

2027



Enrollment
Made Easy

Welcome to First Choice VIP Care (HMO-SNP)

South Carolina

Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York

**Better care, better coverage –
because you deserve to live like a VIP.**

www.firstchoicevipcare.com

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 **FirstChoice
VIP CARE.**

by Select Health of South Carolina

MED-MLT_266297800
129416 (7/26)

2027



Get More From Your Medicare and Medicaid Benefits

First Choice VIP Care (HMO D-SNP) Trusted care for dual-eligible members

We offer great medical and prescription drug coverage for people who have both Medicare and Medicaid and live in one of the following counties in South Carolina: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York

We are available to answer your questions and provide the information you need. For enrollment assistance, or to schedule an in-person appointment, please call:
1- 833-961-3723 (TTY 711) October 1 to March 31: Seven days a week, 8 a.m. – 8 p.m.
April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.

www.firstchoicevipcare.com

 **FirstChoice
VIP CARE®**

by Select Health of South Carolina

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Choosing the right Medicare plan for your needs is an important decision. Let us walk you through some important information you need to know.

What does it mean to be dual-eligible?

You have both Medicare and Medicaid. That may help you save money and get more benefits.

What is a dual-eligible special needs plan (D-SNP)?

- These are health plans for people who are eligible for both Medicare and Medicaid.
- Your health care and support are combined in one plan
- You get extra benefits that you don't get with original Medicare, such as dental, vision, and hearing care, and you get to keep all of the same Medicaid benefits that you get now.

Get the care, benefits, and support you need in one health plan.

We have customer service specialists available to answer questions you may have about your coverage, like where to find a network provider or pharmacy. They can also send you a hard copy of this information. Call now to check your eligibility - It's free!

1- 833-961-3723 (TTY 711)

October 1 to March 31: Seven days a week,
8 a.m. – 8 p.m. April 1 to September 30:
Monday through Friday, 8 a.m. – 8 p.m.



The following pages will guide you through all you need to know to make an informed decision about your Medicare coverage.



Explain the benefits included with First Choice VIP Care:



Summary of benefits



Extra benefits

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.

The pharmacy network and provider network may change at any time. You will receive notice when necessary. First Choice VIP Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Please contact Member Services if you require this document in an alternate format such as large font, Braille, or audio.

www.firstchoicevipcare.com

We have enrollment specialists standing by to answer any questions you may have.

Call Now to Check Your Eligibility - It's Free!

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(TTY 711)**

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Any individual depicted is a model.

First Choice VIP Care (HMO D-SNP) | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by First Choice VIP Care. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of First Choice VIP Care. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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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.

A. Disclaimers



This is a summary of health services covered by First Choice VIP Care for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To get a copy of the *Member Handbook*, call Member Services at the number at the bottom of the page. You can also find the *Member Handbook* at www.firstchoicevipcare.com. Hours of operation are October 1 – March 31: 8 a.m. - 8 p.m., seven days a week and April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday.

- ❖ 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.
- ❖ For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- ❖ For more information about First Choice VIP Care, you can check the South Carolina Healthy Connections Medicaid program website www.scdhhs.gov/resources/health-managed-care-plans/dual-special-needs-plans or call 1-888-549-0820 or TTY: 1-888-842-3620, Monday through Friday from 8 a.m. to 6 p.m. Eastern time. You can also call the Long-Term Care Ombudsman from the South Carolina Department of Aging at 1-844-477-4632, TTY: 711, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. The Ombudsman is for people of any age who have both Healthy Connections Medicaid and Medicare. South Carolina Department on Aging (SCDOA) can be reached at 1-800-868-9095 (TTY 711), Monday through Friday, 8:30 a.m. to 5 p.m.
- ❖ **You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the numbers in the footer of this document. The call is free.**
- ❖ **This document is available in Spanish.**
- ❖ **ATENCIÓN:** Si Habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios al Miembro de First Choice VIP Care al 1-888-996-0499 (TTY 711), octubre 1 a marzo 31, de 8 a.m. a 8 p.m. De abril 1 a septiembre 30, de 8 a.m. a 8 p.m., los siete días de la semana. La llamada es gratuita.
- ❖ You can request to get this document, now and in the future, in a language other than English or in another format simply by calling Member Services at the number at the bottom of the page. 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



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future documents in this requested language or 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.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a HIDE D-SNP?	<p>Our plan is a highly integrated dual eligible (HIDE) D-SNP, also called an “integrated D-SNP.” A HIDE D-SNP is a health plan that contracts with both Medicare and Healthy Connections Medicaid to provide benefits of both programs to enrollees. It’s for people with both Medicare and Healthy Connections Medicaid. A HIDE D-SNP is an organization made up of doctors, hospitals, pharmacies, providers of behavioral health (mental health) services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p>
Will I get the same Medicare and Medicaid benefits in First Choice VIP Care that I get now?	<p>You’ll get most of your covered Medicare and Healthy Connections Medicaid benefits directly from First Choice VIP Care. You’ll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator’s assessment. You may also get other benefits outside of your health plan, the same way you do now, outside of the plan.</p> <p>When you enroll in First Choice VIP Care, you and your, care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you’re taking any Medicare Part D drugs that First Choice VIP Care doesn’t normally cover, you can get a temporary supply and we’ll help you to transition to another drug or get an exception for First Choice VIP Care to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>



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Frequently Asked Questions	Answers
Can I use the same doctors I use now?	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with First Choice VIP Care and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in First Choice VIP Care’s network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of First Choice VIP Care’s plan. <p>If First Choice VIP Care is new for you, you can continue using the doctors you use now for 90 days after you first enroll, even if they’re out-of-network. If you need to continue using your out-of-network providers after your first 90 days in our plan, we’ll only cover that care if the provider enters a single case agreement with us. If you’re getting ongoing treatment from an out-of-network provider and think they may need a single case agreement in order to keep treating you, contact your care coordinator at 1-888-996-0499, October 1 – March 31: 8 a.m. to 8 p.m., seven days a week and April 1 – September 30, 8 a.m. – 8 p.m., Monday through Friday. To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read First Choice VIP Care’s <i>Provider and Pharmacy Directory</i> on the plan’s website at www.firstchoicevipcare.com</p> <p>If First Choice VIP Care is new for you, we’ll work with you to develop a care plan to address your needs.</p>



