South Carolina

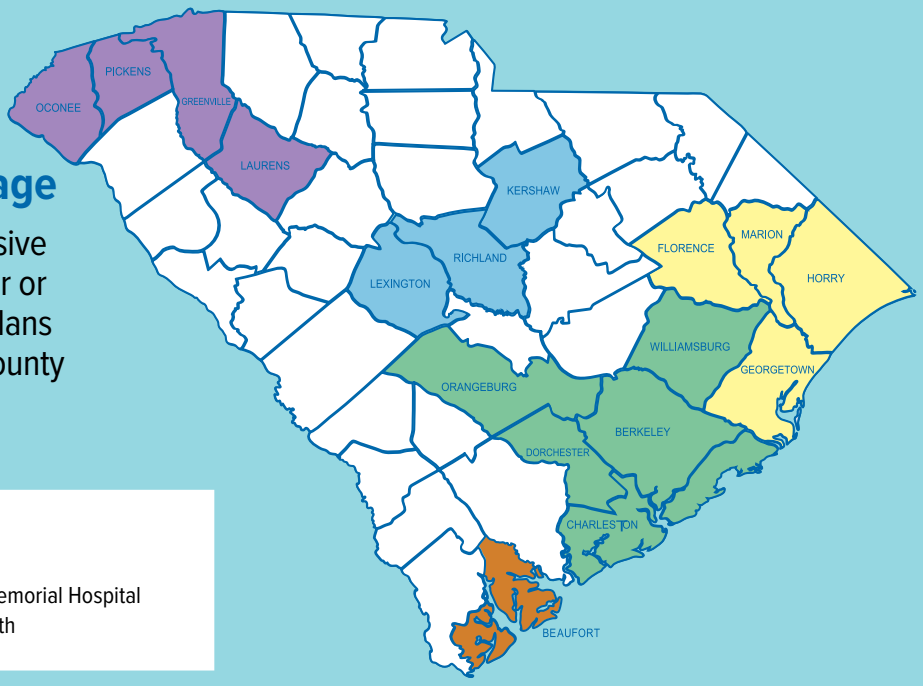
2027 Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy Plans



Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy Plans

Regional Health Coverage

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 Beaufort

County
- Beaufort

Network
- Beaufort Memorial Hospital
- MUSC Health

Blue Congaree

Counties
- Kershaw
- Lexington
- Richland

Networks
- Lexington Medical Center
- MUSC Health

Blue Cooper

Counties
- Berkeley
- Charleston
- Dorchester
- Orangeburg
- Williamsburg

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

Blue Pee Dee

Counties
- Florence
- Georgetown
- Horry
- Marion

Networks
- Conway Medical Center
- MUSC Health (& Tidelands)

Blue Reedy

Counties
- Greenville
- Laurens
- Oconee
- Pickens

Network
- Prisma Health Upstate Network

Find a Provider
www.southcarolinablues.com/en/provider-directory/2027/regional

Search Our Covered Drug List
www.southcarolinablues.com/en/formulary/2027/regional

Find a Pharmacy
www.southcarolinablues.com/en/formulary/2027/locator

Pharmacy Services

Members can save money on their medications with access to a range of prescription drugs and 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.

COST SAVINGS

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

Learn More

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/or coinsurance. These plans are labeled on the grid.

Select Rx formulary

Blue Beaufort, Blue Congaree, Blue Cooper, Blue PeeDee, and Blue Reedy

Preventive Services

On all individual and family plans, members have access to preventive services and medications that are at no cost share to the member when he or she visits an in-network provider.

Covered services*:

- Annual physicals and well-woman visits
- Routine vaccinations (child and adult)
- Screenings for conditions such as high blood pressure, cholesterol, diabetes, and various cancers (mammograms, colonoscopies, etc.)
- Well-child visits and physicals

Covered drugs at $0 cost share:**

- Statins used for cardiovascular disease
- Tobacco cessation medications
- Contraceptives
- Routine vaccines

*The claim must be filed as a preventive visit, and the service must be identified as preventive under the ACA.
**The $0 copay applies when the preventive reason is confirmed in medications that also can be used for nonpreventive indications.



Scan for more information on covered drugs at $0 cost share.

Vision Services

All plans have pediatric vision benefits and select plans offer additional adult vision services. All vision benefits are administered through EyeMed®. EyeMed is an independent company that administers vision benefits on behalf of BlueCross.

