

# 2023 BlueExclusive<sup>™</sup> Pee Dee Plans

**JOIN OUR** 

FOR INDIVIDUALS AND FAMILIES



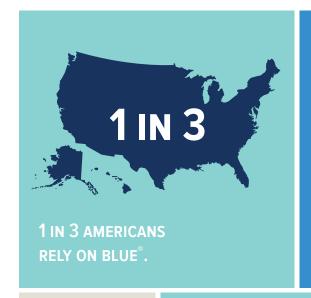
# No. 1 Health Plan in South Carolina



Serving Residents in Florence, Georgetown, Horry and Marion Counties!

### The Power of Blue

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



PLANS AS LOW AS \$0 A MONTH



# AWARD-WINNING CUSTOMER SERVICE



ONLINE
SELF-SERVICE
TOOLS



MORE THAN 1,000,000

MORE THAN 1 MILLION SOUTH CAROLINIANS ARE INSURED BY BLUE.

FINANCIAL SECURITY
AND BEST-IN-CLASS
OFFERING\*



REWARDS FOR WELLNESS ACTIVITIES



# **Health Coverage Convenient to You**

WITH BLUE EXCLUSIVE PEE DEE, YOU'VE GOT THE COVERAGE OPTIONS YOU NEED.



#### To enroll in a BlueExclusive Pee Dee plan, you must live in one of these counties:

Florence County

Georgetown County

Horry County

Marion County



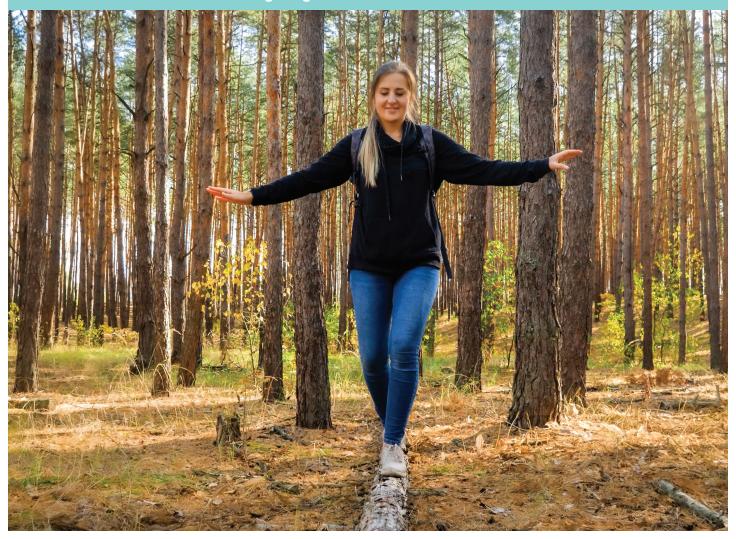
#### Pee Dee Network Hospitals

Conway Medical Center

MUSC Health

■ Tidelands Health

Members enrolled in a BlueExclusive Pee Dee plan can visit any hospital and doctor in the Pee Dee Network. Premiums may be lower than other comparable plans in your area. Visits to an out-of-network medical provider for nonemergency services will not be covered.



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### What You Get With BlueExclusive Pee Dee

FROM \$0 PREVENTIVE SERVICES TO AN EXCLUSIVE GROUP OF DOCTORS, HOSPITALS AND HEALTH CARE PROFESSIONALS, OUR BLUE EXCLUSIVE PEE DEE PLANS HAVE YOU COVERED.

#### **No-cost preventive services**

All BlueExclusive Pee Dee plans from BlueCross provide preventive services at **no cost** for members:

- Mammograms
- Prostate screenings (PSA) and lab work in accordance with the American Cancer Society\*
- Contraceptive devices

- Wellness exams
- Immunizations
- Flu shots

#### **Doctor and hospital visits**

BlueExclusive Pee Dee members must visit a doctor or hospital within the Pee Dee Network. This includes inpatient services at a Pee Dee Network participating hospital. Members can visit a non-Pee Dee doctor or hospital only for emergencies.

Find a Pee Dee Network doctor or hospital in your area by visiting www.SouthCarolinaBlues.com/links/providers/peedee

#### **Pediatric vision benefits**

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

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





#### Savings at the pharmacy

You can save money on prescription drugs with access to a vast array of generic drugs at pharmacies.

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

Find a pharmacy or search our covered drug list by visiting www.SouthCarolinaBlues.com/links/pharmacy/individual

### **Blue Rewards**<sup>™</sup>

#### **ENJOY THE VALUE OF WELLNESS.**

#### Health has its rewards

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

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



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

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

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





### **Telehealth**

#### **GET VIRTUAL CARE WHEN YOU NEED IT.**

Get easy, affordable access to a network doctor from your computer or mobile device. Use telehealth anywhere at any time to have a safe and secure visit with a BlueExclusive Pee Dee doctor.

