



South Carolina

2023 BlueEssentialsSM Plans

FOR INDIVIDUALS AND FAMILIES

PLANS AS
LOW AS
\$0
PER MONTH











No. 1 Health Plan in South Carolina



Accepted by the most doctors and hospitals
in the state

The Power of Blue

WE PROVIDE RELIABLE AND AFFORDABLE HEALTH INSURANCE FOR INDIVIDUALS AND FAMILIES WITHIN SOUTH CAROLINA.

 <p>1 IN 3</p> <p>1 IN 3 AMERICANS RELY ON BLUE®.</p>	<p>PLANS AS LOW AS \$0 A MONTH</p> 	<p>STATEWIDE COVERAGE TO ALL DOCTORS AND HOSPITALS</p> 	<p>AWARD-WINNING CUSTOMER SERVICE</p> 
<p>ONLINE SELF-SERVICE TOOLS</p> 	 <p>MORE THAN 1,000,000</p> <p>MORE THAN 1 MILLION SOUTH CAROLINIANS ARE INSURED BY BLUE.</p>	<p>FINANCIAL SECURITY AND BEST-IN-CLASS OFFERING*</p> 	
		<p>REWARDS FOR WELLNESS ACTIVITIES</p> 	

*AM Best Rating as of Dec. 9, 2021. For latest rating, access ambest.com.

What You Get With BlueCross

FROM NO-COST PREVENTIVE SERVICES TO THE LARGEST NETWORK OF DOCTORS AND HOSPITALS IN SOUTH CAROLINA, OUR BLUE ESSENTIALS PLANS HAVE YOU COVERED.

No-cost preventive services

All BlueEssentials plans from BlueCross BlueShield of South Carolina provide these preventive services at **no cost** for members:

- Mammograms
- Prostate screenings (PSA) and lab work in accordance with the American Cancer Society*
- Contraceptive devices
- Wellness exams
- Immunizations
- Flu shots

Doctor and hospital visits

BlueEssentials members have access to the largest provider network in South Carolina. Members can visit a non-network provider only for emergencies.

Find a network provider in your area by visiting
www.SouthCarolinaBlues.com/links/providers/EPO

Pediatric vision benefits

All BlueEssentials plans also include vision benefits for members ages 18 and younger, such as low copays on vision exams and discounts on lenses, frames and contacts.

- One exam per benefit period with a \$25 copay
- \$50 copay on lenses and frames limited to once every benefit period








*The American Cancer Society is an independent organization that provides health information you may find helpful.



Savings at the pharmacy

The BlueCross BlueShield of South Carolina network saves members money on prescription drugs by giving members access to a vast array of generic drugs at pharmacies including CVS, Walmart, Sam’s Club, Costco, Kroger, Publix, Kmart, Bi-Lo and Winn-Dixie.

PRESCRIPTION DRUG TIERS					
					
Tier 0 Drugs	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs	Tier 4 Drugs	Tier 5 and 6 Drugs
Considered preventive medications under the Affordable Care Act (ACA) and covered at no cost to the member.	Usually preferred generic medications and will generally cost a member the least amount out of pocket.	Usually generic medications and will typically cost less than brand-name drugs.	Most often brand-name drugs, sometimes referred to as preferred drugs, as these cost less than other brand-name drugs.	Most often brand-name drugs, sometimes referred to as nonpreferred drugs, as they usually cost more than other brand-name drugs. These drugs may have generic equivalents.	Usually specialty drugs that treat complex conditions. Members tend to pay more for drugs in this tier.

Find a network pharmacy in your area by visiting www.SouthCarolinaBlues.com/links/pharmacy/individual

Blue RewardsSM

ENJOY THE VALUE OF WELLNESS.

Health has its rewards

We reward our members with up to \$150 each year for completing various wellness activities through our Blue Rewards program. You can use reward dollars toward copays, deductibles and coinsurance on covered medical services.*

Wellness Activity	Reward
Annual Flu Shot	\$60
Annual Wellness Exam	\$60
Telehealth Visit	\$30
Total	\$150
Family of 4 Can Earn Up To	\$600



Once you complete each activity, we load your reward dollars on a reloadable, prepaid Visa** card, so keep your card!

We will verify all wellness criteria before distributing rewards. All members are eligible for each reward one time per benefit year.

Download the mobile app! The Blue Rewards mobile app is available by searching for “PayForward” in the iTunes or Google Play app stores.



*Members cannot use rewards for drug copays or premiums. **Because Visa is an independent company, Visa will be responsible for all financial services related to these cards.



Blue CareOnDemandSM

GET VIRTUAL CARE WHEN YOU NEED IT.

See a doctor whenever and wherever through virtual video consults provided by **Blue CareOnDemand**.

Use your smartphone, tablet or computer to access faster, easier, on-the-go care for minor health conditions, including cold and flu symptoms, fevers, rashes and more.

