

## First Choice VIP Care (HMO D-SNP) offered by Select Health of South Carolina

# ***Annual Notice of Change for 2026***

### **Introduction**

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com). Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

### **Additional resources**

- This document is available for free in Spanish.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call 1-888-996-0499 (TTY 711), Monday through Friday, 8 a.m. – 8 p.m., from April 1 to September 30; or seven days a week, 8 a.m. – 8 p.m., from October 1 to March 31. The call is free.
- We'll also ask for your preference during our Welcome call and later in the year, when you contact the plan. The plan will store your request and continue to send future documents in the requested format, unless you ask us to cancel or change the request.
- You can cancel or change your request at any time, simply by calling member Services. The calls are free

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OMB Approval 0938-1444 (Expires: June 30, 2026)

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p.m., Monday through Friday. The call is free. **For more information**, visit  
[www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



## Table of Contents

A. Disclaimers.....	3
B. Reviewing your Medicare and South Carolina Healthy Connections Medicaid coverage for next year .....	3
B1. Information about First Choice VIP Care .....	3
B2. Important things to do .....	3
C. Changes to our plan name .....	5
D. Changes to our network providers and pharmacies.....	5
E. Changes to benefits and costs] for next year .....	6
E1. Changes to benefits for medical services .....	6
E2. Changes to drug coverage.....	17
E3. Stage 1: “Initial Coverage Stage” .....	20
E4. Stage 2: “Catastrophic Coverage Stage” .....	23
F. Choosing a plan .....	24
F1. Staying in our plan .....	24
F2. Changing plans .....	24
G. Getting help .....	29
G1. Our plan.....	29
G2. The state enrollment broker, South Carolina Healthy Connections Choices.....	29
G3. Getting help from the State Health Insurance Assistance Program (SHIP) .....	29
G4. Medicare.....	30
G5. Healthy Connections Medicaid .....	30
G6. The Medicare Prescription Payment Plan .....	30

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## A. Disclaimers

First Choice VIP Care is an HMO D-SNP plan with a Medicare contract and a contract with the South Carolina Healthy Connections Medicaid program. Enrollment in First Choice VIP Care depends on contract renewal.

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## B. Reviewing your Medicare and South Carolina Healthy Connections Medicaid coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Healthy Connections Medicaid programs as long as you're eligible.

If you leave our plan, you can get information about your:

- This document is available for free in Spanish.
- Medicare options in the table in **Section G2** "Changing plans".
- Healthy Connections Medicaid options in **Section G2** "Changing plans".

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## B1. Information about First Choice VIP Care

- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-996-0499 (TTY 711) de lunes a viernes, de 8 a. m. a 8 p. m., del 1 de abril al 30 de septiembre; o los siete días de la semana, de 8 a. m. a 8 p. m., del 1 de octubre al 31 de marzo. La llamada es gratuita.
- First Choice VIP Care is a health plan that contracts with both Medicare and Healthy Connections Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means First Choice VIP Care.

## B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they’ll work for you next year.
  - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section E2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.

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- Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
- Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

**If you decide to stay with First Choice VIP Care:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in First Choice VIP Care.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

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## C. Changes to our plan name

There are no changes to our plan name; however you will receive a new ID card in the mail prior to January 2026.

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## D. Changes to our network providers and pharmacies

Amounts you pay for your drugs depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2026.

**Please review the 2026 Provider and Pharmacy Directory** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.

## E. Changes to benefits and costs for next year

### E1. Changes to benefits for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
<b>Ambulatory Surgical Center (ASC) Services</b>	You pay a \$0 copay  Prior authorization is required.	You pay a \$0 copay.  Prior authorization may be required for ambulatory surgical services.
<b>Dental Services</b>	You pay a \$0 copay.  <b>Preventive:</b> The preventive dental benefits include the following services:	You pay a \$0 copay.  Preventive:

