



South Carolina

# 2021 INDIVIDUAL AND FAMILY PLANS

BlueEssentials<sup>SM</sup>



Only insurance company in the state that has all of South Carolina's hospitals in our network.

PLANS AS  
LOW AS

**\$0**

PER MONTH



## THE POWER OF BLUE®

We provide reliable and affordable health insurance for individuals and families within South Carolina. Here is what you get with Blue:



1 in 3 Americans  
rely on Blue



We insure more than  
1 million South Carolinians



Plans as low as \$0 a month



The largest provider network in  
South Carolina.



Award-winning customer service



Financial security and  
best in class offering\*



With My Health Toolkit® and  
Blue CareOnDemand™, access to  
good health is one click away.



Through BlueRewards, we  
reward you for completing  
wellness activities!

## WHAT YOU GET WITH BLUE

From \$0 cost preventive services to the largest network of doctors and hospitals in South Carolina, our BlueEssentials plans have you covered.

### \$0 cost preventive services.

All BlueEssentials plans from BlueCross provide preventive services at **zero cost** for members. These services include:

- 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 only visit a non-network provider for emergencies only.

Find a network provider in your area by visiting:  
[www.SouthCarolinaBlues.com/links/providers/EPO](http://www.SouthCarolinaBlues.com/links/providers/EPO)

### Pediatric Vision Benefits.

All BlueEssentials plans also include vision benefits for members ages 18 or younger, including low copayments on vision exams, discounts on lenses, frames and contacts. Benefits include:

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









**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
Considered preventive medications under the Affordable Care Act (ACA) and covered at no cost to the member.	Usually generic medications and will generally cost a member the least amount out of pocket.	Most often brand-name drugs, sometimes referred to as “preferred” drugs, as these cost less than other brand-name drugs.	Most often brand drugs, sometimes referred to as “non-preferred” drugs, as they usually cost more than other brand drugs. These drugs may have generic equivalents.	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](http://www.southcarolinablues.com/links/pharmacy/Individual)

**THE VALUE OF WELLNESS**

Using research and data insights, we continue to push for innovative, healthy ways to provide better health care solutions and benefits for our members.

**Health has its rewards.**

We reward our members with up to \$150 each year for completing various wellness activities through our Blue Rewards<sup>SM</sup> program. Reward dollars can be used toward copays, deductibles and coinsurance, based on covered medical services.\*

Wellness Activity	Reward
Annual Flu Shot	\$60
Annual Wellness Exam	\$60
Telehealth Visit	\$30
<b>Total</b>	<b>\$150</b>

Once each activity is completed, reward dollars are loaded on a reloadable, prepaid Visa card. All wellness criteria will be verified before distribution of rewards. All members are eligible for each reward, one time per benefit year.

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

**Virtual Care When You Need It**



See a doctor whenever, 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.

It’s free to enroll — *with a low out-of-pocket cost* — so what are you waiting for? **Download the mobile app today or visit [www.BlueCareOnDemandSC.com](http://www.BlueCareOnDemandSC.com).**



