BlueEssentials℠

2017 Individual and Family Plans

FROM BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA

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What We Offer You

- **Preventive screenings available** at NO cost to you.
- **$0 cost immunizations,** such as flu shots at a CVS pharmacy.
- **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 (EOB) and Summary of Benefits and Coverage (SBC)].
- **Discounts at chiropractors, massage therapists, dietitians and acupuncturists** through our Natural Blue℠ program.

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. Again in 2015, BlueCross 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 our 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!

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

Popular Benefit Features

Wellness Plus+

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 and frames for adults and children.

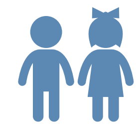
PHARMACY BENEFITS

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.

* Available on select plans.

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 organizations that provide health information on behalf of BlueCross. For more information, visit 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.)

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.*

Pharmacy Services

RETAIL

To receive benefits for prescription drugs, you must get them through our **Advanced Choice 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 under the pharmacy directory. Check the formulary to make sure we will cover your prescription drug before you visit the pharmacy.

Up to a 31-day supply.

MAIL ORDER

We have contracted with Caremark 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.

Up to a 90-day supply.

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 buy at Caremark Specialty pharmacy on the BlueEssentials Covered Drug List (CDR).

Up to a 31-day supply.

Blue CareOnDemand℠

BlueCareOnDemandSC.com

QUALITY CARE ... ANYTIME AND ANYWHERE!

Why wait for the care you need now? You can see doctors when and where you want through video consults. Use your smartphone, tablet or personal computer to access faster and easier care. It's truly care on demand — no matter the time of day or night, or even where you happen to be!

It's free to enroll, and the cost of a consultation is the same as your primary care physician (PCP) benefit.

THE CARE YOU NEED

Doctors can treat many of the most common medical conditions, including:

- Colds
- Flu
- Fevers
- Rashes
- Abdominal pains
- Sinusitis
- Pinkeye
- Ear infections
- Migraines

WITH BLUE CARE ON DEMAND℠, YOU GET

- Choice of trusted, board-certified doctors
- Video visits using the web or mobile app
- Consultation and diagnosis — even prescriptions (when appropriate)

AND CONVENIENT WAYS TO START A VISIT ...

- By downloading our free app from Google Play or the App Store
- At **www.BlueCareOnDemandSC.com** by signing up using your email address and password

BLUE CARE ON DEMAND: HOW IT WORKS

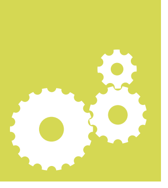
Have your BlueCross ID card handy and register by downloading the free app from Google Play or the App Store, or visit www.BlueCareOnDemand.com to register from your computer or laptop using your email address and password.

You aren't feeling well and decide you need to see a doctor. Providers are available 24 hours a day, seven days a week.

Through the app or website, access Blue CareOnDemand to search and select from available providers. Your benefits are verified automatically, and payment is collected prior to the visit.

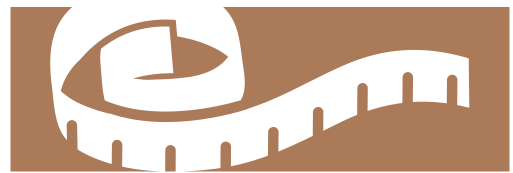
The physician will access your patient history and conduct the examination. The physician will provide a treatment plan and prescribe medication as needed.

It's that simple!



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.

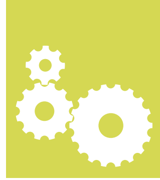
Weight Management
Enjoy discounts on weight-loss programs and services, including Jenny Craig. Plus, get one-on-one support to help you lead a healthy lifestyle.

Allergy Relief
You'll breathe easier, thanks to special prices on products designed to reduce exposure to indoor allergens.

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.



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

Hair Restoration
Suffering from hair loss? You have every-thing to gain. As a member, you'll save 20 percent on a hair transplantation procedure.

Dental Services
Through Companion Global Dental, our members can receive dental work overseas at a fraction of what they 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 for the latest deals.

