

Annual Notice of Changes for 2024

BlueCross Total ValueSM Lowcountry (PPO)

Jan. 1, 2024 – Dec. 31, 2024

855-204-2744 | TTY 711

Seven Days a Week, 8 a.m. to 8 p.m.
(Oct. 1 to March 31)

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



South Carolina

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

H8003_BCTVL2024ANC_M

BlueCross Total Value Lowcountry (PPO) offered by BlueCross BlueShield of South Carolina

Annual Notice of Changes for 2024

You are currently enrolled as a member of BlueCross Total Value Lowcountry. 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 Total Value Lowcountry.
- 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 Total Value Lowcountry.
- 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 Total Value Lowcountry

- BlueCross Total Value Lowcountry is a Medicare Advantage Preferred Provider Organization plan with a Medicare contract. Enrollment in BlueCross Total Value Lowcountry 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 Total Value Lowcountry.

H8003_BCTVL2024ANC_M

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 Amounts	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	13
SECTION 2 Deciding Which Plan to Choose.....	16
Section 2.1 – If you want to stay in BlueCross Total Value Lowcountry	16
Section 2.2 – If you want to change plans	16
SECTION 3 Deadline for Changing Plans.....	17
SECTION 4 Programs That Offer Free Counseling about Medicare	17
SECTION 5 Programs That Help Pay for Prescription Drugs	18
SECTION 6 Questions?.....	18
Section 6.1 – Getting Help from BlueCross Total Value Lowcountry.....	18
Section 6.2 – Getting Help from Medicare.....	19

Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amounts 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: \$6,900 From network and out-of-network providers combined: \$11,300	From network providers: \$7,900 From network and out-of-network providers combined: \$11,300
Doctor office visits	Primary care visits from in-network providers: \$0 per visit Primary care visits from out-of-network providers: \$40 per visit Specialist visits from in-network providers: \$30 per visit Specialist visits from out-of-network providers: \$55 per visit	Primary care visits from in-network providers: \$0 per visit Primary care visits from out-of-network providers: \$40 per visit Specialist visits from in-network providers: \$30 per visit Specialist visits from out-of-network providers: \$55 per visit
Inpatient hospital stays	In-network: You pay \$375 per day for days 1 through 5. You pay \$0 per day for days 6 through 90. Out-of-network: You pay 50% coinsurance.	In-network: You pay \$350 per day for days 1 through 4. You pay \$0 per day for days 5 through 90. Out-of-network: You pay 50% coinsurance.

Part D prescription drug coverage

(See Section 1.5 for details.)

Deductible: You pay a \$25 deductible on Tiers 3, 4 and 5. Tier 1, 2 and 6 drugs are excluded from the deductible during the Initial Coverage Stage:

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

- Drug Tier 1: \$5
- Drug Tier 2: \$15
- Drug Tier 3: \$47
- Select Insulins: \$35
- Drug Tier 4: \$100
- Drug Tier 5: 32%
- 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
- Select Insulins: \$35
- Drug Tier 4: \$100
- Drug Tier 5: 32%
- 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

Deductible: You pay a \$95 deductible on Tiers 3, 4 and 5. Tier 1, 2 and 6 drugs are excluded from the deductible during the Initial Coverage Stage:

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: 31%
- 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: 31%
- 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)
	generic, and \$10.35 for all other drugs).	

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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

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

Cost	2023 (this year)	2024 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$6,900	\$7,900 Once you have paid \$7,900 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 network providers for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
Combined maximum out-of-pocket amount 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. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$11,300	\$11,300 Once you have paid \$11,300 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 network or out-of-network providers for the rest of the calendar year.