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Frequently Asked Questions	Answers
What's a First Choice VIP Care care coordinator?	A First Choice VIP Care Care Coordinator is the main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What happens if I need a service but no one in First Choice VIP Care's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, First Choice VIP Care will pay for the cost of an out-of-network provider.
Where's First Choice VIP Care available?	The service area for this plan includes Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York Counties, South Carolina. You must live in one of these areas to join the plan.
What's prior authorization?	<p>Prior authorization means an approval from First Choice VIP Care to seek services outside of our network or to get services not routinely covered by our network before you get the services. First Choice VIP Care may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. First Choice VIP Care can provide you or your provider with a list of services or procedures that require you to get prior authorization from First Choice VIP Care before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>



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Frequently Asked Questions	Answers
What's a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone who isn't your PCP or use other providers in the plan's network. If you don't get approval, First Choice VIP Care may not cover the services, and you may be billed for these services. A referral is different than a prior authorization. You don't need a referral to use some specialists, such as women's health specialists.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP. First Choice VIP Care can provide you with a list of services that require you to get a referral from your care team before the service is provided.</p>
Do I pay a monthly amount (also called a premium) under First Choice VIP Care?	No. Because you have Medicaid, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of First Choice VIP Care?	No. You don't pay deductibles in First Choice VIP Care.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of First Choice VIP Care?	There's no cost-sharing for medical services in First Choice VIP Care, so your annual out-of-pocket costs will be \$0.



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C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. <i>Prior authorization is required.</i>
	Outpatient hospital services, including observation	\$0	<i>Not all outpatient preventive or diagnostic services will require authorization.</i>
	Ambulatory surgical center (ASC) services	\$0	<i>Prior authorization may be required.</i>
	Doctor or surgeon care	\$0	<i>Prior authorization is required.</i>
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	<i>Emergency room services are provided without prior authorization requirements, even if the services are provided out of network.</i>
	Urgent care	\$0	<i>Urgent care services are provided without prior authorization requirements, even if the services are provided out of network.</i>
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Not all X-rays, outpatient diagnostic/therapeutic/radiological procedures, and tests will require authorization. Ask your provider to call the plan to confirm if an authorization is required.
	Lab tests and diagnostic procedures, such as blood work	\$0	Not all lab services will require authorization. Ask your provider to call the plan to confirm if an authorization is required.
You need hearing/auditory services (continued on the next page)	Hearing screenings	\$0	
	Hearing aids	\$0	<p>The prescription hearing aid benefit includes up to two [2] hearings aids (1 aid per ear) every 3 years for Select hearing aid technology levels through NationsHearing at no cost to the member. All hearing aids offered through NationsHearing include:</p> <ul style="list-style-type: none"> • 60-day evaluation period with a 100% money-back guarantee (no restocking fees) • 1 Hearing aid fitting per hearing aid



