



# Individual and Family Plans

FROM BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA



ACCREDITED  
HEALTH PLAN

Dental and  
Vision Coverage  
on All Plans!

# What's New This Year?



## Wellness Plus<sup>+</sup>

All our plans cover up to \$500 for services not covered under your standard preventive doctor visits.



## DENTAL COVERAGE

Dental allowance for adults and children for exams and cleaning.



## VISION COVERAGE

Low copayments on vision exams and discounts on lenses, frames and contacts for adults and children.



## PHARMACY BENEFITS

Convenient and reduced costs for 90-day supplies of eligible prescription drugs at select retail pharmacies.



## 24/7/365 ACCESS TO A BOARD-CERTIFIED PHYSICIAN

through the convenience of video consults.



**\$0 GENERIC DRUGS\***



**\$0 COPAYS\***  
for primary care visits for children under 20 years old.



**\$0 AND REDUCED COPAYMENTS\***  
on doctor visits.

As a BlueCross BlueShield of South Carolina member, you will receive credit monitoring at no charge.












## What We Offer You

- **Preventive screenings available** at NO cost to you.
- **\$0 cost immunizations**, such as flu shots.
- **Health Navigator Programs** for chronic illness and health conditions.
- **Discounts** on fitness memberships, wellness products, cosmetic services and more!
- **Award-winning service** from our customer service team.
- **Convenient online bill payment** and online access to plan documents [Explanation of Benefits and Summary of Benefits and Coverage (SBC)].
- **Discounts at chiropractors, massage therapists, dieticians and acupuncturists** through our Natual Blue<sup>SM</sup> program.

\* Available on select plans.

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# Table of Contents

	Overview	5
	Essentials	6-7
	Benefits	8
	Member Tools	9
	Plan Networks	10-11
	Financial Assistance	12-15
	Enrollment and Benefits	16-18
	Plan Benefits	19-27
	Exclusions	28-29



# LIVE FEARLESS<sup>®</sup>



South Carolina

WITH THE CARD THAT OPENS DOORS IN 50 STATES

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.



## Why Choose BlueEssentials from BlueCross?

### TRUST

BlueCross BlueShield of South Carolina has earned the trust of South Carolinians for nearly 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.

### CHOICE

Our goal is simple: to provide the highest quality coverage at a reasonable price. Since there's no such thing as one size fits all, we offer numerous choices to make sure you have the right plan for you and your family. Let us help you find the right health insurance.

### LARGE PROVIDER NETWORK

You'll love BlueEssential's expansive network of doctors, hospitals, specialists, pharmacies and other health care providers.

### COMMUNITY OUTREACH

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, education and service throughout the state. We also encourage our employees to volunteer their time and talents to non-profit organizations. By supporting projects that directly benefit South Carolina's most vulnerable populations, we are helping create a strong community for everyone.

### AWARD-WINNING CUSTOMER SERVICE

Year after year, independent companies recognize our Customer Service team for providing excellent service to our members. In 2014, 35 BlueCross BlueShield of South Carolina customer service advocates (CSAs) were recognized for providing superior service to our members. The recognition came from a leading research firm called Service Quality Management Group 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!





## DISCOUNT AND VALUE-ADDED PROGRAMS

Because we're always looking for ways to save you money, every member has access to discounts and value-added programs. With no claims to file and no annual limits, you pay the discounted member 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 allergies.

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

Where does it hurt? With Natural Blue 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. You also can purchase books, DVDs and CDs at discounted rates.

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



## HEARING AND VISION

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

Our members receive exclusive discounts on Lasik vision correction services, including exams, surgery, and preoperative and post-operative 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

### ***Cosmetic Surgery***

Lift your spirits with preferred rates on face-lifts, breast lifts, breast augmentation and reduction, tummy tucks, nose reshaping, ear pinning, even cheek and chin augmentation. Save on nonsurgical procedures, too.

### ***Hair Restoration***

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

### ***Teeth Whitening***

Purchase professional teeth whitening services at a special discounted rate.

### ***Dental Services***

Through Companion Global Dental, our members can receive dental work overseas at a fraction of what you would pay in the United States. Because Companion Global Dental is a separate company from BlueCross, Companion Global Dental is responsible for all services related to overseas dental care.



