

2026 Summary of Benefits

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 ValueSM (PDP)

BlueCross Rx Value (PDP) S5953-001

BlueCross BlueShield of South Carolina is a Medicare Advantage PDP organization with a Medicare contract. Enrollment in BlueCross BlueShield of South Carolina depends on contract renewal.

The benefit information provided in this booklet is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. 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*.

To be eligible: To join BlueCross Rx Value you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area is South Carolina.

How to reach us:

- If you are a member, call toll-free 1-888-645-6025 (TTY users call 711).
- If you are not a member, call toll-free 1-800-930-2836 (TTY users call 711). (Calls to this number are answered by a licensed insurance agent.)
- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time. All other times, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.
- Our website: www.SCBluesMedAdvantage.com

Monthly Premium, Deductible and Limits	
Monthly Plan Premium	<p>\$139.70</p> <p>If you receive premium assistance, your plan premium may be reduced.</p> <p>If you have Part B, you must keep paying your Medicare Part B premium.</p>
Part D Deductible	<p>\$0 deductible on Tier 1 and Tier 6</p> <p>\$615 deductible for Tier 2, Tier 3, Tier 4, and Tier 5</p>

Prescription Drug Coverage

The following section includes information about what we cover and what you pay during the three “drug payment stages” of our plan’s benefits. The stages are Yearly Deductible, Initial Coverage and Catastrophic Coverage. Your cost-sharing may change as you enter another stage of the Part D benefit. For more details, call us (the number is on the cover of this booklet) or see your *Evidence of Coverage*. The *Evidence of Coverage* is also available on our website.

Yearly Deductible Stage: During this stage, you pay the full cost of your Tier 2, 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.

Initial Coverage Stage: During this stage, the plan pays its share of the cost of your drugs, and you pay your share. You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You then move on to the Catastrophic Coverage Stage.

Catastrophic Coverage: The Catastrophic Coverage Stage is the third and final stage. **If you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

Part D Prescription Drug Benefit						
Deductible Stage	You pay \$615 deductible on Tiers 2, 3, 4 and 5 only.					
Initial Coverage Stage	Preferred Retail (In-Network)			Standard Retail (In-Network)		
	30-day Supply	60-day Supply	90-day Supply	30-day Supply	60-day Supply	90-day Supply
Tier 1: Preferred Generic	\$12 copay	\$24 copay	\$36 copay	\$15 copay	\$30 copay	\$45 copay
Tier 2: Generic	\$17 copay	\$34 copay	\$51 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3: Preferred Brand	17% coinsurance	17% coinsurance	17% coinsurance	19% coinsurance	19% coinsurance	19% coinsurance
Tier 3: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay
Tier 4: Non-Preferred	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Tier 4: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay
Tier 5: Specialty	25% coinsurance	Not Covered	Not Covered	25% coinsurance	Not Covered	Not Covered
Tier 5: Covered Insulin	\$35 copay	No Covered	Not Covered	\$35 copay	Not Covered	Not Covered
Tier 6: Select Care Drugs	\$5 copay	\$10 copay	\$15 copay	\$8 copay	\$16 copay	\$24 copay

Mail Order and Long-Term Care (LTC)				
Initial Coverage Stage	Mail Order			Long-Term Care
	30-day Supply	60-day Supply	90-day Supply	31-day Supply
Tier 1: Preferred Generic	\$12 copay	\$24 copay	\$30 copay	\$12 copay
Tier 2: Generic	\$17 copay	\$34 copay	\$42.50 copay	\$17 copay
Tier 3: Preferred Brand	17% coinsurance	17% coinsurance	17% coinsurance	17% coinsurance
Tier 3: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay
Tier 4: Non-Preferred	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Tier 4: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay
Tier 5: Specialty	25% coinsurance	Not Covered	Not Covered	25% coinsurance
Tier 5: Covered Insulin	\$35 copay	Not Covered	Not Covered	\$35 copay
Tier 6: Select Care Drugs	\$5 copay	\$10 copay	\$12.50 copay	\$5 copay

Cost sharing may change depending on the pharmacy you choose, when you enter another phase of the Part D benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 Monday — Friday, 7a.m. — 7p.m. TTY users should call 1-800-325-0778. For more information on your prescription drug benefit, please call us or access your "Evidence of Coverage" online at www.SCBluesMedAdvantage.com.

You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.

Limitations, copayments, and restrictions may apply. Benefits, premiums, copayments, or coinsurance may change on January 1 of each year.

To find out more about the coverage and costs of Original Medicare, look in the current "Medicare & You" handbook.

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 ઓફિસલરી 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 ວິມັກບຸຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. (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)



South Carolina

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