Pediatric Vision Benefits

Children 18 and Under



- Exam Services — $0 copay
- Frames — $0 copay then 100% coverage for provider designated frames
- Lenses — $0 copay for single vision, bifocal, trifocal, lenticular and standard progressive lens.

Adult Vision Benefits



Available for private-only plans:

- Regional HD Silver 4, Silver 5, and Bronze 3

Exam Services	■ Comprehensive well-vision exam is covered in full after $0 copay at PLUS providers and a $20 copay for non PLUS providers..
Lens Enhancements	■ The following lens enhancements are covered: polycarbonate lenses, scratch-resistant coating and ultraviolet coating. Members can elect additional lens enhancements and save an average of 20 – 25 percent.
Frame & Lenses	■ $150 allowance for frame, lens and lens, options, 20% off balance over $150 at a PLUS provider location.
Additional Pairs of Glasses	■ 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used
Elective Contact Lenses	■ Conventional: $0 copay, $150 allowance, 15% off balance over $150 at a PLUS provider ■ Disposable: $0 copay, $150 allowance, plus balance over $150 at a PLUS provider ■ Medically Necessary: $0 copay, paid-in-full

Scan to find a PLUS provider or visit www.EyeMed.com.

Chiropractic Benefits

Members on a private-only plan have chiropractic coverage included with a $500 max benefit per member per benefit period. HD plans are subject to deductible, and coinsurance. All other plans have a $25 copay.

Available for private-only plans:

- Regional HD Silver 4, Silver 5, and Bronze 3



Scan to find an in-network provider.

Listed in this section are the common list of benefits. To view the full list, see the Summary of Benefits for each plan. Behavioral health services are covered the same as medical benefits.

	Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy
	Gold 1
	Benefits
Deductible	**Individual:** $250 **Family:** $500
Coinsurance	50%
Out-of-Pocket Maximum	**Individual:** $10,000 **Family:** $20,000
Office Visit Primary Care/Behavioral Health	$25 copay
Telehealth	$0 first 4 visits, thereafter $15 copay
Specialist Office Visit	$50 copay
Urgent Care	$50 copay
Emergency Room Services	50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
Ambulatory Surgery Center	$500 copay
	Pharmacy Benefits
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $12 copay **Tier 2:** $40 copay **Tiers 3 — 4:** 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $17 copay **Tier 2:** $108 copay **Tier 3:** 50% coinsurance after deductible is met



*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

	Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy			
	Silver 1			
	Cost Share 3	Cost Share 2	Cost Share 1	Base
	Benefits			
Deductible	**Individual:** $0 **Family:** $0	**Individual:** $1,400 **Family:** $2,800	**Individual:** $5,900 **Family:** $11,800	**Individual:** $7,000 **Family:** $14,000
Coinsurance	25%	25%	25%	50%
Out-of-Pocket Maximum	**Individual:** $1,600 **Family:** $3,200	**Individual:** $2,525 **Family:** $5,050	**Individual:** $8,850 **Family:** $17,700	**Individual:** $10,500 **Family:** $21,000
Office Visit Primary Care/Behavioral Health	$10 copay	$20 copay	$20 copay	$20 copay
Telehealth	$0 first 4 visits, thereafter $10 copay	$0 first 4 visits, thereafter $10 copay	$0 first 4 visits, thereafter $10 copay	$0 first 4 visits, thereafter $15 copay
Specialist Office Visit	$50 copay	$50 copay	$50 copay	$50 copay
Urgent Care	$20 copay	$30 copay	$40 copay	$50 copay
Emergency Room Services	$300, then 25% coinsurance	$300, then 25% coinsurance after deductible is met	$300, then 25% coinsurance after deductible is met	$300, then 50% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance	25% coinsurance after deductible is met	25% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	25% coinsurance	25% coinsurance after deductible is met	25% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	$500 copay	$500 copay	$500 copay	$500 copay
	Pharmacy Benefits			
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $10 copay **Tier 2:** $40 copay **Tier 3:** $160 copay **Tier 4:** 25% coinsurance after deductible is met	**Tier 0:** $0 copay **Tier 1:** $10 copay **Tier 2:** $40 copay **Tier 3:** $160 copay **Tier 4:** 25% coinsurance after deductible is met	**Tier 0:** $0 copay **Tier 1:** $20 copay **Tier 2:** $50 copay **Tier 3:** $160 copay **Tier 4:** 25% coinsurance after deductible is met	**Tier 0:** $0 copay **Tier 1:** $20 copay **Tier 2:** $50 copay **Tier 3:** $160 copay **Tier 4:** 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $14 copay **Tier 2:** $108 copay **Tier 3:** $432 copay	**Tier 0:** $0 copay **Tier 1:** $14 copay **Tier 2:** $108 copay **Tier 3:** $432 copay	**Tier 0:** $0 copay **Tier 1:** $28 copay **Tier 2:** $135 copay **Tier 3:** $432 copay	**Tier 0:** $0 copay **Tier 1:** $28 copay **Tier 2:** $135 copay **Tier 3:** $432 copay