#### Feel better faster

Get the care you need when and how you want it. Our doctors treat some of the most common conditions using telehealth:

AcneDiarrheaHeadacheRespiratory problems

AllergiesEaracheNausea/vomitingSore throats

 Constipation
 Fever
 Pinkeye
 Urinary problems/ urinary tract infections

Any BlueExclusive Pee Dee member can take advantage of this service. You should not use this telehealth service if you are experiencing a medical emergency. In case of a life-threatening emergency, dial 911.

Get started today! Sign up for online telehealth services at one of your BlueExclusive Pee Dee Network hospitals.

# **Tools To Manage Your Health**

MAKING THE RIGHT HEALTH CARE DECISIONS IS EASY USING MY HEALTH TOOLKIT<sup>®</sup>. AN ONLINE INFORMATION AND CUSTOMER SERVICE CENTER, MY HEALTH TOOLKIT GIVES YOU ACCESS TO IMPORTANT INFORMATION ABOUT PLAN BENEFITS AT YOUR FINGERTIPS.

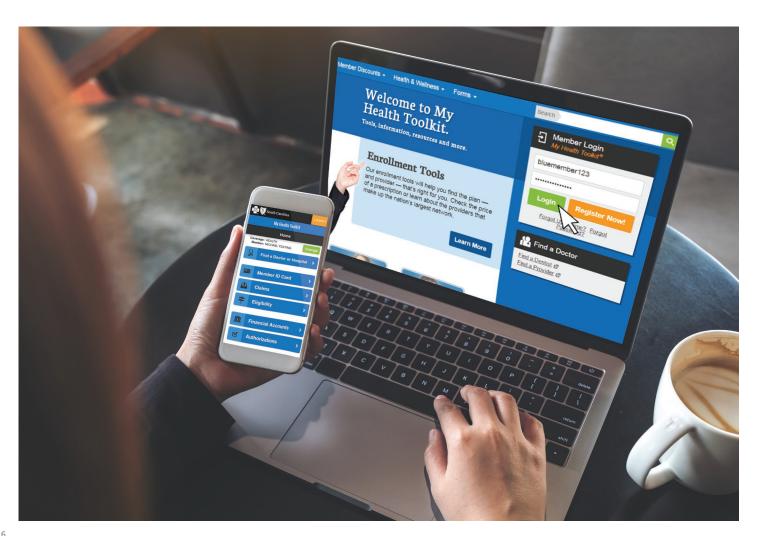
#### With My Health Toolkit, you get access to:

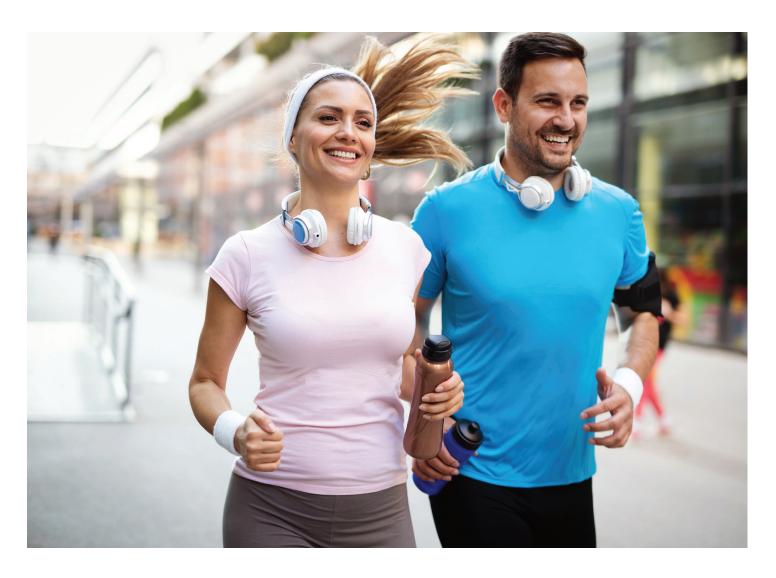
- Claims, eligibility and benefits.
- Contact preferences.
- Authorization status.
- ID card save a digital version of your ID card for faster access.

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









### More Value to You From BlueCross

STAYING HEALTHY MEANS TAKING CARE OF YOUR MIND AND BODY ON A REGULAR BASIS.

