Blue Cross Group Medicare Advantage (HMO)℠



Welcome Guide

Important information about your retiree Medicare Advantage plan

Keep this information for reference.

Estos materiales están disponibles en español. Póngase en contacto con Servicio al Cliente para obtener ayuda.

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When you get information from your
Blue Cross Group Medicare Advantage℠ plan,
look for these helpful icons to get the most out of your plan.



When you see this icon,
TAKE ACTION
to complete a task.



When you see this icon,
SAVE THIS important
information somewhere
you can easily reference it.



When you see this
icon, you have
NEW INFORMATION
to review.

live your Blue life

Welcome to Blue Cross Group Medicare Advantage.

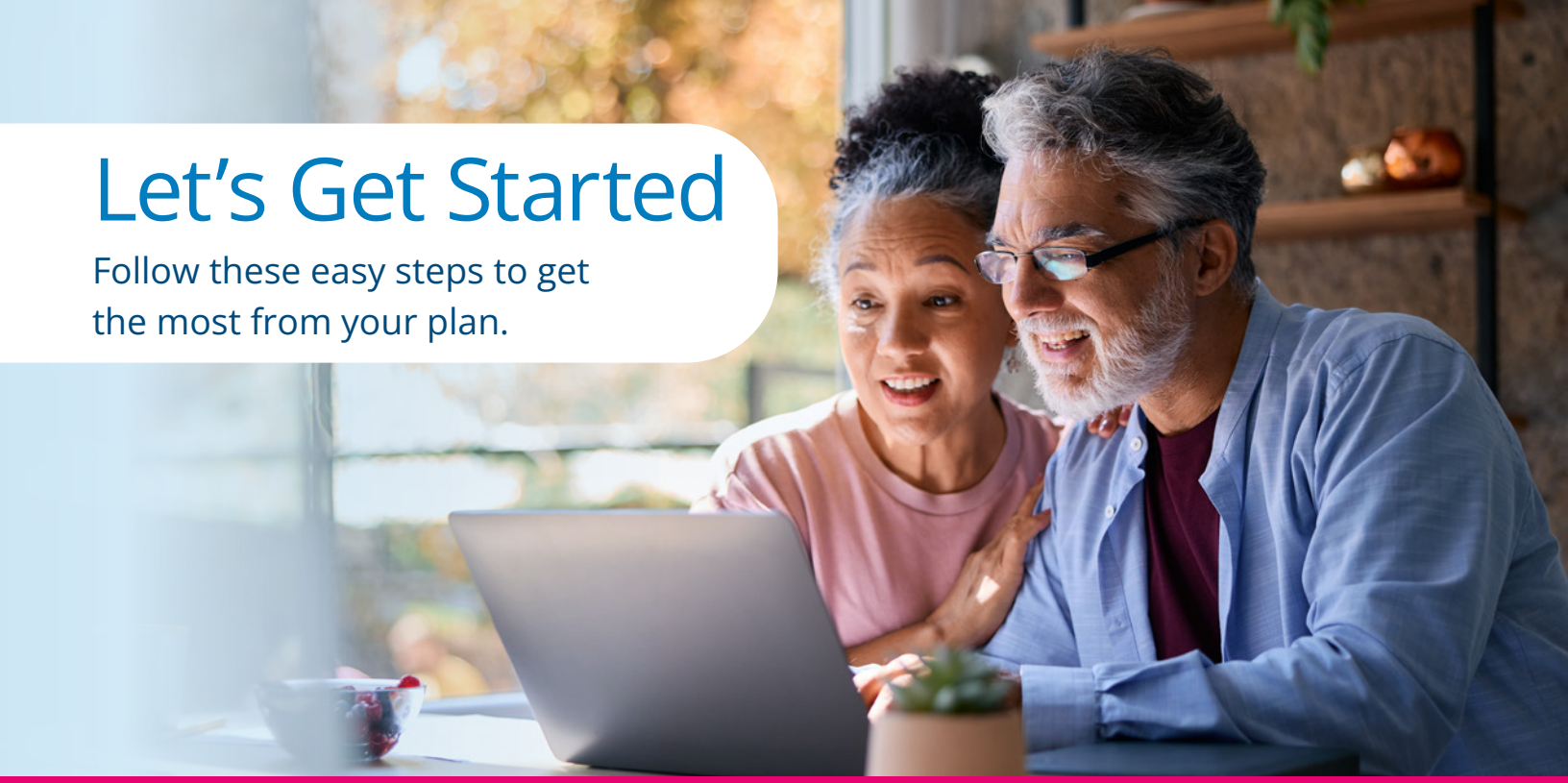
Our goal is to help our Medicare members manage their health. It's why we've developed this Welcome Guide.