- Free to enroll
- Low out-of-pocket cost
- Easy to use

Download the mobile app or visit www.BlueCareOnDemandSC.com



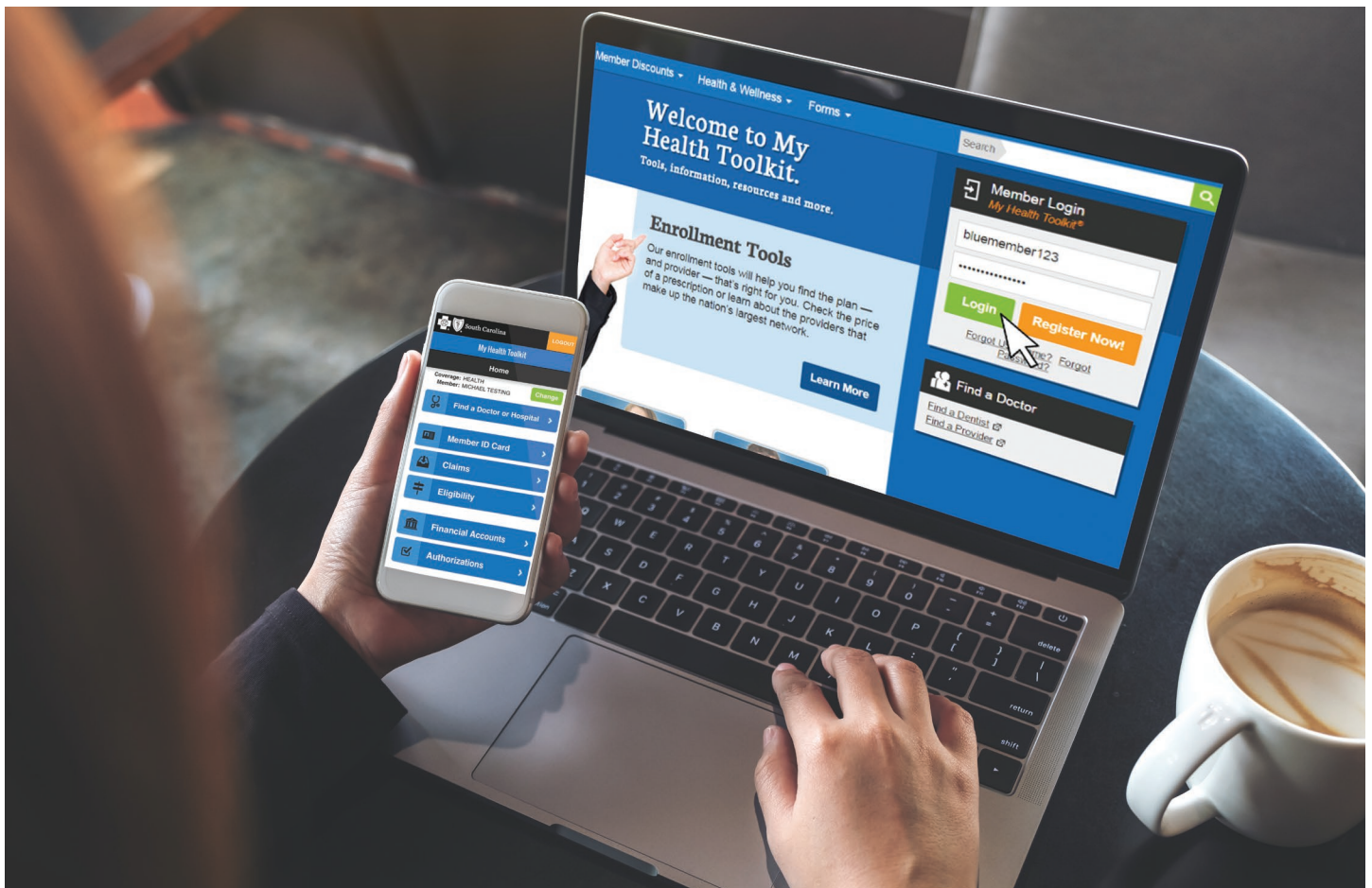
Tools To Manage Your Health

AN ONLINE INFORMATION AND CUSTOMER SERVICE CENTER, MY HEALTH TOOLKIT® GIVES YOU ACCESS TO IMPORTANT INFORMATION ABOUT PLAN BENEFITS AT YOUR FINGERTIPS.

My Health Toolkit offers access to many resources, including:

- Claims, eligibility and benefits.
- Contact preferences.
- Authorization status.
- ID card — save a digital version of your ID card for faster access.

Start making informed health care decisions now by visiting www.SouthCarolinaBlues.com or downloading the free mobile app in the App Store or Google Play.





More Value to You From BlueCross

WE WORK HARD TO ENSURE OUR MEMBERS' HEALTH COVERAGE BENEFITS REMAIN RELEVANT AND PROVIDE VALUE WITH MEMBER PERKS, DISCOUNTS AND VALUE-ADDED PROGRAMS.

