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

Annual Notice of Change for 2026

You're enrolled as a member of BlueCross Blue Basic.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in BlueCross Blue Basic.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.SCBluesMedAdvantage.com or call Customer Services at 1-855-204-2744 (TTY users call 711) to get a copy by mail.

More Resources

- Our plan provides language assistance services and appropriate auxiliary aids and services free of charge. See the Notice of Availability of Language Assistance Services and Auxiliary Aids and Services at the end of this document.
- Call Customer Services at 1-855-204-2744 (TTY users call 711) for more information. 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.

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.

OMB Approval 0938-1051 (Expires: August 31, 2026)

- When this material says “we,” “us,” or “our,” it means BlueCross BlueShield of South Carolina. When it says “plan” or “our plan,” it means BlueCross Blue Basic.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in BlueCross Blue Basic.** Starting January 1, 2026, you’ll get your medical through BlueCross Blue Basic. Go to Section 2 for more information about how to change plans and deadlines for making a change.
- This plan doesn’t include Medicare Part D drug coverage, and you can’t be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don’t have Medicare drug coverage, or creditable drug coverage (as good as Medicare’s), for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

Table of Contents

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium*	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From in-network providers: $5,900 From in-network and out-of-network providers combined: $9,550	**From in-network providers: $5,900** **From in-network and out-of-network providers combined: $9,550**
Primary care office visits	Primary care visits from in-network providers: $0 copayment per visit Primary care visits from out-of-network providers: $30 copayment per visit	**Primary care visits from in-network providers: $0 copayment per visit** **Primary care visits from out-of-network providers: $30 copayment per visit**
Specialist office visits	Specialist visits from in-network providers: $30 copayment per visit Specialist visits from out-of-network providers: $45 copayment per visit	**Specialist visits from in-network providers: $35 copayment per visit** **Specialist visits from out-of-network providers: $45 copayment per visit**

	2025 (this year)	2026 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	In-network: You pay a $325 copayment per day; days 1 through 6. You pay a $0 copayment per day; days 7 through 90 **Out-of-Network** 20% coinsurance per admission	**In-network:** **You pay a $325 copayment per day; days 1 through 5.** **You pay a $0 copayment per day; days 6 through 90.** **Out-of-Network** 20% coinsurance per admission

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan 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 Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) 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've paid $5,900 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. There is no change for the upcoming year.	$9,550	**$9,550** **Once you've paid $9,550 out of pocket for covered Part A and Part B services, you'll 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.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.SCBluesMedAdvantage.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.SCBluesMedAdvantage.com.
- Call Customer Services at 1-855-204-2744 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Services at 1-855-204-2744 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Ambulatory Surgical Center (ASC) Services	**In-Network:** You pay a $0 - $225 copayment.	**In-Network: You pay a $0 - $195 copayment.**

	2025 (this year)	2026 (next year)
Cardiac Rehabilitation Services	**In-Network:** You pay a $35 copayment.	**In-Network: You pay a $30 copayment.**
Comprehensive Dental (Non-Medicare Covered)	**In-Network:** You pay 50% of the total cost.* 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.** **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**	**In-Network: You pay 50% of the total cost.*** **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 dental implants to include not covering the procedures related to the implant, implant crowns, implant abutments, or any other service related to the implant).** **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**

	2025 (this year)	2026 (next year)
Comprehensive Dental (Non-Medicare Covered) (Continued)	**customary charges for out-of-network claims.)** *Comprehensive Dental services are included in your $3,500 preventive/ comprehensive limit per year. **Out-of-Network:** You pay 50% of the total cost.* 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.**	**50% for reasonable and customary charges for out-of-network claims.)** ***Comprehensive Dental services are included in your $3,000 comprehensive limit per year.** **Out-of-Network: You pay 50% of the total cost.*** **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 dental implants to include not covering the procedures related to the implant, implant crowns, implant abutments, or any other service related to the implant).**

	2025 (this year)	2026 (next year)
Comprehensive Dental (Non-Medicare Covered) (Continued)	**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.)** *Comprehensive Dental services are included in your $3,500 preventive/ comprehensive limit per year.	**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.)** ***Comprehensive Dental services are included in your $3,000 comprehensive limit per year.**
Diabetic Supplies	**In-Network:** We only cover OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for $0. Note: In case of an approved medical exception, other brands may be covered at 20% of the total cost.	**In-Network: We only cover BlueCross preferred brand supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for $0. Note: In case of an approved medical exception, other brands may be covered at 20% of the total cost.**

