



# 2019 Individual and Family Plans

FROM BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA



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# Why Choose BlueEssentials from BlueCross?

## TRUST AND STABILITY

BlueCross BlueShield of South Carolina has earned the trust of South Carolinians for more than 70 years. Ensuring access to quality health coverage is vital to the health and well-being of every community in our state. We're more than a recognized member of the community — we're a strong and stable partner you can count on.

## LOW-COST PLAN OPTIONS

Our goal is simple: to provide high-quality coverage at a reasonable price. Since there's no such thing as one-size-fits-all, we offer numerous low-cost options to make sure you have the right plan for you and your family. **We even have plans for as low as \$0 a month!** Let us help you find the right health insurance plan.

## LARGE PROVIDER NETWORK

BlueCross BlueShield of South Carolina members have access to an extensive network of doctors, hospitals, specialists, pharmacies and other health care providers throughout the state.

## COMMUNITY INVOLVEMENT

Supporting our local community — your community — is important to us. That's why the BlueCross BlueShield of South Carolina Foundation supports workplace giving programs, health care-related research and education throughout the state. We also encourage our employees to volunteer their time and talents to nonprofit organizations. By supporting projects that directly benefit South Carolina's most vulnerable populations, we are helping create a stronger community for everyone.



## AWARD-WINNING CUSTOMER SERVICE

Year after year, independent companies recognize our Customer Service team for providing excellent service to our members. Again in 2017, Service Quality Management Group recognized BlueCross customer service advocates (CSAs) for providing superior service to our members. The recognition is for the CSAs' ability to resolve member issues during the first call, as well as callers' overall service experience.

Our award-winning Customer Service team is always here to help you!



## CASH REWARDS FOR COMPLETING WELLNESS ACTIVITIES

BlueCross cares about the health and well-being of our members and we want to reward our members for health accomplishments throughout the year. With our new Blue Rewards<sup>SM</sup> program, members can earn up to **\$150 every year** by completing various wellness activities. Reward dollars can be used toward copays, deductibles and coinsurance based on covered medical services.\*

Wellness Criteria Eligible for Rewards include:

ACTIVITY	REWARD
Annual flu shot	\$60
Annual wellness exam	\$60
Blue CareOnDemand registration	\$30
<b>Total</b>	<b>\$150</b>

Once each activity has been completed, reward dollars are loaded on a reloadable, pre-paid Visa card. All wellness criteria will be verified prior to distribution of reward.

All members are eligible for each reward, one-time per benefit year. Unused rewards **do not** carry over and must be used within the same benefit year earned.

\*Rewards cannot be used for drug copays or premiums.



## BLUE CARE ON DEMAND

With Blue CareOnDemand, you can see a doctor whenever and wherever you want through video consults. Use your smartphone, tablet or computer to access faster and easier care for minor health conditions for a low out-of-pocket cost. **It's free to enroll — just visit [www.BlueCareOnDemandSC.com](http://www.BlueCareOnDemandSC.com) or download the app.**

Blue CareOnDemand doctors can diagnose and treat many of the most common medical conditions, including cold and flu symptoms, fevers, rashes, abdominal pains, sinusitis, pinkeye, ear infections, migraines and more. When needed, doctors can send prescriptions to your network pharmacy of choice for continued convenience.

Next time you or a family member faces a minor medical issue, get the help you need using the trusted, board-certified physicians of Blue CareOnDemand.



## NEW SERVICES OFFERED THROUGH BLUE CAREONDEMAND

### Behavioral Health and Lactation Services

Blue CareOnDemand expanded services include behavioral health and breastfeeding support. Behavioral health offers members the ability to schedule an appointment with a psychiatrist, psychologist or counselor. Breastfeeding support offers immediate or scheduled appointments with lactation consultants for common questions and issues associated with breastfeeding.

Under the Affordable Care Act (ACA) preventive guidelines, a member enrolled in an ACA plan will have a 100 percent covered benefit for a visit with a lactation consultant.

**IMPORTANT REMINDER:**  
 Save the emergency room (ER) for true emergencies. If you have a medical issue that isn't right for Blue CareOnDemand, we recommend your doctor's office or an urgent care facility for non-emergency care such as cuts, sprains and infections. You will receive care faster and at a lower cost at these locations, allowing ER physicians to provide life-saving care for patients facing true emergencies.



## Ways to Save: Use Network Providers and Generic Drugs

### TIERS

**Tier 0 Drugs:** Considered preventive medications under the Affordable Care Act (ACA) and covered at no cost to the member.

**Tier 1 Drugs:** Usually generic and will generally cost you the least amount of money out of your pocket.

**Tier 2 Drugs:** Most often brand drugs, sometimes referred to as “preferred” drugs, because they usually cost you less than other brand drugs.

**Tier 3 Drugs:** Most often brand drugs, sometimes referred to as “non-preferred” drugs, because they usually cost you more than other brand drugs. They may have generic equivalents.

**Tier 4 Drugs:** Drugs that treat complex conditions and are usually very expensive. You typically will pay more for drugs in this tier.

To get the most from your health insurance benefits and lower your health care costs, **always use doctors in the network.** We choose providers to be included in our network based on the high-quality care they provide and for their dedication to improved health for our members. In addition, we work with network providers to offer you lower costs for the high-quality services they offer.

**Save money on prescription drugs by using generics.** Generic drugs contain the same ingredients as brand drugs, but are not made under a brand name or trademark. The generic drug is just as effective as the name brand. Both medicines have the same active ingredients, the same strength and the same dosage. Before getting a prescription filled, ask your doctor or pharmacist if a generic is available, allowing you to pay the least money out of pocket. Some generic drugs may be available at zero cost under your BlueEssentials plan.

### PROVIDER NETWORK INFORMATION

Your health plan will cover qualified services received from BlueEssentials network providers. Before receiving care, be sure to check our website for the most up-to-date list of network providers. We only cover services received from out-of-network providers if they are urgent or emergency care performed in an urgent treatment center or ER.

The pharmacy **Advanced Choice Network™** includes access to CVS, Rite Aid, Walmart, Sam’s Club, Costco, Kroger, Publix, KMart, Longs Drugs, Bi-Lo and Winn-Dixie pharmacies, plus various other grocers and independent pharmacies.