Discounts and programs include all these and more:

- Fitness center memberships
- Allergy relief
- Weight management
- Hearing care

BlueCross members have access to **Blue365**[®], a website with discounts on everyday products that can help individuals and families live healthier, happier lives.

Visit www.Blue365Deals.com/BCBSSC to view deals.

Financial Assistance

MEMBERS MAY HAVE ACCESS TO FEDERAL GOVERNMENT ASSISTANCE THAT CAN HELP MAKE HEALTH INSURANCE (EVEN MORE!) AFFORDABLE. THESE SAVINGS ARE PROVIDED TO MEMBERS THROUGH AN ADVANCE PREMIUM TAX CREDIT (APTC), COST SHARING REDUCTION (CSR) OR BOTH.

What is an APTC?

An APTC is a federal subsidy that assists qualified individuals and families by reducing their monthly premiums.

What is a CSR?

Members who qualify for an APTC also may be eligible for even lower out-of-pocket costs through a CSR. These savings only apply to a BlueEssentials Silver plan and vary based on the individual's or family's income.

Annual household income and household size determine if you qualify for tax credits.

2022 Federal Poverty Level (FPL) Guidelines — Annual Household Income

Family Size	Cost Share 3				Cost Share 2		Cost Share 1		300%	400%	500%	600%
	100%	133%	134%	150%	151%	200%	201%	250%				
1	\$13,590	\$18,075	\$18,076	\$20,385	\$20,386	\$27,180	\$27,181	\$33,975	\$40,770	\$54,360	\$67,950	\$81,540
2	\$18,310	\$24,352	\$24,353	\$27,465	\$27,466	\$36,620	\$36,621	\$45,775	\$54,930	\$73,240	\$91,550	\$109,860
3	\$23,030	\$30,630	\$30,631	\$34,545	\$34,546	\$46,060	\$46,061	\$57,575	\$69,090	\$92,120	\$115,150	\$138,180
4	\$27,750	\$36,908	\$36,909	\$41,625	\$41,626	\$55,500	\$55,501	\$69,375	\$83,250	\$111,000	\$138,750	\$166,500
5	\$32,470	\$43,185	\$43,186	\$48,705	\$48,706	\$64,940	\$64,941	\$81,175	\$97,410	\$129,880	\$162,350	\$194,820
6	\$37,190	\$49,463	\$49,464	\$55,785	\$55,786	\$74,380	\$74,381	\$92,975	\$111,570	\$148,760	\$185,950	\$223,140
7	\$41,910	\$55,740	\$55,741	\$62,865	\$62,866	\$83,820	\$83,821	\$104,775	\$125,730	\$167,640	\$209,550	\$251,460
8	\$46,630	\$62,018	\$62,019	\$69,945	\$69,946	\$93,260	\$93,261	\$116,575	\$139,890	\$186,520	\$233,150	\$279,780
9	\$51,350	\$68,296	\$68,297	\$77,025	\$77,026	\$102,700	\$102,701	\$128,375	\$154,050	\$205,400	\$256,750	\$308,100
10	\$56,070	\$74,573	\$74,574	\$84,105	\$84,106	\$112,140	\$112,141	\$140,175	\$168,210	\$224,280	\$280,350	\$336,420

Silver Cost Sharing Plans

SEE THE FPL CHART TO DETERMINE YOUR COST SHARING LEVEL.

