



# Medicare Advantage



### Why Sell BlueCross MAPD Plans?

BlueCross is here to guide you every step of the way, making sure you get the service and support needed for you, and your clients. We offer Medicare Advantage plans (MAPD) to over 80% of the state's eligible population and Prescription Drug Plans (PDPs) in every county. Your clients will love our plans which have competitive pricing loaded with incredible value. You will enjoy our easy to use online enrollment portal and for 2021 you will receive the max CMS allowable commissions and renewal payments on all of your BlueCross MA members, regardless of the year you enrolled them.

### Dependability

BlueCross has been around for more than 75 years and serves more than 2 million South Carolinians.

### **Best in Class Customer Service (local)**

Take comfort knowing your customers will be well taken care of from our local customer service professionals.

### Large & Stable Provider Network

BlueCross has one of the largest PPO network of doctors and hospitals in the state. No referrals are required. Plus, nationwide travel at in-network costs for all members on our PPO plans.

### **Large Formulary**

Our drug formulary typically has far more drugs included compared to formularies with other plans.



### Tools to Help You Succeed

### Certification

The Learning Management System (LMS) is your training site for BlueCross.

- Go to www.southcarolinablues.com/web/public/brands/sc/agents/
- Select Agent for Individuals and Small Business (2-50 Lives)
- Scroll down and select Learning Management System under Tools and Resources
- If you are new to LMS, email Agent.Training@bcbssc.com to create an account. Otherwise, agents
  will need to use their National Producer Number (NPN) as their ID and their saved password.
  For assistance with LMS, email Agent.Training@bcbssc.com
- Store the user name and password for future use

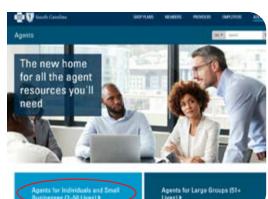




### My Business Manager

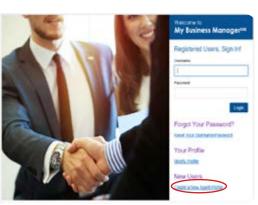
My Business Manager is used to track business, email applications and enroll your clients online.

- Go to www.southcarolinablues.com/web/public/brands/sc/ agents/
- Select Agent for Individuals and Small Business (2-50 Lives)
- Click Log In on the My Business Manager banner
- If you are new to MBM, select Create a New Agent Profile
- Complete all of the required fields and select continue
- Store the user name and password for future use



Note: You can also fax paper applications to 803-462-2590. Paper applications must be faxed within 24 hours of enrollment. Tracking is limited on them.





### **Supplies**

Storefont is the BlueCross site you visit to order all of your supplies.

- · Go to sellbluesc.com.
- Trouble logging in? Trouble placing an order? Need an account? Select the box: Click Here
- Follow the prompts
- Store the user name and password for future use
- Or if you have an account, enter your user name and password





- Click on the image to order supplies not the preview button
- The enrollment booklet has all of the documents you need in one package (Summary of Benefits, Application, Scope of Appointment and more)
- NOTE The booklets are color-coded for each product - green for BlueCross Secure HMO, orange for BlueCross Total PPO, blue for BlueCross Total Value PPO.

### Looking up information for your clients

### **Providers and hospitals**

NEW this year - all SC hospitals in network.

Check out our large network of providers! BlueCross MA plans offer a very large provider network throughout the state of South Carolina. You can access providers during the quote and enroll process on *My Business Manager*. OR, search providers on our website.

- Visit: www.scbluesmedadvantage.com/finddoctor-or-drug
- Scroll down to the Find a Doctor box
- Click the links to look up providers (see screenshot to the right)





### Prescription drug formularies, pharmacies, and drug look-up tool

1. You can use our <u>drug look-up tool</u> found at this direct link - <u>https://BCBSSC.destinationrx.com/compare/MDC/2022</u>.. Or, visit <u>www.scbluesmedadvantage.com/find-doctor-ordrug</u>

and scroll down to the Drug Look Up box. The button will be in that box (see screenshot to the right).

- 2. You can access <u>prescription drug information</u> during the quote and enroll process through *My Business Manager* under Helpful Resources. Or, use this direct link to locate pharmacies for <u>MAPD plans</u>. And this link for <u>PDP plans</u>.
- 3. All forms and policies can be found on our website including Summary of Benefits, Provider Directory PDFs, Pharmacy Directory PDFs,





Formularies, Enrollment Kits and Applications, and much more here: <a href="www.scbluesmedadvantage.com/forms-policies">www.scbluesmedadvantage.com/forms-policies</a>.

### Scope of Appointments

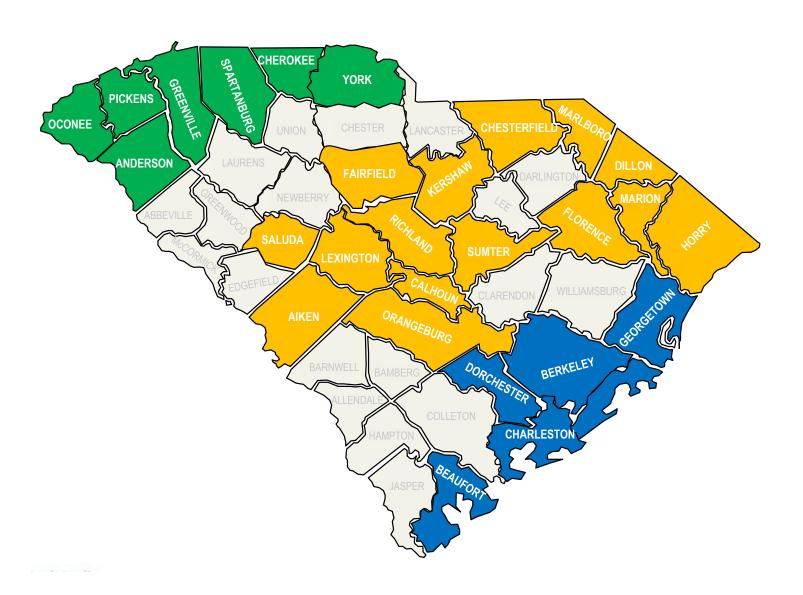
BlueCross will accept any Medicare approved scope of appointment. Scope of appointment forms can be located on Storefront at <u>sellbluesc.com</u>. You can fax them to BlueCross at 803-462-2590. You must keep them on file for 10 years.

### Submitting Paper Enrollment Applications

Paper apps can be located on Storefront at <u>sellbluesc.com</u>. You must fax these applications to 803-462-2590 within 24 hours. Keep in mind, tracking is limited with paper enrollment applications.