You can receive the seasonal flu vaccine – as well as some non-seasonal, preventive care vaccines – at a \$0 copay when visiting any CVS pharmacy. Only vaccines received at a CVS pharmacy are eligible for a \$0 copay.



#### SEARCH OUR NETWORK PROVIDERS

Finding an in-network provider is simple. Search for network providers at [www.SouthCarolinaBlues.com/links/providers/EPO](http://www.SouthCarolinaBlues.com/links/providers/EPO)



#### FIND A NETWORK PHARMACY

View a list of network pharmacies at [www.SouthCarolinaBlues.com/links/pharmacy/BlueEssentials](http://www.SouthCarolinaBlues.com/links/pharmacy/BlueEssentials).



# Financial Assistance

## ADVANCED PREMIUM TAX CREDIT (APTC)

The APTC is a federal subsidy that assists qualified individuals and families by reducing their monthly premiums. An APTC makes health insurance more affordable. The amount of the APTC an individual or family receives is based on annual income compared to the Federal Poverty Level (FPL) and the second-lowest-cost Silver plan available to that individual or family in the service area.

It is important that you verify your tax credit amount and eligibility each year, particularly if you have had any changes in your household or income.



### EXAMPLE OF HOW A SUBSIDY WORKS WITH A HEALTH PLAN:

The monthly cost for a health plan <i>(cost depends on which health plan you choose)</i>	\$432.67 per month
Subtract the government subsidy <i>(paid to the insurance company for you)</i>	— \$185.39 per month
<b>YOU WOULD PAY</b>	<b>\$247.28 per month</b>

## COST-SHARING REDUCTIONS

Members who qualify for the APTC also may be eligible for lower out-of-pocket costs or cost-sharing reductions (CSR). To receive a CSR, the individual or family must choose a Silver plan. The CSR differs for each member based on the individual’s income. Copayments for office visits and prescription drugs also may be reduced.

EXAMPLE: An individual selects BlueEssentials Silver 9. Normally, the Silver 9 plan’s coinsurance is 50 percent, the deductible is \$5,000 and the out-of-pocket maximum is \$6,850. Based on the individual’s APTC eligibility and household income, the member qualifies for a level 2 CSR. This results in a reduced coinsurance of 20 percent, a deductible of \$1,000 and an out-of-pocket maximum of \$2,250.



### FEDERAL POVERTY LEVELS

The FPL is a measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine your eligibility for certain programs and benefits.

The amounts on this page are 2018 numbers and are used for calculating eligibility for APTC, Medicaid and the Children’s Health Insurance Program (CHIP).

### 2018 POVERTY GUIDELINES – ANNUAL HOUSEHOLD INCOME\*

Family Size	100%	138%	150%	200%	250%	300%	400%
1	\$12,140	\$16,753	\$18,210	\$24,280	\$30,350	\$36,420	\$48,560
2	\$16,460	\$22,715	\$24,690	\$32,920	\$41,150	\$49,380	\$65,840
3	\$20,780	\$28,676	\$31,170	\$41,560	\$51,950	\$62,340	\$83,120
4	\$25,100	\$34,638	\$37,650	\$50,200	\$62,750	\$75,300	\$100,400
5	\$29,420	\$40,600	\$44,130	\$58,840	\$73,550	\$88,260	\$117,680
6	\$33,740	\$46,561	\$50,610	\$67,480	\$84,350	\$101,220	\$134,960
7	\$38,060	\$52,523	\$57,090	\$76,120	\$95,150	\$114,180	\$152,240
8	\$42,380	\$58,484	\$63,570	\$84,760	\$105,950	\$127,140	\$169,520

\* Source: <http://familiesusa.org/product/federal-poverty-guidelines>



# Cost-Sharing Plans

COST-SHARING PLANS				
See the FPL chart to determine your cost-sharing level				
PLAN NAME	BASE PLAN	COST SHARE 1 201 – 250 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 3 100 – 150 percent FPL
<b>Silver 1</b>				
Copay (PCP/Specialist/Blue CareOnDemand)	\$30/\$60/\$20	\$30/\$60/\$5	\$10/\$60/\$5	\$10/\$25/\$5
Coinsurance	50 percent	50 percent	15 percent	5 percent
Deductible (Single/Family)	\$690/\$1,380	\$690/\$1,380	\$0/\$0	\$0/\$0
Out-of-pocket limit (Single/Family)	\$7,900/\$15,800	\$6,300/\$12,600	\$2,350/\$4,700	\$2,250/\$4,500
Pharmacy Benefits	Tier 1: \$30	Tier 1: \$30	Tier 1: \$30	Tier 1: \$10
Prescription Drugs	Tier 2: \$80	Tier 2: \$80	Tier 2: \$60	Tier 2: \$25
	Tier 3: \$100	Tier 3: \$100	Tier 3: \$100	Tier 3: \$100
	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent
<b>Silver 2</b>				
Copay (PCP/Specialist/Blue CareOnDemand)	\$25/\$50/\$15	\$25/\$50/\$15	\$20/\$50/\$10	\$20/\$50/\$10
Coinsurance	40 percent	40 percent	20 percent	5 percent
Deductible (Single/Family)	\$3,000/\$6,000	\$1,800/\$3,600	\$300/\$600	\$0/\$0
Out-of-pocket limit (Single/Family)	\$6,600/\$13,200	\$6,300/\$12,600	\$2,600/\$5,200	\$2,250/\$4,500
Pharmacy Benefits	Tier 1: \$10	Tier 1: \$10	Tier 1: \$10	Tier 1: \$10
Prescription Drugs	Tier 2: Deductible and coinsurance	Tier 2: Deductible and coinsurance	Tier 2: Deductible and coinsurance	Tier 2: Deductible and coinsurance
	Tier 3: Deductible and coinsurance	Tier 3: Deductible and coinsurance	Tier 3: Deductible and coinsurance	Tier 3: Deductible and coinsurance
	Tier 4: Deductible and coinsurance	Tier 4: Deductible and coinsurance	Tier 4: Deductible and coinsurance	Tier 4: Deductible and coinsurance
<b>Silver 3</b>				
Copay (PCP/Specialist/Blue CareOnDemand)	\$30/\$60/\$20	\$20/\$50/\$10	\$15/\$50/\$5	\$10/\$20/\$5
Coinsurance	25 percent	25 percent	20 percent	5 percent
Deductible (Single/Family)	\$3,500/\$7,000	\$3,150/\$6,300	\$300/\$600	\$0/\$0
Out-of-pocket limit (Single/Family)	\$7,500/\$15,000	\$6,300/\$12,600	\$2,500/\$5,000	\$2,250/\$4,500
Pharmacy Benefits	Tier 1: \$15	Tier 1: \$15	Tier 1: \$10	Tier 1: \$10
Prescription Drugs	Tier 2: \$40	Tier 2: \$40	Tier 2: \$35	Tier 2: \$30
	Tier 3: \$125	Tier 3: \$125	Tier 3: \$125	Tier 3: \$100
	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent
<b>Silver 4</b>				
Copay (PCP/Specialist/Blue CareOnDemand)	\$30/\$60/\$20	\$30/\$50/\$20	\$25/\$50/\$15	\$10/\$20/\$5
Coinsurance	30 percent	30 percent	25 percent	5 percent
Deductible (Single/Family)	\$3,100/\$6,200	\$2,975/\$5,950	\$150/\$300	\$0/\$0
Out-of-pocket limit (Single/Family)	\$7,900/\$15,800	\$6,300/\$12,600	\$2,500/\$5,000	\$2,250/\$4,500
Pharmacy Benefits	Tier 1: \$30	Tier 1: \$30	Tier 1: \$12	Tier 1: \$10
Prescription Drugs	Tier 2: \$50	Tier 2: \$50	Tier 2: \$35	Tier 2: \$30
	Tier 3: \$100	Tier 3: \$100	Tier 3: \$100	Tier 3: \$100
	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent

The pharmacy benefits listed are Retail (up to 31-day) supply.



‡Plans are NOT available in the following counties: Berkeley, Dorchester, Charleston and Colleton.

## COST-SHARING PLANS

See the FPL chart to determine your cost-sharing level

PLAN NAME	BASE PLAN	COST SHARE 1 201 – 250 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 3 100 – 150 percent FPL
<b>HD Silver 5*</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
<b>Coinsurance</b>	20 percent	20 percent	20 percent	5 percent
<b>Deductible (Single/Family)</b>	\$3,300/\$6,600	\$2,000/\$4,000	\$250/\$500	\$200/\$400
<b>Out-of-pocket limit (Single/Family)</b>	\$5,000/\$10,000	\$5,000/\$10,000	\$2,600/\$5,200	\$2,250/\$4,500
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1, 2, 3 and 4: Deductible and coinsurance	Tier 1, 2, 3 and 4: Deductible and coinsurance	Tier 1, 2, 3 and 4: Deductible and coinsurance	Tier 1, 2, 3 and 4: Deductible and coinsurance
<b>HD Silver 6**</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
<b>Coinsurance</b>	0 percent	0 percent	0 percent	0 percent
<b>Deductible (Single/Family)</b>	\$4,300/\$8,600	\$3,400/\$6,800	\$1,200/\$2,400	\$500/\$1,000
<b>Out-of-pocket limit (Single/Family)</b>	\$4,300/\$8,600	\$3,400/\$6,800	\$1,200/\$2,400	\$500/\$1,000
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1, 2, 3 and 4: Deductible and coinsurance	Tier 1, 2, 3 and 4: Deductible and coinsurance	Tier 1, 2, 3 and 4: Deductible and coinsurance	Tier 1, 2, 3 and 4: Deductible and coinsurance
<b>Silver 7‡</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$25/\$55/\$20	\$10/\$50/\$5	\$10/\$30/\$5	\$10/\$30/\$5
<b>Coinsurance</b>	25 percent	20 percent	10 percent	10 percent
<b>Deductible (Single/Family)</b>	\$6,400/\$12,800	\$4,500/\$9,000	\$1,000/\$2,000	\$200/\$400
<b>Out-of-pocket limit (Single/Family)</b>	\$7,150/\$14,300	\$6,300/\$12,600	\$2,250/\$4,500	\$700/\$1,400
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$7 Tier 2: \$45 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible and coinsurance	Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible and coinsurance	Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible and coinsurance
<b>Silver 8</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$10 for kids under age 20, \$25 for adults 20+/\$40/\$10	\$10 for kids under age 20, \$20 for adults 20+/\$30/\$6	\$10 for kids under age 20, \$20 for adults 20+/\$30/\$6	\$10 for kids under age 20, \$20 for adults 20+/\$30/\$6
<b>Coinsurance</b>	15 percent	15 percent	10 percent	5 percent
<b>Deductible (Single/Family)</b>	\$5,250/\$10,500	\$4,800/\$9,600	\$850/\$1,700	\$0/\$0
<b>Out-of-pocket limit (Single/Family)</b>	\$7,900/\$15,800	\$6,300/\$12,600	\$2,250/\$4,500	\$2,250/\$4,500
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$25 Tier 2: \$35 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$25 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$30 Tier 3: \$100 Tier 4: 10 percent
<b>Silver 9</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$30/\$60/\$20	\$0 on first four visits then \$20/\$25/\$10	\$0 on first four visits then \$20/\$20/\$10	\$0 on first four visits then \$20/\$20/\$10
<b>Coinsurance</b>	50 percent	50 percent	20 percent	5 percent
<b>Deductible (Single/Family)</b>	\$5,000/\$10,000	\$5,000/\$10,000	\$1,000/\$2,000	\$200/\$400
<b>Out-of-pocket limit (Single/Family)</b>	\$6,850/\$13,700	\$6,300/\$12,600	\$2,250/\$4,500	\$2,250/\$4,500
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$20 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$10 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$10 Tier 3: \$100 Tier 4: 30 percent

\*For the HD Silver 5 plan, cost share variants 1, 2 and 3 are not HD qualified.

\*\*For the HD Silver 6 plan, cost share variants 2 and 3 are not HD qualified.

‡Plans are NOT available in the following counties: Berkeley, Dorchester, Charleston and Colleton.