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
	<ul style="list-style-type: none"> <li>• Oral exams – 1 every 6 months</li> <li>• Cleaning – 1 every 6 months</li> <li>• Fluoride treatment – 1 every 6 months</li> <li>• Dental x-rays – 4 every year                             <ul style="list-style-type: none"> <li>○ 6 radiograph codes per year. Full mouth series radiograph - 1 every 5 years</li> <li>○ Panoramic radiograph 1 every 5 years</li> <li>○ Cephalometric radiograph 1 every 5 years per member and does not count against 4 x-rays every year or 6 codes per year.</li> </ul> </li> </ul> <p><b>Comprehensive:</b> Comprehensive dental benefits include the following services:</p> <ul style="list-style-type: none"> <li>• Restorative Services                             <ul style="list-style-type: none"> <li>○ Minor restorations (fillings).</li> </ul> </li> <li>• Endodontics Service                             <ul style="list-style-type: none"> <li>○ One per tooth per lifetime.</li> <li>○ Pre- and post-op radiographs required.</li> </ul> </li> <li>• Periodontics                             <ul style="list-style-type: none"> <li>○ One per 24 months, per quadrant.</li> </ul> </li> </ul>	<p>The preventive dental benefits include the following services:</p> <ul style="list-style-type: none"> <li>• Oral exams – 1 every 6 months</li> <li>• Cleaning – 1 every 6 months</li> <li>• Fluoride treatment – 1 every 6 months</li> <li>• Dental X-rays – 1 every 5 years (varies by services)                             <ul style="list-style-type: none"> <li>○ 1 full mouth radiograph and 1 panoramic radiograph every 5 years</li> <li>○ Up to 6 bitewing or periapical radiographs every year.</li> </ul> </li> </ul> <p><b>Comprehensive:</b></p> <p>The combined total of comprehensive dental benefits cannot exceed \$3,000 every year.</p> <p>The comprehensive dental benefits include the following services, up to a \$3,000 combined limit every year:</p> <ul style="list-style-type: none"> <li>• Restorative Services                             <ul style="list-style-type: none"> <li>○ Minor restorations (fillings).</li> </ul> </li> <li>• Endodontics:                             <ul style="list-style-type: none"> <li>○ Service limitations apply.</li> </ul> </li> </ul>

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	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none"> <li>○ Debridement once per year.</li> <li>● Prosthodontics                             <ul style="list-style-type: none"> <li>○ Dentures - one per arch every five years.</li> <li>○ Denture repair and reline.</li> </ul> </li> <li>● Oral and Maxillofacial Surgery:                             <ul style="list-style-type: none"> <li>○ Oral surgery.</li> <li>○ Crowns – one every five years, per tooth. No more than four per calendar year, with no more than two crowns per arch per year</li> </ul> </li> <li>● Implant services                             <ul style="list-style-type: none"> <li>○ Mini-implants (lower arch only) and implant supported denture (lower arch only).</li> <li>○ Fixed bridges and all other dental implants except for mini-implants are not covered.</li> </ul> </li> </ul> <p>Prior authorization required.</p> <p>Subject to the \$3,600 combined limit every year.</p> <p>Prior authorization is required for dentures, periodontics, endodontics, crowns, mini-implants, and implant supported dentures.</p>	<ul style="list-style-type: none"> <li>○ 1 per tooth per lifetime.</li> <li>○ Pre and post-op radiographs required.</li> <li>○ Prior authorization required.</li> </ul> <li>● Periodontics:             <ul style="list-style-type: none"> <li>○ Service limitations apply.</li> <li>○ Prior authorization required. Scaling and Root Planing - 1 per 24 mo. per quadrant.</li> <li>○ Debridement once per year.</li> <li>○ Scaling in the presence of gingival inflammation once per year.</li> </ul> </li> <li>● Prosthodontics, removable             <ul style="list-style-type: none"> <li>○ Dentures, 1 per arch every 5 years.</li> <li>○ Denture repair and reline, 1 per year.</li> <li>○ Prior authorization required.</li> </ul> </li> <li>● Maxillofacial prosthetics             <ul style="list-style-type: none"> <li>○ 1 per arch every 5 years.</li> <li>○ Prior authorization required.</li> </ul> </li> <li>● Implant services             <ul style="list-style-type: none"> <li>○ Mini-implants (lower arch only) and implant supported denture</li> </ul> </li>

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	<p>We will only pay for covered dental services if you go to an in-network dentist. In most cases, care you receive from an out-of-network provider will not be covered.</p>	<p>(lower arch only), 1 every 5 years.</p> <ul style="list-style-type: none"> <li>○ Fixed bridges and all other dental implants except for mini-implants are not covered.</li> <li>○ Prior authorization required.</li> <li>● Prosthodontics, fixed                             <ul style="list-style-type: none"> <li>○ Crowns, 1 every 5 years, per tooth. No more than 4 per calendar year, with no more than 2 crowns per arch per year.</li> <li>○ Prior authorization required.</li> </ul> </li> <li>● Oral and maxillofacial surgery                             <ul style="list-style-type: none"> <li>○ Extractions - 1 per tooth per lifetime. Other oral surgery, limitations apply.</li> </ul> </li> </ul> <p>Prior authorization required.</p>
<p><b>Diabetic Supplies (Part B)</b></p>	<p>You pay a \$0 copay.</p> <p>Non-preferred brands will require an authorization. Preferred brands have a \$0 copay. Non-Preferred brands have a 20% coinsurance.</p>	<p>You pay a \$0 copay.</p> <p>Non-preferred brands and all continuous glucose monitors will require a prior authorization and have a 20% co-insurance. Once the beneficiary reaches the Maximum Out of Pocket limit, the copay will be \$0.</p>