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)			<ul style="list-style-type: none"> • 3 follow-up appointments within one year of the fitting date • 3-year supply of batteries (for non-rechargeable hearing aids, up to 60 cells per ear, per year) • 3-year comprehensive manufacturer's warranty, including one time replacement for lost or damaged hearing aids • Earmold(s) (first set, when needed) • Unlimited ongoing member support via NationsHearing
You need dental care (continued on the next page)	Emergency dental procedures by oral surgeons	\$0	
	Dental procedures related to organ transplants, cancer, joint replacement, heart valve replacement, and trauma	\$0	<i>Prior authorization may be required.</i>
	Preventive and Comprehensive dental	\$0	<p>Preventive dental:</p> <ul style="list-style-type: none"> • Oral exams: 1 every 6 months • Cleaning: 1 every 6 months • Fluoride treatment: 1 every 6 months • Dental X-rays: 1 full mouth radiograph and 1 panoramic radiograph every 5 years and up to 6 bitewing or periapical radiographs every year. <p>Comprehensive dental:</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need dental care (continued)</p>			<p>Up to a \$2,000 max benefit coverage limit every year for:</p> <ul style="list-style-type: none"> • Minor restorations (fillings) * • Endodontics (1 per tooth per lifetime) * • Periodontics * • Dentures (1 per arch every 5 years) * • Denture repair and reline (1 per year) * • Mini-implants * • Prosthodontics * • Oral and Maxillofacial surgery * • Extractions (1 per tooth per lifetime) * <p><i>* Prior authorization required for comprehensive dental services. Additional service limits may apply. You are responsible for amounts beyond the benefit limit.</i></p> <p>You may use nitrous oxide for certain covered dental services, including fillings, crowns, root canals, and extractions (not including Wisdom Teeth), and more.</p> <p>We added coverage for services that allow a dentist to adjust your existing denture after dental mini-implant procedures, helping it fit properly without needing a new denture.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			Read the <i>Member Handbook</i> for more information on these benefits.
You need eye care	Treatment for eye injuries or diseases	\$0	
	Initial replacement of lens due to cataract surgery	\$0	<i>Prior authorization is required.</i>
	Routine vision	\$0	<p>One routine eye exam every year, excluding contact lens exam and fitting services.</p> <p>Up to a \$300 allowance for one pair of eyeglasses (lenses and frames) or one pair of contact lenses is covered every year.</p> <p>The benefit amount (allowance) must be used to pay for vision services from an in-network provider. In most cases, you will have to pay for care from an out-of-network provider. You also have to pay for costs over your benefit limit.</p>
You need behavioral health services (continued on the next page)	Behavioral health services (group and individual sessions)	\$0	<p>Referral required for Healthy Connections Medicaid-covered outpatient mental health services.</p> <p>Referral required for the Institution for Mental Disease Services for individuals 65 years or older.</p>
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Referral required for Healthy Connections Medicaid-covered outpatient mental health services.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued)			Referral required for Institution for Mental Disease Services for individuals 65 years or older.
You need substance use disorder services	Substance use disorder services	\$0	<p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • Outpatient substance use services • Outpatient individual therapy • Outpatient group therapy <p><i>Prior authorization may be required.</i></p> <p>Not all outpatient substance use disorder services will require authorization. Have your provider call the plan to confirm if an authorization is required.</p> <p>Read the <i>Member Handbook</i> for more information on these benefits.</p>
You need a place to live with people available to help you	Skilled nursing care	\$0	<p>Medicare-covered stays (for example, rehabilitation) require a PA, while Healthy Connections Medicaid-covered stays (for example, long term skilled nursing facility (SNF) stays) only require a referral.</p> <p><i>Prior authorization is required.</i></p>
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	<i>Prior authorization is required.</i>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services	\$0	<i>Prior authorization may be required.</i>
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	<p>18 one-way trips every year to plan-approved locations (e.g. doctor's office, pharmacy, and hospital). May consist of a car, shuttle, or van service, depending on appropriateness for the situation and the member's needs. Rides must be scheduled at least one business day in advance, except in special circumstances.</p> <p>Limit of 50 miles per one-way trip.</p> <p>Routine non-emergent medical transport (NEMT) services are covered for Medicaid-covered services.</p>
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	\$0 to 20% coinsurance	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>20% coinsurance or \$35, whichever is less for non Part B insulin drugs.</p> <p>0% coinsurance for preferred Part B chemotherapy/radiation drugs. 20% for non-preferred Part B chemotherapy/radiation drugs.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			0% coinsurance for preferred Other Medicare Part B drugs. 20% for non-preferred Other Medicare Part B drugs.
	<p>Medicare Part D drugs</p> <p>Tier 1: Preferred Generic</p> <p>Tier 2: Generic</p> <p>Tier 3: Preferred Brand</p> <p>Tier 4: Non-Preferred Drug</p> <p>Tier 5: Specialty</p>	<p>\$0 for all Tier 1 drugs at a network retail or mail order pharmacy (up to a 90-day supply).</p> <p>Copays for other drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> <p>If you receive Extra Help from Medicare, you pay: \$0, \$1.65, or \$5.80 copay for generic drugs and \$0, \$5, or \$14.40 copay for all other drugs.</p> <p>You pay either the drug tier cost or your Extra Help copay, whichever is less.</p>	<p>There may be limitations on the types of drugs covered. Please refer to First Choice VIP Care's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Once you or others, on your behalf, pay \$2,400, you've reached the catastrophic coverage stage, and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage.</p> <p>Cost sharing if you do not qualify for Extra Help:</p> <p>Drug Tier 1 Preferred Generic: \$0 copay for a 30-day supply.</p> <p>Drug Tier 2 Generic: \$10 copay for a 30-day supply.</p> <p>Drug Tier 3 Brand: 25% coinsurance for a 30-day supply.</p> <p>Drug Tier 4 Non-Preferred Drug: 25% coinsurance for a 30-day supply.</p> <p>Drug Tier 5 Specialty: 25% coinsurance for a 30-day supply.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			60-day and 90-day supplies are available at retail and mail order pharmacy locations at the same cost sharing rate as a 30-day supply, except for Tier 2 drugs. Tier 2 drugs will cost \$20 for a 60-day supply and \$30 for a 90-day supply. 60-day and 90-day supplies are not available for Tier 5 drugs.
You need help on every day expenses (continued on the next page)	Over-the-counter (OTC) Items and Daily Living Supports	\$0	<p>Members are provided a combined allowance of \$200 per month to spend on the following benefits:</p> <p>Over-the-counter (OTC)</p> <p>All members may use the combined allowance towards eligible OTC items.</p> <p>OTC items include vitamins, pain relievers, cold remedies, and more.</p> <p>Funds are loaded to a plan-issued debit card each month.</p> <ul style="list-style-type: none"> • Members can shop through the OTC catalog or at participating retail stores • No limit on the number of items or orders <p>Any unused funds will expire at the end of the month or upon disenrollment from the plan.</p> <p>Naloxone is covered as a Part C OTC benefit. The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p> <p>Home and Bathroom Safety Devices</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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help on every day expenses (continued)</p>			<p>All members may use the combined allowance towards eligible home and bathroom safety devices such as grab bars or doorknobs, non-slip floor coverings, safety chairs, and bathroom modification aids.</p> <p>Members can shop through the OTC catalog or at participating retail stores. Unused amounts expire at the end of each month or upon disenrollment from the plan.</p> <p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>If you qualify for SSBCI, you may also use the combined allowance towards everyday living expenses. The allowance can be used for:</p> <ul style="list-style-type: none"> • Healthy foods • General supports for living (e.g., rent, mortgage, utilities) • Pest control <p>Not all members qualify. Only SSBCI eligible members may use their allowance towards rent, utilities, internet, healthy foods, and pest control.</p> <p>In order to qualify for SSBCI, members must have at least one of the following chronic health conditions:</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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help on every day expenses (continued)</p>			<p>Cardiovascular disorders, Chronic and disabling mental health conditions, Chronic gastrointestinal disease (limited to end-stage liver disease), Congestive heart failure, Chronic lung disorders (limited to chronic obstructive pulmonary disease), Connective Tissue Disease, Dementia, Diabetes mellitus, Stroke, and/or Overweight, obesity, and metabolic syndrome.</p> <p>The condition must be life threatening or greatly limit overall health or function of the member; the member must be at high risk of hospitalization or other adverse health outcomes; and the member must require intensive care coordination. The plan will review objective criteria to determine a member's eligibility. For more information or to check eligibility, members should contact the plan. Limitations apply.</p> <p>In addition, member must satisfy at least one of the following:</p> <ul style="list-style-type: none"> • Had one or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months. • Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months.



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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help on every day expenses (continued)			<ul style="list-style-type: none"> • Had two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months. • Are a patient who requires home health visits related to the chronic condition. • Are a patient with one or more chronic conditions and a need for one or more pieces of durable medical equipment (DME) in the outpatient setting, limited to: group 3 power/manual wheelchair, noninvasive ventilation (NIV), biPAP machines, mechanical in-exsufflation devices, or group 2 or group 3 mattresses. <p>Limitations apply.</p>
You need help getting better or have special health needs	Rehabilitation services	\$0	<i>Prior authorization is required for cardiac and pulmonary services.</i>
	Medical equipment for home care	\$0	<p><i>Prior authorization is required for some medical equipment for home care.</i></p> <p><i>Have your provider call the plan to confirm if authorization is required</i></p>
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Three routine foot care visits every year.
	Orthotic services	\$0	<i>Prior authorization may be required.</i>



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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required for: <ul style="list-style-type: none"> • Medicare-covered DME items over \$750 for purchase. • Rental and rent-to-purchase items. Prior authorization is required for: <ul style="list-style-type: none"> • The purchase of all wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item. • Enteral Nutritional Supplements.
	Nebulizers	\$0	<i>Prior authorization may be required.</i>
	Oxygen equipment and supplies	\$0	<i>Prior authorization may be required.</i>
Additional services (continued on the next page)	Chiropractic services	\$0	12 routine visits covered per year.
	Acupuncture	\$0	6 visits covered per year.
	Diabetes supplies and services	\$0	Preferred brands have a \$0 copay. Non-preferred brands and all continuous glucose monitors will require prior authorization and have a 20% co-insurance (until you reach the Maximum out-of-pocket limit).