## COST-SHARING PLANS

See the FPL chart to determine your cost-sharing level

PLAN NAME	BASE PLAN	COST SHARE 1 201 – 250 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 3 100 – 150 percent FPL
<b>Silver 10</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$0 on first four visits then deductible/ deductible/ deductible	\$0 on first four visits then deductible/ deductible/ deductible	\$0 on first four visits then deductible/ deductible/ deductible	\$0 on first four visits then deductible/ deductible/ deductible
<b>Coinsurance</b>	0 percent	0 percent	0 percent	0 percent
<b>Deductible (Single/Family)</b>	\$7,150/\$14,300	\$5,200/\$10,400	\$1,600/\$3,200	\$700/\$1,400
<b>Out-of-pocket limit (Single/Family)</b>	\$7,150/\$14,300	\$5,200/\$10,400	\$1,600/\$3,200	\$700/\$1,400
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent
<b>Silver 11</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$15/\$15, then deductible and coinsurance/\$5	\$5/\$5, then deductible and coinsurance/\$5	\$5/\$5, then deductible and coinsurance/\$5	\$5/\$5, then deductible and coinsurance/\$5
<b>Coinsurance</b>	20 percent	20 percent	10 percent	10 percent
<b>Deductible (Single/Family)</b>	\$5,500/\$11,000	\$5,100/\$10,200	\$1,000/\$2,000	\$0/\$0
<b>Out-of-pocket limit (Single/Family)</b>	\$7,150/\$14,300	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$25 Tier 3: \$50 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$25 Tier 3: \$50 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$25 Tier 3: \$50 Tier 4: 30 percent
<b>Silver 12</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$15/\$15, then deductible and coinsurance/\$5	\$10/\$10, then deductible and coinsurance/\$5	\$10/\$10, then deductible and coinsurance/\$5	\$10/\$10, then deductible and coinsurance/\$5
<b>Coinsurance</b>	30 percent	30 percent	20 percent	5 percent
<b>Deductible (Single/Family)</b>	\$4,800/\$9,600	\$3,000/\$6,000	\$600/\$1,200	\$150/\$300
<b>Out-of-pocket limit (Single/Family)</b>	\$7,350/\$14,700	\$6,300/\$12,600	\$2,250/\$4,500	\$2,250/\$4,500
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$10 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$30 Tier 3: \$80 Tier 4: 30 percent
<b>HD Silver 13***</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
<b>Coinsurance</b>	0 percent	0 percent	0 percent	0 percent
<b>Deductible (Single/Family)</b>	\$4,550/\$9,100	\$3,400/\$6,800	\$1,200/\$2,400	\$450/\$900
<b>Out-of-pocket limit (Single/Family)</b>	\$4,550/\$9,100	\$3,400/\$6,800	\$1,200/\$2,400	\$450/\$900
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1, 2, 3 and 4: Deductible and coinsurance	Tier 1, 2, 3 and 4: Deductible and coinsurance	Tier 1, 2, 3 and 4: Deductible and coinsurance	Tier 1, 2, 3 and 4: Deductible and coinsurance
<b>Silver 14‡</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$20/\$50/\$20	\$20/\$50/\$10	\$10/\$50/\$5	\$10/\$50/\$5
<b>Coinsurance</b>	15 percent	15 percent	15 percent	15 percent
<b>Deductible (Single/Family)</b>	\$6,650/\$13,300	\$4,000/\$8,000	\$800/\$1,600	\$250/\$500
<b>Out-of-pocket limit (Single/Family)</b>	\$7,150/\$14,300	\$5,700/\$11,400	\$2,200/\$4,400	\$700/\$1,400
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$10 Tier 2: \$40 Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: \$10 Tier 2: \$40 Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: \$5 Tier 2: \$40 Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: \$5 Tier 2: \$40 Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance

\*\*\*For the HD Silver 13 plan, cost share variants 2 and 3 are not HD qualified.

**NEW PLANS!**

‡Plans ONLY available in the following counties: Berkeley, Dorchester, Charleston and Colleton.

<b>COST-SHARING PLANS</b>				
<b>See the FPL chart to determine your cost-sharing level</b>				
<b>PLAN NAME</b>	<b>BASE PLAN</b>	<b>COST SHARE 1</b> 201 – 250 percent FPL	<b>COST SHARE 2</b> 151 – 200 percent FPL	<b>COST SHARE 3</b> 100 – 150 percent FPL
<b>Silver 29‡</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$40/\$80/\$30	\$20/\$45/\$10	\$0/\$5/\$0	\$0/\$5/\$0
<b>Coinsurance</b>	0 percent	0 percent	0 percent	0 percent
<b>Deductible (Single/Family)</b>	\$7,900/\$15,800	\$5,350/\$10,700	\$1,950/\$3,900	\$675/\$1,350
<b>Out-of-pocket limit (Single/Family)</b>	\$7,900/\$15,800	\$5,350/\$10,700	\$1,950/\$3,900	\$675/\$1,350
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$20 Tier 2: \$60 Tiers 3, 4: Deductible/ Coinsurance	Tier 1: \$20 Tier 2: \$50 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance	Tier 1: \$0 Tier 2: \$25 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance	Tier 1: \$0 Tier 2: \$25 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance
<b>Silver 30‡</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$40/\$80/\$30	\$25/\$60/\$15	\$0/\$20/\$0	\$0/\$20/\$0
<b>Coinsurance</b>	20 percent	20 percent	20 percent	20 percent
<b>Deductible (Single/Family)</b>	\$6,900/\$13,800	\$4,900/\$9,800	\$950/\$1,900	\$0/\$0
<b>Out-of-pocket limit (Single/Family)</b>	\$7,900/\$15,800	\$5,900/\$11,800	\$2,600/\$5,200	\$1,400/\$2,800
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$20 Tier 2: \$60 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance	Tier 1: \$10 Tier 2: \$50 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance	Tier 1: \$0 Tier 2: \$25 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance	Tier 1: \$0 Tier 2: \$25 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance
<b>Silver 33‡</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$25/\$60/\$20	\$10/\$50/\$5	\$10/\$30/\$5	\$10/\$30/\$5
<b>Coinsurance</b>	25 percent	20 percent	10 percent	10 percent
<b>Deductible (Single/Family)</b>	\$6,600/\$13,200	\$4,500/\$9,000	\$1,000/\$2,000	\$200/\$400
<b>Out-of-pocket limit (Single/Family)</b>	\$7,900/\$15,800	\$6,300/\$12,600	\$2,250/\$4,500	\$700/\$1,400
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$10 Tier 2: \$60 Tier 3: \$175 Tier 4: Deductible/ Coinsurance	Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible/ Coinsurance	Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible/ Coinsurance	Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible/ Coinsurance
<b>Silver 34‡</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$25/\$60/\$20	\$20/\$50/\$10	\$10/\$50/\$5	\$10/\$50/\$5
<b>Coinsurance</b>	20 percent	15 percent	15 percent	15 percent
<b>Deductible (Single/Family)</b>	\$6,800/\$13,600	\$4,000/\$8,000	\$800/\$1,600	\$250/\$500
<b>Out-of-pocket limit (Single/Family)</b>	\$7,900/\$15,800	\$5,700/\$11,400	\$2,200/\$4,400	\$700/\$1,400
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$10 Tier 2: \$40 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance	Tier 1: \$10 Tier 2: \$40 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance	Tier 1: \$5 Tier 2: \$40 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance	Tier 1: \$5 Tier 2: \$40 Tier 3: Deductible/ Coinsurance Tier 4: Deductible/ Coinsurance



