

# 2026 Annual Notice of Changes

Jan. 1, 2026 – Dec. 31, 2026

888-645-6025 | 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)*

**BlueCross Rx Value<sup>SM</sup> (PDP)**

## **BlueCross Rx Value<sup>SM</sup> (PDP) offered by BlueCross BlueShield of South Carolina**

# **Annual Notice of Change for 2026**

You're enrolled as a member of BlueCross Rx Value.

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 Rx Value.
- To change to a **different plan**, visit [www.Medicare.gov](http://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](http://www.SCBluesMedAdvantage.com) or call Customer Service 1-888-645-6025 (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 Service at 1-888-645-6025 (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.
- This information is available in alternate formats, including large print. Please call Customer Service if you need plan information in other formats.

### **About BlueCross Rx Value**

- BlueCross Rx Value is a stand-alone prescription drug plan with a Medicare contract. Enrollment in BlueCross Rx Value depends on contract renewal.
- 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 Rx Value.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in BlueCross Rx Value.** Starting January 1, 2026, you'll get your drug coverage through BlueCross Rx Value. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium can be higher or lower than this amount. Go to Section 1.1 for details.</p>	\$89.70	\$139.70
<p><b>Part D drug coverage deductible</b> (Go to Section 1.4 for details.)</p>	\$590, except for covered insulin products and most adult Part D vaccines	<b>\$615, except for covered insulin products and most adult Part D vaccines</b>
<p><b>Part D drug coverage</b> (Go to Section 1.4 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>Copayment/coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$12 for Preferred Retail (30-day supply)</p> <p>\$15 for Standard Retail (30-day supply)</p> <p>Drug Tier 2: \$17 for Preferred Retail (30-day supply)</p> <p>\$20 for Standard Retail (30-day Supply)</p> <p>Drug Tier 3: 15% for Preferred/Standard Retail (30-day Supply). You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><b>Copayment/Coinsurance during the Initial Coverage Stage:</b></p> <p><b>Drug Tier 1: \$12 for Preferred Retail (30-day supply)</b></p> <p><b>\$15 for Standard Retail (30-day supply)</b></p> <p><b>Drug Tier 2: \$17 for Preferred Retail (30-day supply)</b></p> <p><b>\$20 for Standard Retail (30-day Supply)</b></p> <p><b>Drug Tier 3: 17% for Preferred Retail (30-day supply)</b></p> <p><b>19% for Standard Retail (30-day supply)</b></p> <p><b>You pay \$35 per month supply of each covered</b></p>

	<p><b>2025 (this year)</b></p>	<p><b>2026 (next year)</b></p>
	<p>Drug Tier 4: 50% for Preferred/Standard retail (30-day supply) You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 25% for Preferred/Standard retail (30-day supply) You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p><b>insulin product on this tier.</b></p> <p><b>Drug Tier 4: 50% for Preferred/Standard retail (30-day supply)</b> <b>You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 5: 25% for Preferred/Standard retail (30-day supply)</b> <b>You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 6: \$5 for Preferred Retail (30-day supply)</b> <b>\$8 for Standard Retail (30-day supply)</b></p> <p><b>Catastrophic Coverage Stage:</b> <b>During this payment stage, you pay nothing for your covered Part D drugs.</b></p>

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$89.70	<b>\$139.70</b>

### Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

### Section 1.2 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* [www.SCBluesMedAdvantage.com](http://www.SCBluesMedAdvantage.com) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [www.SCBluesMedAdvantage.com](http://www.SCBluesMedAdvantage.com).

- Call Customer Service at 1-888-645-6025 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service 1-888-645-6025 (TTY users call 711) for help.

## Section 1.3 Changes to Part D Drug Coverage

### Changes to Our Drug List

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

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

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 3 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 1-888-645-6025 (TTY users call 711) for more information.

## Section 1.4 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Customer Service at 1-888-645-6025 (TTY users call 711) and ask for the *LIS Rider*.

## Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2, Tier 3, Tier 4, and Tier 5 drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

## Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
<b>Yearly Deductible</b>	<p>\$590</p> <p>During this stage (for a 30-day supply), you pay \$15 standard cost-sharing for drugs on Tier 1 and \$12 preferred cost-sharing for drugs on Tier 1 and the full cost of drugs on Tiers 2, 3, 4, and 5 until you've reached the yearly deductible.</p>	<p><b>\$615</b></p> <p><b>During this stage (for a 30-day supply), you pay \$15 standard cost-sharing for drugs on Tier 1 and \$12 preferred cost-sharing for drugs on Tier 1. You pay \$8 standard cost-sharing for drugs on Tier 6 and \$5 preferred cost-sharing for drugs on Tier 6 and the full cost of drugs on Tiers 2, 3, 4, and 5 until you've reached the yearly deductible.</b></p>

### Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 4 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<b>Tier 1 - Preferred Generic:</b>	<p><i>Standard cost sharing:</i> You pay \$15</p> <p><i>Preferred cost sharing:</i> You pay \$12</p> <p>Your cost for a one-month mail-order prescription is \$12</p>	<p><b><i>Standard cost sharing:</i></b> <b>You pay \$15</b></p> <p><b><i>Preferred cost sharing:</i></b> <b>You pay \$12</b></p> <p><b>Your cost for a one-month mail-order prescription is \$12</b></p>
<b>Tier 2 - Generic</b>	<p><i>Standard cost sharing:</i> You pay \$20</p> <p><i>Preferred cost sharing:</i> You pay \$17</p> <p>Your cost for a one-month mail-order prescription is \$17</p>	<p><b><i>Standard cost sharing:</i></b> <b>You pay \$20</b></p> <p><b><i>Preferred cost sharing:</i></b> <b>You pay \$17</b></p> <p><b>Your cost for a one-month mail-order prescription is \$17</b></p>
<b>Tier 3 – Preferred Brand</b>	<p><i>Standard cost sharing:</i> You pay 15% of the total cost</p> <p><i>Preferred cost sharing:</i> You pay 15% of the total cost</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 15% of the total cost.</p>	<p><b><i>Standard cost sharing:</i></b> <b>You pay 19% of the total cost</b></p> <p><b><i>Preferred cost sharing:</i></b> <b>You pay 17% of the total cost</b></p> <p><b>You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Your cost for a one-month mail-order prescription is 17% of the total cost.</b></p>

<p><b>Tier 4 – Non-Preferred Drug</b></p>	<p><i>Standard cost sharing:</i> You pay 50% of the total cost</p> <p><i>Preferred cost sharing:</i> You pay 50% of the total cost</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 50% of the total cost.</p>	<p><b><i>Standard cost sharing:</i></b> <b>You pay 50% of the total cost</b></p> <p><b><i>Preferred cost sharing:</i></b> <b>You pay 50% of the total cost</b></p> <p><b>You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Your cost for a one-month mail-order prescription is 50% of the total cost.</b></p>
<p><b>Tier 5 – Specialty Tier</b></p>	<p><i>Standard cost sharing:</i> You pay 25% of the total cost</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 25% of the total cost.</p>	<p><b><i>Standard cost sharing:</i></b> <b>You pay 25% of the total cost</b></p> <p><b><i>Preferred cost sharing:</i></b> <b>You pay 25% of the total cost</b></p> <p><b>You pay \$35 per month supply of each covered insulin product on this tier.</b></p> <p><b>Your cost for a one-month mail-order prescription is 25% of the total cost.</b></p>
<p><b>Tier 6 – Select Care Drugs</b></p>	<p>Not Available</p>	<p><b><i>Standard cost sharing:</i></b> <b>You pay \$8</b></p> <p><b><i>Preferred cost sharing:</i></b> <b>You pay \$5</b></p> <p><b>Your cost for a one-month mail-order prescription is \$5</b></p>

## Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 4, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.</p>	<p><b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</b></p> <p><b>To learn more about this payment option, call us at 1-888-645-6025 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b></p>

## SECTION 3 How to Change Plans

**To stay in BlueCross Rx Value, 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 Rx Value.

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

- **To change to a different Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from BlueCross Rx Value.
  - You'll automatically be disenrolled from BlueCross Rx Value if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance

Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan doesn't include prescription drug coverage.

- If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep BlueCross Rx Value for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from BlueCross Rx Value. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from BlueCross Rx Value. To ask to be disenrolled, you must send us a written request or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from BlueCross Rx Value.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-888-645-6025 (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 (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, BlueCross BlueShield of South Carolina offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

### Section 3.1 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 3.2 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 4 Get Help Paying for Prescription Drugs**

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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 premiums, yearly deductibles, and coinsurance. Also, people 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.
  - 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 Public Health). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you are currently enrolled, how to continue getting help, call the South Carolina AIDS Drug Assistance Program at 1-800-856-9954. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-888-645-6025 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from BlueCross Rx Value

- **Call Customer Service at 1-888-645-6025. (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 Rx Value. 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](http://www.SCBluesMedAdvantage.com) or call Customer Service 1-888-645-6025 (TTY users call 711) to ask us to mail you a copy.

- **Visit [www.SCBluesMedAdvantage.com](http://www.SCBluesMedAdvantage.com)**

Our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

## 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 803-734-9900 or 1-800-868-9095. Learn more about I-CARE by visiting [www.aging.sc.gov](http://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](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://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](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug 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](http://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 1-888-645-6025 (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 આપોજો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના 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 Sprachassistentendienste 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: หากคุณพูดภาษาไทย เรามีบริการความช่วยเหลือด้านแปลภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อที่ 1-844-641-2896 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ (Thai)

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

हिंदी: ध्यान दें यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध 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@bcbsc.com](mailto:Section1557Coordinator@bcbsc.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@bcbsc.com](mailto:Section1557Coordinator@bcbsc.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@bcbsc.com](mailto:Section1557Coordinator@bcbsc.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>.

This notice is available at BlueCross BlueShield of South Carolina's website: [www.scblyesmedadvantage.com](http://www.scblyesmedadvantage.com).



**South Carolina**

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