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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Prosthetic services	\$0	Prior authorization is required for rental and purchased Medicare-covered prosthetics and medical supplies.
	Radiation therapy	\$0	<i>Prior authorization is required.</i>
	Services to help manage your disease	\$0	<i>Prior authorization is not required.</i>
	Silver Sneakers	\$0	SilverSneakers® is a free fitness benefit that includes access to participating SilverSneakers® fitness facilities, and services.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the First Choice VIP Care *Member Handbook*. If you don't have a *Member Handbook*, call First Choice VIP Care Member Services at the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit www.firstchoicevipcare.com.

D. Benefits covered outside of First Choice VIP Care

There are some services that you can get that aren't covered by First Choice VIP Care but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of First Choice VIP Care	\$0
Dental services <ul style="list-style-type: none"> • Diagnostics (oral evaluation and x-rays) • Preventive care (annual cleaning) 	\$0



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.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Long-Term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. These services are provided through programs called Healthy Connections Community Choices, HIV/AIDs, and/or Mechanical Vent Dependent Waiver(s). Contact your care coordinator for more information about getting LTSS and referrals to an appropriate waiver.	\$0
Hospice Room and Board	\$0
Non-emergency medical transportation	\$0
Nursing Facility Services	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0

E. Services that First Choice VIP Care, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

Services First Choice VIP Care, Medicare, and Medicaid don't cover	
Certain visual procedures such as LASIK	Elective or voluntary enhancement procedures or services.
Services not considered "reasonable and necessary"	Services provided to veterans in a VA facility
Cosmetic surgery or procedures	Elective or voluntary enhancement procedures or services.
Naturopath services	



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.

F. Your rights as a member of the plan

As a member of First Choice VIP Care, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. First Choice VIP Care will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care



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.

- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - File a complaint with the South Carolina Department of Public Health at www.dph.sc.gov/professionals/healthcare-quality/file-complaint or by phone: 1-800-922-6735 and TTY: 711. The First Choice VIP Care website www.firstchoicevipcare.com.
 - Appeal certain decisions made by Healthy Connections Medicaid, our plan, or our providers. The Healthy Connections website is www.scdhhs.gov
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call First Choice VIP Care Member Services at the numbers listed at the bottom of this page.

You can also call the special Long Term Care Ombudsman from the South Carolina Department of Aging at 1-844-477-4632, TTY: 711, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. The Ombudsman is for people of any age who have both Healthy Connections Medicaid and Medicare.



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.

G. How to file a complaint or appeal a denied service

If you have a complaint or think First Choice VIP Care should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call First Choice VIP Care Member Services at the numbers listed at the bottom of this page.

You can also put your complaint in writing. Please include the following:

- Your name and address
- Your Medicare number (you can find this number on your red, white, and blue Medicare card)
- Your Member Identification Number (you can find this on your Member ID card)
- The reason for your complaint
- Any additional information, including dates, times, persons, and places involved.

Mail to:

First Choice VIP Care
Attn: Customer Experience, Grievances, and Complaints
P.O. Box 7140
London, KY 40742-7140

First Choice VIP Care
Attn: Appeals
P.O. Box 80109
London, KY 40742-0109

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at First Choice VIP Care Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Healthy Connections Medicaid Fraud Hotline at 1-888-364-3224. TTY users may call 711. You can also email fraudres@scdhhs.gov.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.



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.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call First Choice VIP Care Member Services:

1-888-996-0499

Calls to this number are free. 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.

Member Services also has free language interpreter services available for non-English speakers.

711

Calls to this number are free. 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.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the 24-hour Nurse Call Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care or emergency room). The numbers for the 24/7 Nurse Call Line are

1-855-707-0850

Calls to this number are free. 24 hours a day, 7 days a week.

First Choice VIP Care also has free language interpreter services available for non-English speakers.

711

Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, please call the South Carolina Mobile Crisis line at **1-833-364-2274**

Calls to this number are free. Supports are available 24 hours a day, 7 days a week.

First Choice VIP also has free language interpreter services available for non-English speakers. Call member services at **1-888-996-0499**.

711

Calls to this number are free. 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.

Member Services also has free language interpreter services available for non-English speakers.



2027



Extra Benefits

South Carolina

Available in the following counties:

Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, and York



by Select Health of South Carolina

When you enroll in First Choice VIP Care (HMO D-SNP), you get all of these extra benefits at no additional cost.

Many of these benefits are not covered by original Medicare and may not be available with other health plans.

Your health and well-being go beyond doctor visits. That's why First Choice VIP Care offers benefits that can help support your everyday health needs.

Explore the benefits available to you, and if you have questions or would like more information, we're here to help.

Call us at 1-833-961-3723 (TTY 711):

- October 1 to March 31: Seven days a week, 8 a.m. – 8 p.m.
- April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.

Or you can visit us online at www.firstchoicevipcare.com.



Dental services

Preventive Dental Care¹ — \$0 Copay

You pay nothing for covered preventive services, in

- Oral exams
- Dental cleanings
- Fluoride treatments
- X-rays

Comprehensive Dental Services — You get a \$2,000 annual allowance* each calendar year to help pay for covered comprehensive dental services, such as:

- Fillings and other restorative care
- Gum disease treatment (periodontics)
- Tooth extractions
- Prosthodontic services
- Endodontic services
- Oral surgery
- Dentures
- Other non-routine dental services

¹Up to one visit every six months for oral exams, cleanings, fluoride treatments, and one X-ray every five years (frequency varies by service). Some services may require prior authorization.

*You are responsible for amounts beyond the benefit limits.



Over-the-counter (OTC) benefit

\$200 per month to spend on eligible OTC health and wellness items, and home safety devices. You can shop online, through the OTC catalog, and at participating retail locations. There is no limit on the total number of items or orders you may purchase.

Members who qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI)² can also use this benefit allowance for everyday living expenses, such as:

- **Healthy foods**
- **General supports for living (e.g., rent, mortgage, utilities)**
- **Pest control**

²The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. Only Special Supplemental Benefits for the Chronically Ill (SSBCI) eligible members may use their allowance towards rent, utilities, internet, and healthy foods, pest control.