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

	Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy			
	Silver 2			
	Cost Share 3	Cost Share 2	Cost Share 1	Base
	Benefits			
Deductible	**Individual:** $0 **Family:** $0	**Individual:** $1,200 **Family:** $2,400	**Individual:** $4,500 **Family:** $9,000	**Individual:** $5,700 **Family:** $11,400
Coinsurance	50%	50%	50%	50%
Out-of-Pocket Maximum	**Individual:** $1,600 **Family:** $3,200	**Individual:** $2,250 **Family:** $4,500	**Individual:** $7,100 **Family:** $14,200	**Individual:** $8,800 **Family:** $17,600
Office Visit Primary Care/Behavioral Health	$10 copay	$20 copay	$20 copay	$20 copay
Telehealth	$0 first 4 visits, thereafter $15 copay	$0 first 4 visits, thereafter $15 copay	$0 first 4 visits, thereafter $20 copay	$0 first 4 visits, thereafter $15 copay
Specialist Office Visit	$50 copay	$50 copay	$50 copay	$50 copay
Urgent Care	$30 copay	$30 copay	$40 copay	$40 copay
Emergency Room Services	$300, then 50% coinsurance	$300, then 50% coinsurance after deductible is met	$300, then 50% coinsurance after deductible is met	$300, then 50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance	50% coinsurance after deductible is met	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	50% coinsurance after deductible is met
Ambulatory Surgery Center	$500 copay	$500 copay	$500 copay	$500 copay
	Pharmacy Benefits			
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $15 copay **Tiers 2 — 4:** 0% coinsurance after $1,600 (individual), $3,200 (family) drug deductible is met	**Tier 0:** $0 copay **Tier 1:** $15 copay **Tiers 2 — 4:** 0% coinsurance after $2,250 (individual), $4,500 (family) drug deductible is met	**Tier 0:** $0 copay **Tier 1:** $25 copay **Tiers 2 — 4:** 0% coinsurance after $7,100 (individual), $14,200 (family) drug deductible is met	**Tier 0:** $0 copay **Tier 1:** $25 copay **Tiers 2 — 4:** 0% coinsurance after $8,800 (individual), $17,600 (family) drug deductible is met
Mail Order (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $21 copay **Tiers 2 — 3:** 0% coinsurance after $1,600 (individual), $3,200 (family) drug deductible is met	**Tier 0:** $0 copay **Tier 1:** $21 copay **Tiers 2 — 3:** 0% coinsurance after $2,250 (individual), $4,500 (family) drug deductible is met	**Tier 0:** $0 copay **Tier 1:** $35 copay **Tiers 2 — 3:** 0% coinsurance after $7,100 (individual), $14,200 (family) drug deductible is met	**Tier 0:** $0 copay **Tier 1:** $35 copay **Tiers 2 — 3:** 0% coinsurance after $8,800 (individual), $17,600 (family) drug deductible is met

