

BlueCross Secure Greenville (HMO) offered by BlueCross BlueShield of South Carolina

Annual Notice of Changes for 2024

You are currently enrolled as a member of BlueCross Secure Greenville. 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. 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.**

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).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies 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 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 Secure Greenville.
- 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 Secure Greenville.
- 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 for more information.

About BlueCross Secure Greenville

- BlueCross Secure Greenville County is a Medicare Advantage Health Maintenance Organization plan with a Medicare contract. Enrollment in BlueCross Secure Greenville County 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 Secure Greenville.

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Annual Notice of Changes for 2024

Table of Contents

Summary of Important Costs for 2024	4
SECTION 1 Changes to Benefits and Costs for Next Year	6
Section 1.1 – Changes to the Monthly Premium	6
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	6
Section 1.3 – Changes to the Provider and Pharmacy Networks.....	7
Section 1.4 – Changes to Benefits and Costs for Medical Services	7
Section 1.5 – Changes to Part D Prescription Drug Coverage	10
SECTION 2 Deciding Which Plan to Choose.....	13
Section 2.1 – If you want to stay in BlueCross Secure Greenville.....	13
Section 2.2 – If you want to change plans	13
SECTION 3 Deadline for Changing Plans.....	14
SECTION 4 Programs That Offer Free Counseling about Medicare	14
SECTION 5 Programs That Help Pay for Prescription Drugs	15
SECTION 6 Questions?.....	15
Section 6.1 – Getting Help from BlueCross Secure Greenville.....	15
Section 6.2 – Getting Help from Medicare	16

Part D prescription drug coverage

(See Section 1.5 for details.)

Deductible: \$0

Copayment/Coinsurance
Standard Retail during
the Initial CoverageStage (**30-day** supply):

- Drug Tier 1: \$5
- Drug Tier 2: \$15
- Drug Tier 3: \$47
- Select Insulins: \$30
- Drug Tier 4: \$100
- Drug Tier 5: 33%
- Drug Tier 6: \$5

Copayment/Coinsurance
Preferred Retail during
the Initial CoverageStage (**30-day** supply):

- Drug Tier 1: \$0
- Drug Tier 2: \$10
- Drug Tier 3: \$42
- Select Insulins: \$30
- Drug Tier 4: \$100
- Drug Tier 5: 33%
- Drug Tier 6: \$0

Catastrophic Coverage:

- During this payment stage, the plan pays most of the cost for your covered drugs.
- For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs).

Deductible: \$500 except
for covered insulin
products and most adult
Part D vaccines.Copayment/Coinsurance
Standard Retail during the
Initial Coverage Stage
(**30-day** supply):

- Drug Tier 1: \$5
- Drug Tier 2: \$15
- Drug Tier 3: \$47
You pay \$35 per month supply of each covered insulin product on this tier.
- Drug Tier 4: \$100
- Drug Tier 5: 25%
- Drug Tier 6: \$5

Copayment/Coinsurance
Preferred Retail during
the Initial Coverage Stage
(**30-day** supply):

- Drug Tier 1: \$0
- Drug Tier 2: \$10
- Drug Tier 3: \$42
You pay \$35 per month supply of each covered insulin product on this tier.
- Drug Tier 4: \$100
- Drug Tier 5: 25%
- Drug Tier 6: \$0

Catastrophic Coverage:

- During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Cost	2023 (this year)	2024 (next year)
Urgently Needed Services	You pay a \$40 copay.	You pay a \$0 copay for primary care visits at urgent care. You pay a \$40 copay for specialist visit at urgent care. You pay a \$45 copay for urgently needed services at urgent care.
Chiropractic Services	You pay a \$20 copay.	You pay a \$15 copay.
Physician Specialist Services	You pay a \$30 copay.	You pay a \$35 copay.
Additional Telehealth Benefits	You pay a \$0 copay for primary care physician services.	You pay a \$0 copay for primary care physician and urgently needed services. You pay a \$35 copay for psychiatric and mental health services.
Ambulatory Surgical Center (ASC) Services	You pay a \$0 - \$275 copay.	You pay a \$0 - \$250 copay.
Durable Medical Equipment (DME)	You pay 20% of the total cost.	You pay 15% for home infusion services. You pay 20% for all other Part B services.

