



South Carolina



2024 Private Marketplace Plans

With access to the statewide or nationwide doctor and hospital network



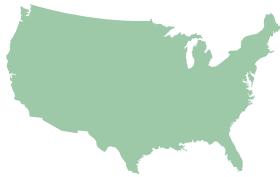
No. 1 Health Plan in South Carolina

BlueExtendSM ■ Private BlueEssentialsSM

**Private Blue VirtuConnectSM ■ Private Blue Congaree ■ Private Blue Cooper
Private Blue Pee Dee ■ Private Blue Reedy**

The Power of Blue

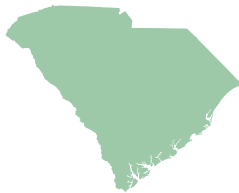
We provide reliable and affordable health insurance for individuals and families in South Carolina.



1 in 3 Americans rely on Blue®



Plans as low as \$0 a month



More than 1 million South Carolinians are covered by Blue®



Award-winning customer service



Online self-service tools



Rewards for wellness activities

Plan Benefits



No-cost preventive services

All plans provide these preventive services at no cost for members:

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

Pediatric vision benefits

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



Eye exam

\$25 copay per benefit period



Lenses and frames

\$50 copay per benefit period

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



Pharmacy Services




The following plans feature a 6-tier drug structure: BlueExtend, Private BlueEssentials and Private Blue Congaree, Private Blue Cooper, Private Blue Pee Dee and Private Blue Reedy.

Members can save money on prescription drugs with access to a range of generic drugs at pharmacies.

Prescription Drug Tiers	
TIER 0 DRUGS	These are considered preventive medications under the Affordable Care Act. They are usually covered at no cost to the member.
TIER 1 DRUGS	These are usually preferred generic medications. They generally cost a member the least amount out of pocket.
TIER 2 DRUGS	These are usually generic medications . They typically cost less than brand-name drugs.
TIER 3 DRUGS	These are most often brand-name drugs, sometimes referred to as preferred drugs , as these cost less than other brand-name drugs.
TIER 4 DRUGS	These are most often brand-name drugs, sometimes referred to as nonpreferred drugs , as they usually cost more than other brand-name drugs. These drugs may have generic equivalents
TIER 5 AND 6 DRUGS	These are usually specialty drugs that treat complex conditions. Members tend to pay more for drugs in these tiers.

Members can get up to a 90-day supply of their medications at discounted rates with our mail-order program.

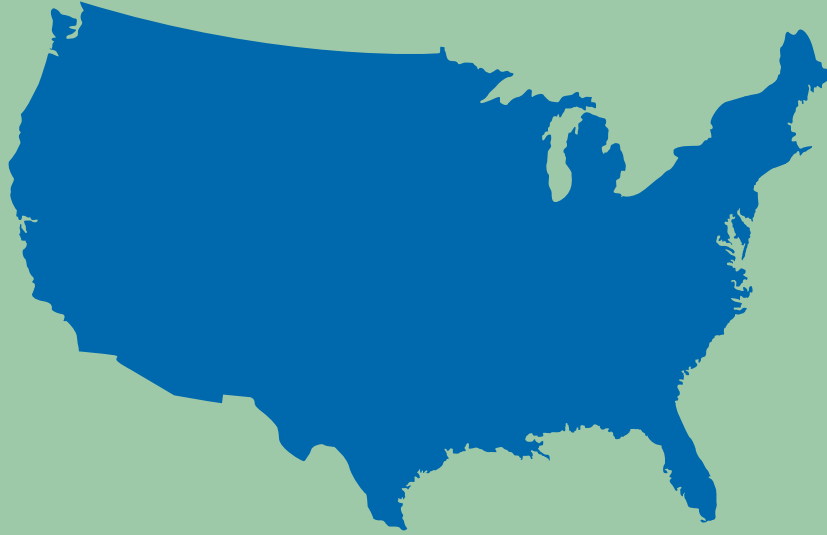
Members can get up to a 31-day supply of specialty medications through our specialty pharmacy providers.

 Specific plans feature a separate drug deductible and coinsurance. These plans are labeled on the grid.



Find a pharmacy or search our covered drug list by visiting www.southcarolinablues.com/links/2024/pharmacy/Individual

BlueExtendSM Plans



Coverage That Extends Beyond South Carolina!

- Nationwide access to health care because BlueCard* is included.
- Award-winning local support
- Freedom of choice when traveling

Coverage That Extends Beyond South Carolina!

To find a network provider in your area, visit

www.southcarolinablues.com/links/2024/provider/blueextend



* The BlueCard Program gives BlueCross BlueShield of South Carolina members access to health care services when traveling in another Blue Plan's service area.

BlueExtend Gold and Silver Plans



This product is for members who do not qualify or are not using advanced premium tax credits toward their premiums.