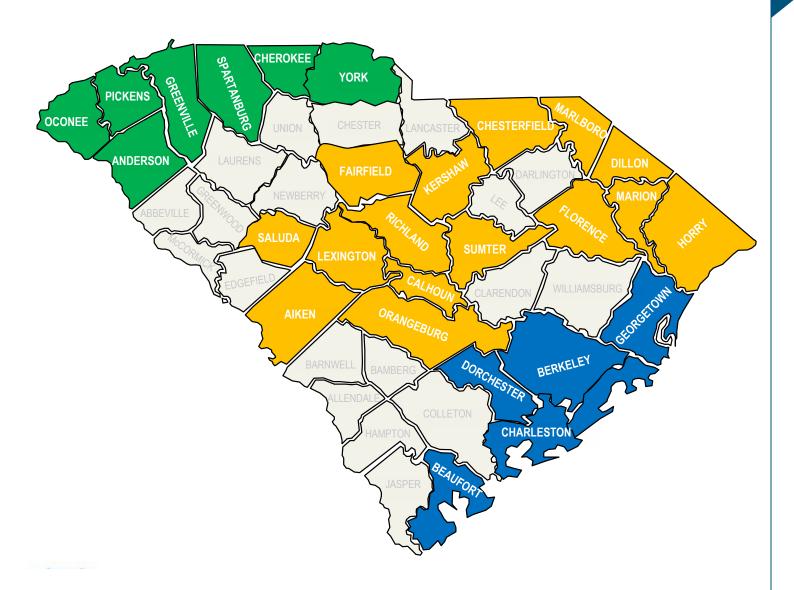
## BlueCross Total PPO Coverage Area

BlueCross Total PPO, from BlueCross BlueShield of South Carolina, is offered in 27 counties throughout the state and has three coverage areas: Upstate, Midlands/Coastal and Low Country. The map map below shows the counties that are included within each geographic region.



## NEW counties! BlueCross Total Value PPO Coverage Area

BlueCross Total Value PPO, from BlueCross BlueShield of South Carolina, is now offered in **27 counties** throughout the state and has three coverage areas: Upstate, Midlands/Coastal and **NEW 5 counties** of the Low Country. The map below shows the counties that are included within each geographic region.

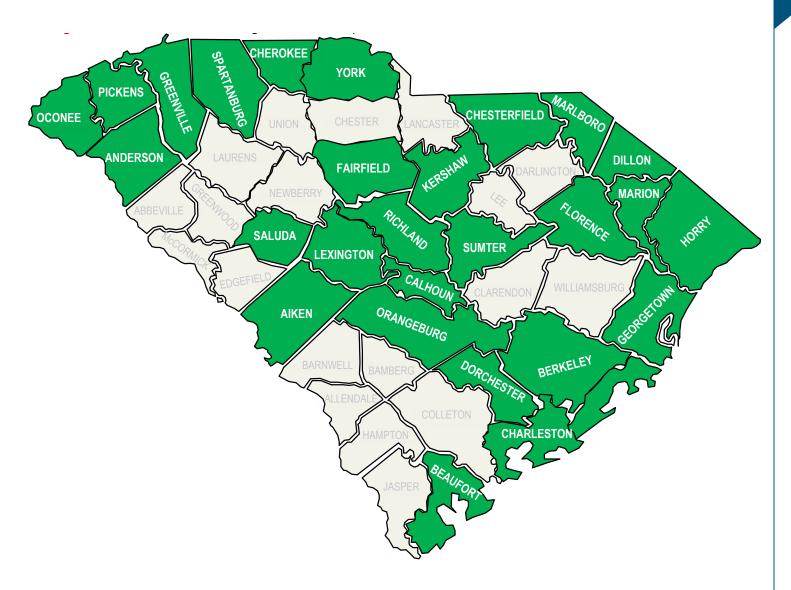


# BlueCross Total and Total Value PPO Benefit Comparison

	2022 BlueCross Total	2022 BlueCross Total Value
Plan Benefits	(PPO)	(PPO)
	H8003-001,002,003	H8003-004,005,006
Premium	\$19, \$15, \$25	\$0
Inpatient Hospital	\$420 copay per day Days 1-4	\$450 copay per day Days 1-4
Emergency Care	\$90	\$90
Urgent Care	\$50	\$50
Annual Physical	\$0	\$0
PCP	\$5	\$0
Specialist	\$45	\$40
PT, OT, SP	\$40	\$40
OP Surgery	\$0-\$325 (i.e., \$0 for polyp removal during colorectal screening)	\$0-\$375 (i.e., \$0 for polyp removal during colorectal screening)
Lab	\$10	\$10
X-ray	\$10	\$10-\$20 (Office – OP Facility)
Diagnostic Radiological Services	\$0-\$150 (\$0 Mammography and	\$0-\$150 (\$0 Mammography and
(CT, MRI, etc.)	Ultrasound, up to \$150 for all other)	Ultrasound, up to \$150 for all other)
Diagnostic Procedures/Test	\$0-\$275 (\$0 for EKG and diagnostic	\$0-\$275 (\$0 for EKG and diagnostic
	colorectal screenings up to \$275)	colorectal screenings up to \$275)
Diabetic Testing Supplies	\$0 (Test strips, Lancets, Monitor)	\$0 (Test strips, Lancets, Monitor)
Meal Program	\$0	N/C
In Home Provider Visit Program	\$0	\$0
Telehealth	\$5	\$0
OTC \$40 per quarter	\$0	N/C
Fitness (Gym Membership)	\$0	\$0
Dental - Preventive	\$0 – 2 visits per year	\$0 – 2 visits per year
Dental - Comprehensive	\$1,000	\$500
Eyewear	\$0 VSP Genesis Brand only	\$0 VSP Genesis Brand only
Eye Exams	\$0 VSP	\$0 VSP
Hearing Aid	\$699-\$999 (TruHearing)	\$699-\$999 (TruHearing)
Hearing Exam	\$45	\$45
Rx Deductible	\$50 (T3-T5)	\$75 (T3-T5)
Tier 1	\$0 (Preferred retail, mail order for 30,	\$0 (Preferred retail, mail order for 30,
	60 or 90-day fill) \$5 Non-Preferred	60 or 90-day fill) \$5 Non-Preferred
Tier 2	\$15 Preferred / \$20 Non-Preferred	\$15 Preferred / \$20 Non-Preferred
Tier 3	\$37 Preferred / \$44 Non-Preferred	\$40 Preferred / \$47 Non-Preferred
Tier 4	\$100 Preferred / \$100 Non-Preferred	\$100 Preferred / \$100 Non-Preferred
Tier 5	32%	31%
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### NEW! BlueCross Blue Basic MA-only PPO

New for 2022: BlueCross BlueCross Blue Basic PPO (MA only), from BlueCross BlueShield of South Carolina, is offered in 27 counties throughout the state and has three coverage areas: Upstate, Midlands/Coastal and Low Country. The map below shows the counties that are included within each geographic region.