In order to qualify for SSBCI, members must have at least one of the following chronic health conditions: Cardiovascular disorders, chronic and disabling mental health conditions, chronic gastrointestinal disease (limited to end-stage liver disease), congestive heart failure, chronic lung disorders (limited to chronic obstructive pulmonary disease), connective tissue disease, dementia, diabetes mellitus, stroke, and/or overweight, obesity, and metabolic syndrome.

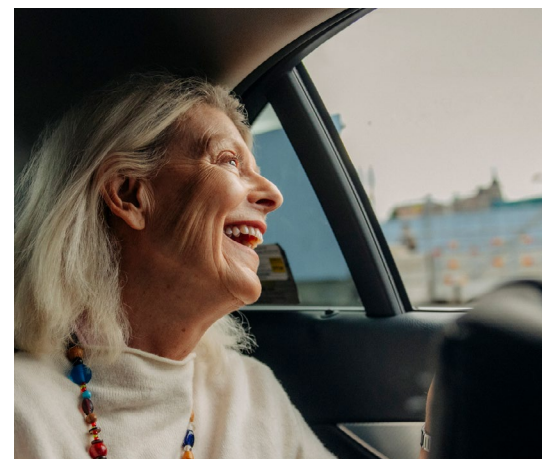
In addition, member must satisfy at least one of the following: Had one or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months. Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months. Had two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months. Are a patient who requires home health visits related to the chronic condition. Are a patient with one or more chronic conditions and a need for one or more pieces of durable medical equipment (DME) in the outpatient setting, limited to: group 3 power/manual wheelchair, noninvasive ventilation (NIV), bipap machines, mechanical in-exsufflation devices, or group 2 or group 3 mattresses.



Transportation services

\$0 copay for nonemergency medical transportation trips to plan-approved health-related locations. Benefits include:

- 18 one-way trips to plan-approved health-related locations per calendar year. Limit of 50 miles per one-way trip.
- Taxi, passenger car, wheelchair van, rideshare, and other types of transportation services are available to meet members' needs.



Vision services

\$0 copay for one routine vision exam and **\$300 for eyeglasses or contact lenses** every year.*

*You are responsible for amounts above the benefit limit.



Hearing services

\$0 copay for the following hearing services through our vendor:

- One routine hearing exam per year
- Up to two hearing aids (one per ear), every three years

Included in your Select hearing aids purchase:

- Professional fitting
- Three follow up visits for adjustments and fitting support
- Three year warranty
- Batteries included for non-rechargeable models
- Unlimited support from our vendor

Limitations apply.



Acupuncture and chiropractic services

\$0 copay

- 6 routine (non-medicare covered) acupuncture visits per year
- 12 routine (non-medicare covered) chiropractic visits per year



Fitness benefit

\$0 copay for a fitness benefit through SilverSneakers®. You have access to instructors who lead specially designed group exercise classes. You can take classes plus use exercise equipment and other amenities at participating locations nationwide.

In addition, SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like at recreation centers, malls, and parks). SilverSneakers also connects you to a support network and virtual resources through SilverSneakers LIVE™; SilverSneakers On-Demand™; and a mobile app, SilverSneakers GO™.

SilverSneakers®, SilverSneakers FLEX®, SilverSneakers LIVE™, SilverSneakers On-Demand™, and SilverSneakers GO™ are trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

Please check with your health care provider before beginning any new exercise programs.



Meals

Have meals delivered to your home immediately following an inpatient stay in a hospital or nursing facility.

The meal benefit includes up to 14 meals over the course of one week (up to four times per year) for qualified homebound members after each discharge from an inpatient or skilled nursing facility. High-quality meals crafted by chefs and dietitians are tailored to meet your unique nutritional needs and shipped to your home.



24/7 Nurse Call Line

\$0 copay when you need to reach a nurse for questions about your health or need health information. A nurse can work with you to:

- Manage a chronic condition.
- Determine if you need to see a doctor.
- Answering health questions, including how to manage symptoms at home, and more.

Telehealth benefit

Get care from the comfort of your home — at **no cost to you**.

With telehealth, you can talk to a health care provider 24 hours a day, seven days a week using your:

- Phone
 - Tablet
 - Computer
- Telehealth is a convenient option when:
- Your doctor is not available
 - Your doctor does not offer telehealth visits
 - You need care for a non-emergency health concern

The telehealth service is only for routine medical care. If you are having an emergency, call **911**.

Referral and/or prior authorization may be required for some of the benefits listed in this booklet.

Refer to the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.

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. The pharmacy network and provider network may change at any time. You will receive notice when necessary. First Choice VIP Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

You can get this document for free in other formats, such as large print, Braille, or audio. Call 1-888-996-0499 (TTY 711). October 1 – March 31: 8 a.m. - 8 p.m., seven days a week and April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. (Eastern time) The call is free.

www.firstchoicevipcare.com

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Any individual depicted is a model.



by Select Health of South Carolina

2027



Enrollment
Made Easy

First Choice VIP Care (HMO D-SNP)

Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, and York counties



by Select Health of South Carolina

Ready to get started?

At First Choice VIP Care (HMO D-SNP), your health comes first. We know that understanding Medicare can be a challenge. So when you're ready to choose a Medicare Advantage special needs plan – for yourself or a loved one – we're here to help.

You may qualify if you:

- Have Medicare
- Have Medicaid
- Live in Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, or York County

We offer extra benefits and services to help you get well and stay healthy.

Questions?

Call **1- 833-961-3723 (TTY 711)**, October 1 to March 31: seven days a week, 8 a.m. – 8 p.m.
April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.

First Choice VIP Care understands the needs of people who receive both Medicare and Medicaid benefits, people just like you. We're here to help make enrollment easy.



Learn more about plan benefits

It's easy to enroll in First Choice VIP Care.

First, check out important information. Then, visit us at www.firstchoicevipcare.com to:

- Search for a doctor in your area using our provider directory.
- Use our pharmacy directory to see what pharmacies are in your area.
- Find out what drugs are covered in our formulary (list of covered drugs).
- If you don't speak English, see our list of multi-language interpreter services.

One call connects you to the care you need - enroll now! 1- 833-961-3723 (TTY 711)

October 1 to March 31: seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.



When to enroll? Timing is important!

Things like age, current Medicare coverage, and enrollment periods can impact when you are able to enroll in our Medicare Advantage plan. Let us walk you through each enrollment period, and how it may apply to you.