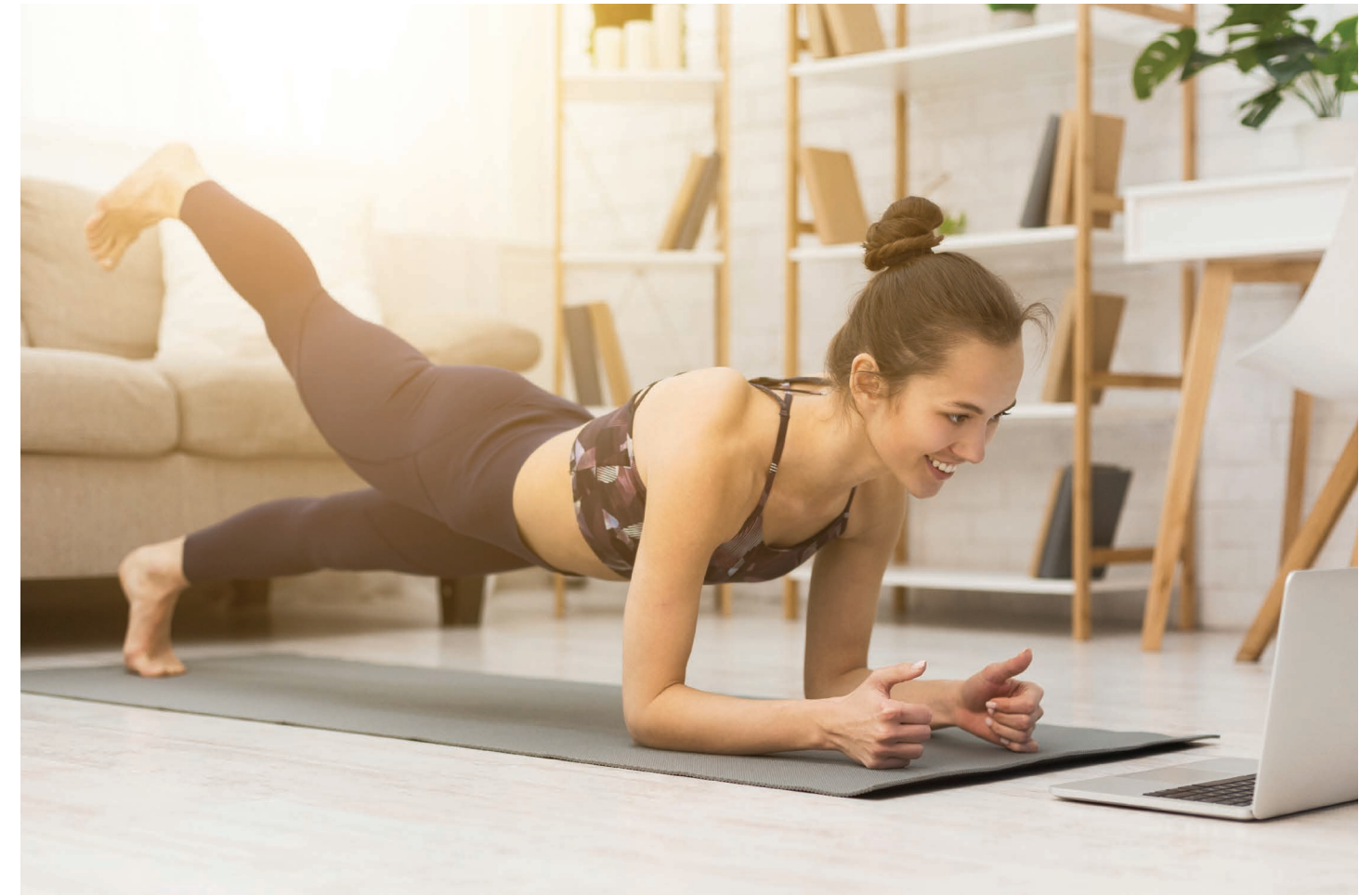
## THE VALUE OF BLUE

Making the right health care decisions is easy using My Health Toolkit. 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 provides access to:

- **Claims, Eligibility, Benefits**
- **Contact Preferences**
- **Authorization Status**
- **ID Card — save a digital version of your ID card for faster access**
- **And more!**

Start making informed health care decisions now by visiting [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or downloading the **free mobile app** in the App Store or Google Play.



## TOOLS TO MANAGE YOUR HEALTH

We work hard to ensure our members' health coverage benefits remain relevant and provide value with member perks, discounts and value-added programs, such as:

Discounts and programs include:

- Fitness Center Memberships
- Weight Management
- Allergy Relief
- Alternative Health Care
- Hearing Care
- Hair Restoration
- *And more!*

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](http://www.Blue365Deals.com/BCBSSC) to view deals.



# FINANCIAL ASSISTANCE

Our members have access to federal government assistance that can help make health insurance (even more!) affordable. These savings are provided to members either through an Advance Premium Tax Credit (APTC), Cost Sharing Reduction (CSR), or both.