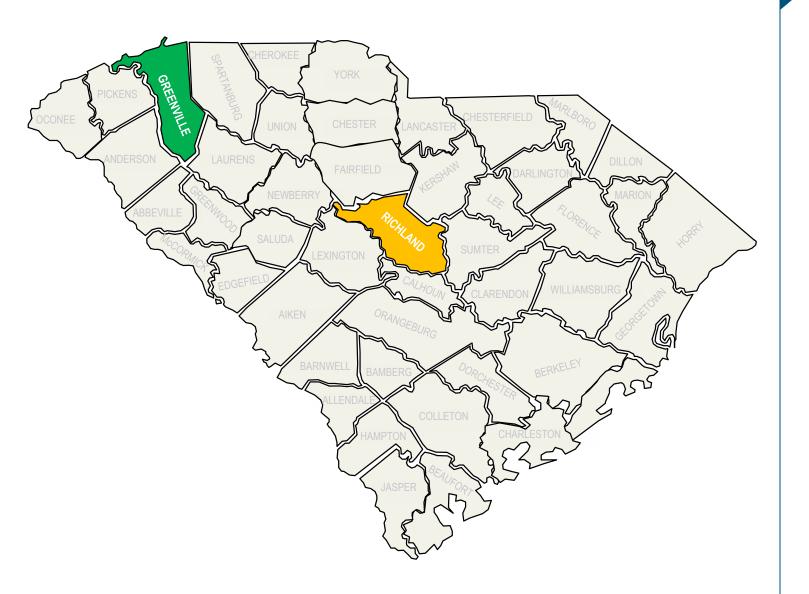


# BlueCross Blue Basic MA-only PPO Plan Benefits

Plan Benefits  (PPO) H8003-007  Premium  \$0 Inpatient Hospital  Emergency Care  Urgent Care  Urgent Care  \$40 Annual Physical  PCP  \$0 Specialist  \$35 PT, OT, SP  \$35 OP Surgery  \$0-\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225  Lab  X-ray  \$10-\$20 (Office – OP Facility)  Diagnostic Radiological Services (CT, MRI, etc.)  Diagnostic Procedures/Test  \$0-\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100)  Diabetic Testing Supplies  \$0 (Test strips, Lancets, Monitor)  Meal Program  In Home Provider Visit Program  \$0 Telehealth  \$0 OTC  \$0 (\$40 per quarter)  Fitness (Gym Membership)  Dental – Preventive including x-rays  Dental – Preventive including x-rays  Dental – Preventive including x-rays  \$0 - 2 visits per year  Dental – Preventive including x-rays  \$0 VSP  Hearing Aid  \$699-\$999 (TruHearing)  Hearing Exam  \$45  Rx Deductible  N/A  Tier 1  N/A  Tier 2  N/A  Tier 3  N/A  Tier 4  N/A  Tier 5  N/A  MOOP		2022 BlueCross Blue Basic MA	
Premium \$0 Inpatient Hospital \$325 copay per day Days 1-6 Emergency Care \$90 Urgent Care \$40 Annual Physical \$0 Specialist \$35 PT, OT, SP \$35 OP Surgery \$0-\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225 Lab \$10 X-ray \$10-\$20 (Office — OP Facility) Diagnostic Radiological Services (CT, MRI, etc.) Diagnostic Procedures/Test \$0-\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100) Diabetic Testing Supplies \$0 (Test strips, Lancets, Monitor) Meal Program N/A In Home Provider Visit Program \$0 Telehealth \$0 OTC \$0 (\$40 per quarter) Fitness (Gym Membership) \$0 Dental — Preventive including x-rays \$0 - 2 visits per year Dental - Comprehensive \$750 Eyewear \$0 VSP Genesis Brand only Eye Exams \$0 VSP Hearing Aid \$699-\$999 (TruHearing) Hearing Exam \$45 RX Deductible N/A Tier 2 N/A Tier 3 N/A Tier 4 N/A Tier 5	Dlan Banafita		
Premium \$0 Inpatient Hospital \$325 copay per day Days 1-6 Emergency Care \$90 Urgent Care \$40 Annual Physical \$0 PCP \$0 Specialist \$35 PT, OT, SP \$35 OP Surgery \$0.\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225 Lab \$10 X-ray \$10-\$20 (Office - OP Facility) Diagnostic Radiological Services (CT, MRI, etc.) Diagnostic Procedures/Test \$0.\$150 (so Mammography and Ultrasound, up to \$150 for all other) Diabetic Testing Supplies \$0 (Test strips, Lancets, Monitor) Meal Program N/A In Home Provider Visit Program \$0 Telehealth \$0 OTC \$0 (\$40 per quarter) Fitness (Gym Membership) \$0 Dental - Preventive including x-rays \$0 - 2 visits per year Dental - Comprehensive \$750 Eyewear \$0 VSP Hearing Aid \$699-\$999 (TruHearing) Hearing Exam \$45 Rx Deductible N/A Tier 2 N/A Tier 3 N/A Tier 4 N/A Tier 5	Plan benefits	· · · · · · · · · · · · · · · · · · ·	
Emergency Care \$90 Urgent Care \$40 Annual Physical \$0 PCP \$0 Specialist \$35 PT, OT, SP \$35 OP Surgery \$0-\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225 Lab \$10 X-ray \$10-\$20 (Office – OP Facility) Diagnostic Radiological Services (CT, MRI, etc.) Diagnostic Procedures/Test \$0-\$150 (\$0 Mammography and Ultrasound, up to \$150 for all other) Diabetic Testing Supplies \$0 (\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100) Diabetic Testing Supplies \$0 (\$150 (\$0 (\$0 (\$0 (\$0 (\$0 (\$0 (\$0 (\$0 (\$0 (\$	Premium		
Urgent Care \$40  Annual Physical \$0  PCP \$0  Specialist \$35  PT, OT, SP \$35  OP Surgery \$0-\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225  Lab \$10  X-ray \$10-\$20 (Office – OP Facility)  Diagnostic Radiological Services (CT, MRI, etc.) Ultrasound, up to \$150 for all other)  Diagnostic Procedures/Test \$0-\$150 (\$0 Mammography and Ultrasound, up to \$150 for all other)  Diabetic Testing Supplies \$0 (Test strips, Lancets, Monitor)  Meal Program N/A  In Home Provider Visit Program \$0  Telehealth \$0  OTC \$0 (\$40 per quarter)  Fitness (Gym Membership) \$0  Dental – Preventive including x-rays \$0 – 2 visits per year  Dental - Comprehensive \$750  Eyewear \$0 VSP Genesis Brand only  Eye Exams \$0 VSP  Hearing Aid \$699-\$999 (TruHearing)  Hearing Exam \$45  Rx Deductible N/A  Tier 1 N/A  Tier 2 N/A  Tier 3 N/A  Tier 4 N/A  Tier 5 N/A	Inpatient Hospital	\$325 copay per day Days 1-6	
Annual Physical \$0 PCP \$0 Specialist \$35 PT, OT, SP \$35 OP Surgery \$0-\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225 Lab \$10 X-ray \$10-\$20 (Office – OP Facility) Diagnostic Radiological Services (CT, MRI, etc.) Diagnostic Procedures/Test \$0-\$150 (\$0 Mammography and Ultrasound, up to \$150 for all other) Diagnostic Procedures/Test \$0-\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100) Diabetic Testing Supplies \$0 (Test strips, Lancets, Monitor) Meal Program N/A In Home Provider Visit Program \$0 Telehealth \$0 OTC \$0 (\$40 per quarter) Fitness (Gym Membership) \$0 Dental – Preventive including x-rays \$0 – 2 visits per year Dental - Comprehensive \$750 Eyewear \$0 VSP Genesis Brand only Eye Exams \$0 VSP Hearing Aid \$699-\$999 (TruHearing) Hearing Exam \$45 Rx Deductible N/A Tier 2 N/A Tier 3 N/A Tier 4 N/A Tier 5 N/A	Emergency Care	\$90	
PCP Specialist \$35 PT, OT, SP \$35 OP Surgery \$0-\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225 Lab \$10 X-ray \$10-\$20 (Office – OP Facility) Diagnostic Radiological Services (CT, MRI, etc.) Diagnostic Procedures/Test \$0-\$150 (\$0 Mammography and Ultrasound, up to \$150 for all other) Diagnostic Procedures/Test \$0-\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100) Diabetic Testing Supplies \$0 (Test strips, Lancets, Monitor) Meal Program N/A In Home Provider Visit Program \$0 Telehealth \$0 OTC \$0 (\$40 per quarter) Fitness (Gym Membership) \$0 Dental – Preventive including x-rays \$0 – 2 visits per year Dental - Comprehensive \$750 Eyewear \$0 VSP Genesis Brand only Eye Exams \$0 VSP Hearing Aid \$699-\$999 (TruHearing) Hearing Exam \$45 Rx Deductible N/A Tier 1 N/A Tier 2 N/A Tier 3 N/A Tier 4 N/A Tier 5	Urgent Care	\$40	
Specialist PT, OT, SP S15 OP Surgery S0-\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225 Lab S10 X-ray \$10-\$20 (Office – OP Facility) Diagnostic Radiological Services (CT, MRI, etc.) Diagnostic Procedures/Test S0-\$150 (\$0 Mammography and Ultrasound, up to \$150 for all other) Diabetic Testing Supplies \$0 (Test strips, Lancets, Monitor) Meal Program N/A In Home Provider Visit Program \$0 Telehealth \$0 TC \$0 (\$40 per quarter) Fitness (Gym Membership) \$0 Dental – Preventive including x-rays Dental - Comprehensive \$750 Eyewear \$0 VSP Genesis Brand only Eye Exams \$0 VSP Hearing Aid \$699-\$999 (TruHearing) Hearing Exam \$45 Rx Deductible N/A Tier 1 N/A Tier 2 N/A Tier 3 N/A Tier 4 N/A Tier 5	Annual Physical	\$0	
PT, OT, SP  OP Surgery  \$0-\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225  Lab  X-ray  \$10-\$20 (Office – OP Facility)  Diagnostic Radiological Services (CT, MRI, etc.)  Diagnostic Procedures/Test  Diagnostic Procedures/Test  Diabetic Testing Supplies  Meal Program  In Home Provider Visit Program  Telehealth  OTC  \$0 (\$40 per quarter)  Fitness (Gym Membership)  Dental – Preventive including x-rays  Dental - Comprehensive  Eyewear  \$0 VSP Genesis Brand only  Eye Exams  Hearing Aid  Hearing Exam  \$45  Rx Deductible  N/A  Tier 2  N/A  Tier 3  N/A  Tier 4  N/A  Tier 5	PCP	\$0	
OP Surgery  \$0-\$250 (i.e., \$0 for polyp removal during colorectal screening Up to \$275 for other) ASC -\$225  Lab  \$10  X-ray  \$10-\$20 (Office – OP Facility)  Diagnostic Radiological Services (CT, MRI, etc.)  Diagnostic Procedures/Test  \$0-\$150 (\$0 Mammography and Ultrasound, up to \$150 for all other)  Diagnostic Procedures/Test  \$0-\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100)  Diabetic Testing Supplies  \$0 (Test strips, Lancets, Monitor)  Meal Program  N/A  In Home Provider Visit Program  \$0  Telehealth  \$0  OTC  \$0 (\$40 per quarter)  Fitness (Gym Membership)  \$0  Dental – Preventive including x-rays  \$0 – 2 visits per year  Dental - Comprehensive  \$750  Eyewear  \$0 VSP Genesis Brand only  Eye Exams  Hearing Aid  \$699-\$999 (TruHearing)  Hearing Exam  \$45  Rx Deductible  N/A  Tier 1  N/A  Tier 2  N/A  Tier 3  N/A  Tier 4  N/A  Tier 5	Specialist	\$35	