## BLUE365®

All BlueEssentials members have access to Blue365, a daily deal website. Blue365 offers discounts on everyday products that can help you and your family live healthier, happier lives. Blue365 discounts are available on personal care products, fitness, wellness and lifestyle products, and healthy eating, as well as financial services. Blue365 complements your health coverage by making it easier and more affordable to make healthy choices. Visit [www.Blue365deals.com/BCBSSC](http://www.Blue365deals.com/BCBSSC) for the deal of the day.



## 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 will usually pay more for drugs in this tier.

# Preventive Services

Our BlueEssentials health plans cover certain preventive services at 100 percent when members receive them from a network provider, including:

- U.S. Preventive Services Task Force (USPSTF)-recommended Grade A or B screenings.
- Immunizations the Centers for Disease Control and Prevention (CDC) recommends.
- Screenings for women and children the Health Resources and Services Administration (HRSA) recommends.

The USPSTF, CDC and HRSA are independent companies that provide health information on behalf of BlueCross. For more information, visit [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). (This link leads to a third party website. That company is solely responsible for the contents and privacy policies on the site.)

# Pharmacy Services

## RETAIL

To receive benefits for prescription drugs, you must get them through our network. When you buy drugs from a network pharmacy, you must show your BlueCross ID card. You can find a list of network pharmacies at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) under the pharmacy directory. Check the formulary to make sure we will cover your prescription drug before you visit the pharmacy.

## RETAIL 90

Retail 90 is a new pharmacy program that allows BlueEssentials members to purchase up to a three-month supply of maintenance prescription medications at local retail pharmacies at a lower mail-order copayment amount. Retail 90 is a product of Caremark, an independent company that offers a pharmacy network on behalf of your health plan.

The Retail 90 Pharmacy Network includes more than 62,000 pharmacies across the country, including the largest retail chains.

A complete list of the Retail 90 Pharmacy Network is available on the Prescription Drug Information page on our website.

## MAIL ORDER

We have contracted with a mail-order pharmacy to provide prescription drugs at discounted rates. You can find information about the mail-order program on our website under Prescription Drug Information.

## SPECIALTY DRUG

Some drugs are designated as specialty medications. You must get them at a Caremark Specialty Pharmacy. Caremark Specialty Pharmacy is an independent company that provides specialty pharmacy services on behalf of BlueCross. You'll find the list of drugs that you must fill at Caremark on the BlueEssentials Covered Drug List.





### MY HEALTH TOOLKIT

My Health Toolkit is an online resource for tools and information. It can help you manage your benefits, treatments, financial decisions and overall health and wellness. While this tool places more power in your hands to manage your health care, we are here to help you every step of the way.

#### MANAGE YOUR BENEFITS

- Make a payment.
- Request a new ID card.
- View claims status and Explanations of Benefits (EOBs).
- Check your eligibility and benefits.
- Ask Customer Service a question through secure messaging.
- Verify your authorization status.
- Check the status of your deductible and out-of-pocket maximum.

#### MAKE INFORMED DECISIONS

- Estimate treatment costs and compare drug costs.
- Find a doctor or hospital across the country and around the world.
- Compare hospital quality to choose a hospital that is right for you.

#### IMPROVE YOUR WELLNESS

- Take a personal health assessment and maintain an online personal health record.
- The health library offers information, health calculators, self-care channels, nutrition guides and more.

### TO SET UP AN ACCOUNT:



1

Go to [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.



## Providers

The BlueEssentials network provides access to a group of physicians, hospitals and other health care providers that agree to provide health care services to our members at a lower rate we've negotiated. This discounted rate is the **allowed amount**, which is the basis for the cost of your medical care.

### ALLOWED AMOUNT

*What you pay for medical care is based on an "allowed amount." This is a lower amount that BlueCross has negotiated with in-network providers.*