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		Preferred brands have a \$0 copay.
<b>Durable Medical Equipment (DME)</b>	<p>You pay a \$0 copay.</p> <p>Prior authorization is required for rental and purchased Medicare-covered prosthetics and medical supplies.</p> <p>Prior authorization required.</p>	<p>You pay a \$0 copay</p> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none"> <li>• Medicare-covered DME items over \$750 for purchase.</li> <li>• Rental and rent-to-purchase items.</li> <li>• The purchase of all wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item</li> <li>• Enteral Nutritional Supplements</li> </ul>
<b>Hearing Services</b>	<p>You pay a \$0 copay.</p> <ul style="list-style-type: none"> <li>• Routine hearing exam (up to 1 every year)</li> <li>• 3 fittings for a hearing aid (one per ear), every 3 Years</li> <li>• Up to \$2,500 toward the cost of a non-implantable hearing aids from the applicable TruHearing® Choice catalog every 3 years (limit 1 hearing aid per ear).</li> </ul>	<p>You pay a \$0 copay.</p> <ul style="list-style-type: none"> <li>• Routine hearing exam (up to 1 every year)</li> <li>• Up to \$2,500 toward the cost of 2 non-implantable TruHearing branded Advanced hearing aids every three 3 years (limit 1 hearing aid per ear).</li> </ul> <p>After plan-paid benefit, you are responsible for the remaining costs.*</p> <p>Each TruHearing-branded hearing aid purchase includes</p>

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	2025 (this year)	2026 (next year)
	<p>After plan-paid benefit, you are responsible for the remaining costs.</p> <p>Each TruHearing-branded hearing aid purchase includes one year of follow-up provider visits for adjustments. These visits are available for 12 months following TruHearing-branded hearing aid purchase and only with the purchase of a TruHearing-branded hearing aid.</p> <p>You must see a TruHearing provider to use this benefit.</p> <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> <li>• First year of follow-up provider visits</li> <li>• 60-day trial period</li> <li>• Three-year extended warranty</li> <li>• 80 batteries per aid for non-rechargeable models every 3 years</li> </ul> <p>Benefit does not include or cover any of the following:</p> <ul style="list-style-type: none"> <li>• Over-the-counter (OTC) hearing aids</li> <li>• Ear molds</li> <li>• Hearing aid accessories</li> <li>• Additional provider visits</li> <li>• Additional batteries, batteries when a rechargeable hearing</li> </ul>	<p>one year of follow-up provider visits for fitting and adjustments. These visits are available for 12 months following the purchase of a TruHearing branded hearing aid purchase while the member is enrolled in the plan.</p> <p>You must see a TruHearing provider to use this benefit.</p> <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> <li>• First 12 months of follow-up provider visits</li> <li>• 60-day trial period</li> <li>• 3-year extended warranty</li> <li>• 80 batteries per aid for non-rechargeable models</li> </ul> <p>Benefit does not include or cover any of the following:</p> <ul style="list-style-type: none"> <li>• Over the counter (OTC) hearing aids</li> <li>• Ear molds</li> <li>• Hearing aid accessories</li> <li>• Additional provider visits</li> <li>• Additional batteries, batteries when a rechargeable hearing aid is purchased</li> <li>• Hearing aids that are not TruHearing-branded Advanced Aids</li> </ul>