during colorectal screening Up to \$275 for other) ASC -\$225  Lab \$10  X-ray \$10-\$20 (Office – OP Facility)  Diagnostic Radiological Services (CT, MRI, etc.) Ultrasound, up to \$150 for all other)  Diagnostic Procedures/Test \$0-\$150 (\$0 Mammography and Ultrasound, up to \$150 for all other)  Diagnostic Procedures/Test \$0-\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100)  Diabetic Testing Supplies \$0 (Test strips, Lancets, Monitor)  Meal Program N/A  In Home Provider Visit Program \$0  Telehealth \$0  OTC \$0 (\$40 per quarter)  Fitness (Gym Membership) \$0  Dental – Preventive including x-rays \$0 – 2 visits per year  Dental - Comprehensive \$750  Eyewear \$0 VSP Genesis Brand only  Eye Exams \$0 VSP  Hearing Aid \$699-\$999 (TruHearing)  Hearing Exam \$45  Rx Deductible N/A  Tier 1 N/A  Tier 2 N/A  Tier 3 N/A  Tier 4 N/A  Tier 5 N/A	PT, OT, SP	\$35	
X-ray \$10-\$20 (Office – OP Facility)  Diagnostic Radiological Services (CT, MRI, etc.)  Diagnostic Procedures/Test  Diagnostic Procedures/Test  Diagnostic Procedures/Test  Diagnostic Procedures/Test  S0-\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100)  Diabetic Testing Supplies  \$0 (Test strips, Lancets, Monitor)  Meal Program  N/A  In Home Provider Visit Program  Telehealth  \$0  OTC  \$0 (\$40 per quarter)  Fitness (Gym Membership)  Dental – Preventive including x-rays  Dental - Comprehensive  \$750  Eyewear  \$0 VSP Genesis Brand only  Eye Exams  \$0 VSP  Hearing Aid  \$699-\$999 (TruHearing)  Hearing Exam  \$45  Rx Deductible  N/A  Tier 1  N/A  Tier 2  N/A  Tier 3  N/A  Tier 4  N/A  Tier 5	OP Surgery	during colorectal screening Up to \$275	
Diagnostic Radiological Services (CT, MRI, etc.)  Diagnostic Procedures/Test  Diagnostic Procedures/Test  Diagnostic Procedures/Test  Diagnostic Procedures/Test  Supplies  Supp	Lab	\$10	
(CT, MRI, etc.)Ultrasound, up to \$150 for all other)Diagnostic Procedures/Test\$0-\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100)Diabetic Testing Supplies\$0 (Test strips, Lancets, Monitor)Meal ProgramN/AIn Home Provider Visit Program\$0Telehealth\$0OTC\$0 (\$40 per quarter)Fitness (Gym Membership)\$0Dental – Preventive including x-rays\$0 – 2 visits per yearDental - Comprehensive\$750Eyewear\$0 VSP Genesis Brand onlyEye Exams\$0 VSPHearing Aid\$699-\$999 (TruHearing)Hearing Exam\$45Rx DeductibleN/ATier 1N/ATier 2N/ATier 3N/ATier 4N/ATier 5N/A	X-ray	\$10-\$20 (Office – OP Facility)	
Diagnostic Procedures/Test  \$0-\$100 (\$0 for EKG and diagnostic colorectal screenings up to \$100)  Diabetic Testing Supplies  \$0 (Test strips, Lancets, Monitor)  Meal Program  N/A  In Home Provider Visit Program  \$0  Telehealth  \$0  OTC  \$0 (\$40 per quarter)  Fitness (Gym Membership)  Dental – Preventive including x-rays  Dental - Comprehensive  \$750  Eyewear  \$0 VSP Genesis Brand only  Eye Exams  Hearing Aid  \$699-\$999 (TruHearing)  Hearing Exam  \$45  Rx Deductible  N/A  Tier 1  N/A  Tier 2  N/A  Tier 3  N/A  Tier 4  N/A  Tier 5	Diagnostic Radiological Services		
colorectal screenings up to \$100)  Diabetic Testing Supplies \$0 (Test strips, Lancets, Monitor)  Meal Program N/A  In Home Provider Visit Program \$0  Telehealth \$0  OTC \$0 (\$40 per quarter)  Fitness (Gym Membership) \$0  Dental – Preventive including x-rays \$0 – 2 visits per year  Dental - Comprehensive \$750  Eyewear \$0 VSP Genesis Brand only  Eye Exams \$0 VSP  Hearing Aid \$699-\$999 (TruHearing)  Hearing Exam \$45  Rx Deductible N/A  Tier 1 N/A  Tier 2 N/A  Tier 3 N/A  Tier 4 N/A  Tier 5 N/A		·	
Diabetic Testing Supplies  Meal Program  N/A  In Home Provider Visit Program  Telehealth  \$0  OTC  \$0 (\$40 per quarter)  Fitness (Gym Membership)  Dental – Preventive including x-rays  Dental - Comprehensive  Eyewear  Eyewear  \$0 VSP Genesis Brand only  Eye Exams  \$0 VSP  Hearing Aid  \$699-\$999 (TruHearing)  Hearing Exam  \$45  Rx Deductible  N/A  Tier 1  N/A  Tier 2  N/A  Tier 4  N/A  Tier 5  N/A	Diagnostic Procedures/Test		
Meal ProgramN/AIn Home Provider Visit Program\$0Telehealth\$0OTC\$0 (\$40 per quarter)Fitness (Gym Membership)\$0Dental – Preventive including x-rays\$0 – 2 visits per yearDental - Comprehensive\$750Eyewear\$0 VSP Genesis Brand onlyEye Exams\$0 VSPHearing Aid\$699-\$999 (TruHearing)Hearing Exam\$45Rx DeductibleN/ATier 1N/ATier 2N/ATier 3N/ATier 4N/ATier 5N/A	Diabetic Testing Supplies		
Telehealth \$0  OTC \$0 (\$40 per quarter)  Fitness (Gym Membership) \$0  Dental – Preventive including x-rays \$0 – 2 visits per year  Dental - Comprehensive \$750  Eyewear \$0 VSP Genesis Brand only  Eye Exams \$0 VSP  Hearing Aid \$699-\$999 (TruHearing)  Hearing Exam \$45  Rx Deductible N/A  Tier 1 N/A  Tier 2 N/A  Tier 3 N/A  Tier 4 N/A  Tier 5 N/A		N/A	
OTC \$0 (\$40 per quarter)  Fitness (Gym Membership) \$0  Dental – Preventive including x-rays \$0 – 2 visits per year  Dental - Comprehensive \$750  Eyewear \$0 VSP Genesis Brand only  Eye Exams \$0 VSP  Hearing Aid \$699-\$999 (TruHearing)  Hearing Exam \$45  Rx Deductible N/A  Tier 1 N/A  Tier 2 N/A  Tier 3 N/A  Tier 4 N/A  Tier 5 N/A	In Home Provider Visit Program	\$0	
Fitness (Gym Membership)  Dental – Preventive including x-rays  Dental - Comprehensive  Eyewear  Eyewear  So VSP Genesis Brand only  Eye Exams  Hearing Aid  Sego-\$999 (TruHearing)  Hearing Exam  Rx Deductible  N/A  Tier 1  N/A  Tier 2  N/A  Tier 3  N/A  Tier 4  N/A  Tier 5	Telehealth	\$0	
Dental – Preventive including x-rays  Dental - Comprehensive  \$750  Eyewear  \$0 VSP Genesis Brand only  Eye Exams  \$0 VSP  Hearing Aid  \$699-\$999 (TruHearing)  Hearing Exam  \$45  Rx Deductible  N/A  Tier 1  N/A  Tier 2  N/A  Tier 3  N/A  Tier 4  N/A  Tier 5	ОТС	\$0 (\$40 per quarter)	
Dental - Comprehensive \$750  Eyewear \$0 VSP Genesis Brand only  Eye Exams \$0 VSP  Hearing Aid \$699-\$999 (TruHearing)  Hearing Exam \$45  Rx Deductible N/A  Tier 1 N/A  Tier 2 N/A  Tier 3 N/A  Tier 4 N/A  Tier 5 N/A	Fitness (Gym Membership)	\$0	
Eyewear       \$0 VSP Genesis Brand only         Eye Exams       \$0 VSP         Hearing Aid       \$699-\$999 (TruHearing)         Hearing Exam       \$45         Rx Deductible       N/A         Tier 1       N/A         Tier 2       N/A         Tier 3       N/A         Tier 4       N/A         Tier 5       N/A	Dental – Preventive including x-rays	\$0 – 2 visits per year	
Eye Exams       \$0 VSP         Hearing Aid       \$699-\$999 (TruHearing)         Hearing Exam       \$45         Rx Deductible       N/A         Tier 1       N/A         Tier 2       N/A         Tier 3       N/A         Tier 4       N/A         Tier 5       N/A	Dental - Comprehensive	\$750	
Hearing Aid       \$699-\$999 (TruHearing)         Hearing Exam       \$45         Rx Deductible       N/A         Tier 1       N/A         Tier 2       N/A         Tier 3       N/A         Tier 4       N/A         Tier 5       N/A	Eyewear	\$0 VSP Genesis Brand only	
Hearing Exam         \$45           Rx Deductible         N/A           Tier 1         N/A           Tier 2         N/A           Tier 3         N/A           Tier 4         N/A           Tier 5         N/A	Eye Exams	\$0 VSP	
Rx Deductible         N/A           Tier 1         N/A           Tier 2         N/A           Tier 3         N/A           Tier 4         N/A           Tier 5         N/A	Hearing Aid	\$699-\$999 (TruHearing)	
Tier 1         N/A           Tier 2         N/A           Tier 3         N/A           Tier 4         N/A           Tier 5         N/A	Hearing Exam	\$45	
Tier 2         N/A           Tier 3         N/A           Tier 4         N/A           Tier 5         N/A	Rx Deductible	N/A	
Tier 3         N/A           Tier 4         N/A           Tier 5         N/A	Tier 1	N/A	
Tier 4 N/A Tier 5 N/A	Tier 2	N/A	
Tier 5 N/A	Tier 3	N/A	
	Tier 4	N/A	
MOOP \$4,900	Tier 5	N/A	
	MOOP	\$4,900	