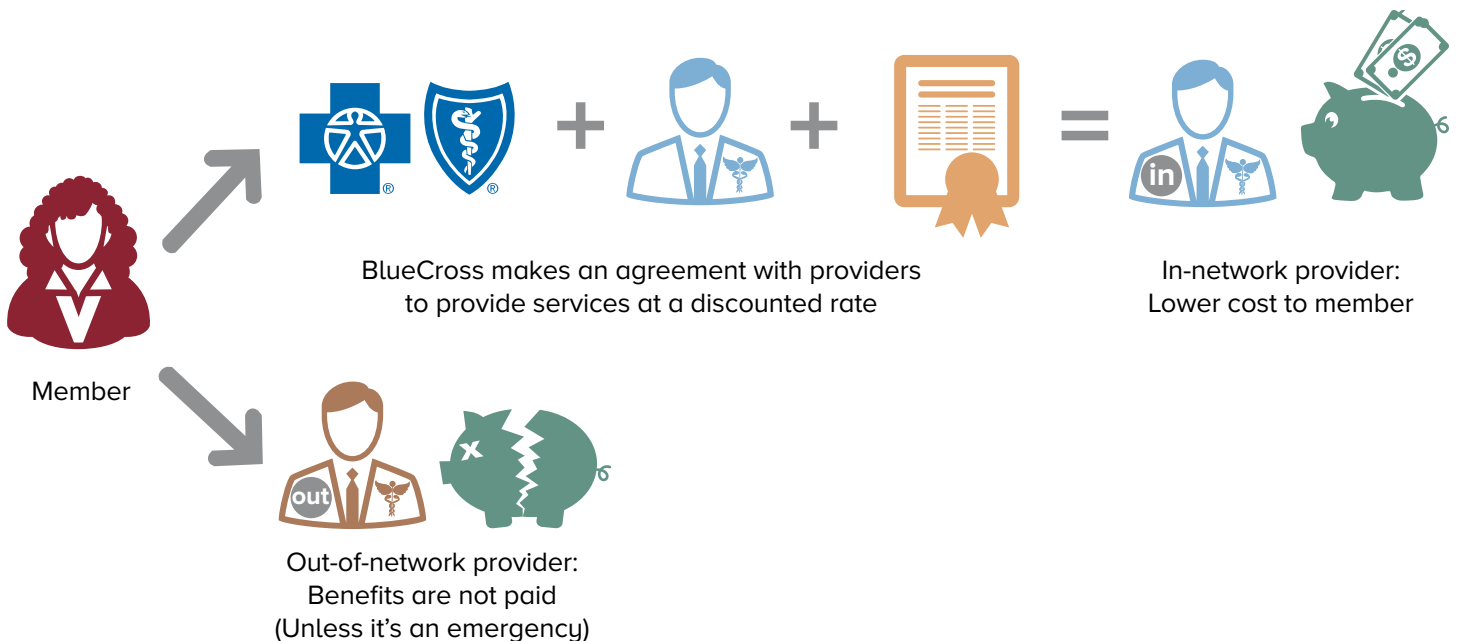
### IN NETWORK

To make the most out of your benefits, always choose providers who are in the BlueEssentials network, also known as an exclusive provider organization (EPO). Through this network, you'll receive a discounted rate for health care services.

### OUT OF NETWORK

Out of network refers to health care providers we have not contracted with and who do not participate in the BlueEssentials network. (You will be responsible for all charges.)

We will not cover services you get from an out-of-network provider unless a service is due to an emergency or is not available at an in-network provider. In this instance, we will cover the services an out-of-network provider offers at the in-network coinsurance amount. These providers can bill you for the difference between the allowed amount and their actual charges.





### URGENT CARE VISITS

Sometimes illnesses or minor injuries happen after business hours or on weekends and require urgent care. We make urgent care visits easy, convenient and cost effective for our members! Members can visit any Doctors Care clinic in South Carolina. The visit is considered as a primary care physician (PCP) visit. For locations go to <https://doctorscare.com/locate>.

### BENEFITS WITHOUT BORDERS



Members can rest easy knowing their BlueEssentials coverage travels beyond South Carolina's borders. The BlueCard® and BlueCard Worldwide® programs give members access to a network of participating doctors and hospitals across the country and around the world.

There are various BlueCard networks outside the state of South Carolina. When searching for an out-of-state provider on our website, enter the prefix (the first three letters) on your member ID card. The prefix determines which BlueCard network is associated with your plan.



### IMPORTANT INFORMATION ABOUT PREAUTHORIZATION

A preauthorization is also known as a prior authorization, prior approval or precertification. A preauthorized service is one that BlueCross determines to be medically necessary for a patient's condition. Preauthorization, however, does not guarantee we will pay benefits for the service. Contract limitations or exclusions may apply. Additionally, a preauthorization may only be for a specific period of time or number of visits or treatments.

You or your doctor must get a preauthorization for certain categories of benefits. Failure to get a preauthorization will result in a denial of your benefits. We make our final benefit determination when we process your claims.

In-network providers in South Carolina are familiar with this requirement. They should request any necessary preauthorization for you. You are ultimately responsible, however, for making sure your provider gets the prior authorization. When traveling out of state using our BlueCard program, you are responsible for getting any necessary prior authorization. And you may be balance billed for any additional charges higher than what your insurance covers.