- The Medicare **Annual Enrollment Period (AEP)**, also known as the Medicare Open Enrollment Period, is a specific time each year when individuals with Medicare can review and make changes to their Medicare coverage for the following year. It runs from October 15 to December 7. Changes made during AEP go into effect on January 1 of the following year.
- The **Initial Enrollment Period (IEP)** for Medicare is a seven-month period during which you can first sign up for Medicare. It begins three months before the month you turn 65, includes your birthday month, and ends three months after the month you turn 65. If you're eligible for Medicare due to a disability, your IEP begins three months before your 25th month of disability payments and ends three months after.
- The Centers for Medicare & Medicaid Services' (CMS) **"lock-in" enrollment period** for Medicare Advantage and Part D plans is generally from April 1 to December 31 of each year. During this period, you cannot change your Medicare plan unless you qualify for a Special Enrollment Period (SEP).

One call connects you to the care you need - enroll now! 1- 833-961-3723 (TTY 7 1 1)

October 1 to March 31: seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.

Some life changes may let you enroll at a different time.

You change where you live:

- You move to a new address outside or within your plan's service area with new options.
- You move back to the U.S. from being abroad.
- You leave or enter a facility (like a nursing home or rehab center).
- You're released from incarceration.

You lose your current coverage:

- You lose employer or union coverage (including COBRA).
- You lose other creditable drug coverage.
- You drop coverage from a Medicare Cost Plan or PACE plan.

Other special situations:

- You have Medicare and Medicaid or get Extra Help paying for Medicare drug coverage.
- You have Medicare and get full Medicaid benefits.
- You found out that you won't be eligible for Extra Help next year.
- You can't get premium-free Part A (hospital insurance) coverage, and you signed up for Medicare Part B (medical insurance) during AEP (January 1 – March 31).
- You qualify for Extra Help paying for Medicare prescription drug coverage.
- You are enrolled in a State Pharmaceutical Assistance Program (SPAP).
- You are enrolled in a SPAP and lost SPAP eligibility.

- You dropped a Medigap policy the first time you joined a Medicare Advantage plan and are still in a "trial period" and eligible for the guaranteed issue of a Medigap policy.
- You have a severe or disabling condition, and there's a Medicare Chronic Care Special Needs Plan (SNP) available that serves people with your qualifying condition.
- You joined a plan, or chose not to join a plan, due to an error by a federal employee.
- You weren't properly told that your other private drug coverage wasn't as good as Medicare drug coverage (creditable coverage).
- You weren't properly told that you were losing private drug coverage that was as good as Medicare drug coverage (creditable coverage).

Other exceptional circumstances. Want to learn more?

Call **1- 833-961-3723 (TTY 711)**

October 1 to March 31: seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.

Or visit

www.firstchoicevipcare.com



One call connects you to the care you need - enroll now! 1- 833-961-3723 (TTY 711)

October 1 to March 31: seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.



How to enroll in First Choice VIP Care in the way that is best for you

Pick the way you prefer

- **By phone** - Call and enroll over the phone with one of our representatives at our toll-free number: **1- 833-961-3723 (TTY 711)** October 1 to March 31: seven days a week, 8 a.m. – 8 p.m.
April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m..
- **Home visit** - Call and schedule an appointment for a home visit with one of our representatives at our toll-free number: **1- 833-961-3723 (TTY 711)** October 1 to March 31: Seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.
- **Online** - Complete the online enrollment form located on our website at **www.firstchoicevipcare.com**

One call connects you to the care you need - enroll now! 1- 833-961-3723 (TTY 711)
October 1 to March 31: seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.

Listed below are some things that you can expect **after** you have enrolled in **First Choice VIP Care**

Before your coverage starts



Verification and approval letters –

The acknowledgment letter confirms that you want to enroll in our plan. The confirmation letter lets you know that your enrollment was approved by Medicare.



Welcome kit – After your enrollment has been confirmed, we will send you a welcome kit. The kit has helpful information on how to get the most from your health plan. It includes a Health Risk Assessment (HRA) for you to complete. We use this information to help you get the care you need. You will also find helpful information about your plan's Extra Benefits, such as over-the-counter medications, dental, vision, and hearing benefits.



Member ID card – Your member ID card will arrive in a separate mailing. Put it in your wallet or other safe place so you have your ID card with you when you go to a provider, hospital, or pharmacy.

After your coverage starts



Welcome call – First Choice VIP Care will reach out to make sure you have everything you need. We will answer any questions you may have about your new benefits.



Set up your online account – This is a great way to access information about your benefits and claims.

Schedule your annual wellness visit with your PCP. Be sure to make your appointment in advance to avoid long waits, and don't forget your new member ID card.



Sign up for mail order services –

We offer a mail-order pharmacy service that lets you get your prescription medicines delivered to your home. Call us to learn more: **1-833-961-3723 (TTY 711)** October 1 to March 31: seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.

One call connects you to the care you need - enroll now! 1-833-961-3723 (TTY 711)

October 1 to March 31: seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.



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.

The pharmacy network and provider network may change at any time. You will receive notice when necessary. First Choice VIP Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Please contact Member Services if you require this document in an alternate format such as large font, Braille, or audio.

Pre-Enrollment Checklist

Before making an enrollment decision, you should fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1- 833-961-3723 (TTY 711)**, October 1 to March 31: Seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m.

Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **www.firstchoicevipcare.com** or call **1- 833-961-3723 (TTY 711)**, October 1 to March 31: Seven days a week, 8 a.m. – 8 p.m. April 1 to September 30: Monday through Friday, 8 a.m. – 8 p.m., to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2028.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and Medical Assistance from a state plan under Medicaid and at one of the following categories of aid:
 - ✓ Qualified Medicare Beneficiary Plus (QMB+).
 - ✓ Specified Low-Income Medicare Beneficiary Plus (SLMB+).
 - ✓ Full Benefit Dual Eligible (FBDE).
- ☐ If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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.

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



First Choice VIP Care (HMO D-SNP) - H4739

For 2027, First Choice VIP Care (HMO D-SNP) - H4739 received the following Star Ratings from Medicare:

Overall Star Rating:	Not enough data available*
Health Services Rating:	Not enough data available
Drug Services Rating:	★★★☆☆



**Some plans do not have enough data to rate performance.*

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact First Choice VIP Care (HMO D-SNP) 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 833-961-3723 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 888-996-0499 (toll-free) or 711 (TTY).