# BlueCross Secure HMO Coverage Area

BlueCross Secure HMO, from BlueCross BlueShield of South Carolina, has two counties in the coverage area: Greenville and Richland. The map below shows the counties included with the HMO products.



# BlueCross Secure HMO Benefits

	BlueCross Secure	
2022 Plan Benefits	(HMO)	
	H7165 – 001,002	
Premium	\$0,\$10	
Inpatient Hospital	\$425 copay per day Days 1-4	
Emergency Care	\$90	
Urgent Care	\$40	
PCP	\$5	
Specialist	\$40	
PT, OT, SP	\$35	
OP Surgery	\$0-\$325 (i.e., \$0 for polyp removal during	
	colorectal screening, up to \$325 for all other)	
Lab	\$10	
X-ray	\$10	
Diagnostic Radiological Services	\$0-\$150 (\$0 Mammography and Ultrasound, up	
(CT, MRI, etc.)	to \$150 for all other)	
Diagnostic Procedures/Test	\$0-\$275 (\$0 for EKG and diagnostic colorectal	
Bishatia Tautia Casalia	screenings, up to \$275 for all other)	
Diabetic Testing Supplies	\$0 (Test strips, Lancets, Monitor)	
Telehealth	\$0	
ОТС	\$0 (\$40 per quarter)	
Meal Program	\$0	
In Home Provider Visit Program	\$0	
Fitness (Gym Membership)	\$0	
Dental - Preventive	Not Covered	
Dental - Comprehensive	Not Covered	
Eyewear	\$VSP	
Eye Exams	\$0 (Diabetic or at risk)	
Hearing Aid	\$699-\$999 (TruHearing)	
Hearing Exam	\$45	
Rx Deductible	\$70 (T3-T5)	
Tier 1	\$5 Preferred (30-day) / \$0 (retail, mail order or	
	home delivery for 90-day fill) / \$10 for Non-	
	Preferred (30-day)	
Tier 2	\$15 Preferred / \$20 Non-Preferred	
Tier 3	\$37 Preferred / \$44 Non-Preferred	
Tier 4	45% Preferred / 50% Non-Preferred	
Tier 5	31%	
МООР	\$6,500	
BlueCard Nationwide Travel Program	No	