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.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.SCBluesMedAdvantage.com. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a 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.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies 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)
Inpatient Hospital-Acute	In-network: You pay \$375 per day for days 1 through 5. You pay \$0 per day for days 6 through 90.	In-network: You pay \$350 per day for days 1 through 4. You pay \$0 per day for days 5 through 90.
Inpatient Hospital Psychiatric	In-network: You pay a \$624 copay per day for days 1 through 3. You pay a \$0 copay per day for days 4 through 90.	In-network: You pay a \$645 copay per day for days 1 through 3. You pay a \$0 copay per day for days 4 through 90.
Skilled Nursing Facility (SNF)	In-network: You pay a \$0 copay per day for days 1 - 20. You pay a \$196 copay per day for days 21 - 100.	In-network: You pay a \$0 copay per day for days 1 - 20. You pay a \$203 copay per day for days 21 - 100.
Cardiac Rehabilitation Services	In-network: You pay a \$40 copay. Prior authorization is required.	In-network: You pay a \$30 copay. Prior authorization not required.
Intensive Cardiac Rehabilitation Services	In-network: You pay a \$60 copay. Prior authorization is required.	In-network: You pay a \$55 copay. Prior authorization not required.
Pulmonary Rehabilitation Services	In-network: You pay a \$20 copay. Prior authorization is required.	In-network: You pay a \$15 copay. Prior authorization not required.
Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	Prior authorization is required.	Prior authorization not required.
Emergency Services	You pay a \$95 copay.	You pay a \$100 copay.

Cost	2023 (this year)	2024 (next year)
Urgently needed services	You pay a \$50 copay.	<p>You pay a \$0 - \$55 copay.</p> <p>\$0 copay for Primary Care Physician visit at urgent care.</p> <p>\$40 copay for Specialist visit at urgent care.</p> <p>\$55 copay for urgently needed services at urgent care.</p>
Partial Hospitalization	Prior authorization is required.	Prior authorization not required.
Chiropractic Services	In-network: You pay a \$20 copay.	In-network: You pay a \$15 copay.
Occupational Therapy Services	In-network: You pay a \$40 copay.	In-network: You pay a \$25 copay.
Individual Sessions for Psychiatric Services	Prior authorization is required.	Prior authorization not required.
Group Sessions for Psychiatric Services	Prior authorization is required.	Prior authorization not required.
Physical Therapy and Speech-Language Pathology Services	In-network: You pay a \$35 copay.	In-network: You pay a \$25 copay.

Cost	2023 (this year)	2024 (next year)
Additional Telehealth Benefits	You pay a \$0 copay.	<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>
Opioid Treatment Program Services	Prior authorization is required.	Prior authorization not required.
Diagnostic Procedures/Tests	<p>In-network: You pay a \$0 - \$225 copay.</p> <p>Prior authorization is required.</p>	<p>In-network: You pay a \$0 - \$295 copay.</p> <p>Prior authorization not required.</p>
Lab Services	Prior authorization is required.	Prior authorization not required.
Outpatient X-Ray Services	<p>In-network: You pay a \$10 - \$20 copay.</p> <p>Prior authorization is required.</p>	<p>In-network: You pay 20% of the total cost.</p> <p>Prior authorization not required.</p>
Observation Services	Prior authorization not required.	Prior authorization is required.
Ambulatory Surgical Center (ASC) services	In-network: You pay a \$0 - \$350 copay.	In-network: You pay a \$0 - \$310 copay.

Cost	2023 (this year)	2024 (next year)
Individual Sessions for Outpatient Substance Abuse	Prior authorization is required.	Prior authorization not required.
Group Sessions for Outpatient Substance Abuse	Prior authorization is required.	Prior authorization not required.
Ground Ambulance Services	You pay a \$285 copay.	You pay a \$295 copay.
Air Ambulance Services	You pay a \$285 copay.	You pay a \$295 copay.
Durable Medical Equipment (DME)	In-network: You pay 20% of the total cost.	In-network: You pay 15% for home infusion services. You pay 20% for all other Part B services.
Medicare Part B Insulin Drugs	Effective 7/1/2023: 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.	In-network: You pay a \$35 copay for a 1-month supply of Medicare covered Part B insulins. Prior authorization is required. Out-of-network: You pay a \$35 copay for a 1-month supply of Medicare covered Part B insulins.
Medicare Part B Chemotherapy/Radiation Drugs	In-network: You pay 20% of the total cost of chemotherapy/radiation drugs.	In-network: You pay 0% - 20% of the total cost of chemotherapy/radiation drugs.
Other Medicare Part B Drugs	In-network: You pay 20% of the total cost of Medicare Part B drugs.	In-network: You pay 0% - 20% of the total cost of other Medicare Part B drugs.