BlueExtend					
		Gold 1	HD Gold 2**	Silver 1	HD Silver 2**
Medical Benefits					
Deductible		Individual: \$1,800 Family: \$3,600	Individual: \$3,500 Family: \$7,000	Individual: \$4,400 Family: \$8,800	Individual: \$5,400 Family: \$10,800
Coinsurance		25%	0%	35%	0%
Out-of-Pocket Maximum		Individual: \$4,500 Family: \$9,000	Individual: \$3,500 Family: \$7,000	Individual: \$8,800 Family: \$17,600	Individual: \$5,400 Family: \$10,800
Primary Care Physician		\$25 copay	0% coinsurance after deductible is met	\$30 copay	0% coinsurance after deductible is met
Blue CareOnDemand Powered by MDLIVE		\$10 copay	0% coinsurance after deductible is met	\$20 copay	0% coinsurance after deductible is met
Specialist		\$50 copay	0% coinsurance after deductible is met	\$65 copay	0% coinsurance after deductible is met
Urgent Care		\$50 copay	0% coinsurance after deductible is met	\$65 copay	0% coinsurance after deductible is met
Emergency Room Services		\$300 copay, then 25% coinsurance after deductible is met	0% coinsurance after deductible is met	\$500 copay, then 35% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization		25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center		\$500 copay	0% coinsurance after deductible is met	\$525 copay	0% coinsurance after deductible is met
Mental and Behavioral Health Services					
Office Visit		\$25 copay	0% coinsurance after deductible is met	\$30 copay	0% coinsurance after deductible is met
Inpatient Services		25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Services		25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	0% coinsurance after deductible is met
Pharmacy Benefits					
Prescription Drugs* (up to 90-day supply maximum)		Tier 0: \$0 Tiers 1 – 2: \$15 Tier 3: \$50 Tier 4: \$100 Tier 5, 6: \$300	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$15 Tier 3: \$75 Tier 4: \$150 Tiers 5 – 6: 35% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)		Tier 0: \$0 Tiers 1 – 2: \$21 Tier 3: \$135 Tier 4: \$270	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$21 Tier 3: \$203 Tier 4: \$405	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met

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

Listed in this section are the most common list of benefits. To view the full list see the Summary of Benefits for each plan.

BlueExtend Bronze Plans

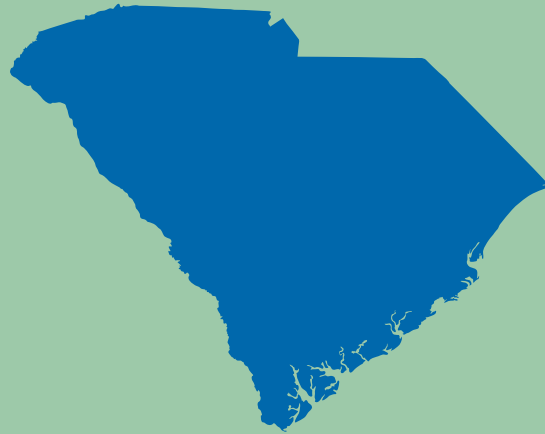


		BlueExtend	
		Bronze 1	HD Bronze 2**
Medical Benefits			
Deductible		Individual: \$4,500 Family: \$9,000	Individual: \$7,050 Family: \$14,100
Coinsurance		50%	0%
Out-of-Pocket Maximum		Individual: \$8,900 Family: \$17,800	Individual: \$7,050 Family: \$14,100
Primary Care Physician		\$60 copay	0% coinsurance after deductible is met
Blue CareOnDemand Powered by MDLIVE		\$20 copay	0% coinsurance after deductible is met
Specialist		\$90 copay	0% coinsurance after deductible is met
Urgent Care		\$90 copay	0% coinsurance after deductible is met
Emergency Room Services		\$800 copay, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization		\$1,500 per day up to 4 days (max \$6,000)	0% coinsurance after deductible is met
Ambulatory Surgery Center		\$525 copay	0% coinsurance after deductible is met
Mental and Behavioral Health Services			
Office Visit		\$60 copay	0% coinsurance after deductible is met
Inpatient Services		\$1,500 per day up to 4 days (max \$6,000)	0% coinsurance after deductible is met
Outpatient Services		50% coinsurance after deductible is met	0% coinsurance after deductible is met
Pharmacy Benefits			
Prescription Drugs* (up to 90-day supply maximum)		Tier 0: \$0 Tiers 1 – 2: \$50 Tier 3: \$175 Tiers 4 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)		Tier 0: \$0 Tiers 1 – 2: \$70 Tier 3: \$473 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met



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

Private BlueEssentialsSM Plans



Health Coverage Convenient to You

BlueEssentials members have access to all hospitals and most doctors in South Carolina.*

Find a Network Doctor or Hospital

Visit <https://www.southcarolinablues.com/links/2024/providers/EPO>



* Members can visit a nonnetwork provider only for emergencies.