COST SHARING PLANS				
PLAN NAME AND OVERVIEW	BASE PLAN	COST SHARE 3 100 – 150 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 1 201 – 250 percent FPL
SILVER 1				
Copay (PCP/Specialist/Blue CareOnDemand)	\$30/\$75/\$20	\$10/\$25/\$5	\$10/\$60/\$5	\$30/\$60/\$20
Coinsurance	50%	5%	20%	50%
Deductible (Single/Family)	\$2,500/\$5,000	\$0/\$0	\$100/\$200	\$1,900/\$3,800
Out-of-Pocket Limit (Single/Family)	\$9,000/\$18,000	\$1,800/\$3,600	\$3,000/\$6,000	\$7,250/\$14,500
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$30/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$10/5% coinsurance/ 5% coinsurance	\$10/20% coinsurance after deductible is met/ 20% coinsurance after deductible is met	\$30/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$30 Tier 3: \$80 Tier 4: \$125 Tiers 5, 6: 30%	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$25 Tier 4: \$100 Tiers 5, 6: 30%	Tier 0: \$0 Tiers 1, 2: \$25 Tier 3: \$60 Tier 4: \$100 Tiers 5, 6: 30%	Tier 0: \$0 Tiers 1, 2: \$30 Tier 3: \$80 Tier 4: \$100 Tiers 5, 6: 30%
HD SILVER 6*				
Copay (PCP/Specialist/Blue CareOnDemand)	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Coinsurance	0%	0%	0%	0%
Deductible (Single/Family)	\$5,000/\$10,000	\$500/\$1,000	\$1,500/\$3,000	\$4,200/\$8,400
Out-of-Pocket Limit (Single/Family)	\$5,000/\$10,000	\$500/\$1,000	\$1,500/\$3,000	\$4,200/\$8,400
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	0% coinsurance after deductible is met/ 0% coinsurance after deductible is met/ 0% coinsurance after deductible is met	0% coinsurance after deductible is met/ 0% coinsurance after deductible is met/ 0% coinsurance after deductible is met	0% coinsurance after deductible is met/ 0% coinsurance after deductible is met/ 0% coinsurance after deductible is met	0% coinsurance after deductible is met/ 0% coinsurance after deductible is met/ 0% coinsurance after deductible is met
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1-6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1-6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1-6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1-6: 0% coinsurance after deductible is met
SILVER 7				
Copay (PCP/Specialist/Blue CareOnDemand)	\$25/\$60/\$20	\$10/\$30/\$5	\$10/\$30/\$5	\$15/\$60/\$5
Coinsurance	25%	10%	10%	20%
Deductible (Single/Family)	\$6,900/\$13,800	\$0/\$0	\$1,200/\$2,400	\$5,500/\$11,000
Out-of-Pocket Limit (Single/Family)	\$8,400/\$16,800	\$1,200/\$2,400	\$2,900/\$5,800	\$7,250/\$14,500
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$25/25% coinsurance after deductible is met/ 25% coinsurance after deductible is met	\$10/10% coinsurance/ 10% coinsurance	\$10/10% coinsurance after deductible is met/ 10% coinsurance after deductible is met	\$15/20% coinsurance after deductible is met/ 20% coinsurance after deductible is met
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$60 Tier 4: \$150 Tiers 5, 6: 25% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$7 Tier 3: \$30 Tier 4: \$100 Tiers 5, 6: 10% coinsurance	Tier 0: \$0 Tiers 1, 2: \$7 Tier 3: \$30 Tier 4: \$100 Tiers 5, 6: 10% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$15 Tier 3: \$60 Tier 4: \$100 Tiers 5, 6: 20% coinsurance after deductible is met

*For the HD Silver 6 plan, cost share variants 2 and 3 are not HD-qualified. The pharmacy benefits listed are for a retail 90-day supply maximum. Tiers 5 and 6 are limited to a 31-day supply maximum.

COST SHARING PLANS

PLAN NAME AND OVERVIEW	BASE PLAN	COST SHARE 3 100 – 150 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 1 201 – 250 percent FPL
SILVER 14				
Copay (PCP/Specialist/Blue CareOnDemand)	\$30/\$60/\$20	\$10/\$50/\$5	\$10/\$50/\$5	\$30/\$60/\$20
Coinsurance	50%	15%	15%	20%
Deductible (Single/Family)	\$6,900/\$13,800	\$0/\$0	\$920/\$1,840	\$4,200/\$8,400
Out-of-Pocket Limit (Single/Family)	\$8,800/\$17,600	\$840/\$1,680	\$2,920/\$5,840	\$7,250/\$14,500
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$30/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$10/15% coinsurance/ 15% coinsurance	\$10/15% coinsurance after deductible is met/ 15% coinsurance after deductible is met	\$30/20% coinsurance after deductible is met/ 20% coinsurance after deductible is met
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$60 Tiers 4 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$6 Tier 3: \$40 Tiers 4 – 6: 15% coinsurance	Tier 0: \$0 Tiers 1, 2: \$6 Tier 3: \$40 Tiers 4 – 6: 15% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$60 Tiers 4 – 6: 20% coinsurance after deductible is met
SILVER 38				
Copay (PCP/Specialist/Blue CareOnDemand)	\$45/\$90/\$25	\$45/\$90/\$25	\$45/\$90/\$25	\$45/\$90/\$25
Coinsurance	50%	50%	50%	50%
Deductible (Single/Family)	\$8,000/\$16,000	\$0/\$0	\$800/\$1,600	\$5,750/\$11,500
Out-of-Pocket Limit (Single/Family)	\$9,100/\$18,200	\$950/\$1,900	\$2,900/\$5,800	\$7,250/\$14,500
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$45/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$45/50% coinsurance/ 50% coinsurance	\$45/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$45/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$50 Tiers 4 – 6: 0% coinsurance after \$9,100 (individual)/ \$18,200 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$5 Tier 3: \$15 Tiers 4 – 6: 0% coinsurance after \$950 (individual)/ \$1,900 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$20 Tiers 4 – 6: 0% coinsurance after \$2,900 (individual)/ \$5,800 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$50 Tiers 4 – 6: 0% coinsurance after \$7,250 (individual)/ \$14,500 (family) drug deductible is met
SILVER 39				
Copay (PCP/Specialist/Blue CareOnDemand)	\$45/\$100/\$20	\$8/\$9/\$4	\$32/\$45/\$20	\$45/\$100/\$20
Coinsurance	20%	20%	20%	20%
Deductible (Single/Family)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-Pocket Limit (Single/Family)	\$9,100/\$18,200	\$2,500/\$5,000	\$3,000/\$6,000	\$7,250/\$14,500
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$45/\$2,000 per day up to two days (\$4,000 max)/ \$150 copay	\$8/\$250 per day up to two days (\$500 max)/ \$12 copay	\$32/\$1,200 per day up to two days (\$2,400 max)/ \$50 copay	\$45/\$2,000 per day up to two days (\$4,000 max)/ \$150 copay
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$100 Tiers 4 – 6: 80% coinsurance after \$500 (individual)/ \$1,000 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$2 Tier 3: \$29 Tiers 4 – 6: 50% coinsurance after \$0 (individual/family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$9 Tier 3: \$50 Tiers 4 – 6: 50% coinsurance after \$500 (individual)/ \$1,000 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$100 Tiers 4 – 6: 50% coinsurance after \$500 (individual)/ \$1,000 (family) drug deductible is met