### What is an APTC?

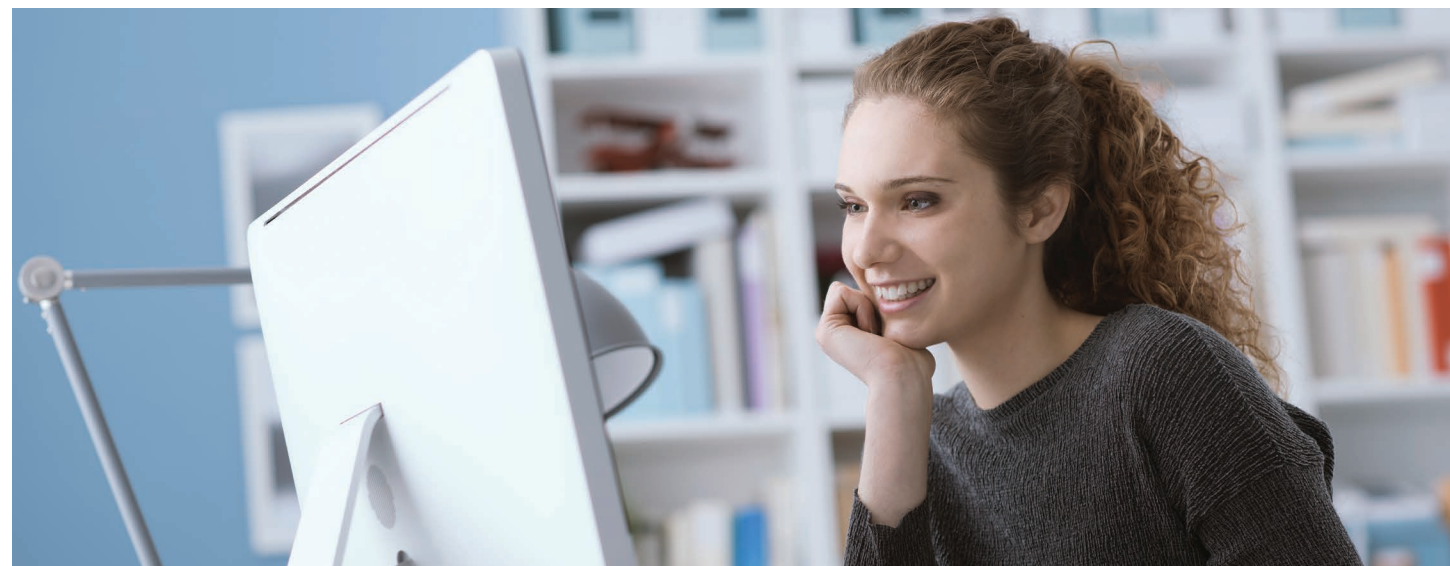
An APTC is a federal subsidy that assists qualified individuals and families by reducing their monthly premiums.

### 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

2020 Federal Poverty Level (FPL) Guidelines – Annual Household Income									
Family Size	Cost Share 3			Cost Share 2		Cost Share 1		300%	400%
	100%	133%	150%	151%	200%	201%	250%		
1	\$12,760	\$16,971	\$19,140	\$19,141	\$25,520	\$25,521	\$31,900	\$38,280	\$51,040
2	\$17,240	\$22,929	\$25,860	\$25,861	\$34,480	\$34,481	\$43,100	\$51,720	\$68,960
3	\$21,720	\$28,888	\$32,580	\$32,581	\$43,440	\$43,441	\$54,300	\$65,160	\$86,880
4	\$26,200	\$34,846	\$39,300	\$39,301	\$52,400	\$52,401	\$65,500	\$78,600	\$104,800
5	\$30,680	\$40,804	\$46,020	\$46,021	\$61,360	\$61,361	\$76,700	\$92,040	\$122,720
6	\$35,160	\$46,763	\$52,740	\$52,741	\$70,320	\$70,321	\$87,900	\$105,480	\$140,640
7	\$39,640	\$52,721	\$59,460	\$59,461	\$79,280	\$79,281	\$99,100	\$118,920	\$158,560
8	\$44,120	\$58,680	\$66,180	\$66,181	\$88,240	\$88,241	\$110,300	\$132,360	\$176,480
9	\$48,600	\$64,638	\$72,900	\$72,901	\$97,200	\$97,201	\$121,500	\$145,800	\$194,400
10	\$53,050	\$70,557	\$79,575	\$79,576	\$106,100	\$106,101	\$132,625	\$159,150	\$212,200