Private BlueEssentials Gold Plans



Private BlueEssentials				
	Gold 1	HD Gold 3**	Gold 4	Gold 5
Medical Benefits				
Deductible	Individual: \$2,500 Family: \$5,000	Individual: \$3,400 Family: \$6,800	Individual: \$3,000 Family: \$6,000	Individual: \$250 Family: \$500
Coinsurance	25%	0%	35%	50%
Out-of-Pocket Maximum	Individual: \$4,900 Family: \$9,800	Individual: \$3,400 Family: \$6,800	Individual: \$6,600 Family: \$13,200	Individual: \$9,450 Family: \$18,900
Primary Care Physician	\$20 copay	0% coinsurance after deductible is met	\$30 copay	\$20 copay
Blue CareOnDemand Powered by MDLIVE	\$10 copay	0% coinsurance after deductible is met	\$20 copay	\$20 copay
Specialist	\$50 copay	0% coinsurance after deductible is met	\$55 copay	\$40 copay
Urgent Care	\$40 copay	0% coinsurance after deductible is met	\$55 copay	\$40 copay
Emergency Room Services	\$300 copay, then 25% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay, then 35% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	0% coinsurance after deductible is met	\$500 copay	\$500 copay
Mental and Behavioral Health Services				
Office Visit	\$20 copay	0% coinsurance after deductible is met	\$30 copay	\$20 copay
Inpatient Services	25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	50% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$12 Tier 3: \$40 Tier 4: \$100 Tiers 5 – 6: 25% coinsurance after \$0 (Individual/Family) drug deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$10 Tier 3: \$40 Tier 4: \$100 Tiers 5 – 6: 35% coinsurance after \$0 (Individual/Family) drug deductible is met	Tier 0: \$0 Tiers 1 – 2: \$10 Tier 3: \$40 Tiers 4 – 6: 50% coinsurance after \$1,000 (Individual), \$2,000 (Family) drug deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$17 Tier 3: \$108 Tier 4: \$270	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$14 Tier 3: \$108 Tier 4: \$270	Tier 0: \$0 Tiers 1 – 2: \$14 Tier 3: \$108 Tier 4: 50% coinsurance after \$1,000 (Individual), \$2,000 (Family) drug deductible is met

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

Private BlueEssentials Silver Plans



Private BlueEssentials				
	Silver 7	Silver 14	Silver 15	Silver 16
Medical Benefits				
Deductible	Individual: \$5,300 Family: \$10,600	Individual: \$6,900 Family: \$13,800	Individual: \$2,300 Family: \$4,600	Individual: \$3,900 Family: \$7,800
Coinsurance	35%	50%	50%	50%
Out-of-Pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$9,400 Family: \$18,800	Individual: \$8,950 Family: \$17,900	Individual: \$8,400 Family: \$16,800
Primary Care Physician	\$30 copay	\$25 copay	\$30 copay	\$25 copay
Blue CareOnDemand Powered by MDLIVE	\$20 copay	\$20 copay	\$20 copay	\$15 copay
Specialist	\$55 copay	\$60 copay	\$60 copay	\$50 copay
Urgent Care	\$55 copay	\$60 copay	\$60 copay	\$50 copay
Emergency Room Services	\$300 copay, then 35% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met
Inpatient Hospitalization	35% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$525 copay	\$525 copay
Mental and Behavioral Health Services				
Office Visit	\$30 copay	\$25 copay	\$30 copay	\$25 copay
Inpatient Services	35% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	35% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$25 Tier 3: \$60 Tier 4: \$150 Tiers 5 – 6: 35% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$20 Tier 3: \$60 Tiers 4 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$30 Tier 3: \$80 Tier 4: \$100 Tier 5 – 6: 30%	Tier 0: \$0 Tiers 1 – 2: \$10 Tiers 3 – 6: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$35 Tier 3: \$162 Tier 4: \$405	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$162 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$42 Tier 3: \$216 Tier 4: \$270	Tier 0: \$0 Tiers 1 – 2: \$14 Tiers 3 – 4: 50% coinsurance after deductible is met

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

Private BlueEssentials Silver Plans



Private BlueEssentials				
	HD Silver 20**	Silver 21	Silver 28	Silver 38
Medical Benefits				
Deductible	Individual: \$5,100 Family: \$10,200	Individual: \$7,000 Family: \$14,000	Individual: \$6,900 Family: \$13,800	Individual: \$6,500 Family: \$13,000
Coinsurance	0%	25%	50%	50%
Out-of-Pocket Maximum	Individual: \$5,100 Family: \$10,200	Individual: \$8,500 Family: \$17,000	Individual: \$8,500 Family: \$17,000	Individual: \$9,450 Family: \$18,900
Primary Care Physician	0% coinsurance after deductible is met	\$25 copay	\$30 copay	\$45 copay
Blue CareOnDemand Powered by MDLIVE	0% coinsurance after deductible is met	\$20 copay	\$20 copay	\$25 copay
Specialist	0% coinsurance after deductible is met	\$60 copay	\$60 copay	\$90 copay
Urgent Care	0% coinsurance after deductible is met	\$60 copay	\$60 copay	\$90 copay
Emergency Room Services	0% coinsurance after deductible is met	\$300 copay, then 25% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	0% coinsurance after deductible is met	25% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	0% coinsurance after deductible is met	\$525 copay	\$525 copay	\$500 copay
Mental and Behavioral Health Services				
Office Visit	0% coinsurance after deductible is met	\$25 copay	\$30 copay	\$45 copay
Inpatient Services	0% coinsurance after deductible is met	25% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met	25% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$20 Tier 3: \$60 Tier 4: \$150 Tiers 5 – 6: 25% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$20 Tier 3: \$60 Tiers 4 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$12 Tier 3: \$50 Tiers 4 – 6: 0% coinsurance after \$9,450 (Individual), \$18,900 (Family) drug deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$162 Tier 4: \$405	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$162 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$17 Tier 3: \$135 Tier 4: 0% coinsurance after \$9,450 (Individual), \$18,900 (Family) drug deductible is met