OUR MEMBERS ENJOY DISCOUNTS AND VALUE-ADDED PROGRAMS AT NO ADDITIONAL COST!

#### Discounts and programs include all these and more:

Fitness center memberships

Allergy relief

Weight management

Hearing care

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

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

The Blue 365 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.

### **Financial Assistance**

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

#### What is an APTC?

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

#### What is a CSR?

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

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

2022 Federal Poverty Level (FPL) Guidelines — Annual Household Income												
	Cost Share 3			Cost S	hare 2	Cost S	hare 1					
Family Size	100%	133%	134%	150%	151%	200%	201%	250%	300%	400%	500%	600%
1	\$13,590	\$18,075	\$18,076	\$20,385	\$20,386	\$27,180	\$27,181	\$33,975	\$40,770	\$54,360	\$67,950	\$81,540
2	\$18,310	\$24,352	\$24,353	\$27,465	\$27,466	\$36,620	\$36,621	\$45,775	\$54,930	\$73,240	\$91,550	\$109,860
3	\$23,030	\$30,630	\$30,631	\$34,545	\$34,546	\$46,060	\$46,061	\$57,575	\$69,090	\$92,120	\$115,150	\$138,180
4	\$27,750	\$36,908	\$36,909	\$41,625	\$41,626	\$55,500	\$55,501	\$69,375	\$83,250	\$111,000	\$138,750	\$166,500
5	\$32,470	\$43,185	\$43,186	\$48,705	\$48,706	\$64,940	\$64,941	\$81,175	\$97,410	\$129,880	\$162,350	\$194,820
6	\$37,190	\$49,463	\$49,464	\$55,785	\$55,786	\$74,380	\$74,381	\$92,975	\$111,570	\$148,760	\$185,950	\$223,140
7	\$41,910	\$55,740	\$55,741	\$62,865	\$62,866	\$83,820	\$83,821	\$104,775	\$125,730	\$167,640	\$209,550	\$251,460
8	\$46,630	\$62,018	\$62,019	\$69,945	\$69,946	\$93,260	\$93,261	\$116,575	\$139,890	\$186,520	\$233,150	\$279,780
9	\$51,350	\$68,296	\$68,297	\$77,025	\$77,026	\$102,700	\$102,701	\$128,375	\$154,050	\$205,400	\$256,750	\$308,100
10	\$56,070	\$74,573	\$74,574	\$84,105	\$84,106	\$112,140	\$112,141	\$140,175	\$168,210	\$224,280	\$280,350	\$336,420



# **Silver Cost Sharing Plans**

#### SEE THE FPL CHART TO DETERMINE YOUR COST SHARING LEVEL.

COST SHARING PLANS					
PLAN NAME AND OVERVIEW	BASE PLAN	COST SHARE 3 100 – 150 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 1 201 – 250 percent FPL	
SILVER 1					
Copay (PCP/Specialist/Telehealth Visit)	\$25/\$60/\$0 for first 4 visits, then \$15 thereafter	\$15/\$40/\$0 for first 4 visits, then \$10 thereafter	\$15/40/\$0 for first 4 visits, then \$10 thereafter	\$25/\$50/\$0 for first 4 visits, then \$10 thereafter	
Coinsurance	50%	25%	25%	25%	
Deductible (Single/Family)	\$7,500/\$15,000	\$0/\$0	\$1,400/\$2,800	\$6,000/\$12,000	
Out-of-Pocket Limit (Single/Family)	\$8,500/\$17,000	\$690/\$1,380	\$2,000/\$4,000	\$7,250/\$14,500	
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$25/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$15/25% coinsurance/ 25% coinsurance	\$15/25% coinsurance after deductible is met/ 25% coinsurance after deductible is met	\$25/25% coinsurance after deductible is met/ 25% coinsurance after deductible is met	
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$25 Tier 3: \$60 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$40 Tier 4: \$150 Tiers 5, 6: 25% coinsurance	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 25% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 25% coinsurance after deductible is met	
SILVER 2					
Copay (PCP/Specialist/Telehealth Visits)	\$30/\$55/\$0 for first 4 visits, then \$15 thereafter	\$20/\$45/\$0 for first 4 visits, then \$15 thereafter	\$20/\$45/\$0 for first 4 visits, then \$15 thereafter	\$30/\$55/\$0 for first 4 visits, then \$20 thereafter	
Coinsurance	50%	50% 50%		50%	
Deductible (Single/Family)	\$7,900/\$15,800	\$0/\$0	\$1,500/\$3,000	\$5,900/\$11,800	
Out-of-Pocket Limit (Single/Family)	\$8,900/\$17,800	\$710/\$1,420	\$2,100/\$4,200	\$7,000/\$14,000	
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$30/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$20/50% coinsurance/ 50% coinsurance	\$20/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$30/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$15 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance	Tier 0: \$0 Tiers 1, 2: \$15 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	

### **BlueExclusive Pee Dee Benefits**

THESE PLANS ARE AVAILABLE WHETHER OR NOT YOU RECEIVE FINANCIAL ASSISTANCE TOWARD YOUR PLAN.