It includes useful information like:

- Using your member ID card
- Understanding your plan's coverage
- Exploring your wellness solutions, and
- Getting help when you need it.

Please review the information about your coverage and next steps, starting on page 4.





Let's Get Started

Follow these easy steps to get the most from your plan.

Step 1 Check Your Member ID Card

You can use your benefits starting on your effective date.

Use your Blue Cross Group Medicare Advantage member ID card whenever you receive a provider service or visit the pharmacy. When you receive your ID card, review the following:

Effective date
Your confirmation letter will show your effective date — the date your coverage begins. The letter can be used as proof of insurance if you have not received your member ID card by your effective date.

Personal information
Make sure the information on the member ID card is accurate. If you have any questions or concerns, call Customer Service.

Primary Care Provider (PCP) selection
Check that the PCP listed on your member ID card is the one you selected when you enrolled. If you did not select a PCP at the time of enrollment, one within your area will be assigned to you. If you switch your PCP, you will receive a new member ID card.

- Be sure to show the new card to your providers and pharmacy. Remind them that your old ID and number are no longer valid.
- Keep your ID cards safe like you would a credit or debit card.
- Update the customer service number you have saved in your phone with the number listed on the back of your new card.
- If something is wrong on your ID card, call us.

Step 2 Sign up for or Log in to Blue Access for Members

Everything you need to know about your coverage — in one place.