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

Separate Drug Deductible and Coinsurance

Private BlueEssentials Silver Plans



Private BlueEssentials	
Silver 39	
Medical Benefits	
Deductible	Individual: \$0 Family: \$0
Coinsurance	20%
Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400
Primary Care Physician	\$30 copay
Blue CareOnDemand Powered by MDLIVE	\$20 copay
Specialist	\$90 copay
Urgent Care	\$90 copay
Emergency Room Services	\$1,600 copay
Inpatient Hospitalization	\$1,900 per day up to 2 days (\$3,800 max)
Ambulatory Surgery Center	\$100 copay
Mental and Behavioral Health Services	
Office Visit	\$30 copay
Inpatient Services	\$1,900 per day up to 2 days (\$3,800 max)
Outpatient Services	\$140 copay
Pharmacy Benefits	
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$125 Tiers 4 – 6: 50% coinsurance after \$3,000 (Individual), \$6,000 (Family) drug deductible is met
	Tier 0: \$0 Tiers 1 – 2: \$40 Tier 3: \$338 Tier 4: 50% coinsurance after \$3,000 (Individual), \$6,000 (Family) drug deductible is met





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

Separate Drug Deductible and Coinsurance

Private BlueEssentials Bronze Plans



Private BlueEssentials				
	HD Bronze 3**	Bronze 4	HD Bronze 5**	Bronze 6
Medical Benefits				
Deductible	Individual: \$5,400 Family: \$10,800	Individual: \$7,200 Family: \$14,400	Individual: \$7,500 Family: \$15,000	Individual: \$0 Family: \$0
Coinsurance	30%	50%	0%	0%
Out-of-Pocket Maximum	Individual: \$7,500 Family: \$15,000	Individual: \$9,450 Family: \$18,900	Individual: \$7,500 Family: \$15,000	Individual: \$8,900 Family: \$17,800
Primary Care Physician	30% coinsurance after deductible is met	\$40 copay	0% coinsurance after deductible is met	\$45 copay
Blue CareOnDemand Powered by MDLIVE	30% coinsurance after deductible is met	\$20 copay	0% coinsurance after deductible is met	\$20 copay
Specialist	30% coinsurance after deductible is met	\$60 copay	0% coinsurance after deductible is met	\$90 copay
Urgent Care	30% coinsurance after deductible is met	\$60 copay	0% coinsurance after deductible is met	\$90 copay
Emergency Room Services	30% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$1,600 copay
Inpatient Hospitalization	30% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$2,100 per day up to 2 days (\$4,200 max)
Ambulatory Surgery Center	30% coinsurance after deductible is met	\$500 copay	0% coinsurance after deductible is met	\$100 copay
Mental and Behavioral Health Services				
Office Visit	30% coinsurance after deductible is met	\$40 copay	0% coinsurance after deductible is met	\$45 copay
Inpatient Services	30% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$2,100 per day up to 2 days (\$4,200 max)
Outpatient Services	30% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$170 copay
Pharmacy Benefits				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 6: 30% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$29 Tiers 3 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$30 Tier 3: \$175 Tiers 4 – 6: 50% coinsurance after \$3,000 (Individual), \$6,000 (Family) drug deductible is met 
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 4: 30% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$41 Tiers 3 – 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$42 Tier 3: \$473 Tier 4: 50% coinsurance after \$3,000 (Individual), \$6,000 (Family) drug deductible is met 

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

Private BlueEssentials Catastrophic Plan



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.

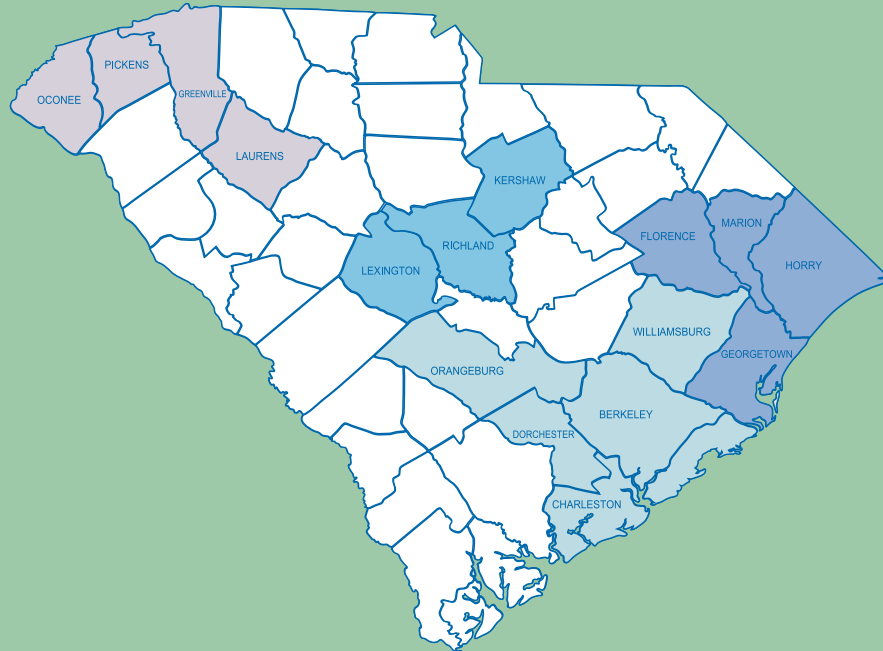
Private BlueEssentials	
Catastrophic	
Medical Benefits	
Deductible	Individual: \$9,450 Family: \$18,900
Coinsurance	0%
Out-of-Pocket Maximum	Individual: \$9,450 Family: \$18,900
Primary Care Physician	\$25 for first three visits (PCP and other practitioners combined); thereafter, 0% coinsurance after deductible is met
Blue CareOnDemand Powered by MDLIVE	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
Mental and Behavioral Health Services	
Office Visit	\$25 for first three visits (PCP and other practitioners combined); thereafter, 0% coinsurance after deductible is met
Inpatient Services	0% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met



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

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

Private Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy



Health Coverage Convenient to You

Members who enroll in an exclusive network plan can visit any doctor or hospital in the network. These plans are for members who live in a county where the plan is available.