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

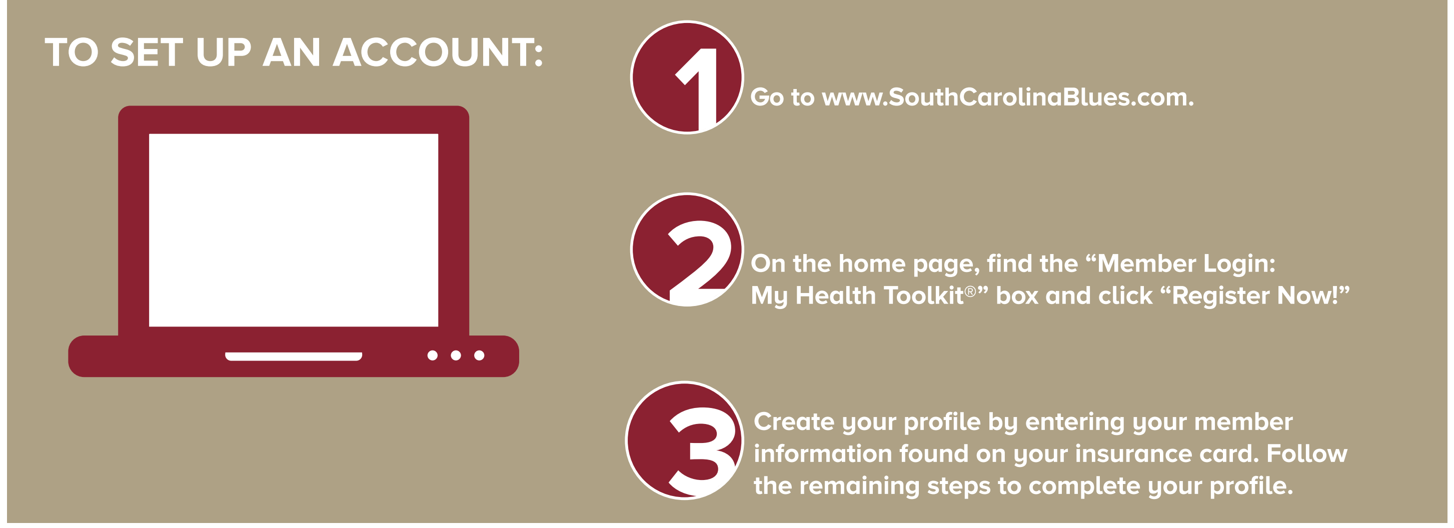
- Make a payment.
- Request a new ID card.
- View claims status and Explanation of Benefits (EOBs).
- Check your eligibility and benefits.
- Ask customer service a question through secure messaging.
- Verify your authorization status.
- Check the status of your deductible and out-of-pocket maximum.

MAKE INFORMED DECISIONS

- Find in-network providers.
- 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.



Health Savings Accounts (HSAs)

WHAT IS AN HSA?

A health savings account (HSA) is a tax-exempt account paired with a high deductible (HD) health plan. You set up the HSA to pay, or reimburse yourself, for qualified medical expenses. You, or your employer, may contribute funds into your HSA. You set up an HSA with a trustee, such as a bank. To qualify for an HSA, you must meet certain requirements, including being covered under a qualified HD health plan.

Amounts you deduct from your HSA that are used exclusively to pay for qualified medical expenses are tax free. Amounts that remain at the end of the year are generally carried over to the next year.

The Internal Revenue Service (IRS) determines what medical expenses qualify for payment with HSA funds. Medical expenses are the costs you pay for the diagnosis, treatment or prevention of disease, and the costs for treatments affecting any part or function of the body. For a complete list of IRS-qualified medical expenses, visit www.IRS.gov and search for Publication 502: Medical and Dental Expenses.

ADVANTAGES OF AN HSA

You may enjoy several benefits from having an HSA.

- You can claim a tax deduction for contributions you make to your HSA, even if you do not itemize your deductions on Form 1040.
- Contributions to your HSA made by your employer (including contributions made through a cafeteria plan) may be excluded from your gross income.
- The contributions remain in your account until you use them.
- The interest or other earnings on the assets in the account are tax free.
- Distributions may be tax free if you pay qualified medical expenses.
- An HSA is "portable." It stays with you if you change employers or leave the work force.