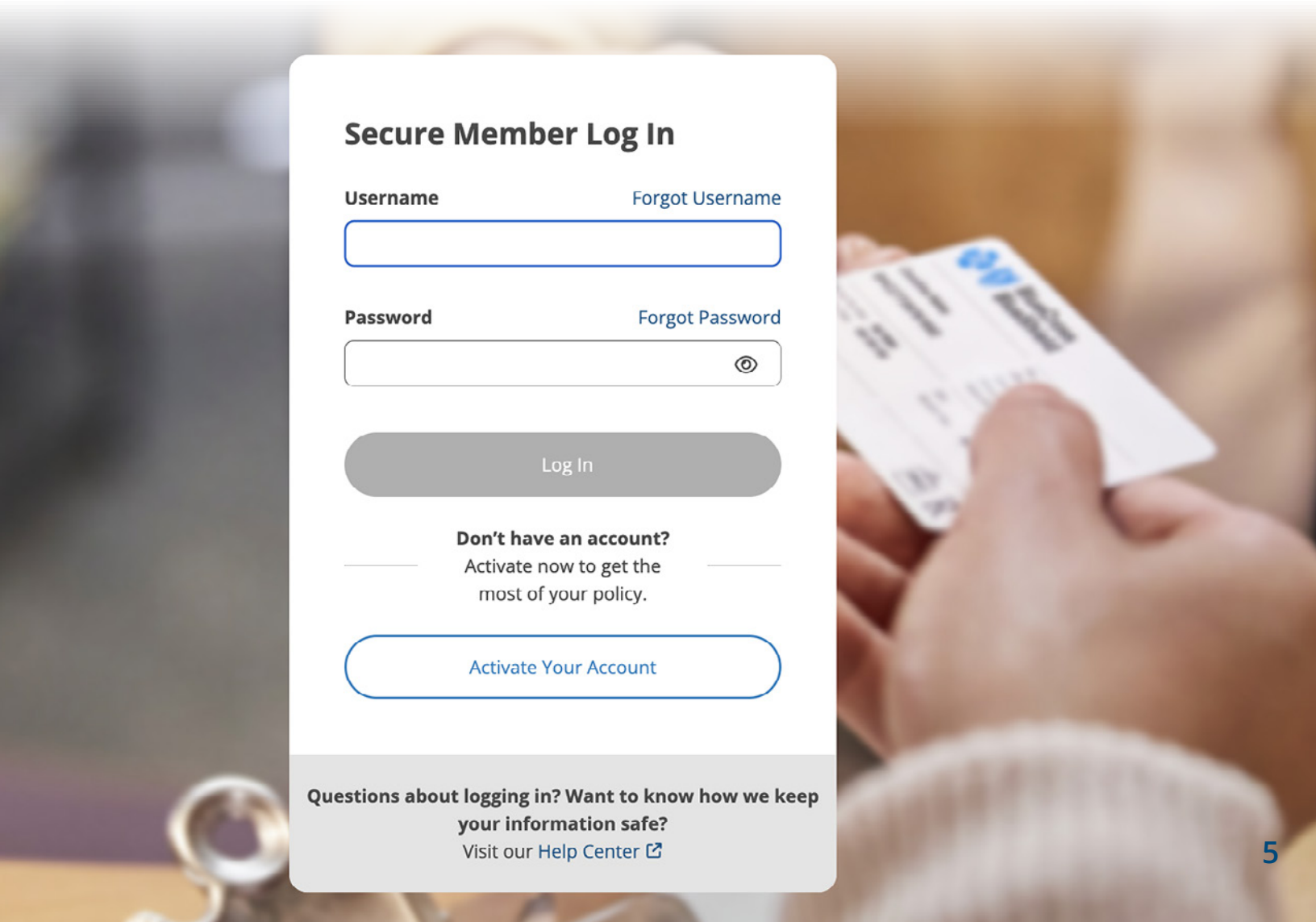
Get the most out of your health care benefits with Blue Access for Members. **BAM**℠ is a secure website and, along with our mobile app, gives you the health information you need, anytime you need it.

If you already have a BAM account, you do not need to set up a new one.

If you are new to BAM, you can access it online by following the directions listed in the Important Plan Information section of this booklet. Try the **'Guide Me Through'** tool near the bottom right of the site for a quick BAM tour. Be sure to download the mobile app so you can use BAM while you're on the go.

Here are a few things you can do with BAM:

- Access your Evidence of Coverage.
- Link directly to the online formulary.
- View your claims status and up to 18 months of claims activity
- See your prescription history
- Search for a health care provider, hospital, urgent care facility or pharmacy
- Request or print your ID card
- And more!



Step 3 Understand Your Plan's Network

Select a provider from the plan network.

As a member of a HMO plan, your PCP and specialists all need to be in our network. This helps you to get the most from your benefits and avoid unnecessary out-of-pocket costs. At enrollment, you chose or were assigned a PCP. It's important to understand that your PCP selection impacts your referral options. If you select a PCP from a specific network of providers, your specialists must also be within that network. You may change your PCP and network at any time.



Call ahead and be prepared.

Calling your PCP or specialist's office ahead will help make sure:

- All your information is up to date.
- The provider is still in-network.

We work closely with your provider to deliver care.

Before you can be covered for some medications or certain high-cost medical services, your doctor may need to get authorization from the plan. You may first need to try other clinically appropriate or cost-effective treatments. Quantity limits may be set for some drugs for cost or safety reasons.

Our plans follow government guidelines in this area to ensure you receive the most appropriate, cost-effective care available. Detailed plan information, including cost-sharing that applies to services, can be found in your Evidence of Coverage.