Blue Congaree

Locations

- Kershaw County
- Lexington County
- Richland County

Network

- Lexington Medical Center
- MUSC Health

Blue Pee Dee

Locations

- Florence County
- Georgetown County
- Horry County
- Marion County

Network

- Conway Medical Center
- MUSC Health Florence
- Tidelands Health Georgetown

Blue Cooper

Locations

- Berkeley County
- Charleston County
- Dorchester County
- Orangeburg County
- Williamsburg County

Network

- MUSC Health
- The Regional Medical Center (Orangeburg)
- Williamsburg Regional Hospital

Blue Reedy

Locations

- Greenville County
- Laurens County
- Oconee County
- Pickens County

Network

- Prisma Health Upstate Network

Find your network by visiting www.southcarolinablues.com/links/2024/providers/regional



Private Gold and Silver Plans

Blue Congaree, Blue Cooper, Blue Pee Dee, Blue Reedy



Private Plans				
Blue Congaree, Blue Cooper, Blue Pee Dee, Blue Reedy				
	Gold 1	Silver 1	Silver 2	HD Silver 3**
Medical Benefits				
Deductible	Individual: \$250 Family: \$500	Individual: \$7,000 Family: \$14,000	Individual: \$8,000 Family: \$16,000	Individual: \$5,500 Family: \$11,000
Coinsurance	50%	50%	50%	0%
Out-of-Pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$9,300 Family: \$18,600	Individual: \$9,300 Family: \$18,600	Individual: \$5,500 Family: \$11,000
Primary Care Physician	\$25 copay	\$30 copay	\$30 copay	0% coinsurance after deductible is met
Telehealth	\$0 first 4 visits, thereafter \$15	\$0 first 4 visits, thereafter \$15	\$0 first 4 visits, thereafter \$15	0% coinsurance after deductible is met
Specialist	\$60 copay	\$60 copay	\$60 copay	0% coinsurance after deductible is met
Urgent Care	\$60 copay	\$60 copay	\$55 copay	0% coinsurance after deductible is met
Emergency Room Services	50% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	0% coinsurance after deductible is met
Mental and Behavioral Health Services				
Office Visit	\$25 copay	\$30 copay	\$30 copay	0% coinsurance after deductible is met
Inpatient Services	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$12 Tier 3: \$40 Tiers 4 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$20 Tier 3: \$60 Tier 4: \$150 copay after deductible is met Tiers 5 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$20 Tier 3: \$60 Tier 4: \$150 copay after deductible is met Tiers 5 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$17 Tier 3: \$108 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$162 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$162 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met

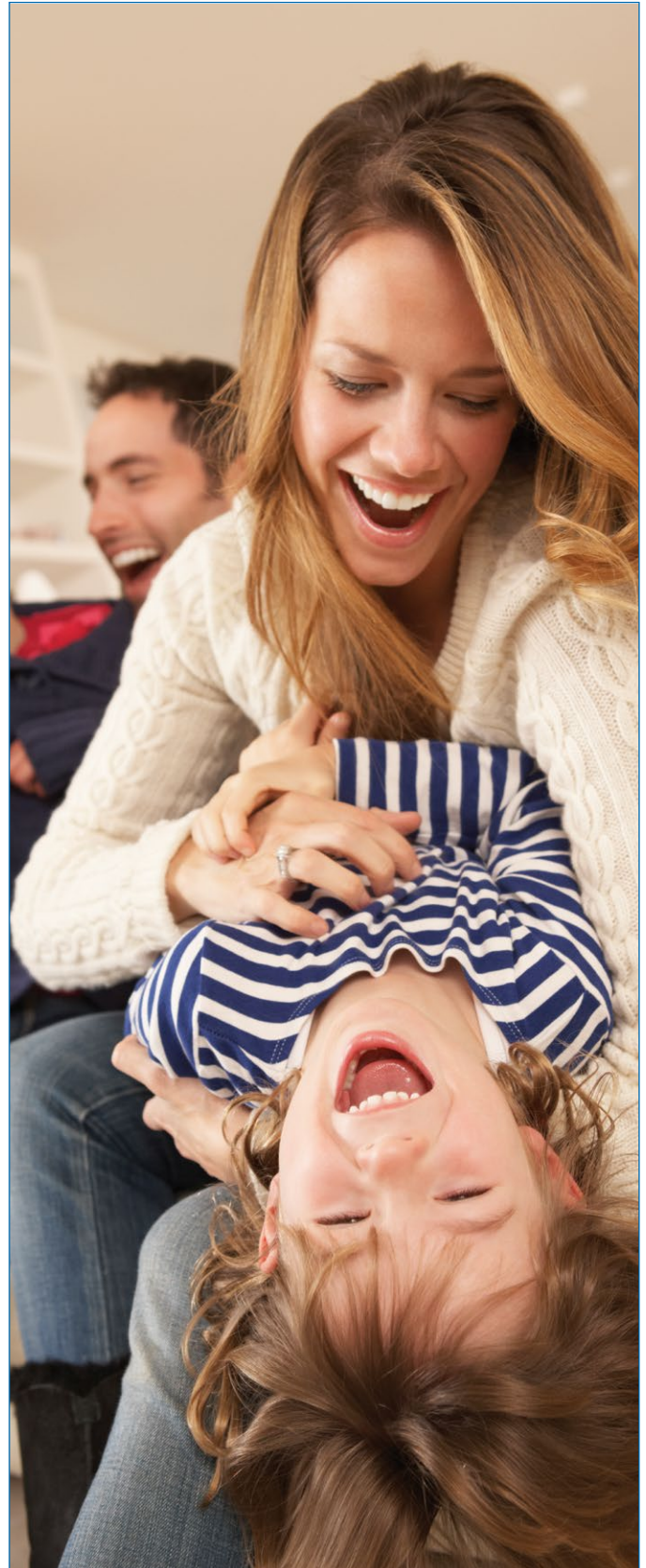
*Tiers 5 and 6 are limited to a 31-day supply maximum. **Health savings account (HSA)-eligible.