# 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
<b>SILVER 1</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$30/\$60/\$20	\$10/\$25/\$5	\$10/\$60/\$5	\$30/\$60/\$5
<b>Coinsurance</b>	50 percent	5 percent	20 percent	50 percent
<b>Deductible (Single/Family)</b>	\$1,200/\$2,400	\$0/\$0	\$0/\$0	\$1,200/\$2,400
<b>Out-of-pocket limit (Single/Family)</b>	\$8,150/\$16,300	\$2,250/\$4,500	\$2,850/\$5,700	\$6,500/\$13,000
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$30 Tier 2: \$80 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$25 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$25 Tier 2: \$60 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$25 Tier 2: \$80 Tier 3: \$100 Tier 4: 30 percent
<b>SILVER 2</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$25/\$50/\$15	\$20/\$50/\$10	\$20/\$50/\$10	\$25/\$50/\$15
<b>Coinsurance</b>	50 percent	5 percent	30 percent	45 percent
<b>Deductible (Single/Family)</b>	\$3,400/\$6,800	\$0/\$0	\$300/\$600	\$2,040/\$4,080
<b>Out-of-pocket limit (Single/Family)</b>	\$6,600/\$13,200	\$2,250/\$4,500	\$2,600/\$5,200	\$6,600/\$13,200
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$10 Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: \$10 Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: \$10 Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: \$10 Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance Tier 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	\$500/\$1,000	\$1,400/\$2,800	\$3,750/\$7,500
<b>Out-of-pocket limit (Single/Family)</b>	\$4,300/\$8,600	\$500/\$1,000	\$1,400/\$2,800	\$3,750/\$7,500
<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>SILVER 7</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$30/\$60/\$20	\$10/\$30/\$5	\$10/\$30/\$5	\$10/\$50/\$5
<b>Coinsurance</b>	25 percent	10 percent	10 percent	20 percent
<b>Deductible (Single/Family)</b>	\$7,400/\$14,800	\$200/\$400	\$1,000/\$2,000	\$4,500/\$9,000
<b>Out-of-pocket limit (Single/Family)</b>	\$8,550/\$17,100	\$700/\$1,400	\$2,800/\$5,600	\$6,500/\$13,000
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$30 Tier 2: \$60 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: \$15 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible and coinsurance

\*For the HD Silver 6 plan, cost share variants 2 and 3 are not HD qualified. The pharmacy benefits listed are retail (up to 31-day) supply.



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
<b>SILVER 8</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$10 for kids under age 19, \$25 for adults 19+/ \$40/\$10	\$10 for kids under age 19, \$20 for adults 19+/ \$30/\$6	\$10 for kids under age 19, \$20 for adults 19+/ \$30/\$6	\$10 for kids under age 19, \$20 for adults 19+/ \$35/\$6
<b>Coinsurance</b>	30 percent	5 percent	20 percent	25 percent
<b>Deductible (Single/Family)</b>	\$5,250/\$10,500	\$0/\$0	\$850/\$1,700	\$4,800/\$9,600
<b>Out-of-pocket limit (Single/Family)</b>	\$7,900/\$15,800	\$2,250/\$4,500	\$2,700/\$5,400	\$6,800/\$13,600
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$25 Tier 2: \$35 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$30 Tier 3: \$100 Tier 4: 10 percent	Tier 1: \$10 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$25 Tier 2: \$35 Tier 3: \$100 Tier 4: 30 percent
<b>SILVER 9</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$30/\$60/\$20	\$0 on first four visits then \$20/\$20/\$10	\$0 on first four visits then \$20/\$20/\$10	\$0 on first four visits then \$20/\$25/\$10
<b>Coinsurance</b>	50 percent	5 percent	20 percent	50 percent
<b>Deductible (Single/Family)</b>	\$6,000/\$12,000	\$200/\$400	\$1,000/\$2,000	\$5,000/\$10,000
<b>Out-of-pocket limit (Single/Family)</b>	\$7,850/\$15,700	\$2,250/\$4,500	\$2,850/\$5,700	\$6,400/\$12,800
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$25 Tier 2: \$60 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: \$20 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$30 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	10 percent	10 percent	20 percent
<b>Deductible (Single/Family)</b>	\$5,500/\$11,000	\$0/\$0	\$1,000/\$2,000	\$5,100/\$10,200
<b>Out-of-pocket limit (Single/Family)</b>	\$8,300/\$16,600	\$2,250/\$4,500	\$2,850/\$5,700	\$6,000/\$12,000
<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	5 percent	25 percent	30 percent
<b>Deductible (Single/Family)</b>	\$4,800/\$9,600	\$150/\$300	\$600/\$1,200	\$3,500/\$7,000
<b>Out-of-pocket limit (Single/Family)</b>	\$7,350/\$14,700	\$2,250/\$4,500	\$2,700/\$5,400	\$6,500/\$13,000
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$10 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$30 Tier 3: \$80 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: 30 percent

