

The background of the entire page is a close-up, slightly blurred image of the American flag, showing the stars and stripes in detail.

# 2024 Annual Notice of Changes

BlueCross Blue Basic<sup>SM</sup> (PPO)  
Jan. 1, 2024, to Dec. 31, 2024  
855-204-2744 | TTY 711

Seven days a week, 8 a.m. to 8 p.m.  
(Oct. 1 to Mar. 31)

Monday – Friday, 8 a.m. to 8 p.m.  
(All other times)



South Carolina

Medicare Advantage



## **BlueCross Blue Basic (PPO) offered by BlueCross BlueShield of South Carolina**

# **Annual Notice of Changes for 2024**

You are currently enrolled as a member of BlueCross Blue Basic. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.SCBluesMedAdvantage.com](http://www.SCBluesMedAdvantage.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### **What to do now**

#### **1. ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.
- ☐ Think about whether you are happy with our plan.

#### **2. COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

#### **3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in BlueCross Blue Basic.

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with BlueCross Blue Basic.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- Please contact our Customer Service number at 1-855-204-2744 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, Eastern Time, Monday through Friday. Our automated phone system handles calls received after 8 pm and on Saturdays, Sundays, and holidays. From October 1 through March 31, we are available 8 am to 8 pm, Eastern Time, seven days a week. This call is free.
- Customer Service has free language interpreter services available for non-English speakers. This information is available in alternate formats, including large print. Please call Customer Service if you need plan information in other formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About BlueCross Blue Basic

- BlueCross Blue Basic is a Medicare Advantage Preferred Provider Organization plan with a Medicare contract. Enrollment in BlueCross Blue Basic depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means BlueCross BlueShield of South Carolina. When it says “plan” or “our plan,” it means BlueCross Blue Basic.

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for BlueCross Blue Basic in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium</b>	\$0	\$0
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$6,000.01 From in-network and out-of-network providers combined: \$10,000	From network providers: \$5,900 From in-network and out-of-network providers combined: \$9,550
<b>Doctor office visits</b>	Primary care visits from in-network providers: \$0 per visit. Primary care visits from out-of-network providers: \$30 per visit. Specialist visits from in-network providers: \$35 per visit. Specialist visits from out-of-network providers: \$45 per visit.	Primary care visits from in-network providers: \$0 per visit. Primary care visits from out-of-network providers: \$30 per visit. Specialist visits from in-network providers: \$35 per visit. Specialist visits from out-of-network providers: \$45 per visit.
<b>Inpatient hospital stays</b>	In-network: You pay \$325 per day for days 1 through 6. You pay \$0 per day for days 7 through 90. Out-of-network: You pay 30% coinsurance.	In-network: You pay \$325 per day for days 1 through 6. You pay \$0 per day for days 7 through 90. Out-of-network: You pay 20% coinsurance.

**SECTION 1 Changes to Benefits and Costs for Next Year****Section 1.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b>	\$0	\$0
There is no change for the upcoming year. (You must also continue to pay your Medicare Part B premium.)		

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts**

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<b>In-network maximum out-of-pocket amount</b>	\$6,000.01	\$5,900
Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.		
Once you have paid \$5,900 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.		

Cost	2023 (this year)	2024 (next year)
<b>Combined maximum out-of-pocket amount</b>	\$10,000	\$9,550
Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.		Once you have paid \$9,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

### Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at [www.SCBluesMedAdvantage.com](http://www.SCBluesMedAdvantage.com). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

### Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<b>Inpatient Hospital Psychiatric Services</b>	<p><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.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost.</p>	<p><b>In-network:</b> You pay a \$645 copay per day, days 1 through 3, you pay a \$0 copay per day, days 4 through 90.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost.</p>
<b>Skilled Nursing Facility (SNF)</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost.</p>
<b>Cardiac Rehabilitation Services</b>	<p><b>In-network:</b> You pay a \$40 copay for each Medicare covered cardiac rehabilitation service.</p> <p>Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered cardiac rehabilitation service.</p>	<p><b>In-network:</b> You pay a \$35 copay for each Medicare covered cardiac rehabilitation service.</p> <p>Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered cardiac rehabilitation service.</p>
<b>Intensive Cardiac Rehabilitation Services</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered intensive cardiac rehabilitation service.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered intensive cardiac rehabilitation service.</p>



Cost	2023 (this year)	2024 (next year)
<b>Pulmonary Rehabilitation Services</b>	<p><b>In-network:</b> You pay a \$20 copay for each Medicare covered Pulmonary Rehabilitation Service.</p> <p>Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered pulmonary rehabilitation service.</p>	<p><b>In-network:</b> You pay a \$15 copay for each Medicare covered Pulmonary Rehabilitation Service.</p> <p>Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered pulmonary rehabilitation service.</p>
<b>Supervised Exercise Therapy (SET)</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered SET visit.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered SET visit.</p>
<b>Urgently needed service</b>	You pay a \$40 copay.	<p>You pay a \$0 - \$40 copay.</p> <p>\$0 copay for primary care physician visit at urgent care.</p> <p>\$35 copay for specialist visit at urgent care.</p> <p>\$40 copay for urgently needed services at urgent care.</p>