Private Bronze Plans

Blue Congaree, Blue Cooper, Blue Pee Dee, Blue Reedy



Private Plans Blue Congaree, Blue Cooper, Blue Pee Dee, Blue Reedy	
Bronze 1	
Medical Benefits	
Deductible	Individual: \$7,900 Family: \$15,800
Coinsurance	45%
Out-of-Pocket Maximum	Individual: \$8,850 Family: \$17,700
Primary Care Physician	\$48 copay
Telehealth	\$0 first 4 visits, thereafter \$20
Specialist	\$96 copay
Urgent Care	\$60 copay
Emergency Room Services	\$300 copay, then 45% coinsurance after deductible is met
Inpatient Hospitalization	45% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay
Mental and Behavioral Health Services	
Office Visit	\$48 copay
Inpatient Services	45% coinsurance after deductible is met
Outpatient Services	45% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$29 Tiers 3 – 6: 45% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$41 Tiers 3 – 4: 45% coinsurance after deductible is met



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

Standard Plans – Pharmacy Services



The following plans feature a 4-tier drug structure: Private Blue VirtuConnect, Private BlueEssentials Standard, Private Blue Congaree Standard, Private Blue Cooper Standard, Private Blue Pee Dee Standard, Private Blue Reedy Standard plans.

Members can save money on prescription drugs with access to a range of generic drugs at pharmacies.

Prescription Drug Tiers	
TIER 0 DRUGS	These are considered preventive medications under the Affordable Care Act. They are usually covered at no cost to the member.
TIER 1 DRUGS	These are usually generic medications . They typically cost less than brand-name drugs.
TIER 2 DRUGS	Most often brand-name drugs, Tier 2 drugs are sometimes referred to as preferred drugs , as these cost less than other brand-name drugs.
TIER 3 DRUGS	These are most often brand-name drugs, sometimes referred to as nonpreferred drugs , as they usually cost more than other brand-name drugs. These drugs may have generic equivalents.
TIER 4 DRUGS	These are usually specialty drugs that treat complex conditions. Members tend to pay more for drugs in this tier.

Members can get up to a 90-day supply of their medications at discounted rates with our mail-order program.

Through our specialty pharmacy providers, members can get up to a 31-day supply of specialty medications.



Find a pharmacy or search our covered drug list by visiting www.southcarolinablues.com/links/2024/pharmacy/Individual

Private Blue VirtuConnectSM Plans



Health Coverage Convenient to You

Virtual Primary Care

We have partnered with Doctors Care to make getting care easier and faster. Members can choose a virtual visit with a primary care physician. There are significant cost savings for those who use this service.*

Why choose Blue VirtuConnect?

Everything you need, all in one place.

Get primary care, urgent care, lab work, and imaging.

Concierge care.

A dedicated care team helps you make the best medical decisions.

Easy and convenient appointments.

Schedule convenient weekday and weekend appointments.

Care wherever you need it.

Tap into care from anywhere — via the app, online messaging, phone and telehealth.

Cost savings for care.

Save money with no-cost and low-cost visits.

Scan to sign up for Blue VirtuConnect.



* Doctors Care is a separate company that manages telehealth services on behalf of BlueCross BlueShield of South Carolina.

