in lieu of frame &amp; lenses</li> <li>• Contact lens exam (fitting and evaluation) are covered under the allowance</li> </ul>
Want More Discounts?	
<b>Additional Pairs of Glasses</b>	• 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.
<b>VSP Laser VisionCare<sup>SM</sup> Program</b>	• 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.

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# NEW BENEFITS FOR 2023



BlueCross BlueShield of South Carolina Medicare Advantage plan members will receive a new myFlexCard to use their benefits and reward dollars.

***This one reloadable card does it all!***

## MEMBER BENEFITS

Qualified plan members will receive supplemental over-the-counter (OTC) dollars quarterly (see grid below). Unused OTC funds will expire at the end of each quarter.

Each plan member is eligible to earn one wellness reward when a service claim is received for his or her annual wellness visit or physical. This reward can be used any time throughout the benefit year.

## myFlexCard BENEFITS

The reloadable myFlexCard is loaded with both over-the-counter funds and wellness reward dollars.

Benefit funds can be used to purchase over-the-counter health care products such as allergy medications, cold and flu treatments, dental and denture care, incontinence products, supports and braces, and much more.

Members can use the myFlexCard at local participating stores (such as CVS, Walmart, and Walgreens), online at [www.SouthCarolinaMA.com](http://www.SouthCarolinaMA.com), through the mail-order catalog or by calling 1-800-480-6876.

## SUPPLEMENTAL BENEFITS

	OTC Benefit	Wellness Visit/Physical Reward
BlueCross Total PPO	\$55	\$40
BlueCross Total Value PPO	\$35	\$40
BlueCross Blue Basic PPO	\$40	\$40
BlueCross Secure HMO	\$45	\$40

Visit [www.SouthCarolinaMA.com](http://www.SouthCarolinaMA.com) or call 1-800-480-6876.

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. The BlueCross BlueShield of South Carolina Mastercard® Prepaid Card is issued by Stride Bank, N.A., Member FDIC, pursuant to a license by Mastercard International.

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# Getting Started

*The following forms are needed to enroll in BlueCross Total<sup>SM</sup> (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](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, 2024.
- ☐ **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.

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.

Out-of-network/non-contracted providers are under no obligation to treat BlueCross PPO plan 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 Total  
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 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.

**Individuals experiencing homelessness**

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.





**Section 1 – All fields on this page are required (unless marked optional)**

**Select the plan you want to join:**

- ☐ BlueCross Total (Upstate) \$19 per month
- ☐ BlueCross Total (Midlands/Coastal) \$15 per month
- ☐ BlueCross Total (Lowcountry) \$25 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

#### **IMPORTANT**

**Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the 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.
- By joining this Medicare Advantage Plan, I acknowledge that BlueCross Total 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 coverage begins, I must get all of my medical and prescription drug benefits from BlueCross Total. Benefits and services provided by BlueCross Total and contained in my BlueCross Total "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor BlueCross Total 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 BlueShield of South Carolina MAPD Agent ID:

Agent Name:

Date:

**Agents must submit a signed enrollment form within 24 hours of receipt.**




**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.**

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

☐ No, not of Hispanic, Latino/a, or Spanish origin      ☐ Yes, Mexican, Mexican American, Chicano/a  
☐ Yes, Puerto Rican      ☐ Yes, Cuban  
☐ Yes, another Hispanic, Latino/a, or Spanish origin  
☐ I choose not to answer.

What's your race? Select all that apply.

☐ American Indian or Alaska Native      ☐ Asian Indian      ☐ Black or African American  
☐ Chinese      ☐ Filipino      ☐ Guamanian or Chamorro  
☐ Japanese      ☐ Korean      ☐ Native Hawaiian  
☐ Other Asian      ☐ Other Pacific Islander      ☐ Samoan  
☐ Vietnamese      ☐ White  
☐ I choose not to answer.

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





### Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT) or credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay BlueCross the Part D-IRMAA.

Please select a premium payment option:

- ☐ Get a bill.
- ☐ Electronic funds transfer (EFT) from your checking account each month. Please enclose a VOIDED check or provide the following:

Account holder name: \_\_\_\_\_

Bank routing number: \_\_\_\_\_

Bank account number: \_\_\_\_\_

- ☐ Credit Card. Please provide the following information:

Type of Card: \_\_\_\_\_

Name of Account holder as it appears on card: \_\_\_\_\_

Account number: \_\_\_\_\_

Expiration Date (MM/YYYY): ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

Automatic deduction from your monthly Social Security/Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

#### 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.**

**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-855-204-2744]. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-396-0183. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-396-0188。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-725-1516。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-389-4839. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-396-0190. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-389-4838 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-396-0191. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-396-0187 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-389-4840. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-396-0189 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें [1-844-725-1519] पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-396-0184. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-396-0182. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-398-6232. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-396-0186. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-396-0185 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

*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<sup>SM</sup> (PPO)*



**South Carolina**

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