Important Plan Documents

Member Handbook

This document provides you with the full details on your plan, including what it covers, how it works, plan costs, your Rights and Responsibilities as a member, advance directives, family planning services, how to get provider second opinions, out-of-network benefit explanations, transition of care support, details on access to new medical technology, grievance and appeals information, what happens when you disenroll or leave our plan, and answers to many other questions you may have. If you don't want to read the entire Member Handbook, you can find a lot of the information you need in the Summary of Benefits.

Summary of Benefits

The Summary of Benefits highlights your health plan benefits. It is a quick reference used to find covered benefits and services, copays, and other out-of-pocket costs.

Annual Notice of Change (ANOC)

The document will include any changes to the plan's coverage, such as additions of new benefits or exclusions of benefits from the previous year. For Part D plans, specifically, the ANOC may list any tier reclassification of certain prescription medications. The ANOC may also list any changes to doctors, hospitals, or pharmacies included in the plan's network.

Formulary

This is a list of medicines (drugs) that a plan covers. It is also called the drug list. Use this document to see if your medicines are covered, which drug tier they are in, and what your copay or coinsurance will be. The formulary is available online and is updated throughout the year.

Provider Directory

This document helps First Choice VIP Care (HMO D-SNP) members find health care providers, hospitals, or other health care facilities in our network. Use this document to find out more about choosing a provider and what to do in a medical emergency. You can also use the Self Service Tools to find a provider near you.

Pharmacy Directory

This makes it easy for you to find a pharmacy in our network. Even when you travel out of state, you can find a pharmacy in our nationwide network by using the pharmacy directory. We work with our network pharmacies to provide prescription drugs to plan members. You can also use the Self Service Tools to find a pharmacy near you.

Health Risk Assessment (HRA)

There is nothing more personal than your health. We will use this document to help you get the best care. The assessment usually takes about 30 minutes to complete. You can complete the questions over the phone



Scan QR Code

with your Care Manager by contacting member services at the number below. They will connect you with your assigned Care Manager who will help you. If you have questions, please call Member Services 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. (Eastern time).



Notice of Privacy Practices (NOPP)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Physician Incentive Plan (PIP)

Physicians may be paid an incentive to provide specific quality screenings or for high-quality services provided to Medicare or Medicaid beneficiaries enrolled in the plan.

Clinical Practice Guidelines

Clinical Practice Guidelines are accessible on our plan website at www.firstchoicevipcare.com. First Choice VIP Care will mail clinical practice guidelines upon request to members who don't have access to a fax machine, email, or the internet.

Over The Counter (OTC)

There are three easy ways to place an OTC order: in-store, online, or by phone.

In-store: For example you can shop at Kroger, Safeway, Albertsons and other participating retailers like Walmart, CVS*, and Walgreens. To see a full list of participating retailers, please go to: <https://www.andmorehealth.com>, download the andmore mobile app, or call 1-855-ANDMORE (1-855-263-6673; TTY 711).

*Excluding CVS in Target stores

By phone: If you'd prefer to place an order over the phone, we are here to help. Call 1-855-ANDMORE (1-855-263-6673; TTY 711). We're here Monday – Friday, 8 a.m. – 8 p.m., local time, excluding holidays.

Online: You can shop online at <https://www.andmorehealth.com> or on the andmore mobile app. On the OTC benefits page, click Shop OTC and you'll be redirected to an online store with items available to purchase.

Privacy forms

- HIPAA (Authorization to Disclose Personal Health Information) Form
- Privacy Complaint Form

- Personal Representative Form
- Request to Amend Protected Health Information
- Request for Alternative Means of Confidential Communications
- Revocation of Alternate Means of Confidential Communications
- Request for List of Disclosures of Protected Health Information
- Request to Restrict the Use and/or Disclosure of Protected Health Information
- Request to Access and/or Inspect Protected Health Information

You can access the Privacy forms from the following URL <https://www.firstchoicevipcare.com/member-2027/forms>

Easy ways to find what you're looking for.

Online

Visit www.firstchoicevipcare.com to find useful information about your plan in just a few clicks. It's the fastest way to view various documents forms such as the Summary of Benefits (SB), Notice of Privacy Practices (NOPP), Annual Notice of Change (ANOC) and the Member Handbook; access the formulary; and search for doctors, pharmacies, hospitals, urgent care centers, and emergency facilities within our network.

You can also set up an online account.

On the phone

Call Member Services to ask about your covered benefits; get help finding a provider, changing your provider, or finding a specialist; or find out anything else you want to know about your health plan. **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. (Eastern time).

You can also get a paper copy of your documents sent directly to your home. To request a mailed copy you can either call Member Services, or visit us online. Please see member services phone number and plan website address listed above. 2027 plan documents will be available for order on October 15, 2026.

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.

You can get this document for free in other formats, such as large print, Braille, or audio. Call 1-888-996-0499 (TTY 711). October 1 – March 31: 8 a.m. - 8 p.m., seven days a week and April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. (Eastern time) The call is free.

&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard, Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement. The &More Card cannot be used to purchase alcohol, firearms, tobacco, lottery tickets, gift cards, explosives, or cannabis.

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.



Discrimination is Against the Law

First Choice VIP Care (HMO D-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). First Choice VIP Care does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

First Choice VIP Care

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - qualified sign language interpreters
 - written information in other formats (large print, audio, accessible electronic formats, etc.).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - qualified interpreters
 - information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact First Choice VIP Care Member Services at **1-888-996-0499 (TTY 711)**. We are available October 1 – March 31: 8 a.m. - 8 p.m., seven days a week and April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday.

If you believe that First Choice VIP Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by mail, phone, or online.

Mail: First Choice VIP Care
Attn: Civil Rights Coordinator
P.O. Box 7140
London, KY 40742-7140
Phone: 1-888-996-0499 (TTY 711)
Email: dlacfcmcrgrievance@amerihealthcaritas.com

If you need help filing the grievance, the First Choice VIP Care's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil

Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, (TDD 1-800-537-7697)
Online: <https://www.hhs.gov/ocr/office/file/index.html>

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-996-0499 (TTY 711) del 1.º de octubre al 31 de marzo: de 8 a. m. a 8 p. m., los siete días de la semana, y del 1.º de abril al 30 de septiembre: de 8 a. m. a 8 p. m., de lunes a viernes. La llamada es gratuita.

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-996-0499, October 1 – March 31: 8 a.m. - 8 p.m., seven days a week and April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free.