Please note: It's important to give your doctor the full name of your specific Medicare Advantage plan and network and not just say you have Blue Cross and Blue Shield, since many physicians are usually part of more than one Blue Cross and Blue Shield network. This information is located on your member ID card.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations.



Your Options for Care.

With several choices for accessing medical advice and treatment, it can be challenging to know who to call when. Picking the best option can give you peace of mind and save you time and money.

24/7 Nurseline	Nurses can answer questions about ailments and medications and assist you in deciding where to go for care. **Call 24/7 Nurseline at 1-800-631-7023 TTY 711** to connect with registered nurses at no additional cost.
Virtual Visits	See and talk to a doctor or therapist on your computer, tablet, or cellphone for non-emergency medical conditions. To activate your account, free of charge, follow the directions in the Important Plan Information section of this booklet. This service is not intended to replace visits with your primary care provider.
Virtual Primary Care	Your primary care provider knows your medical history best and may provide virtual options.
Doctor's Office	Your primary care provider can provide routine and preventive care and treatment for a current health issue or refer you to a specialist.
Urgent Care Center	Urgent care can be a good choice for minor health issues that require timely attention but are not emergencies. It is a convenient option after hours or if you can't get in to see your primary care provider.
Emergency Room	If you need immediate treatment for a critical condition or life-threatening illness, call 911 or go to the nearest ER.

Step 4 Review Your Evidence of Coverage

The EOC explains:

- Your rights and responsibilities.
- What's covered.
- Your costs.

We encourage you to review your EOC. It lists the coverage, costs and extra health and wellness benefits that are provided by your retiree Medicare plan. It can be found on BAM (see Step 2) or you can call Customer Service for a printed copy.

If you have questions about your covered benefits, call us.



Step 5 Schedule Your Annual Wellness Visit

Wellness begins with understanding.

Your Blue Cross Group Medicare Advantage plan includes a $0 copay Annual Wellness Visit with your health care provider. Use this checklist to guide the conversation. Schedule your Annual Wellness Visit today and earn rewards through our Rewards Program*. Earn up to $100 in gift cards from national retailers for completing your Annual Wellness Visit and additional preventive screenings (as indicated with $). Additional information on our Rewards Program can be found on page 16.

Talk With Your Doctor About	Completion Date/Notes
☐ All your current conditions and treatments	
☐ Prescription and over-the-counter medications	
☐ Any pain you have and what you do for it	
☐ Difficulties with daily activities	
☐ Your level of physical exercise	
☐ Balance issues or recent falls $	
☐ Difficulties with bladder control	
☐ Problems with sleeping or memory loss	
☐ Tobacco, alcohol or drug use	
☐ Hospital or ER visits in the last 90 days	
Complete These Basic Exams	**Completion Date/Notes**
☐ Blood Pressure	
☐ Height, Weight and Body Mass Index	
☐ Blood Sugar and Retinal Eye Exam (if applicable) $	
Review Your Screenings and Vaccines	**Completion Date/Notes**
☐ Annual Flu Vaccine $	
☐ Bone Density Exam $	
☐ Colorectal Screening $	
☐ Mammogram $	
☐ Pneumonia Vaccine	

* The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that has contracted with the plan to provide digital health and personal clinical engagement tools and services for members with coverage through the plan. One reward per healthy action per year. Healthy action dates of service must be in the current plan year. Healthy Actions that earn rewards are subject to change.

Step 6 Get the Most from Your Plan

Notify your providers and pharmacy.

Show your new member ID card to your providers and pharmacy so they have the most up-to-date information. This can prevent your claim from being denied due to incorrect information.

Your Medical Benefits

Blue Cross Group Medicare Advantage covers most commonly used services such as provider visits, inpatient and outpatient hospital services, emergency care, and prescription medicines. And it bundles these with wellness solutions for comprehensive health coverage. The plan manages claims and benefits, so you have only one call to make when you have questions. As a Medicare Advantage member, you get all the benefits covered by Original Medicare, and more. Read your EOC for details on coverage and member costs.