Private Blue VirtuConnect Plans

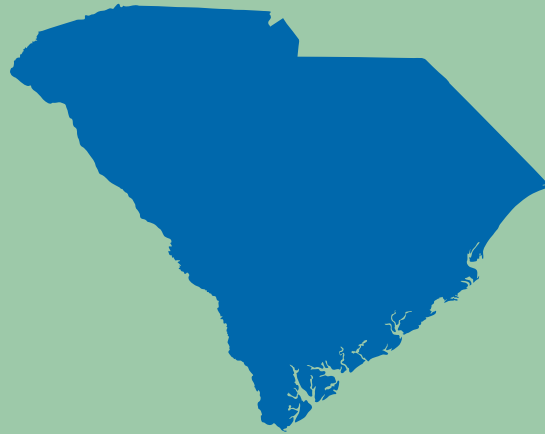


Private Blue VirtuConnect			
	Gold 1	Silver 1	Bronze 1
Medical Benefits			
Deductible	Individual: \$1,500 Family: \$3,000	Individual: \$5,900 Family: \$11,800	Individual: \$7,500 Family: \$15,000
Coinsurance	25%	40%	50%
Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$9,100 Family: \$18,200	Individual: \$9,400 Family: \$18,800
Primary Care Physician	\$30 copay	\$40 copay	\$50 copay
Telehealth*	\$0 first 12 visits, thereafter \$10	\$0 first 8 visits, thereafter \$10	\$0 first 4 visits, thereafter \$10
Specialist	\$60 copay	\$80 copay	\$100 copay
Urgent Care	\$45 copay	\$60 copay	\$75 copay
Emergency Room Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Mental and Behavioral Health Services			
Office Visit	\$30 copay	\$40 copay	\$50 copay
Inpatient Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Pharmacy Benefits			
Prescription Drugs** (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$15 Tier 2: \$30 Tier 3: \$60 Tier 4: \$250	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 copay after deductible is met Tier 4: \$350 copay after deductible is met	Tier 0: \$0 Tier 1: \$25 Tier 2: \$50 copay after deductible is met Tier 3: \$100 copay after deductible is met Tier 4: \$500 copay after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$21 Tier 2: \$81 Tier 3: \$162	Tier 0: \$0 Tier 1: \$28 Tier 2: \$108 Tier 3: \$216 copay after deductible is met	Tier 0: \$0 Tier 1: \$35 Tier 2: \$135 copay after deductible is met Tier 3: \$270 copay after deductible is met

*The telehealth copays for all Blue VirtuConnect plans apply to a visit on the Blue VirtuConnect or Blue CareOnDemand (Powered by MD Live) platform.

**Tier 4 is limited to a 31-day supply maximum.

Private BlueEssentialsSM Standard Plans



Health Coverage Convenient to You

BlueEssentials members have access to all hospitals and most doctors in South Carolina.*

Find a Network Doctor or Hospital

Visit www.southcarolinablues.com/links/2024/providers/EPO



* Members can visit a nonnetwork provider only for emergencies.

Private BlueEssentials Standard Plans

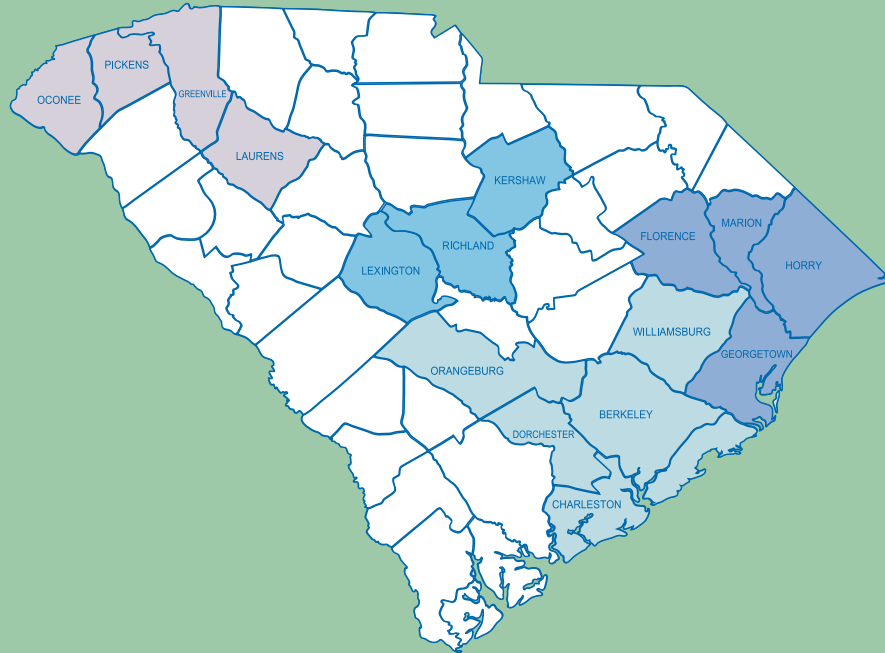


Private BlueEssentials Standard Plans			
	Standard Gold	Standard Silver	Standard Expanded Bronze
Medical Benefits			
Deductible	Individual: \$1,500 Family: \$3,000	Individual: \$5,900 Family: \$11,800	Individual: \$7,500 Family: \$15,000
Coinsurance	25%	40%	50%
Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$9,100 Family: \$18,200	Individual: \$9,400 Family: \$18,800
Primary Care Physician	\$30 copay	\$40 copay	\$50 copay
Blue CareOnDemand Powered by MDLIVE	\$30 copay	\$40 copay	\$50 copay
Specialist	\$60 copay	\$80 copay	\$100 copay
Urgent Care	\$45 copay	\$60 copay	\$75 copay
Emergency Room Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Mental and Behavioral Health Services			
Office Visit	\$30 copay	\$40 copay	\$50 copay
Inpatient Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Pharmacy Benefits			
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$15 Tier 2: \$30 Tier 3: \$60 Tier 4: \$250	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 copay after deductible is met Tier 4: \$350 copay after deductible is met	Tier 0: \$0 Tier 1: \$25 Tier 2: \$50 copay after deductible is met Tier 3: \$100 copay after deductible is met Tier 4: \$500 copay after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$21 Tier 2: \$81 Tier 3: \$162	Tier 0: \$0 Tier 1: \$28 Tier 2: \$108 Tier 3: \$216 copay after deductible is met	Tier 0: \$0 Tier 1: \$35 Tier 2: \$135 copay after deductible is met Tier 3: \$270 copay after deductible is met

*Tier 4 is limited to a 31-day supply maximum.