Cost	2023 (this year)	2024 (next year)
Medicare Part B Prescription Drugs	<p>You pay 20% of the total cost of chemotherapy drugs.</p> <p>You pay 20% of the total cost for other Part B drugs.</p> <p>Effective 7/1/2023: You pay a \$35 copay for a 1-month supply of Medicare Part B select insulins for use in home infusion pumps.</p>	<p>You pay a \$35 copay for a 1 – month supply of Medicare covered insulin.</p> <p>You pay 0 – 20% of the total cost for Medicare Part B chemotherapy/radiation drugs.</p> <p>You pay 0 – 20% of the total cost for other Medicare Part B drugs.</p>
Over-the-Counter (OTC) Items	The benefit is \$45 every 3 months (per quarter) for a total of a \$180 per year.	The benefit is \$150 every 3 months (per quarter) for a total of a \$600 per year.
Non-Medicare Home and Bathroom Safety Devices and Modifications	Non-Medicare home and bathroom safety devices and modifications are <u>not</u> covered.	You receive \$100 every year towards non-Medicare home and bathroom safety devices and modifications.
Non-Medicare In-Home Support Services	Non-Medicare in-home support services are <u>not</u> covered.	You receive \$100 every year towards non-Medicare in-home support services.
Non-Medicare Preventive Dental	Non-Medicare preventive dental is <u>not</u> covered.	<p>You pay nothing for 2 oral exams each year.</p> <p>You pay nothing for 2 prophylaxis (cleaning) each year.</p> <p>You pay nothing for 1 dental x-ray each year.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2023, please call Customer Service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>The deductible is \$500.</p> <p>During this stage, for a 1-month supply, you pay \$5 standard cost-sharing for drugs on Tier 1 and \$0 preferred cost-sharing for drugs on Tier 1. You pay the \$15 standard cost-sharing for drugs on Tier 2 and \$10 preferred cost-sharing for drugs on Tier 2. You pay the \$5 standard cost-sharing for drugs on Tier 6 and \$0 preferred cost-sharing for drugs on Tier 6 and the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 (preferred generic): <i>Standard cost-sharing:</i> You pay \$5 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2 (generic): <i>Standard cost-sharing:</i> You pay \$15 per prescription. <i>Preferred cost-sharing:</i> You pay \$10 per prescription.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 (preferred generic): <i>Standard cost-sharing:</i> You pay \$5 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2 (generic): <i>Standard cost-sharing:</i> You pay \$15 per prescription. <i>Preferred cost-sharing:</i> You pay \$10 per prescription.</p>

Stage	2023 (this year)	2024 (next year)
<p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Tier 3 (preferred brand): <i>Standard cost-sharing:</i> You pay \$47 per prescription. <i>Preferred cost-sharing:</i> You pay \$42 per prescription.</p> <p>Select Insulins: <i>Standard cost-sharing:</i> You pay \$30 per prescription. <i>Preferred cost-sharing:</i> You pay \$30 per prescription.</p> <p>Tier 4 (non-preferred drug): <i>Standard cost-sharing:</i> You pay \$100 per prescription. <i>Preferred cost-sharing:</i> You pay \$100 per prescription.</p> <p>Tier 5 (specialty): <i>Standard cost-sharing:</i> You pay 33% of the total cost. <i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <p>Tier 6 (select care drugs): <i>Standard cost-sharing:</i> You pay \$5 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Tier 3 (preferred brand): <i>Standard cost-sharing:</i> You pay \$47 per prescription. <i>Preferred cost-sharing:</i> You pay \$42 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 (non-preferred drug): <i>Standard cost-sharing:</i> You pay \$100 per prescription. <i>Preferred cost-sharing:</i> You pay \$100 per prescription.</p> <p>Tier 5 (specialty): <i>Standard cost-sharing:</i> You pay 25% of the total cost. <i>Preferred cost-sharing:</i> You pay 25% of the total cost.</p> <p>Tier 6 (select care drugs): <i>Standard cost-sharing:</i> You pay \$5 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

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

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in BlueCross Secure Greenville

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 Secure Greenville.

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, please see Section 1.1 regarding 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), 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 amounts.

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 Secure Greenville.

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BlueCross Secure Greenville.
- 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).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. 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.

SECTION 6 Questions?

Section 6.1 – Getting Help from BlueCross Secure Greenville

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 Secure Greenville. 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. 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. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

Section 6.2 – Getting Help from Medicare

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). 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.

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.