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
<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>	\$5,750/\$11,500	\$450/\$900	\$1,500/\$3,000	\$3,750/\$7,500
<b>Out-of-pocket limit (Single/Family)</b>	\$5,750/\$11,500	\$450/\$900	\$1,500/\$3,000	\$3,750/\$7,500
<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>SILVER 14</b>				
<b>Copay (PCP/Specialist/Blue CareOnDemand)</b>	\$30/\$60/\$20	\$10/\$50/\$5	\$10/\$50/\$5	\$20/\$50/\$10
<b>Coinsurance</b>	50 percent	15 percent	15 percent	20 percent
<b>Deductible (Single/Family)</b>	\$7,000/\$14,000	\$250/\$500	\$800/\$1,600	\$4,000/\$8,000
<b>Out-of-pocket limit (Single/Family)</b>	\$8,550/\$17,100	\$700/\$1,400	\$2,800/\$5,600	\$6,800/\$13,600
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$30 Tier 2: \$60 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	Tier 1: \$10 Tier 2: \$50 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.





## BENEFITS

These plans are available if you receive or don't receive financial assistance to reduce your premiums.



## GOLD PLANS

	GOLD 1	GOLD 2	HD GOLD 3	GOLD 4
Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000	Individual: \$2,500 Family: \$5,000
Coinsurance	25%	30%	0%	20%
Out-of-Pocket Maximum	Individual: \$4,500 Family: \$9,000	Individual: \$5,600 Family: \$11,200	Individual: \$3,000 Family: \$6,000	Individual: \$5,500 Family: \$11,000
PCP	\$20 copay	\$20 copay	0% coinsurance after deductible is met	\$10 for kids up to age 19; \$30 for those 19 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	\$55 copay
Urgent Care	\$50 copay	\$50 copay	0% coinsurance after deductible is met	\$55 copay
Emergency Room Services	\$300 copay per visit. Meet deductible, then 25% 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	25% 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