Private Standard Plans

Blue Congaree, Blue Cooper, Blue Pee Dee, Blue Reedy



Health Coverage Convenient to You

Members who enroll in an exclusive network plan can visit any doctor or hospital in the network. These plans are for members who live in a county where the plan is available.

Blue Congaree

Locations

- Kershaw County
- Lexington County
- Richland County

Network

- Lexington Medical Center
- MUSC Health

Blue Pee Dee

Locations

- Florence County
- Georgetown County
- Horry County
- Marion County

Network

- Conway Medical Center
- MUSC Health Florence
- Tidelands Health Georgetown

Blue Cooper

Locations

- Berkeley County
- Charleston County
- Dorchester County
- Orangeburg County
- Williamsburg County

Network

- MUSC Health
- The Regional Medical Center (Orangeburg)
- Williamsburg Regional Hospital

Blue Reedy

Locations

- Greenville County
- Laurens County
- Oconee County
- Pickens County

Network

- Prisma Health Upstate Network

Find your network by visiting www.southcarolinablues.com/links/2024/providers/regional



Private Standard Plans

Blue Congaree, Blue Cooper, Blue Pee Dee, Blue Reedy



Private Standard Plans			
Blue Congaree, Blue Cooper, Blue Pee Dee, Blue Reedy			
	Standard Gold	Standard Silver	Standard Expanded Bronze
Medical Benefits			
Deductible	Individual: \$1,500 Family: \$3,000	Individual: \$5,900 Family: \$11,800	Individual: \$7,500 Family: \$15,000
Coinsurance	25%	40%	50%
Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$9,100 Family: \$18,200	Individual: \$9,400 Family: \$18,800
Primary Care Physician	\$30 copay	\$40 copay	\$50 copay
Telehealth	\$30 copay	\$40 copay	\$50 copay
Specialist	\$60 copay	\$80 copay	\$100 copay
Urgent Care	\$45 copay	\$60 copay	\$75 copay
Emergency Room Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Mental and Behavioral Health Services			
Office Visit	\$30 copay	\$40 copay	\$50 copay
Inpatient Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Pharmacy Benefits			
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$15 Tier 2: \$30 Tier 3: \$60 Tier 4: \$250	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 copay after deductible is met Tier 4: \$350 copay after deductible is met	Tier 0: \$0 Tier 1: \$25 Tier 2: \$50 copay after deductible is met Tier 3: \$100 copay after deductible is met Tier 4: \$500 copay after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$21 Tier 2: \$81 Tier 3: \$162	Tier 0: \$0 Tier 1: \$28 Tier 2: \$108 Tier 3: \$216 copay after deductible is met	Tier 0: \$0 Tier 1: \$35 Tier 2: \$135 copay after deductible is met Tier 3: \$270 copay after deductible is met

*Tier 4 is limited to a 31-day supply maximum.

More Value to You From BlueCross



Our members enjoy discounts and value-added programs at no additional cost!



Fitness center memberships



Weight management



Allergy relief



Hearing care

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

The Blue365 program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield companies.



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

Tools To Manage Your Health



Making the right health care decisions is easy using My Health Toolkit®. An online information and customer service center, My Health ToolKit gives members access to important information about plan benefits.

With My Health Toolkit, you get access to:

- Claims, eligibility and benefit information.
- Contact preferences.
- Authorization status.
- Your ID card — save a digital version of your ID card for faster access.
- A treatment cost estimator.
- Set up recurring premium payments.



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





Get virtual care when you need it.

See a doctor anytime through virtual video consults provided by Blue CareOnDemand Powered by MDLIVE. Members can use their 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.



Powered by **MDLIVE**

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

Blue CareOnDemand Powered by MDLIVE is available for BlueExtend, Private BlueEssentials, Private BlueEssentials Standard and Private Blue VirtuConnect plans



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



Get easy, affordable access to a network doctor from your computer or mobile device.

Members can get care for certain health issues using the telehealth service offered by the network hospital(s) covered by their plan. **This applies to private regional marketplace plans, Blue Congaree, Blue Cooper, Blue Pee Dee, and Blue Reedy plans.**

Doctors can treat common issues such as:

- Allergies.
- Hay fever.
- Common cold.
- Cough.
- Flu.
- Pink eye.
- Sinus infection.
- Skin rash.
- Sore throat.
- Urinary tract infections.



www.southcarolinablues.com/links/2024/regional/telehealth



Enjoy the value of wellness.

Health has its rewards.

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

Wellness Activity Reward

Annual Flu Shot \$60

Annual Wellness Exam \$60

Telehealth Visit \$30

Total \$150

Family of 4 Can Earn Up To \$600

Once members complete an activity, we load reward dollars on a reloadable, prepaid Visa** card. All members are eligible for each reward one time per benefit year.



*Members cannot use rewards for premiums or drug copays.

** Because Visa is an independent company, Visa will be responsible for all financial services related to these cards.



Access the Blue Rewards program at www.BlueRewardsSC.com



South Carolina

YOU DON'T HAVE TO LEAVE US AT 65!

Make the move to Medicare
with ease with the help of
BlueCross BlueShield of
South Carolina.

My **Blue**
Medicare

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



We work hard to make navigating your health care easier. Because having the right health insurance means not having to think about it. Helping you give every moment the attention it deserves.

Focus on what matters most. We'll help with the rest.

That's the Benefit of Blue®.



South Carolina

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

Have Questions?

Contact your agent today.

Work With Your Agent for a Free Quote



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