Benefits

THESE PLANS ARE AVAILABLE WHETHER OR NOT YOU RECEIVE FINANCIAL ASSISTANCE TO REDUCE YOUR PREMIUMS.



Gold Plans

	GOLD 1	HD GOLD 3*	GOLD 4	GOLD 5
Deductible	Individual: \$2,500 Family: \$5,000	Individual: \$3,400 Family: \$6,800	Individual: \$3,000 Family: \$6,000	Individual: \$250 Family: \$500
Coinsurance	25%	0%	35%	50%
Out-of-Pocket Maximum	Individual: \$4,900 Family: \$9,800	Individual: \$3,400 Family: \$6,800	Individual: \$6,600 Family: \$13,200	Individual: \$8,700 Family: \$17,400
Primary Care Physician	\$20 copay	0% coinsurance after deductible is met	\$30 copay	\$20 copay
Blue CareOnDemand	\$10 copay	0% coinsurance after deductible is met	\$20 copay	\$20 copay
Specialist	\$50 copay	0% coinsurance after deductible is met	\$55 copay	\$40 copay
Urgent Care	\$40 copay	0% coinsurance after deductible is met	\$55 copay	\$40 copay
Emergency Room Services	\$300 copay per visit, then 25% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit, then 35% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay per visit	0% coinsurance after deductible is met	\$500 copay per visit	\$500 copay per visit
MENTAL AND BEHAVIORAL HEALTH SERVICES				
Office Visit	\$20 copay	0% coinsurance after deductible is met	\$30 copay	\$20 copay
Inpatient Services	25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	50% coinsurance after deductible is met
PHARMACY BENEFITS				
Prescription Drugs** (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1, 2: \$12 Tier 3: \$40 Tier 4: \$100 Tiers 5, 6: 25% coinsurance after \$0 (individual/family) drug deductible is met	Tier 0: \$0 Tier 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$40 Tier 4: \$100 Tiers 5, 6: 35% coinsurance after \$0 (individual)/\$0 (family) deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$40 Tiers 4 – 6: 50% coinsurance after \$1,000 (individual)/\$2,000 (family) drug deductible is met
Mail Order Drugs (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1, 2: \$17 Tier 3: \$108 Tier 4: \$270	Tier 0: \$0 Tier 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$14 Tier 3: \$108 Tier 4: \$270	Tier 0: \$0 Tiers 1, 2: \$14 Tier 3: \$108 Tier 4: 50% coinsurance after \$1,000 (individual)/\$2,000 (family) drug deductible is met

*Health savings account (HSA)-eligible. **Tiers 5 and 6 are limited to a 31-day supply maximum.

Silver Plans

	SILVER 1	HD SILVER 6*	SILVER 7
Deductible	Individual: \$2,500 Family: \$5,000	Individual: \$5,000 Family: \$10,000	Individual: \$6,900 Family: \$13,800
Coinsurance	50%	0%	25%
Out-of-Pocket Maximum	Individual: \$9,000 Family: \$18,000	Individual: \$5,000 Family: \$10,000	Individual: \$8,400 Family: \$16,800
Primary Care Physician	\$30 copay	0% coinsurance after deductible is met	\$25 copay
Blue CareOnDemand	\$20 copay	0% coinsurance after deductible is met	\$20 copay
Specialist	\$75 copay	0% coinsurance after deductible is met	\$60 copay
Urgent Care	\$60 copay	0% coinsurance after deductible is met	\$60 copay
Emergency Room Services	\$300 copay per visit, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit, then 25% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay per visit	0% coinsurance after deductible is met	\$500 copay per visit
MENTAL AND BEHAVIORAL HEALTH SERVICES			
Office Visit	\$30 copay	0% coinsurance after deductible is met	\$25 copay
Inpatient Services	50% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met
PHARMACY BENEFITS			
Prescription Drugs** (up to 90-day supply max)	Tier 0: \$0 Tiers 1, 2: \$30 Tier 3: \$80 Tier 4: \$125 Tiers 5, 6: 30%	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$60 Tier 4: \$150 Tiers 5, 6: 25% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1, 2: \$42 Tier 3: \$216 Tier 4: \$338	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$28 Tier 3: \$162 Tier 4: \$405