Separate Drug Deductible and/or coinsurance

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

	Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy	
	HD Silver 4 (P) (HSA)	Silver 5 (P)
	Benefits	
Deductible	**Individual:** $7,370 **Family:** $14,740	**Individual:** $4,500 **Family:** $9,000
Coinsurance	0%	50%
Out-of-Pocket Maximum	**Individual:** $7,370 **Family:** $14,740	**Individual:** $8,800 **Family:** $17,600
Office Visit Primary Care/Behavioral Health	0% coinsurance after deductible is met	$20 copay
Telehealth	0% coinsurance after deductible is met	$0 first 4 visits, thereafter $20 copay
Specialist Office Visit	0% coinsurance after deductible is met	$50 copay
Urgent Care	0% coinsurance after deductible is met	$50 copay
Emergency Room Services	0% coinsurance after deductible is met	$300, then 50% coinsurance after deductible is met
Inpatient Hospitalization	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	0% coinsurance after deductible is met	$500 copay
	Pharmacy Benefits	
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tiers 1 — 4:** 0% coinsurance after deductible is met	**Tier 0:** $0 copay **Tier 1:** $25 copay **Tiers 2 — 4:** 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tiers 1 — 3:** 0% coinsurance after deductible is met	**Tier 0:** $0 copay **Tier 1:** $35 copay **Tiers 2 — 3:** 50% coinsurance after deductible is met

(P) **Off Exchange Only**

(HSA) This plan is eligible for a Health Savings Account (HSA).

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

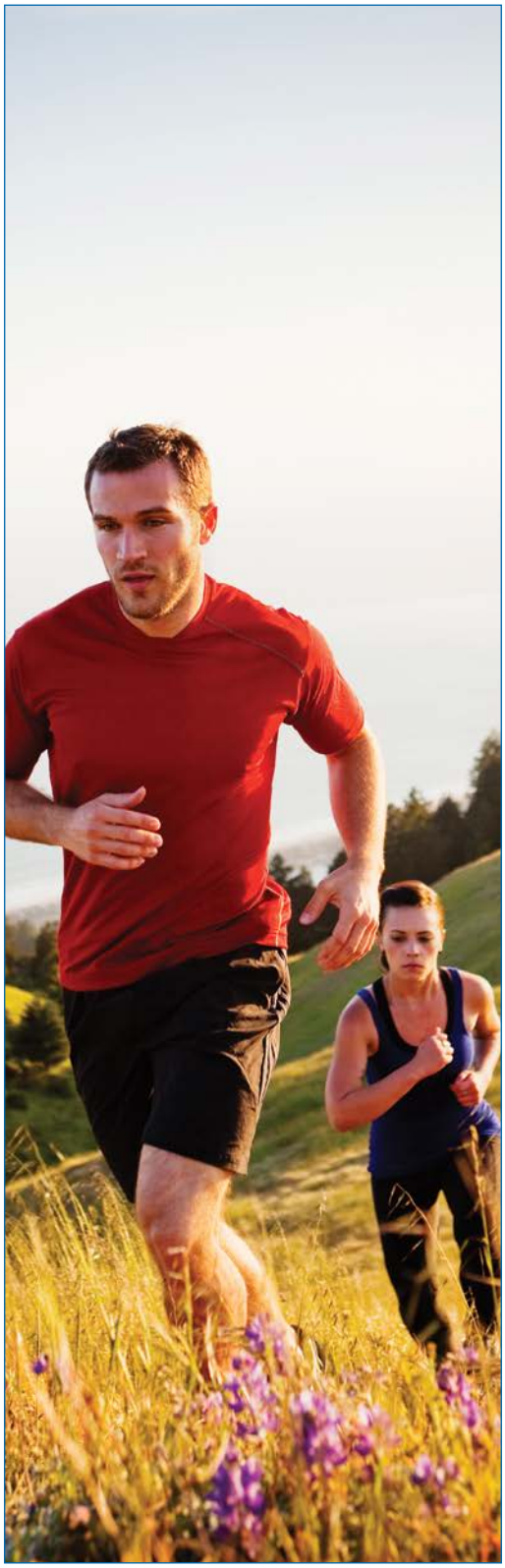
	Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy		
	Bronze 1 HSA	Bronze 2 HSA	Bronze 3 P
	Benefits		
Deductible	**Individual:** $5,900 **Family:** $11,800	**Individual:** $10,600 **Family:** $21,200	**Individual:** $5,900 **Family:** $11,800
Coinsurance	50%	0%	50%
Out-of-Pocket Maximum	**Individual:** $12,000 **Family:** $24,000	**Individual:** $10,600 **Family:** $21,200	**Individual:** $12,000 **Family:** $24,000
Office Visit Primary Care/Behavioral Health	$39 copay	0% coinsurance after deductible is met	$39 copay
Telehealth	$0 first 4 visits, thereafter $20 copay	0% coinsurance after deductible is met	$0 first 4 visits, thereafter $20 copay
Specialist Office Visit	$59 copay	0% coinsurance after deductible is met	$59 copay
Urgent Care	$55 copay	0% coinsurance after deductible is met	$59 copay
Emergency Room Services	$300, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met	$300, then 50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	$500 copay	0% coinsurance after deductible is met	$500 copay
	Pharmacy Benefits		
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $29 copay **Tiers 2 — 4:** 50% coinsurance after deductible is met	**Tier 0:** $0 copay **Tiers 1 — 4:** 0% coinsurance after deductible is met	**Tier 0:** $0 copay **Tier 1:** $29 copay **Tiers 2 — 4:** 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $41 copay **Tiers 2 — 3:** 50% coinsurance after deductible is met	**Tier 0:** $0 copay **Tiers 1 — 3:** 0% coinsurance after deductible is met	**Tier 0:** $0 copay **Tier 1:** $41 copay **Tiers 2 — 3:** 50% coinsurance after deductible is met