Cost	2023 (this year)	2024 (next year)
Transportation services	You pay a \$0 copay for 24 one-way trips per year to any health-related location.	Transportation services are <u>not</u> covered.
Over-the-Counter (OTC) Items	The benefit is \$35 every 3 months (per quarter) for a total of a \$140 per year.	The benefit is \$30 every 3 months (per quarter) for a total of a \$120 per year.
Comprehensive dental (non-Medicare covered)	<p>In-network: You pay 50% of the total cost.*</p> <p>Out-of-network: 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>*Comprehensive dental services are included in your \$2,000 preventive/comprehensive maximum coverage per year.</p>	<p>In-network: You pay 50% of the total cost.*</p> <p>Out-of-network: 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). We do not cover implants.</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>*Comprehensive dental services are included in your \$2,000 preventive/comprehensive maximum coverage per 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 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)
Stage 1: Yearly Deductible Stage 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.	The deductible is \$25. During this stage, you pay \$5 standard cost-sharing for drugs on Tier 1 and \$0 preferred cost-sharing for drugs on Tier 1 (for a 30-day supply). You pay \$15 standard cost-sharing for drugs on Tier 2 and \$10 preferred cost-sharing for drugs on Tier 2 (for a 30-day supply). You pay \$5 standard cost-sharing for drugs on Tier 6 and \$0 preferred cost-sharing for drugs on Tier 6 (for a 30-day supply) and the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.	The deductible is \$95. During this stage, you pay \$5 standard cost-sharing for drugs on Tier 1 and \$0 preferred cost-sharing for drugs on Tier 1 (for a 30-day supply). You pay \$15 standard cost-sharing for drugs on Tier 2 and \$10 preferred cost-sharing for drugs on Tier 2 (for a 30-day supply). You pay \$5 standard cost-sharing for drugs on Tier 6 and \$0 preferred cost-sharing for drugs on Tier 6 (for a 30-day supply) and the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage 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 . The costs in this row are for a one-month (30-day) supply	Your cost for a one-month supply at a network pharmacy: Tier 1 (preferred generic): <i>Standard cost-sharing:</i> You pay \$5 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription. Tier 2 (generic): <i>Standard cost-sharing:</i> You pay \$15 per prescription.	Your cost for a one-month supply at a network pharmacy: Tier 1 (preferred generic): <i>Standard cost-sharing:</i> You pay \$5 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription. Tier 2 (generic): <i>Standard cost-sharing:</i> You pay \$15 per prescription.

Stage	2023 (this year)	2024 (next year)
<p>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>Most adult Part D vaccines are covered at no cost to you.</p> <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><i>Preferred cost-sharing:</i> You pay \$10 per prescription.</p> <p>Tier 3 (preferred brand):</p> <p><i>Standard cost-sharing:</i> You pay \$47 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$42 per prescription.</p> <p>Select Insulins:</p> <p><i>Standard cost-sharing:</i> You pay \$35 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$35 per prescription.</p> <p>Tier 4 (non-preferred drug):</p> <p><i>Standard cost-sharing:</i> You pay \$100 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$100 per prescription.</p> <p>Tier 5 (specialty):</p> <p><i>Standard cost-sharing:</i> You pay 32% of the total cost.</p> <p><i>Preferred cost-sharing:</i> You pay 32% of the total cost.</p> <p>Tier 6 (select care drugs):</p> <p><i>Standard cost-sharing:</i> You pay \$5 per prescription.</p> <p><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><i>Preferred cost-sharing:</i> You pay \$10 per prescription.</p> <p>Tier 3 (preferred brand):</p> <p><i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><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):</p> <p><i>Standard cost-sharing:</i> You pay \$100 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$100 per prescription.</p> <p>Tier 5 (specialty):</p> <p><i>Standard cost-sharing:</i> You pay 31% of the total cost.</p> <p><i>Preferred cost-sharing:</i> You pay 31% of the total cost.</p> <p>Tier 6 (select care drugs):</p> <p><i>Standard cost-sharing:</i> You pay \$5 per prescription.</p> <p><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 Total Value Lowcountry

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 Total Value Lowcountry.

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 Blue Shield 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 Total Value Lowcountry.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BlueCross Total Value Lowcountry.
- 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 Total Value Lowcountry

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 Total Value Lowcountry. 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.

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 Arzneimittelpfen. 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.*