



South Carolina

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

2025 Annual Notice of Changes

BlueCross Blue BasicSM (PPO)
Jan. 1, 2025, to Dec. 31, 2025
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)

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

Annual Notice of Changes for 2025

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. 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).
 - 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, 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, 2025**. This will end your enrollment with BlueCross Blue Basic.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Customer Service number at 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 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.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Annual Notice of Changes for 2025
Table of Contents

Summary of Important Costs for 2025.....	4
SECTION 1 Changes to Benefits and Costs for Next Year	5
Section 1.1 – Changes to the Monthly Premium.....	5
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts.....	5
Section 1.3 – Changes to the Provider Network	6
Section 1.4 – Changes to Benefits and Costs for Medical Services.....	6
SECTION 2 Deciding Which Plan to Choose.....	11
Section 2.1 – If you want to stay in BlueCross Blue Basic.....	11
Section 2.2 – If you want to change plans.....	11
SECTION 3 Deadline for Changing Plans.....	12
SECTION 4 Programs That Offer Free Counseling about Medicare.....	13
SECTION 5 Questions?.....	13
Section 5.1 – Getting Help from BlueCross Blue Basic	13
Section 5.2 – Getting Help from Medicare	13

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for BlueCross Blue Basic in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium	\$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: \$5,900 From in-network and out-of-network providers combined: \$9,550	From network providers: \$5,900 From in-network and out-of-network providers combined: \$9,550
Doctor office visits	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: \$30 per visit. Specialist visits from out-of-network providers: \$45 per visit.
Inpatient hospital stays	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.	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	2024 (this year)	2025 (next year)
Monthly premium There is no change for the upcoming year. (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

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	2024 (this year)	2025 (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. There is no change for the upcoming year.	\$5,900	\$5,900 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	2024 (this year)	2025 (next year)
<p>Combined maximum out-of-pocket amount</p> <p>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.</p> <p>There is no change for this upcoming year.</p>	\$9,550	<p>\$9,550</p> <p>Once you have paid \$9,550 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.</p>

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at 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 2025 *Provider Directory* www.SCBluesMedAdvantage.com 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	2024 (this year)	2025 (next year)
Cardiac Rehabilitation Services	Prior Authorization is not required.	Prior Authorization is is required.

Cost	2024 (this year)	2025 (next year)
Chiropractic Services	In-Network: You pay a \$20 copay.	In-Network: You pay a \$15 copay.
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). 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>	<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 \$3,500 preventive/comprehensive maximum coverage per year.</p>
Diagnostic Procedures/ Tests	Prior Authorization is not required.	Prior Authorization is required.
Emergency Care	You pay a \$90 copay.	You pay a \$110 copay.

Cost	2024 (this year)	2025 (next year)
Group Sessions for Mental Health Specialty Services	In-Network: You pay a \$35 copay.	In-Network: You pay a \$45 copay.
Group Sessions for Outpatient Substance Abuse Services	In-Network: You pay a \$35 copay.	In-Network: You pay a \$40 copay.
Individual Sessions for Mental Health Specialty Services	In-Network: You pay \$35 copay.	In-Network: You pay \$45 copay.
Individual Sessions for Outpatient Substance Abuse Services	In-Network: You pay a \$35 copay.	In-Network: You pay a \$40 copay.
Intensive Cardiac Rehabilitation Services	In-Network: You pay a \$60 copay. Prior Authorization is not required.	In-Network: You pay a \$45 copay. Prior Authorization is required.
Lab Services	In-Network: You pay a \$0 copay.	In-Network: You pay a \$0 - \$50 copay.
Occupational Therapy Services	In-Network: You pay a \$35 copay.	In-Network: You pay a \$30 copay.
Other Health Care Professional Services	In-Network: You pay a \$10 - \$35 copay.	In-Network: You pay a \$10 - \$40 copay.
Over-the-Counter (OTC) Items	The benefit is \$60 every 3 months (per quarter) for a total of \$240 per year.	The benefit is \$100 every 3 months (per quarter) for a total of \$400 per year.

Cost	2024 (this year)	2025 (next year)
<p>Partial Hospitalization Partial hospitalization provides a structured program of outpatient psychiatric services as an alternative to inpatient psychiatric care. Your care plan must state that you require at least 20 hours of therapeutic services per week. You get treatment during the day with no overnight stay.</p>	<p>In-Network: You pay a \$55 copay. Prior Authorization is not required.</p>	<p>In-Network: You pay a \$80 copay. Prior Authorization is required.</p>
<p>Physical Therapy and Speech-Language Pathology Services</p>	<p>In-Network: You pay a \$35 copay.</p>	<p>In-Network: You pay a \$30 copay.</p>
<p>Physician Specialist Services</p>	<p>In-Network: You pay a \$35 copay.</p>	<p>In-Network: You pay a \$30 copay.</p>
<p>Podiatry Services</p>	<p>In-Network: You pay a \$35 copay.</p>	<p>In-Network: You pay a \$40 copay.</p>

Cost	2024 (this year)	2025 (next year)
<p>Preventive Dental (Non-Medicare Covered)</p>	<p>In-Network: You pay a \$0 copay.*</p> <p>Out-Of-Network: You pay 50% of the total cost.*</p> <p>2 preventative dental visits per year which include a total of 2 exams, 2 cleanings, and 1 set of bitewing x-rays.</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>*Preventive dental services are included in your \$2,000 preventive/comprehensive maximum coverage per year.</p>	<p>In-Network: You pay a \$0 copay.*</p> <p>Out-Of-Network: You pay 50% of the total cost.*</p> <p>2 preventative dental visits per year which include a total of 2 exams, 2 cleanings, and 1 set of bitewing x-rays.</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>*Preventive dental services are included in your \$3,500 preventive/comprehensive maximum coverage per year.</p>
<p>Pulmonary Rehabilitation Services</p>	<p>In-Network: You pay a \$15 copay. Prior Authorization is not required.</p>	<p>In-Network: You pay a \$25 copay. Prior Authorization is required.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>In-Network: You pay \$0 per day for days 1-20. You pay \$196 per day for days 21-100.</p>	<p>In-Network: You pay \$0 per day for days 1-20. You pay \$214 per day for days 21-100.</p>
<p>Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services</p>	<p>In-Network: You pay a \$25 copay. Prior Authorization is not required.</p>	<p>In-Network: You pay a \$20 copay. Prior Authorization is required.</p>

Cost	2024 (this year)	2025 (next year)
Urgently Needed Services	You pay a \$0 - \$40 copay for Urgently Needed Services. Your copay will depend on the type of service, see your Evidence of Coverage for details.	You pay a \$10 copay for Urgently Needed Services.
Worldwide Urgent Coverage	<p>In-Network: You pay 0% of the total cost.</p> <p>There is \$25,000 allowance.</p> <p>There is a \$250 service specific deductible and then a 20% coinsurance for emergency care outside of the United States.</p>	<p>In-Network: You pay a \$45 copay.</p> <p>There is \$25,000 allowance.</p> <p>There is a \$250 service specific deductible and then a 20% coinsurance for emergency care outside of the United States.</p>
X-Ray Services	<p>In-Network: You pay a \$5 - \$10 copay.</p>	<p>In-Network: You pay a \$10 copay.</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 2025 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), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 5.2).

As a reminder, Blue Cross 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 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 Questions?

Section 5.1 – Getting Help from BlueCross Blue Basic

Questions? We're here to help. Please call Customer Service at 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 2025 *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 2025. For details, look in the 2025 *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. 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*).

Section 5.2 – 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 2025*

Read the *Medicare & You 2025* 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 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 1-844-396-0187번으로 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

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