Cost	2023 (this year)	2024 (next year)
<b>Partial Hospitalizations</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered partial hospitalization.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered partial hospitalization.</p>
<b>Home Health Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered home health service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered home health service.</p>
<b>Chiropractic Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered chiropractic service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered chiropractic service.</p>
<b>Mental Health Specialty Services (Individual and Group Sessions)</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered mental health specialty service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered mental health specialty service.</p>
<b>Podiatry Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered podiatry service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered podiatry service.</p>
<b>Other Health Care Professional Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered other health care professional service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered other health care professional service.</p>

Cost	2023 (this year)	2024 (next year)
<b>Individual Sessions for Psychiatric Services</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered psychiatric service.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered psychiatric service.</p>
<b>Group Sessions for Psychiatric Services</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered psychiatric service.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered psychiatric service.</p>
<b>Telehealth Services</b>	<p>You pay a \$0 copay for each primary care physician telehealth service.</p>	<p>You pay a \$0 copay for each primary care physician telehealth service.</p> <p>You pay a \$0 copay for each urgent care telehealth service.</p> <p>You pay a \$40 copay for each individual session for psychiatric services.</p> <p>You pay a \$40 copay for each individual session for mental health specialty services.</p>

Cost	2023 (this year)	2024 (next year)
<b>Opioid Treatment Program Services</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered opioid treatment program service.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered opioid treatment program service.</p>
<b>Diagnostic Procedures/Tests</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered diagnostic procedure/test.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered diagnostic procedure/test.</p>
<b>Lab Services</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered lab service.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered lab service.</p>
<b>Diagnostic Radiological Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered diagnostic radiological service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered diagnostic radiological service.</p>
<b>Therapeutic Radiological Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered therapeutic radiological service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered therapeutic radiological service.</p>

Cost	2023 (this year)	2024 (next year)
<b>Outpatient X-Ray Services</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered outpatient X-Ray service.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered outpatient X-Ray service.</p>
<b>Outpatient Hospital Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered outpatient hospital service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered outpatient hospital service.</p>
<b>Observation Services</b>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered observation service.</p>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered observation service.</p>
<b>Ambulatory Surgical Center (ASC) Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered ASC service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered ASC service.</p>
<b>Individual Sessions for Outpatient Substance Abuse</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered outpatient substance abuse service.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered outpatient substance abuse service.</p>



Cost	2023 (this year)	2024 (next year)
<b>Group Sessions for Outpatient Substance Abuse</b>	<p><b>In-network:</b> Prior authorization <b>is</b> required.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered outpatient substance abuse service.</p>	<p><b>In-network:</b> Prior authorization <b>not</b> required.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered outpatient substance abuse service.</p>
<b>Outpatient Blood Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered outpatient blood service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered outpatient blood service.</p>
<b>Durable Medical Equipment (DME)</b>	<p><b>In-network:</b> You pay 20% of the total cost.</p> <p><b>Out-of-network:</b> You pay 30% of the total cost for Medicare-covered DME.</p>	<p><b>In-network:</b> You pay 15% for home infusion services. You pay 20% for all other Part B services.</p> <p><b>Out-of-network:</b> You pay 20% of the total cost for Medicare-covered DME.</p>
<b>Prosthetics/Medical Supplies</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for Medicare-covered prosthetics/medical supplies.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for Medicare-covered prosthetics/medical supplies.</p>
<b>Diabetic Supplies and Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for Medicare-covered diabetic supplies and service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for Medicare-covered diabetic supplies and service.</p>
<b>Dialysis Services</b>	<p><b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered dialysis service.</p>	<p><b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered dialysis service.</p>