# All-Inclusive Office Visit Copayment



### BENEFITS OF AN ALL-INCLUSIVE OFFICE VISIT COPAYMENT

All BlueCross BlueShield of South Carolina Medicare Advantage plans provide members with the convenience of an all-inclusive office visit copayment. What does that mean?



Members who visit a participating in-network provider will pay one copayment for all covered services performed in the doctor's office for the same date when billed by the physician. Best of all, there are annual limits on out-of-pocket costs!

Here are only a few examples of what is covered under the all-inclusive office visit copayment:

- Office charges, including surgical services, treatment of an illness, accident or injury
- Allergy and flu shots
- Annual physicals
- Injections (immunizations)
- Diagnostic services (e.g. EKG and ultrasounds) and more!



The all-inclusive office visit copayment benefit encourages members to see a contracting provider of their choice to establish and maintain a relationship, improving their health care experience.

Learn how to protect yourself from surprise bills. For more information about our competitive plans that include the all-inclusive office visit copayment, please contact your local agent.

'The all-inclusive copay does not apply to services performed in a doctor's office that are outsourced to a third party, or Part B coinsurance. Cost associated with all inclusive copays will be billed as Place of Service Code 11 on claims. Calling this number will direct you to a licensed insurance agent. Enrollment depends on contract renewal. Your health plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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# Low Income Subsidy Chart

2022			Premium w/LIS			
Plan Name	Coverage Area	Premium (Part C/D)	100%	75%	50%	25%
Secure HMO H7165-001	Greenville County	<b>\$0</b> (\$0/\$0)	\$0	\$0	\$0	\$0
Secure HMO H7165-002	Richland County	<b>\$10</b> (\$0/\$10)	\$0	\$2.50	\$5	\$7.50
Total PPO H8003-001	Upstate	<b>\$19</b> (\$0/\$19)	\$0	\$4.70	\$9.50	\$14.20
Total PPO H8003-002	Midlands/ Coastal	<b>\$15</b> (\$0/\$15)	\$0	\$3.70	\$7.50	\$11.20
Total PPO H8003-003	Lowcountry	<b>\$25</b> (\$3.10/\$25.90)	\$0	\$6.20	\$12.50	\$18.70
Value PPO H8003-004	Upstate	<b>\$0</b> (\$0/\$0)	<b>\$0</b>	<b>\$0</b>	\$0	<b>\$0</b>
Value PPO H8003-005	Midlands/ Coastal	<b>\$0</b> (\$0/\$0)	\$0	\$0	\$0	<b>\$0</b>
Value PPO H8003-006	Lowcountry	<b>\$0</b> (\$0/\$0)	\$0	<b>\$0</b>	\$0	<b>\$0</b>
Rx Value S5953-001	Statewide	\$115.90	\$84.80	\$92.60	\$100.30	\$108.10
Rx Plus S5953-002	Statewide	\$207.20	\$176.10	\$183.90	\$191.60	\$199.40
Rx Essential S5953-004	Statewide	\$26.10	\$8	\$12.50	\$17	\$21.60

# 2022 Prescription Drug Plans

	Plan Feature	BlueCross Rx Essential	BlueCross Rx Value	BlueCross Rx Plus
		\$26.10/month	\$115.90/month	\$207.20/month
	Yearly Deductible Stage	You pay \$480	You pay \$400	You pay \$0
		\$480 annual deductible on Tiers 3 -5	\$400 annual deductible on Tiers 3 - 5	No annual deductible.
>	Tier 1: Preferred Generic	\$15	\$10	\$5
Standard Retail Pharmacy 30-Day Supply	Tier 2: Generic	\$20	\$20	\$8
Standard Retail Pharmacy -Day Supp	Tier 3: Preferred Brand	\$47	\$47	\$27
Sta Pha O-Da	Tier 4: Non-Preferred Brand	50% coinsurance	50% coinsurance	45% coinsurance
co.	Tier 5: Specialty	25% coinsurance	26% coinsurance	33% coinsurance
	Tier 1: Preferred Generic	\$0	\$5	\$0
ed ii acy	Tier 2: Generic	\$5	\$15	\$3
Preferred Retail Pharmacy 30-Day	Tier 3: Preferred Brand	\$40	\$40	\$20
Pre Pre Phe 33	Tier 4: Non-Preferred Brand	50% coinsurance	45% coinsurance	40% coinsurance
	Tier 5: Specialty	25% coinsurance	26% coinsurance	33% coinsurance
	Initial Coverage Stage	You + Plan = \$4,430  You pay the copayment or coinsurance for your drugs, and the plan pays the remainder until total drug costs reach \$4,430.		
	Coverage Gap Stage	You receive a discount on brand-name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 25% of the plan's costs for generic drugs, or your standard copayment for covered generic drugs, whichever is less, until your yearly out-of-pocket drug costs reach \$7,050.		
	Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of \$3.95 for generic, \$9.85 for brand, or 5% of the total drug cost.		

# BlueCross MA Plans - Value Added Benefits

# NOW MAKING HOUSE CALLS





BlueCross BlueShield of South Carolina Medicare Advantage plans come with more access to convenient in-home care with telehealth. Video chat with a doctor anytime, anywhere with Blue CareOnDemand. Get the care you need at the value you deserve.

BlueCareOnDemandSC.com



### **Medicare Advantage**

Blue Cross Blue Shield of South Carolina is a Medicare Advantage PPO and HMO plan with a Medicare contract. Enrollment depends on contract renewal.

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# BlueCross BlueShield of South Carolina Medicare Advantage Dental Benefits



# Your clients deserve more. Savings, coverage and flexibility

**NEW** for 2022 all BlueCross PPO plans include dental benefits with additional comprehensive procedures added. Your client's money will go farther with deep discounts from BlueCross in-network dentists on all covered procedures. Plus, preventive dental does not count towards the dollar allowance!

Give your clients the dental coverage they deserve without the hassle of a restrictive network, additional paperwork or a higher premium. With over 1,300 dentists serving South Carolina, you can be sure your clients will get the care they need.

BLUECROSS PPO - DENTAL BENEFITS					
5	Service	In-Network	Visits Per/Year	Out-of-Network	
Preventive Dental  Does not count	Oral Exams Cleanings	<b>\$</b> 0	2 per/year	50%	
towards allowance	Dental X-rays	\$0	1 per/year	50%	
Comprehensive Dental*	Restorative O% Anesthesia Endodontics Other Oral/Maxillofacial Surgery Extractions Other Services (e.g. deep cleanings, fillings, crowns, root canals, dentures, bridges)		50% (both in- and and out-of-network)		
Annual Comprehensive Allowance	BlueCross Total \$1000 BlueCross Blue Basic \$750 BlueCross Total Value \$500				

<sup>\*</sup>All comprehensive services are a 50% coinsurance in-network. In-network dentists will also apply a deeply discounted BlueCross rate. There is no waiting period. See EOC for a complete list of procedures.

