

2024 Summary of Benefits

Jan. 1, 2024 – Dec. 31, 2024

888-645-6025 | TTY 711
Seven Days a Week, 8 p.m. to 8 p.m.
(Oct. 1 to March 31)

Monday – Friday, 8 a.m. to 8 p.m.
(All Other Times)



Blue RetireeSM Rx Plus (PDP)

Blue Retiree Rx Plus (PDP)

BlueCross BlueShield of South Carolina is a Medicare Advantage PDP organization with a Medicare contract. Enrollment in BlueCross BlueShield of South Carolina depends on contract renewal.

The benefit information provided in this booklet is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. 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. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

To be eligible: To join Blue Retiree Rx Plus you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area is South Carolina.

How to reach us:

- If you are a member, call toll-free 1-888-645-6025 (TTY users call 711).
- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time. All other times, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.
- Our website: www.SCBluesMedAdvantage.com

Monthly Premium, Deductible and Limits

Monthly Plan Premium	\$187.00
	If you receive premium assistance, your plan premium may be reduced.
	If you have Part B, you must keep paying your Medicare Part B premium.
Part D Deductible	\$0

Prescription Drug Coverage

The following section includes information about what we cover and what you pay during the four “drug payment stages” of our plan’s benefits. The stages are Yearly Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage. Your cost-sharing may change as you enter another stage of the Part D benefit. For more details, call us (the number is on the cover of this booklet) or see your *Evidence of Coverage*. The *Evidence of Coverage* is also available on our website.

Yearly Deductible Stage: This plan does not have a deductible.

Initial Coverage Stage: During this stage, the plan pays its share of the cost of your 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 \$5,030.

Coverage Gap Stage: When you are in the Coverage Gap Stage, the Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. You pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs. Both the amount you pay,

and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and move you through the coverage gap.

You also receive some coverage for Tier 1 and Tier 2 drugs. At a pharmacy with preferred cost-sharing, you pay a \$0 copayment for a 30-day supply of Tier 1 drugs and a \$3 copayment for a 30-day supply of Tier 2 drugs, or no more than 25% of the cost, whichever is less, and the plan pays the rest. At a pharmacy with standard cost-sharing, you pay a \$5 copayment for a 30-day supply of Tier 1 drugs and a \$8 copayment for a 30-day supply of Tier 2 drugs, or no more than 25% of the cost, whichever is less, and the plan pays the rest.

You continue paying these costs until your yearly out-of-pocket payments reach a maximum amount that Medicare has set. Once you reach this amount \$8,000, you leave the Coverage Gap Stage and move to the Catastrophic Coverage Stage. For more information on the additional pharmacy-specific cost-sharing and the stages of the benefit, please call us or access our *Evidence of Coverage* online at www.SCBluesMedAdvantage.com.

Catastrophic Coverage: Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

Part D Prescription Drug Benefit						
Deductible Stage	You pay \$0					
Initial Coverage Stage	Preferred Retail (In-Network)			Standard Retail (In-Network)		
	30-day Supply	60-day Supply	90-day Supply	30-day Supply	60-day Supply	90-day Supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$15 copay
Tier 2: Generic	\$3 copay	\$6 copay	\$9 copay	\$8 copay	\$16 copay	\$24 copay
Tier 3: Preferred Brand	\$20 copay	\$40 copay	\$60 copay	\$27 copay	\$54 copay	\$81 copay
Tier 3: Covered Insulin	\$20 copay	\$40 copay	\$60 copay	\$27 copay	\$54 copay	\$81 copay
Tier 4: Non-Preferred	40% coinsurance	40% coinsurance	40% coinsurance	45% coinsurance	45% coinsurance	45% coinsurance
Tier 5: Specialty	33% coinsurance	Not Covered	Not Covered	33% coinsurance	Not Covered	Not Covered

Mail Order and Long-Term Care (LTC)				
Initial Coverage Stage	Mail Order			Long-Term Care
	30-day Supply	60-day Supply	90-day Supply	31-day Supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$3 copay	\$6 copay	\$7.50 copay	\$3 copay
Tier 3: Preferred Brand	\$20 copay	\$40 copay	\$50 copay	\$20 copay
Tier 3: Covered Insulin	\$20 copay	\$40 copay	\$50 copay	\$20 copay
Tier 4: Non-Preferred	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 5: Specialty	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Cost sharing may change depending on the pharmacy you choose, when you enter another phase of the Part D benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 Monday — Friday, 7a.m. — 7p.m. TTY users should call 1-800-325-0778. For more information on your prescription drug benefit, please call us or access your "*Evidence of Coverage*" online.

You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.

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

To find out more about the coverage and costs of Original Medicare, look in the current "*Medicare & You*" handbook. View it online at (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven 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 1-888-645-6025. 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 대해 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.*