This notice is also available at the First Choice VIP Care website www.firstchoicevipcare.com.

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by Select Health of South Carolina

First Choice VIP Care (HMO D-SNP)

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-996-0499 (TTY: 711), October 1 – March 31: 8 a.m. – 8 p.m., seven days a week and April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday, or speak to your provider.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-996-0499 (TTY: 711)، في الفترة من 1 أكتوبر إلى 31 مارس: من الساعة 8 صباحًا حتى 8 مساءً، طوال أيام الأسبوع، وفي الفترة من 1 أبريل إلى 30 سبتمبر: من الساعة 8 صباحًا حتى 8 مساءً، من الاثنين إلى الجمعة، أو تحدث إلى مُقدم الرعاية الخاص بك.

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-888-996-0499 (TTY: 711)，10月1日 – 3月31日：早上8點至晚上8點，每日開放；4月1日 – 9月30日：早上8點至晚上8點，星期一至星期五開放，或諮詢您的醫療保健提供者。

French: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont mis à votre disposition. Des aides et services auxiliaires appropriés sont également disponibles gratuitement pour fournir des informations dans des formats accessibles. Appelez au 1-888-996-0499 (TTY : 711), du 1er octobre au 31 mars : de 8 h à 20 h, sept jours sur sept ; du 1er avril au 30 septembre : de 8 h à 20 h, du lundi au vendredi, ou adressez-vous à votre professionnel de santé.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie an unter 1-888-996-0499 (TTY: 711), vom 1. Oktober bis 31. März von 8:00 bis 20:00 Uhr, sieben Tage die Woche, und vom 1. April bis 30. September von 8:00 bis 20:00 Uhr, Montag bis Freitag, oder wenden Sie sich an Ihren Anbieter.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-996-0499 (TTY: 711) पर 1 अक्टूबर से 31 मार्च तक: सप्ताह के सातों दिन सुबह 8:00 बजे से रात 8:00 बजे तक, तथा 1 अप्रैल से 30 सितंबर तक: सोमवार से शुक्रवार सुबह 8:00 बजे से रात 8:00 बजे तक कॉल करें या अपने प्रदाता से बात करें।

Korean: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 10 월 1일부터 3 월 31 일까지는 주 7 일 오전 8 시에서 오후 8 시 사이, 4 월 1일부터 9 월 30 일까지는 월요일부터 금요일까지 오전 8 시에서 오후 8 시 사이에 1-888-996-0499 (TTY: 711)번으로 전화하거나 본인의 서비스 제공자에 문의하십시오.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Звоните по телефону 1-888-996-0499 (TTY: 711). С 1 октября по 31 марта: с 8:00 до 20:00, ежедневно; с 1 апреля по 30 сентября: с 8:00 до 20:00, с понедельника по пятницу, или обратитесь к своему поставщику услуг.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-996-0499 (TTY: 711) del 1.º de octubre al 31 de marzo, de 8 a.m. a 8 p.m., los siete días de la semana; del 1.º de abril al 30 de septiembre, de 8 a.m. a 8 p.m., de lunes a viernes, o hable con su proveedor.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga maa-access na format. Tumawag sa 1-888-996-0499 (TTY: 711), sa Oktubre 1 – Marso 31: 8 a.m. - 8 p.m., pitong araw sa isang linggo at sa Abril 1 – Setyembre 30: 8 a.m. - 8 p.m., Lunes hanggang Biyernes, o makipag-usap sa iyong provider

Vietnamese: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-996-0499 (TTY: 711), Từ ngày 1 tháng 10 đến ngày 31 tháng 3: 8 giờ sáng – 8 giờ tối, tất cả các ngày trong tuần; và từ ngày 1 tháng 4 đến ngày 30 tháng 9: 8 giờ sáng – 8 giờ tối, từ Thứ Hai đến Thứ Sáu hoặc trao đổi với nhà cung cấp của quý vị.

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-888-996-0499 (TTY: 711), dal 1° ottobre al 31 marzo: dalle 8:00 alle 20:00, sette giorni su sette e dal 1° aprile al 30 settembre: dalle 8:00 alle 20:00, dal lunedì al venerdì, o parla con il tuo fornitore.

Portuguese: ATENÇÃO: Se você fala português, serviços de assistência linguística estão disponíveis gratuitamente. Você também pode acessar, sem nenhum custo, recursos e serviços auxiliares adequados para receber informações em formatos acessíveis. Ligue para 1-888-996-0499 (711 para deficientes auditivos) todos os dias da semana, das 8h às 20h, entre 1º de outubro e 31 de março; ou de segunda a sexta-feira, das 8h às 20h, entre 1º de abril e 30 de setembro. Se preferir, fale com seu provedor.

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料をご利用いただけます。10月1日から3月31日まで、午前8時から午後8時まで、年中無休、4月1日から9月30日まで、月曜日から金曜日まで、午前8時から午後8時まで 1-888-996-0499 (TTY: 711) までお電話ください。または、医療提供者にご相談ください。

Gujarati: સૂચના: જો તમે ગુજરાતી બોલો છો, તો નિ: શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ નિ: શુલ્ક ઉપલબ્ધ છે. 1-888-996-0499 (TTY: 711) પર કોલ કરો; 1 ઓક્ટોબર - 31 માર્ચ: સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધી, અઠવાડિયાના સાતેય દિવસ અને 1 એપ્રિલ - 30 સપ્ટેમ્બર: સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધી, સોમવારથી શુક્રવાર, અથવા તમારા પ્રદાતા સાથે વાત કરો.

Telugu: ముఖ్యగమనిక: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయగల ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక ఉపకరణాలు మరియు సేవలు కూడా ఎలాంటి ఖర్చు లేకుండా ఉచితంగా అందుబాటులో ఉన్నాయి. అక్టోబర్ 1 నుండి మార్చి 31 వరకు, వారంలో ఏడు రోజులు, ఉదయం 8 గంటల నుండి రాత్రి 8 గంటల వరకు, మరియు ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు, సోమవారం నుండి శుక్రవారం వరకు, ఉదయం 8 గంటల నుండి రాత్రి 8 గంటల వరకు, 1-888-996-0499 (TTY: 711) కు కాల్ చేయండి; లేదా మీ ప్రొవైడర్తో మాట్లాడండి

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.

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-996-0499, October 1 – March 31: 8 a.m. - 8 p.m., seven days a week and April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday. The call is free.