BlueCross BlueShield of South Carolina is a Medicare Advantage PPO and HMO plan with a Medicare contract. Enrollment depends on contract renewal. Out-of-net-work/non-contracted providers are under no obligation to treat BlueCross members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.



The Silver&Fit® Healthy Aging and Exercise program will empower you to get fit with fitness options, digital tools, and healthy aging resources designed to meet your unique needs.



### 8,000+ Digital Workout Videos

You can view yoga, strength, Pilates, walking, cardio, and many other workout videos on the Silver&Fit website and through the Silver&Fit mobile app.



### **Home Fitness Kits**

You can pick one kit per benefit year. Choose from Wearable Fitness Tracker, Pilates, Strength, Swim, and Yoga Kit options.\*



### **Get Started Program**

By answering a few online questions about your fitness level and goals, you can receive a personal exercise plan, including suggested workout videos.



### **Healthy Aging Coaching**

You can work toward your fitness, nutrition, and lifestyle goals during scheduled phone sessions with a coach.



### **Standard Fitness Network Choices**

You can work out at 16,500+ participating fitness centers, many with exercise classes for older adults.



#### **Fitness Tracking**

You can visit the Silver&Fit website to sync your wearable fitness tracker or mobile app to the Silver&Fit Connected!™ tool and track your activity.\*\*



### **Mobile App**

You can download the Silver&Fit ASHConnect mobile app to view digital workout videos and informational articles.



#### **Member Resources**

You can visit the online library of resources for exclusive articles and videos on healthy aging, healthy eating, staying active, and more.

You can also get Fit at Home™ with daily Facebook Live and YouTube workouts, available to the public at no cost. See the full class schedule at www.SilverandFit.com/Workouts.



For more information about the program, visit **www.SilverandFit.com** or call your health plan.

\*Once selected, **Home Fitness Kits cannot be exchanged**.

\*\*Purchase of a wearable fitness tracker or app may be required to use the Connected! tool and is not reimbursable by the Silver&Fit program.

Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Please talk to a doctor before starting or changing an exercise routine. All programs and services are not available in all areas. The people in this piece are not Silver&Fit members. Silver&Fit, Silver&Fit Connected!, Fit at Home, and the Silver&Fit logo are trademarks of ASH. Other names and logos may be trademarks of their respective owners. Kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change.

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**Medicare Advantage** 

# **TruHearing**®



# **Delight in the Details**

Why miss out on life's most precious moments because of hearing loss? Many wait too long to seek help, but you don't have to. As part of your BlueCross BlueShield of South Carolina Medicare Advantage plan, you have a hearing aid benefit available through TruHearing®.

### Your benefit makes it easy



### **Unmatched Service**

TruHearing guides you from first call to aftercare and beyond Our Hearing Consultants schedule an exam, fitting, and follow-up with a licensed provider near you

We work with your health plan to help you understand your benefit



### Hearing Aids That Enhance Life<sup>1</sup>

Stream your favorite music and shows with Bluetooth®

Get health insights to help you set goals and improve your health

Communicate directly with your provider in TruHearing's app



### Simply State-of-the-Art<sup>2</sup>

Own Voice Processing (OVP®) removes the sound of your speech from all other amplified sound to make your voice sound more natural Multi-track processing technology filters noise and helps you focus on voices Rechargeable battery options last from breakfast to bedtime



Call TruHearing to learn more and schedule a hearing care appointment near you

1-866-202-0042

TTY: 711

**Hours:** 

8am-8pm, Monday-Friday



# **TruHearing**®

1-866-202-0042 | TTY: 711

### Medicare Advantage

# **Your 2022 Hearing Coverage**

Your plan covers up to two hearing aids per year (one per ear, per year).



### **TruHearing** Advanced **TruHearing** Premium\*

32 Channels | 6 Programs

48 Channels | 6 Programs

Your Plan:	Retail: <del>\$2,720</del> /aid	Retail: <del>\$3,250</del> /aid	Routine Exam In-Network <sup>3</sup>
BlueCross Secure <sup>SM</sup> HMO	<b>\$699</b> copay/aid	<b>\$999</b> copay/aid	<b>\$45</b> exam copay
BlueCross Total and Total Value <sup>SM</sup> PPO BlueCross Blue Basic <sup>SM</sup> PPO (MA-only)	<b>\$699</b> copay/aid	<b>\$999</b> copay/aid	<b>\$45</b> exam copay

<sup>\*</sup>Rechargeable battery option is available on select styles for an additional \$50 per hearing aid.



#### Your benefit also includes:



- + Risk-free 60-day trial period
- + 1 year of follow-up visits
- + 80 free batteries per non-rechargeable hearing aid
- + Full 3-year manufacturer warranty
- <sup>1</sup> Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory. In-app interfacing requires provider activation.
- <sup>2</sup> Features may vary by model. Activation required.
- <sup>3</sup> Must be performed by a TruHearing network provider.

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# Choose the OneTouch® meter that's right for you at no charge.



#### OneTouch Verio Reflect® meter

- Blood Sugar Mentor™ messages provide personalized guidance, insight and encouragement.
- ColorSure® Dynamic Range Indicator instantly shows if results are in or out of range and when they are at near-low or near-high levels.
- Connect to the OneTouch Reveal® mobile app for even more insights.

#### OneTouch Verio Flex® meter

- ColorSure® technology shows if results are in or out of range.
- Connect to the OneTouch Reveal<sup>®</sup> mobile app for even more insights.

To order a OneTouch® system at no charge: Visit www.OneTouch.orderpoints.com and input brochure code 326BLU252 or call 877-764-5382 and provide brochure code 326BLU252.

While your meter is being shipped, contact your health care provider for your OneTouch Verio® test strip prescription.





Medicare Advantage

Treatment decisions should be based on current numerical result and health care professional's recommendation.

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# You deserve more!

Get excellent eye care and eyewear with

BlueCross BlueShield of South Carolina and VSP® Vision



# You will like what you see with VSP®

With BlueCross Medicare Advantage and VSP you get more vision coverage! VSP has more than 60 years of experience helping people see. Protect your eyes with an annual vision exam and get a full-service plan that features a covered-in-full frame collection through the VSP Advantage Provider Network.

Benefits through a VSP Ac	dvantage Network Provider
Eye Exam	• Comprehensive WellVision Exam® at no cost*
Lenses	<ul> <li>Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full*</li> <li>Plus additional member discounts. Save an average of 20-25% on lens enhancements, such as scratch-resistant and antireflective coatings, progressive lenses and more</li> </ul>
Frames	• Frames from the VSP Genesis collection are covered in full every 2 years
Contact Lenses	Members who prefer contacts lenses may instead choose prescription contacts in lieu of frame & lenses     Contact lens exam (fitting and evaluation) are covered under the allowance
Want More	Discounts?
Additional Pairs of Glasses	• Within 12 months of exam: Up to 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor. Including popular brands like: Anne Klein, bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more.
VSP Laser VisionCare <sup>sM</sup> Program	Discounts for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase at VSP contracted facilities

Questions? We have answers.
Call us at 1-800-930-2836 (TTY: 711).
October 1 to December 31, 8 a.m. - 8 p.m., 7 days a week
January 1 to September 30, 8 a.m. - 6 p.m., Monday - Friday



Disclaimers & Exclusions \* Discounts are only available from VSP-contracted facilities. Based on applicable laws, benefits and savings may vary by location. Promotions are subject to change without notice. The following items are excluded under this plan: plano lenses, two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts. Items not covered under contact lens coverage: insurance policies or service agreements: artistically painted or non-prescription lenses: additional office visits for contact lens pathology; contact lens modification, polishing or cleaning. Featured frame brands subject to change. 20% off applies to any amount above the retail allowance. LASIK coverage only applies to wavefront technology with the microkeratome surgical device.