# Sign Up

## WHEN CAN I ENROLL?

BlueCross is here to help you understand how the Health Care Reform law impacts you and your family. Once a year, individuals can apply for health insurance during the open enrollment period (OEP). This year, OEP will be from Nov. 1 through Dec. 15, 2018, and benefits will begin Jan. 1, 2019.

**OPEN ENROLLMENT: NOV. 1 – DEC. 15, 2018**

*Enrollment is allowed after Dec. 15, 2018, only if the individual qualifies for a Special Enrollment Period. This period is typically 60 days after a major qualifying life event, such as losing a job, getting married or having a baby.*



# BlueEssentials Plans

## BLUE CROSS PLANS

Here are some key things to know before you start to shop for a plan. BlueEssentials plans are divided into two categories: the metallic plans (Gold, Silver and Bronze) and the catastrophic plan. Anyone can buy a metallic plan, but only certain individuals qualify for a catastrophic plan.

## THE METALLIC PLANS

### Gold, Silver and Bronze Metallic Plans

Each plan must cover the same set of minimum essential health benefits. While the range of benefits is the same among the plans, the value of the benefits will vary. This means the amount you pay, such as a copayment, coinsurance or deductible, is different. These metal levels can help you compare plans, the monthly premiums and costs for services, such as doctors or hospital visits.

### The Catastrophic Plan

Young adults and individuals for whom coverage is otherwise unaffordable can purchase a catastrophic plan. A catastrophic plan is for an individual who either:

- Is under age 30 before the plan year begins.
- Or has received certification from the Marketplace stating he or she is exempt from the individual mandate because he or she does not have an affordable coverage option or qualifies for a hardship exemption.



*Note: For all plans, copays and coinsurance are not required once the member meets the maximum out of pocket (MOOP).*

### Preventive Services

Preventive services at zero cost to the member include:

- Mammograms
- Prostate Screenings (PSA) and Lab Work (in accordance with the American Cancer Society)
- Contraceptive Devices
- Wellness Exams
- Immunizations
- \$0 Flu Shot (if received at a CVS Pharmacy)

### Each of our plans includes:

- Required preventive services at zero cost to the member (screenings the U.S. Preventive Services Task Force [USPSTF] Grade A & B, Health Resources and Services Administrations [HRSA] and Centers for Disease Control and Prevention [CDC] recommend). We also will cover prostate screenings and lab work according to the American Cancer Society (ACS). The USPSTF, HRSA, CDC and ACS are independent organizations that provide health information on behalf of BlueCross.
- An unlimited lifetime benefit maximum.

### BLUE ESSENTIALS EPO

An EPO plan offers comprehensive health services from participating health care providers only. You must seek services from these providers.

### HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

This health care coverage puts you in control of your health care expenses by keeping your costs down while providing great benefits and options to make your dollar go further. All of the HDHP plans have access to the EPO network.



## BLUE ESSENTIALS VISION BENEFITS

Vision benefits for children, including low copayments and vision exams, discounts on lenses, frames and contacts, are available only through VSP. VSP is an independent company that offers a vision provider network on behalf of your health plan. The vision network includes more than 400 providers throughout South Carolina. To find a provider, visit [www.vsp.com/advantage](http://www.vsp.com/advantage) and enter your ZIP code. Benefits include:

### Members Age 18 or Younger

- One exam per benefit period with a \$25 copayment
- \$50 copayment on lenses

The plan coverage described in this brochure represents an abbreviated version of benefits. For further details, read the Summary of Benefits and Coverage.



## Value-Added Programs

Sometimes all you need to feel great is a little sprucing up. And saving money in the process makes it even more rewarding. That's why our members enjoy our discounts and value-added programs at no additional cost. With no claims to file and no annual limits, members pay the discounted rate directly to participating providers.

### FITNESS AND WELLNESS

#### ***Fitness Center Memberships***

Getting in shape is now more affordable than ever! We make it easy for our members to save on memberships to local fitness facilities and other exercise centers.

#### ***Children's Fitness***

With My Gym Children's Fitness Center, choose from a variety of structured, age-appropriate classes that use music, dance, relays, games and more.

#### ***Weight Management***

Enjoy discounts on weight-loss programs and services, including Jenny Craig. Plus, get one-on-one support to help you lead a healthy lifestyle.

#### ***Allergy Relief***

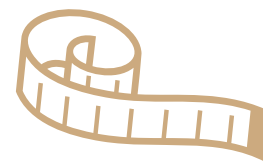
You'll breathe easier thanks to special prices on products designed to reduce exposure to indoor allergens.