- Provider office visits
- Preventive services
- Emergency care
- Hospitalization
- Health screenings
- Diagnostic services
- Immunizations
- Rehabilitation
- Physical therapy
- Skilled nursing care

Your Part D Benefits

The federal government sets the annual maximum out-of-pocket limit for Part D drugs. It is adjusted each year based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs or any plan premiums. Review the EOC to understand your costs.

List of Covered Drugs (Formulary)

You can search for drugs online or download a copy of the formulary. You will see that prescription drugs are placed into tiers. The costs for drugs in each tier are generally different. Tier 1 includes the drugs prescribed for common conditions and usually cost the least. The formulary also includes information about special programs such as prior authorization, quantity limits or step therapy.

Transition Benefit

During the first 90 days of coverage, you may be able to fill a one-month supply of Part D eligible, non-formulary drugs or drugs that have restrictions. You and your provider will be alerted by mail of the transition fill.

To continue receiving a drug after the transition fill, your provider will need to request coverage determination. This can be done by calling the customer service number on your member ID card or by filling out a coverage determination form. This form can be found on BAM.

- Log in to your account and click on the Support tab.
- Select Forms and Documents.
- Scroll down to the Coverage Determination Form section and select the **MyPrime.com** link. From there, you can either download and print the form or complete and submit it online.

If the formulary exception is approved, you will pay the Non-Preferred Drug Tier cost-share.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option to help you manage your budget when it comes to out-of-pocket drug costs. You'll receive information about the program in the mail.

Do you need financial support for your drugs?

You can apply for Extra Help any time before or after you enroll in Part D. Visit Social Security to learn more at **www.ssa.gov**. Choose "Medicare," then "Apply for Part D Extra Help."

Please note: Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.



Insulin and Vaccine Costs

Insulin:

You won't pay more than $35 for a one-month supply of each covered insulin product. It doesn't matter what cost-sharing tier it's on.

Vaccines:

Your plan covers most Part D vaccines at no cost to you.

The following vaccines are covered under Medicare Part D:

- Shingles
- Tetanus/diphtheria (Td)
- Tetanus, diphtheria, and pertussis (whooping cough) (Tdap)
- Hepatitis A
- Hepatitis B
- Other vaccines recommended by the Advisory Committee on Immunization Practices

You don't need to meet any required deductible for these items.

Pharmacies Near and Far

Our national pharmacy network includes thousands of locations. All major national retail and grocery pharmacy chains participate in the network*, including:

Albertsons · Kroger · Walgreens · Walmart

Visit BAM for information about network pharmacies near you.

MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy solutions for your plan.

* Other pharmacies are also available in our network.

Home Delivery and Specialty Pharmacy

Home Delivery

Choose convenience with our mail-order service. A 90-day supply of the medications you take regularly can be delivered directly to your home. This service offers:

- Three ways to order refills: online, by phone or through the mail.
- Up to a 90-day supply of medications at one time.
- A choice to get a text, email or phone call to let you know when your order is received, and your prescriptions are mailed.

You will need to set up an account using your member ID with these options:



Walgreens Mail Service
Visit **www.walgreensmailservice.com** or call **1-877-277-7895 TTY 711**.

Amazon Pharmacy
Visit **https://pharmacy.amazon.com** or call **1-855-745-5725 TTY 711**.

Express Scripts® Pharmacy
Visit **www.express-scripts.com/rx** or call **1-833-599-0729 TTY 711**.

For the best health outcomes, prescription drugs should be taken as prescribed—at the right time, in the right amount and for the correct length of time.

Walgreens Mail Service is contracted to provide pharmacy mail services to members of the plan.

Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of the plan.

Amazon Pharmacy is contracted to provide home delivery services to members of the plan.

Accredo is a specialty pharmacy that is contracted to provide services to members of the plan.

Accredo is a trademark of Express Scripts Strategic Development, Inc.Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of the plan.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of the plan.

Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions. These drugs have unique shipping or handling needs. You may be able to fill specialty prescriptions at certain retail pharmacies, if they stock the medication.

You can also use one of two specialty pharmacy options:

Walgreens Specialty Pharmacy
Visit **www.walgreensspecialtyrx.com**
or call **1-877-627-6337 TTY 711** to get started.

Accredo®
Visit **www.accredo.com** or
call **1-833-721-1619 TTY 711** to get started.

Out-of-Network Pharmacies

You can buy covered drugs from out-of-network pharmacies in an emergency or if you are traveling where there is no network pharmacy.



Step 7 Access Extra Health and Wellness Benefits and Member Rewards

Blue Cross Group Medicare Advantage plans offer a number of benefits above and beyond standard insurance coverage.



Blue365®

Blue365 is just one more advantage of being a plan member. With this exclusive member program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations. Once you sign up, weekly 'featured deals' will be emailed to you. These deals offer special savings for a short period of time.

If you already have one, you can continue to use your Blue365 account. You do not need to re-enroll.

To learn more about Blue365, follow the directions in the Important Plan Information section of this booklet.



24/7 Nurseline

Our nurses are available 24 hours a day, seven days a week, 365 days a year. They can help with health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care and more. You can also access an audio library of more than 1,000 health topics ranging from allergies to women's health. More than 600 topics are available in Spanish.

When should you call 24/7 Nurseline?

Call when you have questions about health problems, such as:

- Asthma, back pain, or chronic health problems
- Cuts or burns
- Dizziness or severe headache
- High fever
- Sore throat

You can access the 24/7 Nurseline at: 1-800-631-7023 TTY 711.

You will find this number on the back of your member ID card.

Blue365 is a discount program only for plan members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. The plan does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. The plan reserves the right to stop or change this program at any time without notice.



SilverSneakers® Fitness Program

SilverSneakers is a fitness program for seniors and includes unlimited access to thousands of fitness locations nationwide. Membership offers a welcoming community where you can have fitness fun with friends and meet new people.

SilverSneakers benefits include:

- Specialized fitness classes designed for people of all abilities and led by certified instructors
- FLEX classes like yoga and dance at parks, recreation centers and clubs
- Access to SilverSneakers LIVE virtual classes and hundreds of On-Demand classes at **SilverSneakers.com**

For more information, call Monday through Friday, 8 a.m. – 8 p.m. ET, 1-888-338-1729 • TTY 711 or visit www.silversneakers.com/StartHere or email support@silversneakers.com.

SilverSneakers is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.



Prevention has its Rewards

The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from national retailers. You receive a gift card of your choice for completing Healthy Actions throughout the year.

Visiting your doctor at least once a year can help you catch small health problems before they become big ones. You can earn a gift card for getting qualified wellness visits. Because prevention is better than cure, you can earn $25 in gift cards just for completing your Annual Wellness Visit!

Here is a list of Healthy Actions that earn you Rewards:

- Annual Wellness Visit (worth $25)
- Annual flu vaccine
- Colorectal cancer screening
- Diabetic screenings
- Fall risk assessment
- In-home test kits
- Mammogram
- Retinal eye exam



TAKE ACTION: Sign up to get started with the program.

1. See the Important Plan Information section of this booklet for directions about enrolling in the Rewards Program. You will need your member ID card, date of birth and email address. After you register, we will send you an email letting you know that your account has been set up.
2. Don't have a computer? Call the number on the back of your member ID card and we can help you register and pick your gift card. It's that easy!

Once registered, the system will automatically record your Healthy Actions.
It may take up to 90 days for Healthy Actions to show as completed in the system.

Things to remember:

- Registration is required to participate.
- You can earn one reward per Healthy Action per year.
- Healthy Action dates of service must be in the current plan year.
- The maximum annual rewards is $100 in gift cards.
- Healthy Actions that earn rewards are subject to change.

Your gift card options

Gift card options include major national retailers. Retailers may offer physical and/or eCards.