# Financial Assistance

## ADVANCED PREMIUM TAX CREDIT (APTC)

The APTC is a federal subsidy that assists qualifying 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 other factors, such as health insurance costs in your service area.

## 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<sup>SM</sup> Silver 2. Normally, the Silver 2 plan's coinsurance is 40 percent, the deductible is \$2,000 and the out-of-pocket maximum is \$6,350. Based on the individual's APTC eligibility and household income, the member also qualifies for a CSR. This results in a reduced coinsurance of 20 percent, a deductible of \$200 and an out-of-pocket maximum of \$2,250.



### 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>



### 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 2015 numbers and used for calculating eligibility for APTC, Medicaid and the Children's Health Insurance Program (CHIP).

### 2015 POVERTY GUIDELINES – ANNUAL HOUSEHOLD INCOME\*

Family Size	100%	133%	150%	200%	250%	300%	400%
1	\$11,770	\$15,654	\$17,655	\$23,540	\$29,425	\$35,310	\$47,080
2	\$15,930	\$21,187	\$23,895	\$31,860	\$39,825	\$47,790	\$63,720
3	\$20,090	\$26,720	\$30,135	\$40,180	\$50,225	\$60,270	\$80,360
4	\$24,250	\$32,253	\$36,375	\$48,500	\$60,625	\$72,750	\$97,000
5	\$28,410	\$37,785	\$42,615	\$56,820	\$71,025	\$85,230	\$113,640
6	\$32,570	\$43,318	\$48,855	\$65,140	\$81,425	\$97,710	\$130,280
7	\$36,730	\$48,851	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$54,384	\$61,335	\$81,780	\$102,225	\$122,670	\$163,560

*For a family of more than eight members, add \$4,160 for each additional member.*

*\*<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>				
Copayment (PCP/Specialist)	\$30/\$60	\$0/\$60	\$0/\$40	\$0/\$25
Coinsurance	50 percent	50 percent	15 percent	5 percent
Deductible (Single/Family)	\$200/\$400	\$200/\$400	\$0/\$0	\$0/\$0
Out-of-pocket limit (Single/Family)	\$6,850/\$13,700	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500
<b>Silver 2</b>				
Copayment (PCP/Specialist)	\$25/\$50	\$25/\$50	\$20/\$50	\$20/\$50
Coinsurance	40 percent	40 percent	20 percent	5 percent
Deductible (Single/Family)	\$2,000/\$4,000	\$1,300/\$2,600	\$200/\$400	\$0/\$0
Out-of-pocket limit (Single/Family)	\$6,350/\$12,700	\$5,200/\$10,400	\$2,250/\$4,500	\$2,250/\$4,500
<b>Silver 3</b>				
Copayment (PCP/Specialist)	\$25/\$50	\$15/\$50	\$15/\$50	\$0/\$20
Coinsurance	20 percent	20 percent	20 percent	5 percent
Deductible (Single/Family)	\$3,000/\$6,000	\$2,400/\$4,800	\$100/\$200	\$0/\$0
Out-of-pocket limit (Single/Family)	\$5,200/\$10,400	\$5,000/\$10,000	\$2,250/\$4,500	\$2,250/\$4,500
<b>Silver 4</b>				
Copayment (PCP/Specialist)	\$30/\$50	\$30/\$50	\$25/\$50	\$0/\$20
Coinsurance	30 percent	30 percent	20 percent	5 percent
Deductible (Single/Family)	\$2,200/\$4,400	\$2,100/\$4,200	\$50/\$100	\$0/\$0
Out-of-pocket limit (Single/Family)	\$6,850/\$13,700	\$5,400/\$10,800	\$2,250/\$4,500	\$2,250/\$4,500
<b>HD Silver 5</b>				
Copayment (PCP/Specialist)	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Coinsurance	20 percent	20 percent	20 percent	5 percent
Deductible (Single/Family)	\$2,300/\$4,600	\$1,600/\$3,200	\$250/\$500	\$200/\$400
Out-of-pocket limit (Single/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$2,250/\$4,500	\$2,250/\$4,500
<b>HD Silver 6</b>				
Copayment (PCP/Specialist)	Deductible	Deductible	Deductible	Deductible
Coinsurance	0 percent	0 percent	0 percent	0 percent
Deductible (Single/Family)	\$3,600/\$7,200	\$3,200/\$6,400	\$1,150/\$2,300	\$500/\$1,000
Out-of-pocket limit (Single/Family)	\$3,600/\$7,200	\$3,200/\$6,400	\$1,150/\$2,300	\$500/\$1,000