P **Off Exchange Only**

HSA[6] This plan is eligible for a Health Savings Account (HSA).

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

	Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy
	Standard Gold
	Benefits
Deductible	**Individual:** $2,500 **Family:** $5,000
Coinsurance	25%
Out-of-Pocket Maximum	**Individual:** $8,600 **Family:** $17,200
Office Visit Primary Care/Behavioral Health	$30 copay
Telehealth	$30 copay
Specialist Office Visit	$60 copay
Urgent Care	$45 copay
Emergency Room Services	25% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met
	Pharmacy Benefits
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $15 copay **Tier 2:** $30 copay **Tier 3:** $60 copay **Tier 4:** $250 copay
Mail Order (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $21 copay **Tier 2:** $81 copay **Tier 3:** $162 copay



*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

	Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy			
	Standard Silver			
	Cost Share 3	Cost Share 2	Cost Share 1	Base
	Benefits			
Deductible	**Individual:** $0 **Family:** $0	**Individual:** $800 **Family:** $1,600	**Individual:** $2,900 **Family:** $5,800	**Individual:** $6,400 **Family:** $12,800
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	**Individual:** $3,500 **Family:** $7,000	**Individual:** $3,600 **Family:** $7,200	**Individual:** $9,000 **Family:** $18,000	**Individual:** $10,300 **Family:** $20,600
Office Visit Primary Care/Behavioral Health	$0 copay	$20 copay	$40 copay	$40 copay
Telehealth	$0 copay	$20 copay	$40 copay	$40 copay
Specialist Office Visit	$10 copay	$40 copay	$80 copay	$80 copay
Urgent Care	$5 copay	$30 copay	$60 copay	$60 copay
Emergency Room Services	25% coinsurance after deductible is met	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
	Pharmacy Benefits			
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	**Tier 0 — 1:** $0 copay **Tier 2:** $15 copay **Tier 3:** $50 copay **Tier 4:** $150 copay	**Tier 0:** $0 copay **Tier 1:** $10 copay **Tier 2:** $20 copay **Tier 3:** $60 copay after deductible is is met **Tier 4:** $250 copay after deductible is met	**Tier 0:** $0 copay **Tier 1:** $20 copay **Tier 2:** $40 copay **Tier 3:** $80 copay after deductible is met **Tier 4:** $350 copay after Deductible	**Tier 0:** $0 copay **Tier 1:** $20 copay **Tier 2:** $40 copay **Tier 3:** $80 copay after deductible is met **Tier 4:** $350 copay after Deductible
Mail Order (up to 90-day supply maximum)	**TTier 0 — 1:** $0 copay **Tier 2:** $41 copay **Tier 3:** $135 copay	**Tier 0:** $0 copay **Tier 1:** $14 copay **Tier 2:** $54 copay **Tier 3:** $162 copay after deductible is met	**Tier 0:** $0 copay **Tier 1:** $28 copay **Tier 2:** $108 copay **Tier 3:** $216 copay after deductible is met	**Tier 0:** $0 copay **Tier 1:** $28 copay **Tier 2:** $108 copay **Tier 3:** $216 copay after deductible is met

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

	Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy Standard Expanded Bronze
	Benefits
Deductible	**Individual:** $7,500 **Family:** $15,000
Coinsurance	50%
Out-of-Pocket Maximum	**Individual:** $12,000 **Family:** $24,000
Office Visit Primary Care/Behavioral Health	$50 copay
Telehealth	$50 copay
Specialist Office Visit	$100 copay
Urgent Care	$75 copay
Emergency Room Services	50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
Ambulatory Surgery Center	50% coinsurance after deductible is met
	Pharmacy Benefits
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	**Tier 0:** $0 copay **Tier 1:** $25 copay **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 copay **Tier 1:** $35 copay **Tier 2:** $135 copay after deductible is met **Tier 3:** $270 copay after deductible is met



HSA[6] This plan is eligible for a Health Savings Account (HSA).