Receiving and checking the balance on your gift card(s).

Digital Cards

You should receive an email with your non-refundable and non-exchangeable digital gift card within 24 hours of placing your order. Be sure to check your spam folder in the event your email provider has blocked the delivery. The process for checking balances will vary by retailer. Information about checking balances for the chosen retailer will be provided along with the gift card code sent via email.

Physical Cards

Allow seven business days for processing your card. If you do not receive your card via USPS within two weeks of placing the order, call the number on the back of your member ID card. Find the gift card balance by contacting the retailer by phone or online, using information on the back of the card.

If your gift card is denied during a transaction, first check the balance of the card. If there is still a balance on the gift card or the retailer won't accept it, call Customer Service at the number on the back of your member ID card. They will work with the retailer to resolve the issue.



Forms You May Need

You may need these forms during the year. All forms can be found on BAM.

- **Appointment of Representative**
  This form lets you choose someone to make decisions on your behalf. It also lets them get your health information such as Explanation of Benefits. This form may also be used to let the plan share your health information with a third party such as another health plan or provider. Having this completed form on file is vital for caregivers.
- **Prescription Mail Order**
  Be sure to take advantage of the mail-order program for eligible maintenance medicines. You'll enjoy the ease of home delivery and the chance to save money. When you have a new prescription, use the online form from the website of the home delivery pharmacy of your choice. See page 12 for more information.
- **Authorization to Disclose Protected Health Information**
  Use this form to allow the plan to share your PHI with a person or entity you choose.
- **Coverage Determination**
  If the plan will not cover a prescription drug or medical service, you may ask for a coverage determination. Choose the form that matches your request.

Report Fraud

Medicare fraud costs billions of dollars each year.

Here are some ways you can help stop it:

- Keep your member ID card safe. Treat it like you would a debit or credit card.
- Make a copy of your member ID card and keep it in a safe place.
- If your member ID card is lost or stolen, call us right away.
- Be sure the pharmacy has your correct information.
- Look at your EOB carefully to be sure that you have been properly charged. If you think you may have been the victim of fraud, report it to our Fraud Hotline right away.



To report fraud,

call **1-800-543-0867 TTY 711** 24 hours a day, 7 days a week.

We'll Keep in Touch

Because we care about your well-being and want you to get the most from your Medicare plan, we'll be in touch with you throughout the year.

We'll contact you occasionally to check in and will be available to:

- **Help you schedule an Annual Wellness Visit — a valuable part of your plan.**
- **Register you for the Rewards Program that can earn you up to $100 in gift cards.**
- **Answer any questions you have.**



In-Home Health Assessment

As part of our commitment to your health and well-being, your Medicare Advantage group retiree plan includes an optional, In-Home Health Evaluation by a licensed and credentialed clinician (certified nurse practitioner, physician assistant or medical doctor) from one of our trusted partners listed on page 20. All members can receive an In-Home Health Evaluation. There is no obligation or cost.

The 45-to-60-minute IHE or telehealth visit provides extra time outside of a Primary Care Provider for you to discuss your physical, emotional and mental health in the comfort of your home. This evaluation can help you discuss health concerns, learn more about disease management programs and have your home checked for possible safety issues.

You will first receive a letter from our partner, followed by phone calls on behalf of the plan to further explain IHE and steps for scheduling a visit.

All clinicians will answer COVID-19 screening questions before entering your home. CDC guidelines are followed to ensure the safety of both you and the clinician.



Annual Notice of Change

Near the end of the plan year, you'll receive an ANOC from Blue Cross Group Medicare Advantage. This notice outlines the premium and benefit changes (if any) for your plan. These changes will begin at the start of the new plan year. Review this document carefully.



Explanation of Benefits

You'll receive a statement called an EOB. How often you receive it depends on how often you fill your prescriptions or see your provider. This statement is not a bill. It simply details what you paid and indicates the level of benefits used. Review these details to be sure they are correct. If you think there are errors, call Customer Service at the number on the back of your member ID card. If you think you are the victim of fraud, report it immediately.