	2025 (this year)	2026 (next year)
Diabetic Supplies (Continued)	**Out-of-Network:** We only cover OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for $0. Note: In case of an approved medical exception, other brands may be covered at 20% of the total cost.	**Out-of-Network: We only cover BlueCross preferred brand supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for $0. Note: In case of an approved medical exception, other brands may be covered at 20% of the total cost.**
Emergency Care	You pay a $110 copayment.	**You pay a $115 copayment.**
Fitness Benefit	**In-Network:** You pay $0 for a basic membership to a participating gym. (Participating fitness centers and/or home fitness options and access to digital workouts.) You must use an approved BlueCross contracted vendor for this benefit. A Flex Card is provided for gyms not in the vendor network	**In-Network: You pay $0 for a basic membership to a participating gym. (Participating fitness centers and/or home fitness options and access to digital workouts.) You must use an approved BlueCross contracted vendor for this benefit. A Flex Card is NOT provided for**

	2025 (this year)	2026 (next year)
Fitness Benefit (Continued)		**gyms not in the vendor network.**
Inpatient Hospital - Acute	**In-Network:** You pay a $325 copayment per day; days 1-6. You pay a $0 copayment per day; days 7-90.	**In-Network: You pay a $325 copayment per day; days 1-5. You pay a $0 copayment per day; days 6-90.**
Inpatient Hospital Psychiatric	**In-Network:** You pay a $645 copayment per day; days 1-3. You pay a $0 copayment per day; days 4-90.	**In-Network: You pay a $690 copayment per day; days 1-3. You pay a $0 copayment per day; days 4-90.**
Intensive Cardiac Rehabilitation Services	**In-Network:** You pay a $45 copayment.	**In-Network: You pay a $40 copayment.**
Medicare-covered Intensive Outpatient Program Services	This service is not covered.	**In-Network: You pay a $35 copayment.** **Out-of-Network: You pay a $55 copayment.** **Prior Authorization is not required.**

	2025 (this year)	2026 (next year)
Medicare-covered Lab Services	**In-Network:** You pay a $0 - $50 copayment.	**In-Network: You pay a $0 copayment for professional lab services at a Primary Care Physician or Specialist and a $10 copayment for outpatient lab services.**
Medicare-covered Observation Services	**In-Network:** You pay a $250 copayment.	**In-Network: You pay a $275 copayment.**
Over-the-Counter (OTC) Items	**In-Network** You receive a $100 allowance every three months (per quarter) for a total of $400 per year.	**In-Network** **You receive a $75 allowance every three months (per quarter) for a total of $300 per year.**
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.**	**In-Network:** You pay a $80 copayment.	**In-Network: You pay a $105 copayment.**

	2025 (this year)	2026 (next year)
Physical Therapy and Speech-Language Pathology Services	**In-Network:** You pay a $30 copayment. **Out-of-Network:** You pay a $45 copayment.	**In-Network: You pay a $20 copayment.** **Out-of-Network: You pay 20% of the total cost.**
Physician Specialist Services	**In-Network:** You pay a $30 copayment.	**In-Network: You pay a $35 copayment.**
Preventive Dental (Non-Medicare Covered)	**In-Network:** You pay a $0 copayment. * 2 preventive dental visits per year. Oral exam, cleaning, 1 dental bitewing x-ray (fluoride treatment not covered). 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.)	**In-Network: You pay a $0 copayment.** *** 2 preventive dental visits per year. Oral exam, cleaning, 1 dental bitewing x-ray, 2 fillings (fluoride treatment not covered).** **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.)**

	2025 (this year)	2026 (next year)
Preventive Dental (Non-Medicare Covered) (Continued)	***Preventive dental services are included in your $3,500 preventive/comprehensive maximum coverage per year.**	***You pay $0 for preventive dental services. Limitations apply, see your EOC for details.**
Skilled Nursing Facility (SNF)	**In-Network:** You pay a $0 copayment per day; days 1-20. You pay a $214 copayment per day; days 21-100.	**In-Network: You pay a $0 copayment per day; days 1-20. You pay a $218 copayment per day; days 21-100.**

SECTION 2 How to Change Plans

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

If you want to change plans for 2026 follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from BlueCross Blue Basic.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from BlueCross Blue Basic.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Services at 1-855-204-2744 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE. As a

reminder, BlueCross BlueShield of South Carolina offers other Medicare health plans and a Medicare prescription drug plan. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;

  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778; or
  - Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help 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, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-856-9954. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 4 Questions?