SILVER 14	SILVER 38	SILVER 39
Individual: \$6,900 Family: \$13,800	Individual: \$8,000 Family: \$16,000	Individual: \$0 Family: \$0
50%	50%	20%
Individual: \$8,800 Family: \$17,600	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200
\$30 copay	\$45 copay	\$45 copay
\$20 copay	\$25 copay	\$20 copay
\$60 copay	\$90 copay	\$100 copay
\$60 copay	\$90 copay	\$90 copay
\$300 copay per visit, then 50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$1,600 copay per visit
50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$2,000 per day up to two days (\$4,000 max)
\$500 copay per visit	\$500 copay per visit	\$100 copay per visit
\$30 copay	\$45 copay	\$45 copay
50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$2,000 per day up to two days (\$4,000 max)
50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$150 copay per visit
Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$60 Tiers 4 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$50 Tiers 4 – 6: 0% coinsurance after \$9,100 (individual)/\$18,200 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$100 Tiers 4 – 6: 80% coinsurance after \$500 (individual)/\$1,000 (family) drug deductible is met
Tier 0: \$0 Tiers 1, 2: \$28 Tier 3: \$162 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$14 Tier 3: \$135 Tier 4: 0% coinsurance after \$9,100 (individual)/\$18,200 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$14 Tier 3: \$270 Tier 4: 80% coinsurance after \$500 (individual)/\$1,000 (family) drug deductible is met

Bronze Plans



	HD BRONZE 3*	BRONZE 4	HD BRONZE 5*	BRONZE 6
Deductible	Individual: \$6,300 Family: \$12,600	Individual: \$7,200 Family: \$14,400	Individual: \$7,500 Family: \$15,000	Individual: \$0 Family: \$0
Coinsurance	30%	50%	0%	0%
Out-of-Pocket Maximum	Individual: \$7,000 Family: \$14,000	Individual: \$9,100 Family: \$18,200	Individual: \$7,500 Family: \$15,000	Individual: \$8,700 Family: \$17,400
Primary Care Physician	30% coinsurance after deductible is met	\$40 copay	0% coinsurance after deductible is met	\$30 copay
Blue CareOnDemand	30% coinsurance after deductible is met	\$20 copay	0% coinsurance after deductible is met	\$20 copay
Specialist	30% coinsurance after deductible is met	\$60 copay	0% coinsurance after deductible is met	\$90 copay
Urgent Care	30% coinsurance after deductible is met	\$60 copay	0% coinsurance after deductible is met	\$90 copay
Emergency Room Services	30% coinsurance after deductible is met	\$300 copay per visit, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$1,600 copay per visit
Inpatient Hospitalization	30% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$1,900 per day up to two days (\$3,800 max)
Ambulatory Surgery Center	30% coinsurance after deductible is met	\$500 copay per visit	0% coinsurance after deductible is met	\$100 copay per visit
MENTAL AND BEHAVIORAL HEALTH SERVICES				
Office Visit	30% coinsurance after deductible is met	\$40 copay	0% coinsurance after deductible is met	\$30 copay
Inpatient Services	30% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$1,900 per day up to two days (\$3,800 max)
Outpatient Services	30% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$140 copay per visit
PHARMACY BENEFITS				
Prescription Drugs** (up to 90-day supply max)	Tier 0: \$0 Tiers 1 – 6: 30% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$27 Tiers 3 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$28 Tier 3: \$125 Tiers 4 – 6: 50% coinsurance after \$3,000 (individual)/\$6,000 (family) drug deductible is met
Mail Order (up to 90-day supply max)	Tier 0: \$0 Tiers 1 – 4: 30% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$38 Tiers 3, 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$40 Tier 3: \$338 Tier 4: 50% coinsurance after \$3,000 (individual)/\$6,000 (family) drug deductible is met

*HSA-eligible. **Tiers 5 and 6 are limited to a 31-day supply maximum.

Catastrophic Plans

AVAILABLE TO PEOPLE UNDER 30 WHO ARE LOOKING FOR MINIMAL COVERAGE AND LOW MONTHLY PREMIUMS AND TO THOSE OF ANY AGE WHO ARE ELIGIBLE DUE TO FINANCIAL HARDSHIP.