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### **Medicare Advantage**

### Over-the-Counter (OTC) Benefit

# **Personal Wellness Products**

With your BlueCross BlueShield of South Carolina Medicare Advantage membership, you can get **up to \$40 worth of healthcare products** every quarter. Members use the benefit to order items such as mobility aids, compression garments, incontinence products, toothpaste, lotions, cleansers and much more, from familiar brands including Curad, Biotene and Remedy.

### Choose from hundreds of high quality items in the following categories:



# Friendly, Reliable Service

Knowledgeable customer service representatives are available by phone, online or by mail to answer your questions.





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# Medicare Advantage Guaranteed Issue and Underwriting Guidelines

### What is it?

A BlueCross BlueShield of South Carolina Medicare Advantage (MA) member can switch to a BlueCross Medicare Supplement plan up to 36 months after their initial enrollment in BlueCross MA on a guaranteed issue basis.

### How to Qualify

- The BlueCross MA member must enroll in BlueCross MA when the member is new to Medicare during their Initial Election Period or Initial Coverage Election Period (IEP or ICEP).
- The BlueCross MA member must have maintained continuous BlueCross MA coverage during this (up to 36 month) period.

Enrollment in a BlueCross Medicare Supplement plan must still occur during a (CMS) approved period that allows Medicare Advantage to original Medicare switching and application for a Medicare Supplement to occur.

#### Periods include:

- Annual Election Period (AEP): Oct. 15 Dec. 7 with a Jan. 1 effective date
- Open Enrollment Period (OEP): Jan. 1- March 31

### **IMPORTANT!**

BlueCross will not extend the BlueCross Medicare Supplement guaranteed issue rights beyond 36 months.

**EXAMPLE:** If the member does not take advantage of AEP or MA OEP and then their 36 months expires April 1, BlueCross will not extend the 36 months GI rights to a BlueCross Medicare Supplement plan to 45 months to accommodate enrollment Jan. 1 of the following year using the BlueCross MA's member's next available AEP.

Enrollment depends on contract renewal. Your health plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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# We are glad you are a part of the BlueCross family!

BlueCross has more than 50 years of Medicare experience. We offer the only Medicare Advantage plan in South Carolina backed by the Power of Blue. Based in Columbia, SC, you can feel confident knowing when you call us we'll treat you like a neighbor, not a number. Our top-ranked customer service team is here to help you and your clients get the care you deserve. We're familiar, trustworthy, stable and local.

We're here to help! You can email your questions to MA.Sales@bcbssc.com.

### Who to Call

### Secure email via Proofpoint

If you are locked out, you may contact 800-288-2227 ext. 48599.

### Customer Service

**Members** can call Customer Service for any questions, concerns, or changes regarding their plan or billing issues at:

PDP Customer Service - 888-645-6025 MAPD Customer Service - 855-204-2744

### **Agent Customer Service Support**

The Agent of Record (writing agent) may call Customer Service for information on: application status, general plan parameters, such as deductibles, premium amounts and general coverage questions; premium balance due; prescription drug BIN, Group, and/or PCN number; or, request plan forms be sent to the member's address on file.

The Medicare Advantage Customer Service line for **brokers** is 877-374-9836. Agents who would like to have extended authority to obtain information on behalf of their member, please have the member complete the PHI Authorization form. This form is included in the enrollment booklet and can also be found on Storefront at sellbluesc.com. Once completed, fax the form to 803-462-2590.

### Additional Agent Services Reference Chart

Topic/Issue	Service Entity	Contact Information
Technical support for Federally Facilitated Marketplace (FFM) and password resets [non- BlueCross BlueShield of South Carolina systems]	Centers for Medicare and Medicaid Services (CMS) IT Service Desk	855-267-1515 Agent Inquiry line 800-318-2596 FFM
Technical support for Issuer Direct, My Business Manager (MBM), Accel-a-Rate (AAR), BASES and LMS (Learning Management Systems) [BlueCross systems]	Agent Support Line for marketing systems	803-264-9054 800-288-2227, ext. 49054 Marketing.Enroll@bcbssc.com
Support for password resets	Agent Support Line for marketing systems	803-264-9054 800-288-2227, ext. 49054 Marketing.Enroll@bcbssc.com
Storefront issues, such as login/password issues and order status inquiries.	Marketing Communications	MKTG.Communnications@bcbssc.com
Assistance with BlueChoice® HealthPlan of South Carolina plans.	BlueChoice® customer service	800-868-2528
Tax Season Preparation and information about 1099 and W2 Forms	1099 Tax Line	800-991-2701, option 6

# Contact Information - Need to Support?

If you have any questions or need assistance, reach out to your regional broker manager.



### Christina Stacy - Midlands/Coastal/Lowcountry (yellow counties below)

Richland, Sumter, Calhoun, Orangeburg, Marion, Florence, Horry, Georgetown, Berkeley, Dorchester, Charleston, Beaufort

Phone: 843-834-5617

Email: christina.stacy@bcbssc.com



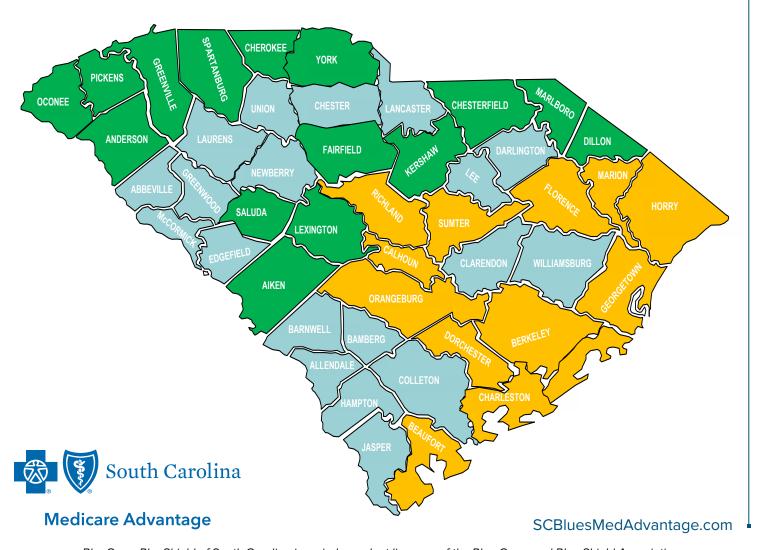
### **Greg Hardee - Upstate/Midlands (green counties below)**

Aiken, Saluda, Lexington, Fairfield, Kershaw, Chesterfield, Marlboro, Dillon, Oconee, Pickens, Anderson, Greenville, Spartanburg, Cherokee, York

Phone: 803-920-6877

Email: greg.hardee@bcbssc.com

You can also email your questions to MA.Sales@bcbssc.com.



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