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

My Health Toolkit®

Tools To Manage Members Health

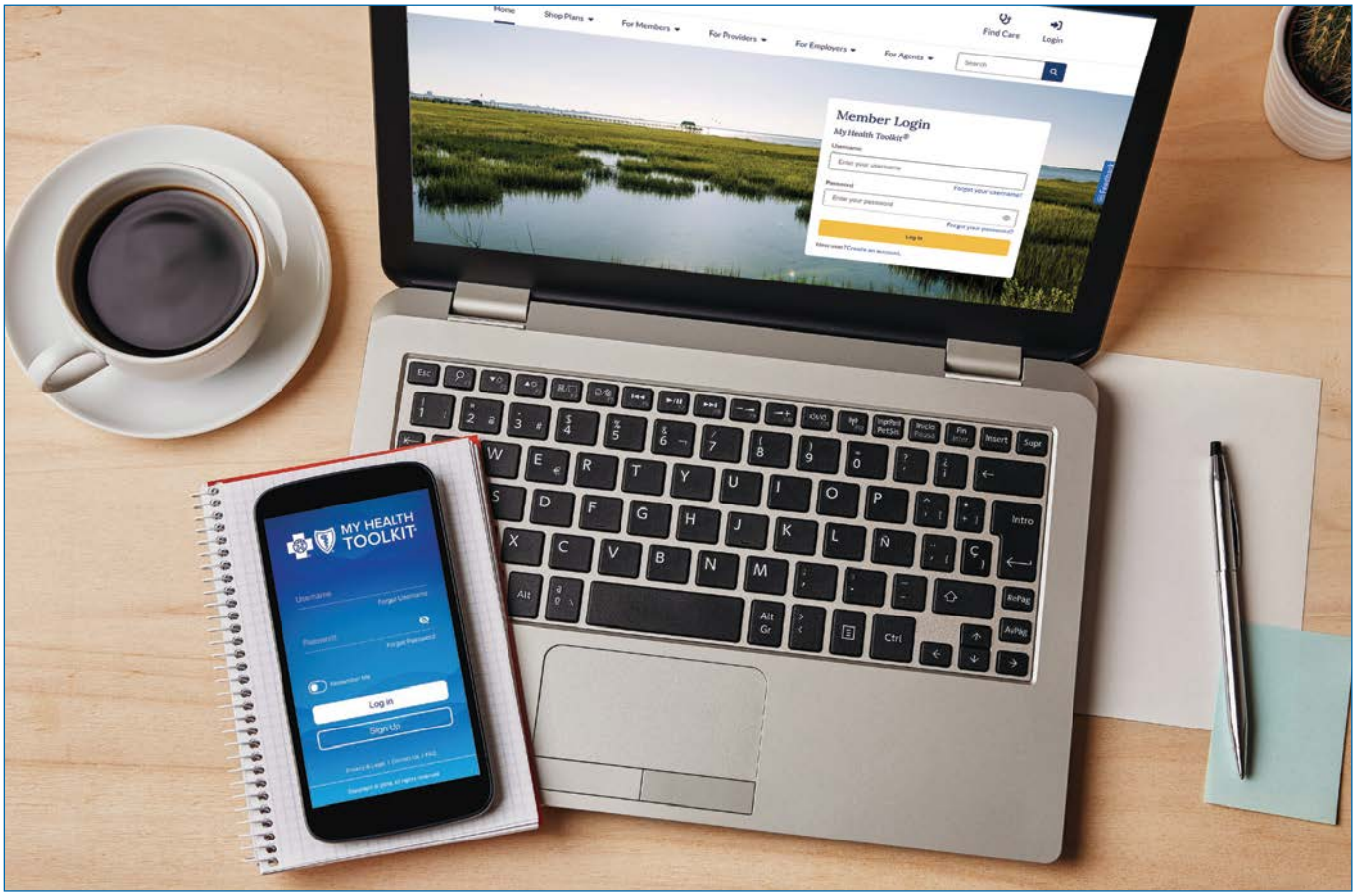
Making the right healthcare decisions is easy using My Health Toolkit®. An online information and customer service center, My Health Toolkit gives members access to important information about plan benefits. To link multiple accounts, please call Customer Service.