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	<ul style="list-style-type: none"> <li>aid is purchased</li> <li>Hearing aids that are not in the applicable TruHearing catalog</li> <li>Costs associated with loss and damage warranty claims.</li> </ul> <p>Costs associated with excluded items are the responsibility of the member and not covered by the plan.</p>	<ul style="list-style-type: none"> <li>Costs associated with loss &amp; damage warranty claims</li> </ul> <p>Costs associated with excluded items are the responsibility of the member and not covered by the plan.</p> <p>* Remaining costs refers to any amount in excess of your allowance</p>
<b>Observation Services</b>	You pay a <b>\$0</b> copay	You pay a <b>\$0</b> copay  Prior authorization not required for observation services.
<b>Over the Counter Items (OTC)</b>	<p>You pay a \$0 copay.</p> <p>Benefit includes \$250 per month for over-the-counter (OTC) items included in the OTC catalog, online ordering portal and/or qualified items at participating retail settings via a restricted spend debit card.</p> <p>There is no limit on the total number of items or orders a member may purchase.</p> <p>Any unused balance will automatically expire at the</p>	<p>You pay \$0.</p> <p>Benefits include \$106 per quarter to spend on eligible OTC items such as vitamins, pain relievers, cold remedies, nicotine replacement therapy, and more.</p> <p>Funds are loaded to a plan-issued debit card each quarter.</p> <p>Naloxone is covered as a Part C OTC benefit. The Nicotine Replacement Therapy (NRT) being offered does not</p>

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	end of each month or upon disenrollment from the plan.	<p>duplicate any Part D OTC or formulary drugs</p> <p>Members can shop through the OTC catalog or at participating retail stores.</p> <p>No limit on the number of items or orders.</p> <p>Any unused funds will expire at the end of the quarter or upon disenrollment from the plan</p>
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b>	Special Supplemental Benefits for the Chronically Ill (SSBCI) are not covered.	<p>You pay a \$0 copay for SSBCI benefits.</p> <p>If you qualify for SSBCI, you can apply the \$106 quarterly OTC benefit to help with everyday living expenses.</p> <ul style="list-style-type: none"> <li>• Healthy foods</li> <li>• General supports for living (e.g., rent, mortgage, utilities)</li> <li>• Pest Control</li> </ul> <p>In order to qualify for SSBCI, you must have at least one of the following chronic health conditions:</p> <ul style="list-style-type: none"> <li>• Cardiovascular disorders</li> <li>• Chronic and disabling mental health conditions</li> <li>• Chronic gastrointestinal disease (limited to end stage liver disease)</li> </ul>

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		<ul style="list-style-type: none"> <li>• Congestive heart failure</li> <li>• Connective tissue disease</li> <li>• Chronic lung disorders (limited to chronic obstructive pulmonary disorder)</li> <li>• Dementia</li> <li>• Diabetes mellitus</li> <li>• Overweight, obesity, &amp; metabolic syndrome</li> <li>• Stroke.</li> </ul> <p>In addition:</p> <ul style="list-style-type: none"> <li>• Your condition must be life threatening or greatly limit the overall health or function</li> <li>• You must be at high risk of hospitalization or other adverse health outcomes</li> <li>• You must require intensive care coordination</li> </ul> <p>The plan will review objective criteria to determine your eligibility.</p> <p>For more information or to check eligibility, you should contact the plan.</p> <p>Unused amounts expire at the end of each quarter or upon disenrollment from the plan.</p>
<p><b>Substance Abuse</b> <b>(Individual and Group)</b></p>	<p>You pay a \$0 copay.</p> <p>Not all Outpatient Substance Abuse services will require an</p>	<p>You pay a \$0 copay.</p>

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	authorization. Have your provider call the Plan to confirm if an authorization is required	Prior authorization may be required.
<b>Transportation- Plan Approved Health-related Location</b>	<p>You pay a \$0 copay.</p> <p>50 one-way trips every year to plan-approved locations.</p> <p>Prior authorization is required for trips that exceed 50 miles for a one-way ride. Other prior authorization.</p>	<p>You pay a \$0 copay.</p> <p>24 one-way trips every year to plan-approved locations.</p> <p>Limit of 50 miles per one-way trip.</p>
<b>Value Based Insurance Design Model Benefit (VBID)</b>	<p>You pay a \$0 copay</p> <p>Members who qualify based on socioeconomic (LIS) status may use \$225 of the monthly allowance towards qualifying Food &amp; Produce at participating retail locations and/or FarmBox mail-order, item limits may apply and/or qualifying rent, utility services, internet, pest control and pet supplies.</p> <p>Any unused balance will automatically expire at the end of each month or upon disenrollment from the plan.</p>	Value-Based Insurance Design Model Benefit (VBID) is not covered.
<b>Vision Care</b>	<p>You pay a \$0 copay.</p> <p>Our plan offers routine vision coverage including:</p>	<p>You pay a \$0 copay.</p> <p>Our plan offers routine vision coverage including:</p>