	CATASTROPHIC 1
Deductible	Individual: \$9,100 Family: \$18,200
Coinsurance	0%
Out-of-Pocket Maximum	Individual: \$9,100 Family: \$18,200
Primary Care Physician	\$25 for first three visits (PCP and other practitioners combined); thereafter, 0% coinsurance after deductible is met
Blue CareOnDemand	0% coinsurance after deductible
Specialist	0% coinsurance after deductible
Urgent Care	0% coinsurance after deductible
Emergency Room Services	0% coinsurance after deductible
Inpatient Hospitalization	0% coinsurance after deductible
Ambulatory Surgery Center	0% coinsurance after deductible
MENTAL AND BEHAVIORAL HEALTH SERVICES	
Office Visit	0% coinsurance after deductible
Inpatient Services	0% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met
PHARMACY BENEFITS	
Prescription Drugs* (up to 90-day supply max)	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply max)	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met

Contact your agent to find out if you qualify for a catastrophic plan.



*Tiers 5 and 6 are limited to a 31-day supply maximum.

Standard Plans

THESE ALTERNATE PLANS OFFER BASIC COVERAGE OPTIONS FOR INDIVIDUALS AND FAMILIES.

	STANDARD GOLD	STANDARD SILVER	STANDARD BRONZE EXPANDED	STANDARD BRONZE
Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$5,800 Family: \$11,600	Individual: \$7,500 Family: \$15,000	Individual: \$9,100 Family: \$18,200
Coinsurance	25%	40%	50%	0%
Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$8,900 Family: \$17,800	Individual: \$9,000 Family: \$18,000	Individual: \$9,100 Family: \$18,200
Primary Care Physician	\$30 copay	\$40 copay	\$50 copay	0% coinsurance after deductible is met
Specialist	\$60 copay	\$80 copay	\$100 copay	0% coinsurance after deductible is met
Urgent Care	\$45 copay	\$60 copay	\$75 copay	0% coinsurance after deductible is met
Emergency Room Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
PHARMACY BENEFITS				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1, 2: \$15 Tier 3: \$30 Tier 4: \$60 Tiers 5, 6: \$250	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$40 Tier 4: \$80 copay after deductible is met Tiers 5, 6: \$350 copay after deductible is met	Tier 0: \$0 Tiers 1, 2: \$25 Tier 3: \$50 copay after deductible is met Tier 4: \$100 copay after deductible is met Tiers 5, 6: \$500 copay after deductible is met	Tiers 0 – 6: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1, 2: \$21 Tier 3: \$81 Tier 4: \$162	Tier 0: \$0 Tiers 1, 2: \$28 Tier 3: \$108 Tier 4: \$216 copay after deductible is met	Tier 0: \$0 Tiers 1, 2: \$35 Tier 3: \$135 copay after deductible is met Tier 4: \$270 copay after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met

*Tiers 5 and 6 are limited to a 31-day supply maximum. Blue CareOnDemand telehealth visits are not covered with the Standard plans. Telehealth visits with an in-network primary care physician and specialist are covered at the same benefit as an office visit.

Standard Plan Silver Cost Sharing Plans

SEE THE FPL CHART TO DETERMINE YOUR COST SHARING LEVEL.

COST SHARING PLANS				
PLAN NAME AND OVERVIEW	BASE PLAN	COST SHARE 3 100 – 150 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 1 201 – 250 percent FPL
STANDARD SILVER				
Copay (PCP/Specialist)	\$40/80	\$0/\$10	\$20/\$40	\$30/\$60
Coinsurance	40%	25%	30%	40%
Deductible (Single/Family)	\$5,800/\$11,600	\$0/\$0	\$800/\$1,600	\$5,700/\$11,400
Out-of-Pocket Limit (Single/Family)	\$8,900/\$17,800	\$1,700/\$3,400	\$3,000/\$6,000	\$7,200/\$14,400
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$40 copay/ 40% coinsurance after deductible is met/ 40% coinsurance after deductible is met	\$0 copay/ 25% coinsurance/ 25% coinsurance	\$20 copay/ 30% coinsurance after deductible is met/ 30% coinsurance after deductible is met	\$30 copay/ 40% coinsurance after deductible is met/ 40% coinsurance after deductible is met
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$40 Tiers 4: \$80 copay after deductible is met Tiers 5, 6: \$350 copay after deductible is met	Tiers 0 – 2 : \$0 Tier 3: \$15 Tier 4: \$50 Tiers 5, 6: \$150	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$20 Tiers 4: \$60 copay after deductible is met Tiers 5, 6: \$250 copay after deductible is met	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$40 Tier 4: \$80 copay after deductible is met Tiers 5, 6: \$350 copay after deductible is met



Off-Exchange Plans

FINANCIAL ASSISTANCE IS NOT AVAILABLE FOR THESE PLANS.