With My Health Toolkit, members get access to:

- A way to set up recurring premium payments and pay their bill.
- Claims, eligibility, and benefit information.
- Contact preferences.
- Authorization status.
- ID card — members can save a digital version of their ID card for faster access.
- A treatment cost estimator.

Health Toolkit app now available in Spanish!*

Scan to learn how to sign up.



*Phone settings should be in Spanish to access the Spanish version of the app.

Sign up now by visiting www.SouthCarolinaBlues.com or downloading the free mobile app on the App Store or Google Play.

Blue Rewards℠

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
My Health Toolkit Activity	$30
Total	**$150**
Family of 4 Can Earn Up To	**$600**

Once members complete an activity, we load reward dollars on a re-loadable, prepaid card. Members are eligible for each reward one time per benefit year.

New Cards for 2027!**



****New and renewing members will need to register for a NEW Blue Rewards account beginning Jan. 1, 2027 by visiting www.BlueRewardsSC.com**



*Gold and Silver high-deductible plan members as well as BlueExtend HD Bronze 2 members can use rewards on out-of-pocket dental and vision expenses only. All other members can use rewards toward copays, coinsurance, and out-of-pocket expenses for covered medical services as well as out-of-pocket dental and vision related expenses. Excludes pharmacy.

Access the Blue Rewards program at www.BlueRewardsSC.com

Discount and Wellness Programs

Our members enjoy premier health and wellness discounts 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 and brands that can help members and their families live healthier, happier lives, including Skechers, Thorne, Fitness Your Way by Tivity Health, Garmin, Fitbit, TruHearing, and more. These are independent companies that provide discounts on products and services to members of BlueCross.

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.



Scan for step-by-step directions to register for Blue365.

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

Health Management Programs

We use a 360-degree approach in managing the health of our members through our health management programs. We offer dozens of programs to help members get and stay on the right track.

Prevention and Wellness

- Back Care
- Tobacco Cessation
- Weight Management

Chronic Health Conditions

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- High Cholesterol
- Hypertension
- Kidney Disease
- Metabolic Health
- Migraine

Mental and Behavioral Health Services

- Anxiety Management
- Adult Attention-Deficit Hyperactivity Disorder
- Bipolar Disorder
- Depression
- MOMs Support
- Recovery Support

Critical Health Management

- Emergency Department Diversion
- Care Calls
- NICU Case Management

How to enroll:

- Most members are auto-enrolled when identified by claims, based on diagnosis.
- If the member wants to enroll, he or she can enroll on My Health Toolkit or call 855-838-5897.

My Health Planner℠

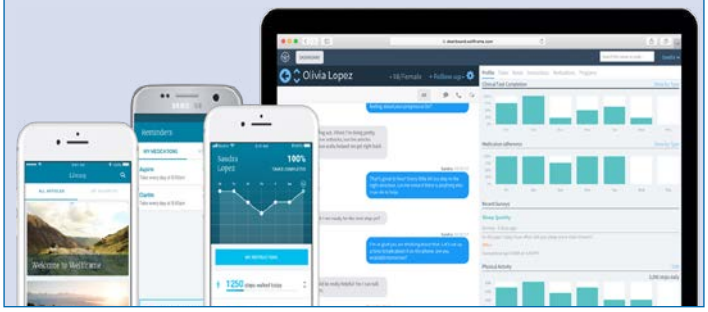
My Health Planner

Program participants also have access to My Health Planner, our comprehensive, interactive app that helps members take charge of their health. My Health Planner offers support from our care management team of nurses and other healthcare professionals. It includes the following:

- A chat feature to communicate with care team
- A daily checklist and health guidance
- Customizable medication and appointment reminders
- Educational programs and videos
- Step trackers and other physical activity tools

Download on the App Store

Download on Google play



Scan for program details.

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