# SILVER PLANS

	SILVER 1	SILVER 2	HD SILVER 6	SILVER 7	SILVER 8	SILVER 9	SILVER 11	SILVER 12	HD SILVER 13	SILVER 14
Deductible	Individual: \$1,200 Family: \$2,400	Individual: \$3,400 Family: \$6,800	Individual: \$4,300 Family: \$8,600	Individual: \$7,400 Family: \$14,800	Individual: \$5,250 Family: \$10,500	Individual: \$6,000 Family: \$12,000	Individual: \$5,500 Family: \$11,000	Individual: \$4,800 Family: \$9,600	Individual: \$5,750 Family: \$11,500	Individual: \$7,000 Family: \$14,000
Coinsurance	50%	50%	0%	25%	30%	50%	20%	30%	0%	50%
Out-of-Pocket Maximum	Individual: \$8,150 Family: \$16,300	Individual: \$6,600 Family: \$13,200	Individual: \$4,300 Family: \$8,600	Individual: \$8,550 Family: \$17,100	Individual: \$7,900 Family: \$15,800	Individual: \$7,850 Family: \$15,700	Individual: \$8,300 Family: \$16,600	Individual: \$7,350 Family: \$14,700	Individual: \$5,750 Family: \$11,500	Individual: \$8,550 Family: \$17,100
PCP	\$30 copay	\$25 copay	0% coinsurance after deductible is met	\$30 copay	\$10 for kids up to age 19; \$25 for those 19 and over	\$30 copay	\$15 copay	\$15 copay	0% coinsurance after deductible is met	\$30 copay
Blue CareOnDemand	\$20 copay	\$15 copay	0% coinsurance after deductible is met	\$20 copay	\$10 copay	\$20 copay	\$5 copay	\$5 copay	0% coinsurance after deductible is met	\$20 copay
Specialist	\$60 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay	\$40 copay	\$60 copay	\$15, then 20% coinsurance after deductible is met	\$15, then 30% coinsurance after deductible is met	0% coinsurance after deductible is met	\$60 copay
Urgent Care	\$60 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay	\$50 copay	\$60 copay	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	\$60 copay
Emergency Room Services	\$300 copay per visit. Meet deductible, then 50% coinsurance.	\$300 copay per visit. Meet deductible, then 50% coinsurance.	0% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 25% coinsurance.	\$300 copay per visit. Meet deductible, then 30% coinsurance.	\$300 copay per visit. Meet deductible, then 50% coinsurance.	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 50% coinsurance.
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	30% coinsurance after deductible is met	50% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	50% 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	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: 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	Tier 0: \$0 Tier 1: \$30 Tier 2: \$60 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: \$25 Tier 2: \$60 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: \$30 Tier 2: \$60 Tier 3: 50% coinsurance after deductible is met Tier 4: 50% 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: 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	Tier 1: \$42 Tier 2: \$162 Tier 3: \$405	Tier 1: \$35 Tier 2: \$95 Tier 3: \$270	Tier 1: \$35 Tier 2: \$162 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: \$42 Tier 2: \$162 Tier 3: 50% coinsurance after deductible is met



## BRONZE PLANS

	BRONZE 1	BRONZE 2	HD BRONZE 3	BRONZE 4	HD BRONZE 5
Deductible	Individual: \$7,000 Family: \$14,000	Individual: \$8,250 Family: \$16,500	Individual: \$6,300 Family: \$12,600	Individual: \$7,700 Family: \$15,400	Individual: \$6,850 Family: \$13,700
Coinsurance	50%	0%	30%	50%	0%
Out-of-Pocket Maximum	Individual: \$8,550 Family: \$17,100	Individual: \$8,250 Family: \$16,500	Individual: \$6,900 Family: \$13,800	Individual: \$8,550 Family: \$17,100	Individual: \$6,850 Family: \$13,700
PCP	50% coinsurance after deductible is met	0% coinsurance after deductible is met	30% coinsurance after deductible is met	\$40 copay	0% coinsurance after deductible is met
Blue CareOnDemand	\$25	0% coinsurance after deductible is met	30% coinsurance after deductible is met	\$20 copay	0% coinsurance after deductible is met
Specialist	50% coinsurance after deductible is met	0% coinsurance after deductible is met	30% coinsurance after deductible is met	\$60 copay	0% coinsurance after deductible is met
Urgent Care	50% coinsurance after deductible is met	0% coinsurance after deductible is met	30% coinsurance after deductible is met	\$60 copay	0% coinsurance after deductible is met
Emergency Room Services	\$300 copay per visit. Meet deductible, then 50% coinsurance.	0% 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	0% 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	0% 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 (up to 31-day supply)	Tier 0: \$0 Tier 1: \$15 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	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: \$26 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 (up to 90-day supply)	Tier 1: \$21 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	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: \$37 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

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 PLAN

	CATASTROPHIC 1
Deductible	Individual: \$8,550 Family: \$17,100
Coinsurance	0%
Out-of-Pocket Maximum	Individual: \$8,550 Family: \$17,100
PCP	\$25 copay per visit on first three visits, thereafter 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 (up to 31-day supply)	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 (up to 90-day supply)	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met

Contact your agent to find out if you qualify for a Catastrophic Plan.