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	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none"> <li>• One routine vision exam every year</li> <li>• The plan will cover up to \$400 every year towards eyeglasses or contact lenses.</li> </ul> <p>You must receive your care from a network provider. We will only pay for covered vision services if you go to an in-network vision provider. In most cases, you will have to pay for care that you receive from an out-of-network provider.</p>	<ul style="list-style-type: none"> <li>• One routine vision exam every year</li> <li>• The plan will cover up to \$355 every year towards eyeglasses or contact lenses.</li> </ul> <p>You must receive your care from a network provider. We will only pay for covered vision services if you go to an in-network vision provider. In most cases, you will have to pay for care that you receive from an out-of-network provider.</p>

## E2. Changes to drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com). You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to 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 find out if there are 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 are allowed by Medicare and/or the state 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 a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the numbers at the bottom of the page to ask for a *List of Covered Drugs* that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 180 days of the calendar year.
  - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If you received permission from us in 2025 to use a drug that is not on our formulary, known as a formulary exception, in some instances you can continue to use that drug in 2026 as long as your doctor prescribes it for you. Maintenance drugs are drugs that you take on a regular basis for a chronic or long-term medical condition. Non-maintenance drugs are those taken for a shorter period of time, for example antibiotics. If you were prescribed a maintenance drug that had specific requirements that you met or were given permission from us to use in 2025, known as a coverage determination, in some instances, you can continue to use this drug in 2026. However, if you received a coverage determination for a non-maintenance drug in 2025, you or your provider will need to file a new coverage determination request to continue using that drug in 2026.

Starting in 2026, we can immediately remove brand name drugs or original biological products on our *Drug List* if, we replace them with new generics or certain biosimilars versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer rules. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our *Drug List*, but immediately move it to a different cost-sharing tier or add new rules.

For example, if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



Some of these drug types may be new to you. For definitions of drug types, please go to **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website:

[www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](http://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients).

You can also call Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to drug costs

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

<b>Stage 1 Initial Coverage Stage</b>	<b>Stage 2 Catastrophic Coverage Stage</b>
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2026.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,100. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

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.

### E3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



**We moved some of the drugs on our *Drug List* to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our <number of tiers> drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs for a long-term supply; or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.

	2025 (this year)	2026 (next year)
<p><b>Drugs in Tier 1</b> (Preferred Generic)</p> <p>Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy</p>	<p>You pay a \$0 copay.</p>	<p>Cost sharing at a retail pharmacy is 25% of the total cost.</p> <p>Your cost for a 61 - 100 days mail-order prescription is 25% coinsurance.</p> <p>*Cost sharing is based on the level of "Extra Help" the member receives</p> <p>**Deductible and coinsurance may apply for members without "Extra Help".</p>

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



	2025 (this year)	2026 (next year)
<p><b>Drugs in Tier 2</b> (Generic)</p> <p>Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy</p>	<p>You pay a \$0 copay.</p>	<p>Cost sharing at a retail pharmacy is 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a 61 - 100 days mail-order prescription is 25% coinsurance</p> <p>*Cost sharing is based on the level of "Extra Help" the member receives.</p>

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



	2025 (this year)	2026 (next year)
<p><b>Drugs in Tier 3</b> (Preferred Brand)</p> <p>Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy</p>	<p>You pay a \$0 copay.</p>	<p>Cost sharing at a retail pharmacy is 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a 61 - 100 days mail-order prescription is 25% coinsurance.</p> <p>*Cost sharing is based on the level of "Extra Help" the member receives.</p> <p>**Deductible and coinsurance may apply for members without "Extra Help".</p>

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



	2025 (this year)	2026 (next year)
<p><b>Drugs in Tier 4</b> (Non-Preferred Drug)</p> <p>Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy</p>	<p>You pay a \$0 copay.</p>	<p>Cost sharing at a retail pharmacy is 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a 61 - 100 days mail-order prescription is 25% coinsurance.</p> <p>*Cost sharing is based on the level of "Extra Help" the member receives.</p> <p>**Deductible and coinsurance may apply for members without "Extra Help".</p>
<p><b>Drugs in Tier 5</b> (Specialty)</p> <p>Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy</p>	<p>You pay a \$0 copay.</p>	<p>Cost sharing at a retail pharmacy is 25% of the total cost.</p> <p>Your cost for a 61 - 100 days mail-order prescription is 25% coinsurance.</p> <p>*Cost sharing is based on the level of "Extra Help" the member receives</p> <p>**Deductible and coinsurance may apply for members without "Extra Help".</p>

**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



	2025 (this year)	2026 (next year)
<p><b>Drugs in Tier 6</b></p> <p>(Select Care Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy</p>	You pay a \$0 copay.	You pay \$0 of the total cost.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

**E4. Stage 2: “Catastrophic Coverage Stage”**

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered Part D drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.: You may have copays for Medicaid covered drugs.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6** Section E, in your Member Handbook.