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 7</b>				
Copayment (PCP/Specialist)	\$25/\$50	\$0/\$30	\$0/\$30	\$0/\$30
Coinsurance	15 percent	10 percent	10 percent	10 percent
Deductible (Single/Family)	\$6,200/\$12,400	\$4,500/\$9,000	\$1,000/\$2,000	\$200/\$400
Out-of-pocket limit (Single/Family)	\$6,850/\$13,700	\$5,450/\$10,900	\$2,250/\$4,500	\$700/\$1,400
<b>Silver 8</b>				
Copayment (PCP/Specialist)	\$0 for kids under age 20, \$25 for adults 20+/\$30	\$0 for kids under age 20, \$20 for adults 20+/\$30	\$0 for kids under age 20, \$20 for adults 20+/\$30	\$0 for kids under age 20, \$20 for adults 20+/\$30
Coinsurance	10 percent	10 percent	10 percent	0 percent
Deductible (Single/Family)	\$5,000/\$10,000	\$3,700/\$7,400	\$850/\$1,700	\$0/\$0
Out-of-pocket limit (Single/Family)	\$6,500/\$13,000	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500
<b>Silver 9</b>				
Copayment (PCP/Specialist)	\$0 on first four visits then \$20/\$60	\$0 on first four visits then \$20/\$25	\$0 on first four visits then \$20/\$10	\$0 on first four visits then \$20/\$10
Coinsurance	50 percent	50 percent	20 percent	5 percent
Deductible (Single/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$1,000/\$2,000	\$300/\$600
Out-of-pocket limit (Single/Family)	\$6,850/\$13,700	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500
<b>Silver 10</b>				
Copayment (PCP/Specialist)	\$0 on first four visits then deductible/deductible	\$0 on first four visits then deductible/deductible	\$0 on first four visits then deductible/deductible	\$0 on first four visits then deductible/deductible
Coinsurance	0 percent	0 percent	0 percent	0 percent
Deductible (Single/Family)	\$6,700/\$13,400	\$5,200/\$10,400	\$1,700/\$3,400	\$200/\$400
Out-of-pocket limit (Single/Family)	\$6,700/\$13,400	\$5,200/\$10,400	\$1,700/\$3,400	\$700/\$1,400
<b>Silver 11</b>				
Copayment (PCP/Specialist)	\$15/Deductible and coinsurance	\$0/Deductible and coinsurance	\$0/Deductible and coinsurance	\$0/Deductible and coinsurance
Coinsurance	20 percent	20 percent	10 percent	10 percent
Deductible (Single/Family)	\$5,500/\$11,000	\$5,100/\$10,200	\$1,000/\$2,000	\$0/\$0
Out-of-pocket limit (Single/Family)	\$6,850/\$13,700	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500
<b>Silver 12</b>				
Copayment (PCP/Specialist)	\$15/Deductible and coinsurance	\$0/Deductible and coinsurance	\$0/Deductible and coinsurance	\$0/Deductible and coinsurance
Coinsurance	30 percent	30 percent	20 percent	5 percent
Deductible (Single/Family)	\$4,800/\$9,600	\$3,000/\$6,000	\$600/\$1,200	\$150/\$300
Out-of-pocket limit (Single/Family)	\$6,850/\$13,700	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500



# 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 November 1, 2015, to January 31, 2016. These dates are especially important since they indicate when your new policy will become effective:

ENROLLMENT DATE	EFFECTIVE DATE
November 1 through December 15, 2015	January 1, 2016
December 16, 2015 through January 15, 2016	February 1, 2016
January 15 through January 31, 2016	March 1, 2016

*NOTE: It's important to remember that a tax penalty may be charged to individuals who are uninsured for any period during the year.*

*Enrollment is allowed after February 1, 2016, 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 people qualify for a Catastrophic plan.

## THE METALLIC PLANS

### **The Gold, Silver and Bronze 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 people for whom coverage is otherwise unaffordable can purchase a Catastrophic plan. A Catastrophic plan is for an individual who:

- Is under age 30 before the plan year begins.
- 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.