Silver Plans

	OFF-EXCHANGE SILVER 15	OFF-EXCHANGE SILVER 16	OFF-EXCHANGE HD SILVER 20	OFF-EXCHANGE SILVER 21	OFF-EXCHANGE SILVER 28
Deductible	Individual: \$1,950 Family: \$3,900	Individual: \$3,900 Family: \$7,800	Individual: \$4,900 Family: \$9,800	Individual: \$7,000 Family: \$14,000	Individual: \$6,900 Family: \$13,800
Coinsurance	50%	50%	0%	25%	50%
Out-of-Pocket Maximum	Individual: \$8,950 Family: \$17,900	Individual: \$8,200 Family: \$16,400	Individual: \$4,900 Family: \$9,800	Individual: \$8,500 Family: \$17,000	Individual: \$8,500 Family: \$17,000
Primary Care Physician	\$30 copay	\$25 copay	0% coinsurance after deductible is met	\$25 copay	\$30 copay
Blue CareOnDemand	\$20 copay	\$15 copay	0% coinsurance after deductible is met	\$20 copay	\$20 copay
Specialist	\$60 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay	\$60 copay
Urgent Care	\$60 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay	\$60 copay
Emergency Room Services	\$300 copay per visit, then 50% coinsurance after deductible is met	\$300 copay per visit, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit, then 25% coinsurance after deductible is met	\$300 copay per visit, then 50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$525 copay per visit	\$525 copay per visit	0% coinsurance after deductible is met	\$525 copay per visit	\$525 copay per visit
MENTAL AND BEHAVIORAL HEALTH SERVICES					
Office Visit	\$30 copay	\$25 copay	0% coinsurance after deductible is met	\$25 copay	\$30 copay
Inpatient Services	50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met	50% coinsurance after deductible is met
PHARMACY BENEFITS					
Prescription Drug* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1, 2: \$30 Tier 3: \$80 Tier 4: \$100 Tiers 5, 6: 30% coinsurance	Tier 0: \$0 Tiers 1, 2: \$10 Tiers 3 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$60 Tier 4: \$150 Tiers 5, 6: 25% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$60 Tiers 4 – 6: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply)	Tier 0: \$0 Tiers 1, 2: \$42 Tier 3: \$216 Tier 4: \$270	Tier 0: \$0 Tiers 1, 2: \$14 Tiers 3, 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$28 Tier 3: \$162 Tier 4: \$405	Tier 0: \$0 Tiers 1, 2: \$28 Tier 3: \$162 Tier 4: 50% coinsurance after deductible is met

*Tiers 5 and 6 are limited to a 31-day supply maximum.

Services, Fees and Charges You Pay, Along With Excluded Services

Fees you must pay include:

- Nonemergency services when received at or from an out-of-network provider or hospital, including outside of the United States.
- Hospital or skilled nursing facility charges when the patient did not receive preauthorization.
- Services and supplies not medically necessary, investigational or experimental in nature, not needed for the diagnosis or treatment of an illness or injury, or not specifically listed in Covered Services.
- Any service or supply provided by a member of the patient's family or by the patient, including the dispensing of drugs. This means the spouse, parent, grandparent, brother, sister, child or spouse's parent.
- Charges for a missed appointment or for filling out claim forms.
- Services or supplies related to chewing or biting problems, pain in the face, jaw or neck resulting from problems of the jaw joint(s), also known as temporomandibular joint disorders (TMJ).

This is a partial list of some of our exclusions. For a full list of excluded services and supplies, or for all limitations, please refer to your policy in My Health Toolkit.

Benefits we do not cover include:

- Any services or benefits not specifically covered under the terms of the policy, services received before the policy went into effect or after it terminates, or claims submitted after the time limit for filing claims has been exceeded.
- Services or charges for which the member is entitled to payment or benefits from other sources (i.e., workers' compensation) for which the provider does not charge or for which the member is not legally obliged to pay, including treatment provided in a government hospital or benefits provided under Medicare or other government programs (except Medicaid).
- Cosmetic surgery, surgery or treatment for the purpose of weight reduction, including any complications from or reversal of these procedures, or reconstructive procedures made necessary by weight loss.
- Illness contracted or injury sustained as the result of war or act of war (whether declared or undeclared) or participation in a felony, riot or insurrection.
- Refractive care, such as radial keratotomy, laser eye surgery or LASIK.
- Services for the detection and correction of structural imbalance, distortion or subluxation (spinal subluxation) to remove nerve interference, unless the optional coverage is purchased.



South Carolina

Have Questions?

CONTACT YOUR AGENT OR BROKER TODAY.



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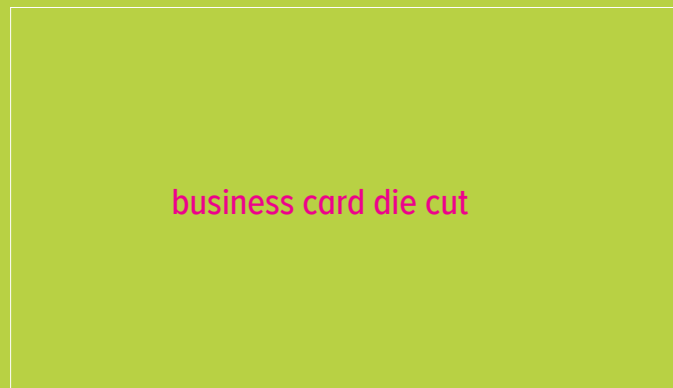
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