**F. Choosing a plan**

**F1. Staying in our plan**

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

**F2. Changing plans**

Most people with Medicare can end their membership during certain times of the year. Because you have Healthy Connections Medicaid, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Healthy Connections Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

### **Your Medicare services**

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



<p><b>1. You can change to:</b></p> <p><b>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For information about Program of All-inclusive Care for the Elderly (PACE), call Healthy Connections Medicaid at 1-888-549-0820. This call is free. TTY users should call 1-888-842-3620. You can also go to <a href="http://www.scdhhs.gov/providers/managed-care/program-all-inclusive-care-elderly-pace/members">www.scdhhs.gov/providers/managed-care/program-all-inclusive-care-elderly-pace/members</a></p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• After you contact Medicare about changing plans, Medicare will work with Healthy Connections Medicaid to make the change. For more information about this process, you can call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670.</li><li>• Call the SHIP program, I-CARE, at 1-800-868-9095, Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 711</li></ul> <p><b>OR</b></p> <p>Enroll in a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p>
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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095, Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. For more information, please visit <a href="http://www.aging.sc.gov">www.aging.sc.gov</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call Insurance Counseling Assistance and Referrals for Elders (I-CARE) at 1-800-868-9095, Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 711. For more information, please visit <a href="http://www.aging.sc.gov">www.aging.sc.gov</a>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095, Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. For more information, please visit <a href="http://www.aging.sc.gov">www.aging.sc.gov</a>.</li></ul> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Open Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in <b>Section A</b>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For information about Program of All-inclusive Care for the Elderly (PACE), call Healthy Connections Medicaid at 1-888-549-0820. This call is free. TTY users should call 1-888-842-3620. You can also go to <a href="http://www.scdhhs.gov/providers/managed-care/program-all-inclusive-care-elderly-pace/members">www.scdhhs.gov/providers/managed-care/program-all-inclusive-care-elderly-pace/members</a></p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095, Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. For more information, please visit <a href="http://www.aging.sc.gov">www.aging.sc.gov</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p>
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### Your Healthy Connections Medicaid services

For questions about how to get your Healthy Connections Medicaid services after you leave our plan, contact South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670. You can also visit

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



[www.scchoices.com](http://www.scchoices.com). Ask how joining another plan or returning to Original Medicare affects how you get your Healthy Connections Medicaid coverage.

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## **G. Getting help**

### **G1. Our plan**

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

#### **Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook for 2026 will be available by October 15*. You can also review the *Member Handbook* to find out if other benefit or cost changes affect you. An up-to-date copy of the *Member Handbook* is available on our website at [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com). You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

#### **Our website**

You can visit our website at [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

### **G2. The state enrollment broker, South Carolina Healthy Connections Choices**

The enrollment broker helps people choose between different Healthy Connections Medicaid health plans, enroll, change plans, or disenroll. The enrollment broker is called South Carolina Healthy Connections Choices, and it isn't connected with any insurance company or health plan. You can call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670. For more information, please visit [www.scchoices.com](http://www.scchoices.com).

### **G3. Getting help from the State Health Insurance Assistance Program (SHIP)**

You can also call the State Health Insurance Assistance Program (SHIP). In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. I-CARE counselors can help you understand your plan choices and answer questions about

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



switching plans. I-CARE isn't connected with any insurance company or health plan. The I-CARE phone number is 1-800-868-9095. TTY users should call 711.

#### **G4. Medicare**

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

#### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

#### **Medicare & You 2026**

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

#### **G5. Healthy Connections Medicaid**

The phone number for Healthy Connections Medicaid is 1-888-549-0820. This call is free. TTY users should call 1-888-842-3620. Healthy Connections Medicaid can help or direct you to someone who can help you.

#### **G6. The Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

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**If you have questions**, please call First Choice VIP Care at 1-888-996-0499 (TTY 711), October 1 – March 31: 8 a.m. - 8 p.m., seven days a week; April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.firstchoicevipcare.com](http://www.firstchoicevipcare.com).



“Extra Help” from Medicare and help from your state’s pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All members are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [www.Medicare.gov](http://www.Medicare.gov).

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