#### ***Alternative Health Care***

Where does it hurt? With Natural Blue<sup>SM</sup>, you can tap into an extensive network of credentialed acupuncturists, massage therapists, chiropractors, plus diet advisers — all offering extensive discounts. Members also can get information about vitamins and natural supplements, as well as purchase items, such as home fitness equipment, at a discount.

#### ***Healthy Reading***

Stay health conscious and informed with access to a wide variety of articles and information online. Members also can purchase books, DVDs and CDs at discounted rates.





## HEARING AND VISION

### ***Laser Vision Correction***

Our members receive exclusive discounts on Lasik vision correction services, including exams, surgery and preoperative and postoperative care.

### ***Eye Care***

Open your eyes to special savings from Vision One — eye exams, designer frames, lenses and contacts.

### ***Hearing Care***

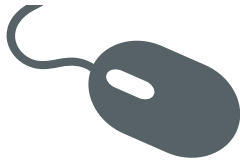
Hear that? With Blue, get great savings from TruHearing — a leader in digital hearing aids and ranked No. 1 in customer service. Save on hearing exams and follow-up care, too.



## COSMETIC

### ***Hair Restoration***

Suffering from hair loss? You have everything to gain. As a member, you'll save 20 percent on a hair transplantation procedure.



## BLUE365®

BlueCross members have access to Blue365, a website with discounts on everyday products that can help families live healthier, happier lives. Members can enjoy discounts on personal care products, fitness, wellness and lifestyle products and healthy eating, as well as financial services. Blue365 complements a member's health coverage by making it easier and more affordable to make healthy choices.

Visit: [www.Blue365deals.com/BCBSSC](http://www.Blue365deals.com/BCBSSC) for available discounts!

**For more information, visit**  
**[www.SouthCarolinaBlues.com/links/discounts](http://www.SouthCarolinaBlues.com/links/discounts)**



## My Health Toolkit®

We understand the importance of making the right health care decisions. My Health Toolkit helps you make smart decisions and manage your health plan.

My Health Toolkit is the online BlueCross information and customer service center. With My Health Toolkit, members have health care information at their fingertips. Whether you need to locate an in-network doctor or want to research the cost of a specific surgery, My Health Toolkit has resources that can assist you.

My Health Toolkit offers ways to make informed health care decisions:

- **Claims Summary** — View claims status and Explanations of Benefits (EOBs).
- **Eligibility and Benefits** — Read about your benefits and coverage information and check your eligibility.
- **Ask Customer Service** — Send a secure message directly to the customer service area for fast answers to your questions.
- **Authorization Status** — Verify your authorization status for inpatient and outpatient visits.
- **Deductible and Out-of-Pocket Statuses** — See how close you are to meeting your deductible and maximum out of pocket.
- **Request a New ID Card**
- **Get a Digital Copy of Your ID Card**
- **Find a Doctor** — Find network doctors or hospitals across the country and around the world.
- **Manage Contact Preferences**

My Health Toolkit also provides resources to help you improve your wellness.

- **Personal Health Record** — A confidential online tool providing a summary of all your health information, including doctors' visits, prescriptions, lab results and much more. You also can keep track of upcoming medical appointments and print a copy of your medical history. Additional features are available, based on your benefit plan.
- **Personal Health Assessment** — An online survey that helps identify risk factors and offers ways to improve your health based on your answers.
- **Health Library** — This feature offers medical information, health calculators, self-care channels and nutrition guides to help improve and protect your health.



### TO SET UP A MY HEALTH TOOLKIT ACCOUNT:

1. Go to our website: [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
2. On the home page, find the Member Login: My Health Toolkit box and click Register.
3. Create your profile by entering your member information found on your insurance card. Follow the remaining steps to complete your profile.





### PAPERLESS EOBs

My Health Toolkit equips members with information they need to manage their health care costs. With My Health Toolkit, members have online access to their EOBs any time, day or night.

Members are automatically enrolled in paperless EOBs if an email address is provided. Members can opt out of paperless EOBs at any time through My Health Toolkit.



### MAKE YOUR PHONE YOUR INSURANCE CARD

Now your insurance card is with you wherever you go, whenever you need it! With the My Health Toolkit mobile app, on-the-go access to your important health care information has never been easier.

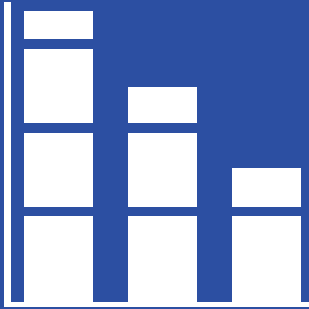
View and share your digital ID card, check on claims, review your benefits and find a doctor — all from the convenience of your phone. Download the **free** mobile app in the App Store or Google Play.

### DOWNLOAD THE MY HEALTH TOOLKIT MOBILE APP



# Benefits

**THESE PLANS ARE AVAILABLE  
ON- AND OFF-EXCHANGE.**





	<b>GOLD 1</b>	<b>GOLD 2</b>	<b>HD GOLD 3</b>	<b>GOLD 4</b>
Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$1,500 Family: \$3,000	Individual: \$3,000 Family: \$6,000	Individual: \$2,700 Family: \$5,400
Coinsurance	20%	30%	0%	20%
Out-of-Pocket Maximum	Individual: \$4,500 Family: \$9,000	Individual: \$5,000 Family: \$10,000	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
PCP	\$20 copay	\$20 copay	0% coinsurance after deductible is met	\$10 for kids up to age 20; \$30 for those 20 and over
Blue CareOnDemand	\$10 copay	\$10 copay	0% coinsurance after deductible is met	\$10 copay
Specialist	\$40 copay	\$40 copay	0% coinsurance after deductible is met	\$40 copay
Urgent Care	\$50 copay	\$50 copay	0% coinsurance after deductible is met	\$40 copay
Emergency Room Services	\$300 copay per visit. Meet deductible, then 20% coinsurance.	\$300 copay per visit. Meet deductible, then 30% coinsurance.	0% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 20% coinsurance.
Inpatient Hospitalization	20% after deductible is met	30% after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Ambulatory Surgery Center	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	0% coinsurance after deductible is met	Facility Charge – \$500 copay per visit
<b>PHARMACY BENEFITS</b>				
Prescription Drugs (up to 31-day supply)	Tier 0: \$0 Tier 1: \$12 Tier 2: \$40 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: 30%
Mail Order (up to 90-day supply)	Tier 1: \$17 Tier 2: \$108 Tier 3: \$270	Tier 1: \$28 Tier 2: \$108 Tier 3: \$270	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met	Tier 1: \$14 Tier 2: \$108 Tier 3: \$270



‡Not available in Berkeley, Dorchester, Charleston or Colleton counties.