### **Each of our metallic plans includes:**

- Preventive services at zero cost to the member (screenings the USPSTF Grade A & B, HRSA and CDC recommend). We also will cover prostate screenings and lab work according to ACS.
- Pediatric vision care with \$25 copayment for an eye exam (limited to one per benefit period) and a \$50 copayment for eyeglasses. (Frames limited to once every two years and lenses every benefit period. We cover contacts when medically necessary.).
- After members meet the deductible, they are responsible for paying the coinsurance amount for these in-network services: doctor office visits, specialist visits, laboratory services, inpatient and outpatient hospital visits, outpatient surgeries, skilled nursing facility care, emergency room visits, rehabilitative and habilitative therapies, mental health and substance abuse disorder services. Some plans require copayments for services. Refer to the benefit grids on the next pages or an SBC.
- Embedded deductibles and embedded out-of-pocket maximum. Once a family member meets the plan's individual deductible, the plan begins paying benefits for that member. Benefits are not payable for other family members until each member meets his or her own deductible individually, or until the members collectively satisfy the family deductible. Once the deductible and coinsurance combined reach the out-of-pocket maximum, allowable charges then are payable at 100 percent for all family members.
- An unlimited lifetime benefit maximum.

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### **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 farther. All of the HDHP plans have access to the EPO network.

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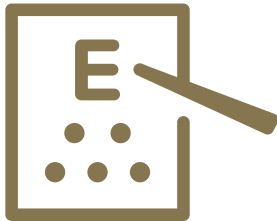


### BLUE ESSENTIALS DENTAL BENEFITS

All of our BlueEssentials plans include dental allowance for adults and children for exams and cleaning.

- One exam every six months, \$27 allowance first visit and \$20 on the second visit
- One cleaning every six months, \$40 allowance for adult over the age of 20, and \$31 for a child

Members are responsible for paying any additional balance for what is not covered. Members will submit a dental reimbursement form to BlueCross for reimbursement.



### BLUE ESSENTIALS VISION BENEFITS

Vision benefits for children and adults, including low copayments on vision exams and discounts on lenses, frames and contacts.

#### Members Ages 20 and Older

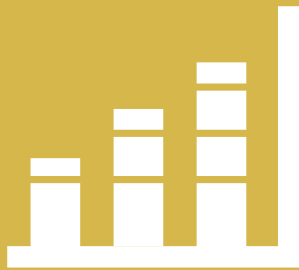
- One exam per benefit period with a \$20 copayment for a VSP provider. VSP is an independent company that offers a vision provider network on behalf of your health plan.
- Lenses and lens options covered at a 20 percent discount
- Frames covered available at a 20 percent discount
- Contacts covered available at a 15 percent discount

#### Members Ages 19 or Younger

- One exam per benefit period with a \$25 copayment
- \$50 copayment on eye glasses every year and frames every two years

The vision network includes over 400 providers throughout South Carolina.

# Benefits





	<b>GOLD 1</b>	<b>GOLD 2</b>	<b>HD GOLD 3</b>
Deductible	Individual: \$1,200 Family: \$2,400	Individual: \$800 Family: \$1,600	Individual: \$2,000 Family: \$4,000
Coinsurance	20%	30%	0%
Out-of-pocket Maximum	Individual: \$4,200 Family: \$8,400	Individual: \$4,000 Family: \$8,000	Individual: \$2,000 Family: \$4,000
PCP	\$15 copayment	\$15 copayment	Deductible
Specialist	\$30 copayment	\$40 copayment	Deductible
Urgent Care (other than Doctors Care)	\$50 copayment	\$50 copayment	Deductible
Emergency Room Services	\$300 copayment per visit, then 20% after deductible	\$300 copayment per visit, then 30% after deductible	Deductible
Inpatient Hospitalization	20% after deductible	30% after deductible	Deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$10 Tier 2: \$35 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$6 Tier 2: \$30 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible
Mail Order (90 Day)	Tier 1: \$14 Tier 2: \$95 Tier 3: \$270	Tier 1: \$9 Tier 2: \$81 Tier 3: \$270	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible





	SILVER 1	SILVER 2	SILVER 3
Deductible	Individual: \$200 Family: \$400	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000
Coinsurance	50%	40%	20%
Out-of-pocket Maximum	Individual: \$6,850 Family: \$13,700	Individual: \$6,350 Family: \$12,700	Individual: \$5,200 Family: \$10,400
PCP	\$30 copayment	\$25 copayment	\$25 copayment
Specialist	\$60 copayment	\$50 copayment	\$50 copayment
Urgent Care (other than Doctors Care)	\$60 copayment	\$50 copayment	\$50 copayment
Emergency Room Services	\$300 copayment per visit, then 50% after deductible	40% after deductible	\$300 copayment per visit, then 20% after deductible
Inpatient Hospitalization	50% after deductible	40% after deductible	\$300 copayment per visit, then 20% after deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$30 Tier 2: \$60 Tier 3: \$100 Tier 4: \$500	Tier 0: \$0 Tier 1: \$10 Tier 2: 40% after deductible Tier 3: 40% after deductible Tier 4: 40% after deductible	Tier 0: \$0 Tier 1: \$12 Tier 2: \$35 Tier 3: \$100 Tier 4: 30%
Mail Order (90 Day)	Tier 1: \$42 Tier 2: \$162 Tier 3: \$270	Tier 1: \$14 Tier 2: 40% after deductible Tier 3: 40% after deductible	Tier 1: \$17 Tier 2: \$95 Tier 3: \$270



	SILVER 4	HD SILVER 5	HD SILVER 6
Deductible	Individual: \$2,200 Family: \$4,400	Individual: \$2,300 Family: \$4,600	Individual: \$3,600 Family: \$7,200
Coinsurance	30%	20%	0%
Out-of-pocket Maximum	Individual: \$6,850 Family: \$13,700	Individual: \$5,000 Family: \$10,000	Individual: \$3,600 Family: \$7,200
PCP	\$30 copayment	20% after deductible	Deductible
Specialist	\$50 copayment	20% after deductible	Deductible
Urgent Care (other than Doctors Care)	\$50 copayment	20% after deductible	Deductible
Emergency Room Services	\$300 copayment per visit, then 30% after deductible	20% after deductible	Deductible
Inpatient Hospitalization	30% after deductible	20% after deductible	Deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$12 Tier 2: \$35 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 20% after deductible Tier 4: 20% after deductible	Tier 0: \$0 Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible
Mail Order (90 Day)	Tier 1: \$17 Tier 2: \$95 Tier 3: \$270	Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 20% after deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible



	SILVER 7	SILVER 8	SILVER 9
Deductible	Individual: \$6,200 Family: \$12,400	Individual: \$5,000 Family: \$10,000	Individual: \$5,000 Family: \$10,000
Coinsurance	15%	10%	50%
Out-of-pocket Maximum	Individual: \$6,850 Family: \$13,700	Individual: \$6,500 Family: \$13,000	Individual: \$6,850 Family: \$13,700
PCP	\$25 copayment	\$0 for kids up to age 20. \$25 for those 20 and over	\$0 copayment on first four visits then \$20 copayment per visit after the fourth visit.
Specialist	\$50 copayment	\$30 copayment	\$60 copayment
Urgent Care (other than Doctors Care)	\$50 copayment	\$50 copayment	\$60 copayment
Emergency Room Services	\$300 copayment, then 15% after deductible	\$300 copayment, then 10% after deductible	50% after deductible
Inpatient Hospitalization	15% after deductible	10% after deductible	50% after deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$6 Tier 2: \$30 Tier 3: \$100 copayment, then 15% after deductible Tier 4: 15% after deductible	Tier 0: \$0 Tier 1: \$0 Tier 2: \$30 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$0 Tier 2: \$50 Tier 3: \$100 Tier 4: \$500
Mail Order (90 Day)	Tier 1: \$9 Tier 2: \$ 81 Tier 3: \$270 copayment, then 15% after deductible	Tier 1: \$0 Tier 2: \$81 Tier 3: \$270	Tier 1: \$0 Tier 2: \$135 Tier 3: \$270



	SILVER 10	SILVER 11	SILVER 12
Deductible	Individual: \$6,700 Family: \$13,400	Individual: \$5,500 Family: \$11,000	Individual: \$4,800 Family: \$9,600
Coinsurance	0%	20%	30%
Out-of-pocket Maximum	Individual: \$6,700 Family: \$13,400	Individual: \$6,850 Family: \$13,700	Individual: \$6,850 Family: \$13,700
PCP	\$0 copayment on first four visits, then subject to deductible for every visit after the fourth visit.	\$15 copayment	\$15 copayment
Specialist	Deductible	20% after deductible	30% after deductible
Urgent Care (other than Doctors Care)	Deductible	20% after deductible	30% after deductible
Emergency Room Services	Deductible	20% after deductible	30% after deductible
Inpatient Hospitalization	Deductible	20% after deductible	30% after deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$0 Tier 2: \$50 Tier 3: \$100 Tier 4: \$500	Tier 0: \$0 Tier 1: \$0 Tier 2: \$50 Tier 3: \$100 Tier 4: \$500 copayment, then 20% after deductible	Tier 0: \$0 Tier 1: \$0 Tier 2: \$50 Tier 3: \$100 Tier 4: \$500 copayment, then 30% after deductible
Mail Order (90 Day)	Tier 1: \$0 Tier 2: \$135 Tier 3: \$270	Tier 1: \$0 Tier 2: \$135 Tier 3: \$270	Tier 1: \$0 Tier 2: \$135 Tier 3: \$270