## OFF-EXCHANGE PLANS

Financial assistance is not available for these plans.



## SILVER

	OFF-EXCHANGE SILVER 15	OFF-EXCHANGE SILVER 16	OFF-EXCHANGE HD SILVER 20	OFF-EXCHANGE SILVER 21
Deductible	Individual: \$1,200 Family: \$2,400	Individual: \$3,400 Family: \$6,800	Individual: \$4,350 Family: \$8,700	Individual: \$7,000 Family: \$14,000
Coinsurance	50%	50%	0%	25%
Out-of-Pocket Maximum	Individual: \$8,150 Family: \$16,300	Individual: \$6,600 Family: \$13,200	Individual: \$4,350 Family: \$8,700	Individual: \$8,500 Family: \$17,000
PCP	\$30 copay	\$25 copay	0% coinsurance after deductible is met	\$25 copay
Blue CareOnDemand	\$20 copay	\$15 copay	0% coinsurance after deductible is met	\$20 copay
Specialist	\$60 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay
Urgent Care	\$60 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay
Emergency Room Services	\$300 copay per visit. Meet deductible, then 50% coinsurance.	\$300 copay per visit. Meet deductible, then 50% coinsurance.	0% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 25% coinsurance.
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
Ambulatory Surgery Center	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	0% coinsurance after deductible is met	Facility Charge – \$525 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: 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	Tier 0: \$0 Tier 1: \$20 Tier 2: \$60 Tier 3: \$150 Tier 4: 25% 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: 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	Tier 1: \$28 Tier 2: \$162 Tier 3: \$405



# SILVER

	OFF-EXCHANGE SILVER 22	OFF-EXCHANGE SILVER 23	OFF-EXCHANGE SILVER 25	OFF-EXCHANGE SILVER 26	OFF-EXCHANGE HD SILVER 27	OFF-EXCHANGE SILVER 28
Deductible	Individual: \$5,250 Family: \$10,500	Individual: \$5,000 Family: \$10,000	Individual: \$5,500 Family: \$11,000	Individual: \$4,800 Family: \$9,600	Individual: \$5,800 Family: \$11,600	Individual: \$7,000 Family: \$14,000
Coinsurance	30%	50%	20%	30%	0%	50%
Out-of-Pocket Maximum	Individual: \$7,900 Family: \$15,800	Individual: \$6,850 Family: \$13,700	Individual: \$7,150 Family: \$14,300	Individual: \$7,350 Family: \$14,700	Individual: \$5,800 Family: \$11,600	Individual: \$8,550 Family: \$17,100
PCP	\$10 for kids up to age 19; \$25 for those 19 and over	\$30 copay	\$15 copay	\$15 copay	0% coinsurance after deductible is met	\$30 copay
Blue CareOnDemand	\$10 copay	\$20 copay	\$5 copay	\$5 copay	0% coinsurance after deductible is met	\$20 copay
Specialist	\$40 copay	\$60 copay	\$15 copay, then 20% coinsurance after deductible is met	\$15 copay, then 30% coinsurance after deductible is met	0% coinsurance after deductible is met	\$60 copay
Urgent Care	\$50 copay	\$60 copay	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	\$60 copay
Emergency Room Services	\$300 copay per visit. Meet deductible, then 30% coinsurance.	50% 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 50% coinsurance.
Inpatient Hospitalization	30% coinsurance after deductible is met	50% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	0% coinsurance after deductible is met	Facility Charge – \$525 copay per visit
<b>PHARMACY BENEFITS</b>						
Prescription Drugs (up to 31-day supply)	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: \$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: \$30 Tier 2: \$60 Tier 3: 50% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply)	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: \$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: \$42 Tier 2: \$162 Tier 3: 50% coinsurance after deductible is met

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

## You Must Pay For

- Non-emergency 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

- 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., worker's 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?

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