



South Carolina

*BlueCross BlueShield of South Carolina  
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Blue Cross and Blue Shield Association*

## Medicare Advantage

### Medicare's "Extra Help" Program

You may qualify for help paying for prescription drugs.

People with limited incomes and resources may qualify for Medicare's "Extra Help" Program to pay for their prescription drug costs. **If you qualify, Medicare could pay up to 75 percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles and copayments.**

**Additionally, those who qualify will not have a coverage gap or late enrollment penalty.** Many people are eligible and don't even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day / 7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office. Here is contact information for your state Medicaid office:

<b>Medicaid, South Carolina Department of Health and Human Services</b>	
<b>Call</b>	1-888-549-0820
<b>Write</b>	Medicaid South Carolina Department of Health and Human Services P.O. Box 8206 Columbia, SC 29202-8206
<b>Website</b>	<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>

#### **If you believe you have qualified for Extra Help ...**

... and you believe you are paying an incorrect cost-sharing amount when you have your prescription filled at a pharmacy, we have a process that allows you to either request assistance in getting evidence of your correct copayment level, or, if you already have the evidence, to send this evidence to us.

Please fax or mail us a copy of a State of South Carolina document that confirms active Medicaid status at the time you filled your prescription at a pharmacy. We must receive this within 60 days of the date of service for which you believe the copayment was wrong. Examples of acceptable documents are:

1. A printout from the state electronic enrollment file showing Medicaid status for the period in question
2. A screen print from the state's Medicaid systems showing Medicaid status for the period in question
3. A letter from the Social Security Administration (SSA) showing evidence of financial assistance during the period in question

Mail the document to: Medicare Advantage  
BlueCross BlueShield of South Carolina  
P.O. Box 100191  
Columbia, SC 29202-3191

Or fax it to: (803) 264-9581

When we receive the evidence showing your copayment level, we will update our system so you can pay the correct copayment when you get your next prescription at the pharmacy. If you overpay your copayment, we will reimburse you. Either we will forward a check to you in the amount of your overpayment or we will offset future copayments.

If the pharmacy hasn't collected a copayment from you and is carrying your copayment as a debt you owe, we may make the payment directly to the pharmacy. If a state paid on your behalf, we may make payment directly to the state.

If you have any questions, please contact Customer Service at 1-888-645-6025 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. Our automated phone system handles calls after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 through March 31, we are available from 8 a.m. to 8 p.m., seven days a week.

For more information about the Centers for Medicare and Medicaid Services (CMS) Best Available Evidence policy, please go to the section of its website regarding the policy at [https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Best\\_Available\\_Evidence\\_Policy](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Best_Available_Evidence_Policy).