	Gold Plan	Silver Plans		
	GOLD 1 SO DEDUCTIBLE	SILVER 1	SILVER 2	
Deductible	Individual: \$0 Family: \$0	Individual: \$7,500 Family: \$15,000	Individual: \$7,900 Family: \$15,800	
Coinsurance	50%	50%	50%	
Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$8,500 Family: \$17,000	Individual: \$8,900 Family: \$17,800	
Primary Care Physician	\$40 copay	\$25 copay	\$30 copay	
Telehealth Visits	\$0 for first 4 visits, \$15 thereafter	\$0 copay for first 4 visits, then \$15 thereafter	\$0 copay for first 4 visits, then \$15 thereafter	
Specialist	\$90 copay	\$60 copay	\$55 copay	
Urgent Care	\$90 copay	\$60 copay	\$55 copay	
Emergency Room Services	50% coinsurance	\$600 copay, then 50% coinsurance after deductible is met	\$600 copay, 50% coinsurance after deductible is met	
Inpatient Hospitalization	50% coinsurance	50% coinsuranceafter deductible is met	50% coinsurance after deductible is met	
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	
MENTAL AND BEHAVIORA	AL HEALTH SERVICES			
Office Visit	\$40 copay	\$25 copay	\$30 copay	
Inpatient Services	50% coinsurance	50% coinsurance after deductible is met	50% coinsurance after deductible is met	
Outpatient Services	50% coinsurance	50% coinsurance after deductible is met	50% coinsurance after deductible is met	
PHARMACY BENEFITS				
Prescription Drugs* (up to 90-day supply max)	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	Tier 0: \$0 Tiers 1, 2: \$25 Tier 3: \$60 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	
Mail Order (up to 90-day supply max)	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	Tier 0: \$0 Tiers 1, 2: \$35 Tier 3: \$162 Tier 4: \$405	Tier 0: \$0 Tiers 1, 2: \$28 Tier 3: \$135 Tier 4: \$405	

### **Bronze Plan**

#### **BRONZE 1**

Individual: \$7,900 Family: \$15,800

45%

Individual: \$8,550 Family: \$17,100

\$45 copay

\$0 copay for first 4 visits, then \$20 thereafter

\$90 copay

\$60 copay

\$600 copay, then 45% coinsurance after deductible is met

45% coinsurance after deductible is met

\$500 copay

#### \$45 copay

45% coinsurance after deductible is met

45% coinsurance after deductible is met

Tier 0: \$0 Tiers 1, 2: \$26

Tiers 3 - 6: 45% coinsurance after

deductible is met

Tier 0: \$0 Tiers 1, 2: \$37 Tiers 3, 4: 45% coinsurance after deductible is met



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

#### Benefits We Do Not Cover Include:

- Nonemergency services when received at or from an out-of-network provider or hospital, including outside the United States.
- Hospital or skilled nursing facility charges when the patient did not receive prior authorization.
- 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 or pain in the face, jaw or neck resulting from problems of the jaw joint(s), also known as temporomandibular joint disorders (TMJ).
- Any services or benefits not specifically covered under the terms of the policy, services received before the policy went into effect or after it terminates, or claims submitted after the time limit for filing claims has been exceeded.
- Services or charges for which the member is entitled to payment or benefits from other sources (i.e., workers' compensation), for which the provider does not charge or for which the member is not legally obliged to pay, including treatment provided in a government hospital or benefits provided under Medicare or other government programs (except Medicaid).
- Cosmetic surgery, surgery or treatment for the purpose of weight reduction, including any complications from or reversal of these procedures, or reconstructive procedures made necessary by weight loss.
- Illness contracted or injury sustained as the result of war or act of war (whether declared or undeclared) or participation in a felony, riot or insurrection.
- Refractive care, such as radial keratotomy, laser eye surgery or LASIK.
- Services for the detection and correction of structural imbalance, distortion or subluxation (spinal subluxation) to remove nerve interference, unless the optional coverage is purchased.

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.



# **Have Questions?**

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www.SouthCarolinaBlues.com

**CONTACT YOUR AGENT TODAY.** 

Work with your agent for a free quote.

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