Supporting Service Providers

We work with the following vendors to help you take care of your health and wellness. Please know we trust these companies to provide you unparalleled care.

In-Home Assessment Vendors:

You may receive communication to help you schedule an In-Home Assessment. This convenient health touchpoint is completed by a nurse practitioner in the comfort and safety of your home, at no cost.

Findings from this visit will be shared with you and your doctor.

everlywell

In-Home Test Kits:

You may receive one or more kits from Everlywell. These kits test your blood sugar levels, check for hidden blood in your stool or evaluate your kidney function. These easy to complete screenings are part of your coverage, sent to you at no extra cost, and results are shared with you and your doctor.

EXACT SCIENCES

cologuard® Rx only

Cologuard Kit:

You may receive a Cologuard test kit from Exact Sciences. This test checks for hidden blood in your stool as an important screening for colorectal cancer. This easy to complete screening is part of your coverage, sent to you at no extra cost, and results are shared with you and your doctor.

Everlywell Health Solutions is an independent company that has contracted with the plan to provide health screenings for members with coverage through the plan.

Cologuard is an independent company that has contracted with the plan to provide laboratory services for members with coverage through the plan.



Common Terms

Allowed Amount
The maximum amount a plan will pay for a covered health care service. If you are charged more than the plan's allowed amount, you may have to pay the difference.

Amount Billed
The amount your provider billed for the service(s) rendered.

Coinsurance
An amount you pay after any deductibles. This is usually a percentage of the cost. For example, if the plan pays 80% of the allowed amount, then 20% would be your coinsurance.

Copayment (Copay)
Your share of the cost for each provider visit, service or prescription drug. This is usually a set dollar amount (for example: $10).

Deductible
An amount, if any, you pay before a plan begins to share the cost of covered drugs and services.

Formulary (Drug List)
A list of drugs covered by your plan.

IRMAA: Income-Related Monthly Adjustment Amount.
A Part B and Part D surcharge based on the modified adjusted gross income reported on your IRS tax return from two years ago. A notice from Medicare will be mailed to those who will pay the IRMAA surcharge(s).

Non-Participating Provider
An out-of-network provider who does not accept rates for services we set to keep your costs down.

Out-of-Pocket Limit
Once you pay this amount in deductibles, copays and coinsurance for covered services, the plan pays 100% of the allowed amount for covered services for the rest of the benefit period.

Participating Provider
An in-network or out-of-network provider who accepts Medicare and the agreed-upon rates for services.

Pharmacy Network
Pharmacies that contract with a Part D plan to fill prescriptions for its members. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Prior Authorization (PA)*
Some drugs or services may need to be approved by the plan before they are covered.

Quantity Limits (QL)*
A limit to how much of a medication will be covered in a certain time period. Limits may be applied on select drugs.

Step Therapy (ST)*
You may need to try less expensive options before 'stepping up' to certain high-cost drugs.

* Your formulary will indicate if a drug is subject to one of these special programs. Look for the abbreviation for the program to the right of the drug name and tier.

Important Plan Information



Contact Information

Have questions or concerns? Call us first. We can help!

Contact us with all your questions before calling Medicare or your benefit administrator. Blue Cross Group Medicare Advantage is your Medicare plan. We will let you know if your question can only be answered by Medicare or your benefit administrator.



Call

Call the Customer Service number listed on the back of your member ID card. We are open 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.



Web

Blue Access for Members

Search for providers and get information about your plan, claim status and benefits.

This information is not a complete description of benefits. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Image(s) may have been created or enhanced using artificial intelligence tools.

The plan makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

HMO employer/union group plans are provided by HCSC Insurance Services Company (HISC)-H9706 and GHS Insurance Company (GHSIC)-H8133 and H8544. HISC and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HISC and GHSIC are Medicare Advantage organizations with Medicare contracts. Enrollment in these plans depends on contract renewal.