Get Help from BlueCross Blue Basic

- **Call Customer Services at 1-855-204-2744. (TTY users call 711.)**

  We're 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 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for *BlueCross Blue Basic.* The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.SCBluesMedAdvantage.com or call Customer Services at 1-855-204-2744 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.SCBluesMedAdvantage.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get 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).

Call I-CARE to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call I-CARE at 1-(803)-734-9900 or 1-800-868-9095. Learn more about I-CARE by visiting www.aging.sc.gov.

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-204-2744 (TTY: 711) or speak to your provider.

Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-396-0183 (TTY: 711) o hable con su proveedor. (Spanish)

中文: 注意：如果您說[中文]，我們可以為您提供免費語言援助服務，也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-844-396-0188（TTY：711）或與您的提供者討論。(Chinese)

Tiếng Việt: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ bổ sung phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi 1-844-389-4838 (TTY: 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị. (Vietnamese)

РУССКИЙ: ВНИМАНИЕ! Если вы говорите на русском языке, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-389-4840 (TTY: 711) или обратитесь к своему поставщику услуг. (Russian)

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, available ang mga libreng serbisyo ng tulong sa wika para sa iyo. Available rin nang walang bayad ang mga naaangkop na auxiliary na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-389-4839 (TTY: 711) o makipag-usap sa iyong provider. (Tagalog)

Português do Brasil: ATENÇÃO: Se você fala português, há serviços gratuitos de assistência linguística disponíveis para você. Assistência e serviços auxiliares próprios para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-396-0182 (TTY: 711) ou fale com seu provedor. (Portuguese)

Français : NOTE : Si vous parlez français, des services gratuits d'assistance linguistique sont à votre disposition. Des aides et des services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-396-0190 (TTY : 711) ou adressez-vous à votre prestataire. (French)

ગુજરાતી: ધ્યાન આપો૭જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે- યોગ્ય ઓિકઝલરી સહાય અને એક્સેિસબલ ફોમટમાં માિહતી પૂરી પાડવા માટેની સેવાઓ પણ િવના મૂલ્યે ઉપલબ્ધ છે- 1-844-641-2898 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો- (Gujarati)

Deutsch: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie unter 1-844-396-0191 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter. (German)

한국어: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-396-0187(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오. (Korean)

العربية: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-396-0189 (خدمة الهاتف النصّي: 711) أو تحدث إلى مقدم الخدمة". (Arabic)

Українська мова: УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні

допоміжні засоби й послуги для надання інформації в доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1- 844-641-2897 (TTY: 711) або зверніться до свого постачальника. (Ukrainian)

日本語: 注 : 日本語を希望する場合、無料の言語支援サービスをご利用いただけます。アクセシブル (誰でも利用できるよう配慮された) な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-396-0191 (TTY: 711) までお電話ください。または、ご利用の事業者にお問い合わせください。(Japanese)

ไทย: โปรดทราบ: หากคุณพูดภาษา ไทย เรามีบริการความช่วยเหลือด้านแปลภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อที่ 1-844-641-2896 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ (Thai)

ລາວ: ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-641-2895 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. (Lao)

िहंदी : □ान दें9 यिद आप िहंदी बोलते हैं, तो आपके िलए िनः शु□ भाषा सहायता सेवाएं उपल□ होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के िलए उपयु□ सहायक साधन और सेवाएँ भी िनः शु□ उपल□ हैं। 1-844-641-2894 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें। (Hindi)

Discrimination is Against the Law

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination under Section 1557 of the Patient Protection and Affordable Care Act). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

We provide free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Section 1557 Coordinator at 1-800-832-9686 or by emailing Section1557Coordinator@bcbssc.com.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by emailing Section1557Coordinator@bcbssc.com or by calling 1-800-832-9686. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, email Section1557Coordinator@bcbssc.com and assistance will be provided.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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