



South Carolina

BlueCross BlueShield Individual Medical e-Application Process

1. Visit <https://enrollment.bcbssc.com/enroll/Enroll.Login.jsp>
2. Enter your login info, and you will be taken to this page:

Quotes & Proposals

Individual

- [Quote and Enroll for Medicare Advantage and PDP Plans](#).
- [Quote and Enroll for Medicare Supplement Plans](#).
- [Quote and Enroll with a Subsidy an Individual or Family](#). If you experience issues, call 888-481-4740 or email us at bluescinquiries@bcbssc.com.
- [Quote and Enroll without a Subsidy an Individual or Family](#). (This link leads to a third party website. That party is solely responsible for the contents and privacy policy on its site.)
- [Visit www.HealthCare.gov](#) to get the pre-sale Summary of Benefits and Coverage for available plans.

Enrollment

Individual

- [Quote and Enroll without a Subsidy an Individual or Family](#). (This link leads to a third party website. That party is solely responsible for the contents and privacy policy on its site.)
- [View/Resume Saved BlueEssentialsSM Enrollment Applications](#). (This link leads to a third party website. That party is solely responsible for the contents and privacy policy on its site.)
- [Check Status Online](#) - You can check the status on all Medicare Supplement, Medicare Advantage and prescription drug plan (PDP) applications you submitted! Track all your applications and get instant, up-to-date information.

Group Maintenance for Existing Groups

- [Group Maintenance](#) - Add or modify member information.

Online Training

The Learning Management System (LMS) training feature is now available on [SouthCarolinaBlues](#)

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3. Click “Quote and enroll for Medicare Supplement Plans”



South Carolina

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- Click “Create Proposal” and you will be taken to this page:

Create New Proposal

Applicant Contact Information

* All fields are required unless otherwise stated

First Name:

Last Name:

Daytime Phone Number: Optional

Evening Phone Number: Optional


Applicant Email Address: Optional

Applicant(s) Details

Tobacco User: Refers to any usage of tobacco (e.g. cigarettes, cigars, pipes, snuff, or chewing tobacco) in the past 12 months.

Relationship	First Name	Gender	Date of Birth	Zip Code	County	Used Tobacco in the Past?
Applicant	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="xxxxx"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>

- Enter client information and Click “Continue.” You will then be taken to a page where you can select specific plans:




Select a Pharmacy Plan

Select Plan Year: ☒ 2017 Plans

\$0 per month

Plan Name	Monthly Premium	Actions
<input type="radio"/> BlueCross Rx Value	\$33.10	Remove
<input type="radio"/> BlueCross Rx Plus	\$120.50	Remove
<input type="radio"/> None		



Select a Medicare Supplement Plan

Effective Date:

\$0 per month

Plan Name	Monthly Premium	Actions
<input type="radio"/> BlueCare Plan A	(Regular Price: \$86.80) *Discounted Price: \$81.59	Remove
<input type="radio"/> Blue Select Plan B	(Regular Price: \$96.83) *Discounted Price: \$91.02	Remove
<input type="radio"/> None		

- If desired plan is not selected, click “Add Plans.” Once you have selected all of your chosen plans, click “Apply.” If you have additional questions, please call The Cason Group’s Individual Medical department at (800) 951-3033.