	BRONZE 1	HD BRONZE 2	HD BRONZE 3
Deductible	Individual: \$6,000 Family: \$12,000	Individual: \$6,300 Family: \$12,600	Individual: \$4,750 Family: \$9,500
Coinsurance	40%	50%	20%
Out-of-pocket Maximum	Individual: \$6,850 Family: \$13,700	Individual: \$6,850 Family: \$13,700	Individual: \$6,500 Family: \$13,000
PCP	\$80 copayment on first four visits then 40% coinsurance per visit after deductible	50% after deductible	20% after deductible
Specialist	\$125 copayment	50% after deductible	20% after deductible
Urgent Care (other than Doctors Care)	\$125 copayment	50% after deductible	20% after deductible
Emergency Room Services	40% after deductible	50% after deductible	20% after deductible
Inpatient Hospitalization	40% after deductible	50% after deductible	20% after deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$25 Tier 2: 40% after deductible Tier 3: 40% after deductible Tier 4: 40% after deductible	Tier 0: \$0 Tier 1: 50% after deductible Tier 2: 50% after deductible Tier 3: 50% after deductible Tier 4: 50% after deductible	Tier 0: \$0 Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 20% after deductible Tier 4: 20% after deductible
Mail Order (90 Day)	Tier 1: \$35 Tier 2: 40% after deductible Tier 3: 40% after deductible	Tier 1: 50% after deductible Tier 2: 50% after deductible Tier 3: 50% after deductible	Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 20% after deductible



	HD BRONZE 4	HD BRONZE 5
Deductible	Individual: \$5,200 Family: \$10,400	Individual: \$6,550 Family: \$13,100
Coinsurance	30%	0%
Out-of-pocket Maximum	Individual: \$6,450 Family: \$12,900	Individual: \$6,550 Family: \$13,100
PCP	30% after deductible	Deductible
Specialist	30% after deductible	Deductible
Urgent Care (other than Doctors Care)	30% after deductible	Deductible
Emergency Room Services	30% after deductible	Deductible
Inpatient Hospitalization	30% after deductible	Deductible
<b>PHARMACY BENEFITS</b>		
Prescription Drugs	Tier 0: 30% after deductible Tier 1: 30% after deductible Tier 2: 30% after deductible Tier 3: 30% after deductible Tier 4: 30% after deductible	Tier 0: \$0 Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible
Mail Order (90 Day)	Tier 1: 30% after deductible Tier 2: 30% after deductible Tier 3: 30% after deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible





CATASTROPHIC 1	
Deductible	Individual: \$6,850 Family: \$13,700
Coinsurance	0%
Out-of-pocket Maximum	Individual: \$6,850 Family: \$13,700
PCP	\$25 per visit on first three visits then \$0 after deductible for every visit after the third visit.
Specialist	Deductible
Urgent Care (other than Doctors Care)	Deductible
Emergency Room Services	Deductible
Inpatient Hospitalization	Deductible
PHARMACY BENEFITS	
Prescription Drugs	Tier 0: \$0 Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible
Mail Order (90 Day)	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible



### EXCLUDED SERVICES

#### Benefits We Don't Cover

- Any services or benefits not specifically covered under the terms of the policy, which were 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.



### SERVICES, FEES AND CHARGES YOU PAY

#### **You Must Pay for These**

- Non-emergency services when received at or from out-of-network providers or hospitals.
- 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.
- Any loss resulting from you being legally intoxicated or impaired, by being under the influence of alcohol, any narcotic or drug, unless taken on the advice of a physician. You or your representative must provide any available test result, upon our request, showing blood alcohol or drug levels. If you refuse to provide these test results, we will not provide benefits.
- 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 on My Health Toolkit.

# Have Questions?



Call **877-313-BLUE (2583)** and an enrollment counselor can help you.



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Mount Pleasant, SC  
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