‡Not available in Berkeley, Dorchester, Charleston or Colleton counties.

	SILVER 1	SILVER 2	SILVER 3	SILVER 4	HD SILVER 5	HD SILVER 6	SILVER 7	SILVER 8	SILVER 9	SILVER 10	SILVER 11	SILVER 12	HD SILVER 13	SILVER 14
Deductible	Individual: \$690 Family: \$1,380	Individual: \$3,000 Family: \$6,000	Individual: \$3,500 Family: \$7,000	Individual: \$3,100 Family: \$6,200	Individual: \$3,300 Family: \$6,600	Individual: \$4,300 Family: \$8,600	Individual: \$6,400 Family: \$12,800	Individual: \$5,250 Family: \$10,500	Individual: \$5,000 Family: \$10,000	Individual: \$7,150 Family: \$14,300	Individual: \$5,500 Family: \$11,000	Individual: \$4,800 Family: \$9,600	Individual: \$4,550 Family: \$9,100	Individual: \$6,650 Family: \$13,300
Coinsurance	50%	40%	25%	30%	20%	0%	25%	15%	50%	0%	20%	30%	0%	15%
Out-of-Pocket Maximum	Individual: \$7,900 Family: \$15,800	Individual: \$6,600 Family: \$13,200	Individual: \$7,500 Family: \$15,000	Individual: \$7,900 Family: \$15,800	Individual: \$5,000 Family: \$10,000	Individual: \$4,300 Family: \$8,600	Individual: \$7,150 Family: \$14,300	Individual: \$7,900 Family: \$15,800	Individual: \$6,850 Family: \$13,700	Individual: \$7,150 Family: \$14,300	Individual: \$7,150 Family: \$14,300	Individual: \$7,350 Family: \$14,700	Individual: \$4,550 Family: \$9,100	Individual: \$7,150 Family: \$14,300
PCP	\$30 copay	\$25 copay	\$30 copay	\$30 copay	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$25 copay	\$10 for kids up to age 20; \$25 for those 20 and over	\$30 copay	\$0 copay per visit on first four visits, then 0% coinsurance after deductible is met	\$15 copay	\$15 copay	0% coinsurance after deductible is met	\$20 copay
Blue CareOnDemand	\$20 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$20 copay	\$10 copay	\$20 copay	0% coinsurance after deductible is met	\$5 copay	\$5 copay	0% coinsurance after deductible is met	\$20 copay
Specialist	\$60 copay	\$50 copay	\$60 copay	\$60 copay	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$55 copay	\$40 copay	\$60 copay	0% coinsurance after deductible is met	\$15, then coinsurance after deductible is met	\$15, then coinsurance after deductible is met	0% coinsurance after deductible is met	\$50 copay
Urgent Care	\$60 copay	\$50 copay	\$60 copay	\$60 copay	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$55 copay	\$50 copay	\$60 copay	0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	\$50 copay
Emergency Room Services	\$300 copay per visit. Meet deductible, then 50% coinsurance.	40% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 25% coinsurance.	\$300 copay per visit. Meet deductible, then 30% coinsurance.	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 25% coinsurance.	\$300 copay per visit. Meet deductible, then 15% coinsurance.	50% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 15% coinsurance.
Inpatient Hospitalization	50% coinsurance after deductible is met	40% coinsurance after deductible is met	25% coinsurance after deductible is met	30% coinsurance after deductible is met	20% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met	15% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	15% coinsurance after deductible is met
Ambulatory Surgery Center	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	20% coinsurance after deductible is met	0% coinsurance after deductible is met	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	0% coinsurance after deductible is met	Facility Charge – \$500 copay per visit
<b>PHARMACY BENEFITS</b>														
Prescription Drugs (up to 31-day supply)	Tier 0: \$0 Tier 1: \$30 Tier 2: \$80 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$10 Tier 2: 40% coinsurance after deductible is met Tier 3: 40% coinsurance after deductible is met Tier 4: 40% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$15 Tier 2: \$40 Tier 3: \$125 Tier 4: 30%	Tier 0: \$0 Tier 1: \$30 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: 20% coinsurance after deductible is met Tier 2: 20% coinsurance after deductible is met Tier 3: 20% coinsurance after deductible is met Tier 4: 20% coinsurance after deductible is met	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$7 Tier 2: \$45 Tier 3: \$150 Tier 4: 25% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$25 Tier 2: \$35 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$20 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$10 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: 15% coinsurance after deductible is met Tier 4: 15% coinsurance after deductible is met
Mail Order (up to 90-day supply)	Tier 1: \$42 Tier 2: \$216 Tier 3: \$270	Tier 1: \$14 Tier 2: 40% coinsurance after deductible is met Tier 3: 40% coinsurance after deductible is met	Tier 1: \$21 Tier 2: \$108 Tier 3: \$338	Tier 1: \$42 Tier 2: \$135 Tier 3: \$270	Tier 1: 20% coinsurance after deductible is met Tier 2: 20% coinsurance after deductible is met Tier 3: 20% coinsurance after deductible is met	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met	Tier 1: \$10 Tier 2: \$122 Tier 3: \$405	Tier 1: \$35 Tier 2: \$95 Tier 3: \$270	Tier 1: \$28 Tier 2: \$135 Tier 3: \$270	Tier 1: \$7 Tier 2: \$135 Tier 3: \$270	Tier 1: \$7 Tier 2: \$135 Tier 3: \$270	Tier 1: \$14 Tier 2: \$135 Tier 3: \$270	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met	Tier 1: \$14 Tier 2: \$108 Tier 3: 15% coinsurance after deductible is met



**NEW PLANS!**

\*Plans ONLY available in the following counties: Berkeley, Dorchester, Charleston and Colleton.