Cost	2023 (this year)	2024 (next year)
<b>Kidney Disease Education Services</b>	<b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered kidney disease education service.	<b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered kidney disease education service.
<b>Medicare Part B Insulin Drugs</b>	<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.	<b>In-network:</b> You pay a \$35 copay for a 1-month supply of Medicare covered Part B insulins. <b>Out-of-network:</b> You pay a \$35 copay for a 1-month supply of Medicare covered Part B insulins.
<b>Medicare Part B Chemotherapy/Radiation Drugs</b>	<b>In-network:</b> You pay 20% of the total cost of chemotherapy/radiation drugs. <b>Out-of-network:</b> You pay 30% of the total cost of chemotherapy/radiation drugs.	<b>In-network:</b> You pay 0% - 20% of the total cost of chemotherapy/radiation drugs. <b>Out-of-network:</b> You pay 20% of the total cost of chemotherapy/radiation drugs.
<b>Other Medicare Part B Drugs</b>	<b>In-network:</b> You pay 20% of the total cost of Medicare Part B drugs. <b>Out-of-network:</b> You pay 30% of the total cost for Medicare Part B drugs.	<b>In-network:</b> You pay 0% - 20% of the total cost of other Medicare Part B drugs. <b>Out-of-network:</b> You pay 20% of the total cost for Medicare Part B drugs.
<b>Comprehensive Dental</b>	<b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered comprehensive dental service.	<b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered comprehensive dental service.

Cost	2023 (this year)	2024 (next year)
<b>Hearing Exams</b>	<b>Out-of-network:</b> You pay 30% of the total cost for each Medicare-covered hearing exam.	<b>Out-of-network:</b> You pay 20% of the total cost for each Medicare-covered hearing exam.
<b>Over the Counter (OTC) Benefit</b>	You receive \$40 every 3 months for the OTC benefit.	You receive \$60 every 3 months for the OTC benefit.
<b>Meal Benefit</b>	Meal benefit is <u>not</u> covered.	<b>In-network:</b> You pay nothing for this benefit.  <b>Out-of-network:</b> You pay 20% of the total cost for each meal benefit service.  *Immediately following surgery or inpatient hospitalization.
<b>Annual Physical Exam</b>	<b>Out-of-network:</b> You pay 30% of the total cost for each non-Medicare-covered annual physical exam.	<b>Out-of-network:</b> You pay 20% of the total cost for each non-Medicare-covered annual physical exam.
<b>Fitness Benefit</b>	<b>Out-of-network:</b> You pay 30% of the total cost for the fitness benefit.	<b>Out-of-network:</b> You pay 20% of the total cost for the fitness benefit.

Cost	2023 (this year)	2024 (next year)
<b>Dental services - Preventive dental (non-Medicare covered)</b>	<p><b>In-network:</b> You pay a \$0 copay.*</p> <p><b>Out-of-Network:</b> You pay 0% 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>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.)</p> <p><b>*Preventive dental services are included in your \$1,000 preventive/comprehensive maximum coverage per year.</b></p>	<p><b>In-network:</b> You pay a \$0 copay.*</p> <p><b>Out-of-Network:</b> You pay 0% 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>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.)</p> <p><b>*Preventive dental services are included in your \$2,000 preventive/comprehensive maximum coverage per year.</b></p>

Cost	2023 (this year)	2024 (next year)
<b>Dental services - Comprehensive dental (non-Medicare covered)</b>	<p><b>In-network:</b> You pay 50% of the total cost.*</p> <p><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>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.)</p> <p><b>*Comprehensive dental services are included in your \$1,000 preventive/comprehensive limit per year.</b></p>	<p><b>In-network:</b> You pay 50% of the total cost.*</p> <p><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). <b>We do not cover implants.</b></p> <p>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.)</p> <p><b>*Comprehensive dental services are included in your \$2,000 preventive/comprehensive limit per year.</b></p>



## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in BlueCross Blue Basic

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our BlueCross Blue Basic.

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, BlueCross BlueShield of South Carolina offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amount.

#### **Step 2: Change your coverage**

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from BlueCross Blue Basic.
  - **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BlueCross Blue Basic.
- **To change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In South Carolina, the SHIP is called Insurance Counseling Assistance and Referrals for Elders (I-CARE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. I-CARE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call I-CARE at (803) 734-9900 or 1-800-868-9095. You can learn more about I-CARE by visiting their website ([www.aging.sc.gov](http://www.aging.sc.gov)).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the South Carolina AIDS Drug Assistance Program (administered by the South Carolina Department of Health and Environmental Control). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-856-9954. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-856-9954.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from BlueCross Blue Basic

Questions? We're here to help. Please call Customer Service at 1-855-204-2744. (TTY only, call 711.) We are available for phone calls 8 am to 8 pm, Eastern Time, Monday through Friday. Our automated phone system handles calls received after 8 pm and on Saturdays, Sundays and holidays. From October 1 through March 31, we are available 8 am to 8 pm, Eastern Time, seven days a week. Calls to these numbers are free.

#### **Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for BlueCross Blue Basic. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.SCBluesMedAdvantage.com](http://www.SCBluesMedAdvantage.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

## Visit our Website

You can also visit our website at [www.SCBluesMedAdvantage.com](http://www.SCBluesMedAdvantage.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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## Section 6.2 – Getting Help from Medicare

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To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## Multi-Language Insert

### 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 Arzneimittelpplan. 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.

**Portuguese:** 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。



South Carolina

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