	SILVER 29*	SILVER 30*	SILVER 33*	SILVER 34*
Deductible	Individual: \$7,900 Family: \$15,800	Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200	Individual: \$6,800 Family: \$13,600
Coinsurance	0%	20%	25%	20%
Out-of-Pocket Maximum	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800
PCP	\$40 copay	\$40 copay	\$25 copay	\$25 copay
Blue CareOnDemand	\$30 copay	\$30 copay	\$20 copay	\$20 copay
Specialist	\$80 copay	\$80 copay	\$60 copay	\$60 copay
Urgent Care	\$80 copay	\$80 copay	\$60 copay	\$60 copay
Emergency Room Services	0% coinsurance after deductible is met	20% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 25% coinsurance	\$300 copay per visit. Meet deductible, then 20% coinsurance
Inpatient Hospitalization	0% coinsurance after deductible is met	20% coinsurance after deductible is met	25% coinsurance after deductible is met	20% coinsurance after deductible is met
Ambulatory Surgery Center	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit	Facility Charge – \$500 copay per visit
<b>PHARMACY BENEFITS</b>				
Prescription Drugs <i>(up to 31-day supply)</i>	Tier 0: \$0 Tier 1: \$20 Tier 2: \$60 Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$60 Tier 3: 20% coinsurance after deductible is met Tier 4: 20% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$60 Tier 3: \$175 Tier 4: 25% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: 20% coinsurance after deductible is met Tier 4: 20% coinsurance after deductible is met
Mail Order <i>(up to 90-day supply)</i>	Tier 1: \$28 Tier 2: \$162 Tier 3: 0% coinsurance after deductible is met	Tier 1: \$28 Tier 2: \$162 Tier 3: 20% coinsurance after deductible is met	Tier 1: \$14 Tier 2: \$162 Tier 3: \$473	Tier 1: \$14 Tier 2: \$108 Tier 3: 20% coinsurance after deductible is met



	BRONZE 1	HD BRONZE 2	HD BRONZE 3	BRONZE 4	HD BRONZE 5
Deductible	Individual: \$7,000 Family: \$14,000	Individual: \$6,300 Family: \$12,600	Individual: \$5,500 Family: \$11,000	Individual: \$6,400 Family: \$12,800	Individual: \$6,750 Family: \$13,500
Coinsurance	50%	50%	30%	50%	0%
Out-of-Pocket Maximum	Individual: \$7,900 Family: \$15,800	Individual: \$6,750 Family: \$13,500	Individual: \$6,750 Family: \$13,500	Individual: \$7,900 Family: \$15,800	Individual: \$6,750 Family: \$13,500
PCP	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$25 copay	0% coinsurance after deductible is met
Blue CareOnDemand	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$15 copay	0% coinsurance after deductible is met
Specialist	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$50 copay	0% coinsurance after deductible is met
Urgent Care	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$50 copay	0% coinsurance after deductible is met
Emergency Room Services	\$300 copay per visit. Meet deductible, then 50% coinsurance.	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 50% coinsurance.	0% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met.	0% coinsurance after deductible is met
Ambulatory Surgery Center	Facility Charge – \$500 copay per visit	50% coinsurance after deductible is met	30% coinsurance after deductible is met	Facility Charge – \$500 copay per visit	0% coinsurance after deductible is met
<b>PHARMACY BENEFITS</b>					
Prescription Drugs <i>(up to 31-day supply)</i>	Tier 0: \$0 Tier 1: \$30 Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: 50% coinsurance after deductible is met Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: 30% coinsurance after deductible is met Tier 2: 30% coinsurance after deductible is met Tier 3: 30% coinsurance after deductible is met Tier 4: 30% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$12 Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met
Mail Order <i>(up to 90-day supply)</i>	Tier 1: \$42 Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met	Tier 1: 50% coinsurance after deductible is met Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met	Tier 1: 30% coinsurance after deductible is met Tier 2: 30% coinsurance after deductible is met Tier 3: 30% coinsurance after deductible is met	Tier 1: \$17 Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met



	CATASTROPHIC 1
Deductible	Individual: \$7,900 Family: \$15,800
Coinsurance	0%
Out-of-Pocket Maximum	Individual: \$7,900 Family: \$15,800
PCP	\$25 copay per visit on first three visits then 0% coinsurance after deductible is met
Blue CareOnDemand	0% coinsurance after deductible is met
Specialist	0% coinsurance after deductible is met
Urgent Care	0% coinsurance after deductible is met
Emergency Room Services	0% coinsurance after deductible is met
Inpatient Hospitalization	0% coinsurance after deductible is met
Ambulatory Surgery Center	0% coinsurance after deductible is met
<b>PHARMACY BENEFITS</b>	
Prescription Drugs <i>(up to 31-day supply)</i>	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met
Mail Order <i>(up to 90-day supply)</i>	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met



## SERVICES, FEES AND CHARGES YOU PAY ALONG WITH EXCLUDED SERVICES

### You Must Pay for These

- Non-emergency services when received at or from out-of-network providers or hospitals, including outside the United States.
- Hospital or skilled nursing facility charges when the patient did not receive preauthorization. Please see Preauthorization in your policy in My Health Toolkit.
- Services and supplies not medically necessary, investigational/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 bite problems, pain in the face, ears, jaws 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 Don't Cover

- 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 obligated to pay, including treatment provided in a government hospital or benefits provided under Medicare or other government programs (except Medicaid).
- Cosmetic surgery, or 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.
- Treatment, services or supplies received because of suicide, attempted suicide or intentionally self-inflicted injuries unless it results from a medical (physical or mental) condition, even if the condition is not diagnosed prior to the injury.

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of our plans, including enrollment and benefit determination. If you are an individual living with disabilities or have limited English proficiency, we have free interpretive services available through our customer service areas. Further, if you believe we have failed to provide these accessibility services or have discriminated in another way, you can file a grievance online at [www.webreportinghotline.alertline.com/gcs/welcome](http://www.webreportinghotline.alertline.com/gcs/welcome) or by calling our Compliance Hotline at 888-263-2077, or by contacting the U.S. Department of Health and Human Services, Office of Civil Rights at 800-868-1019 or 800-537-7697 (TDD).

# Have Questions?

Contact your agent or broker today.



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