CONTRIBUTIONS

Any eligible individual can contribute to an HSA. For an employee's HSA, the employee, the employee's employer, or both may contribute to the employee's HSA in the same year. For an HSA established by a self-employed (or unemployed) individual, the individual can contribute. Family members or any other person may also make contributions on behalf of an eligible individual.

The amount you or any other person can contribute to your HSA depends on if you have single or family coverage, the date you become an eligible individual, and the date you cease to be an eligible individual. Each year, the IRS sets limits on the amount of money you can contribute to your HSA.

BlueCross BlueShield of South Carolina offers several HSA-qualified BlueEssentials health plans in the Gold, Silver and Bronze categories (note the "HD" designation beside certain plans listed in the Benefits section of this brochure).

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, including all providers located outside South Carolina. (You will be responsible for all charges.)

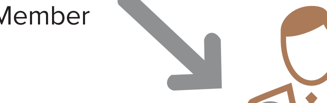
The only benefits allowed for out-of-network providers are for the treatment of urgent or emergency medical conditions when performed in an emergency room or urgent treatment center. Benefits for urgent and emergency care will be provided at the plan's in-network coinsurance amount. Out-of-network providers can bill you for the difference between the allowed amount and their actual charges.

For a list of in-network providers, visit www.southcarolinablues.com/links/providers/EPO.

BlueCross makes an agreement with providers to provide services at a discounted rate

In-network provider: Lower cost to member

Member



Out-of-network provider:Benefits are not paid (unless it's urgent or emergency care performed in an urgent treatment center or emergency room)

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 PCP visit. For locations, go to https://doctorscare.com/locate.

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.

EXAMPLE EMERGENCY ROOM VISIT:

Below is an example of how benefits would pay for a member visiting the emergency room. In this example, a member named Sally has 2017 BlueEssentials Silver 3 plan coverage.

So far this benefit period, Sally has not paid any expenses toward her individual deductible, which is $3,500. Sally visits the emergency room and must pay the $300 copay. Once she receives treatment and is provided a bill, it shows the total allowable charges for her emergency room visit are $2,000. She already paid $300 of that amount in the form of the copay, and the remaining balance ($2,000 minus $300) equals $1,700. Sally is responsible for paying 100% of those remaining charges. That remaining balance of $1,700 is applied toward her deductible, while both the $300 copay and $1,700 balance are applied toward her maximum out-of-pocket (MOOP).

Sally pays other expenses throughout the plan year that result in her reaching her deductible. Several months later, Sally must visit the emergency room again, and she must again pay the $300 copay. Since she met her deductible before this second ER visit, however, she only is responsible for paying 25% of the remaining charges for this visit (since her coinsurance amount is 25%) and her health plan pays the remaining 75%.

If Sally reaches her MOOP of $6,000, then she will not be required to pay copays or coinsurance amounts for the remainder of the plan's benefit period.

Financial Assistance

ADVANCED PREMIUM TAX CREDIT (APTC)

The APTC is a federal subsidy that assists qualified 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. Coinsurance amounts, copayments, out-of-pocket maximums and costs for prescription drugs may be reduced.

EXAMPLE: An individual selects BlueEssentials Silver 2. Normally, the Silver 2 plan's coinsurance is 40 percent, the deductible is $2,000 and the out-of-pocket maximum is $6,600. 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 *(cost depends on which health plan you choose)*	**$432.67 per month**
Subtract the government subsidy *(paid to the insurance company for you)*	**— $185.39 per month**
YOU WOULD PAY	**$247.28 per month**

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 2016 numbers and are used for calculating eligibility for APTC, Medicaid and the Children's Health Insurance Program (CHIP).

2016 POVERTY GUIDELINES – ANNUAL HOUSEHOLD INCOME*

Family Size	100%	133%	150%	200%	250%	300%	400%
1	$11,880	$15,800	$17,820	$23,760	$29,700	$35,640	$47,520
2	$16,020	$21,307	$24,030	$32,040	$40,050	$48,060	$64,080
3	$20,160	$26,813	$30,240	$40,320	$50,400	$60,480	$80,640
4	$24,300	$32,319	$36,450	$48,600	$60,750	$72,900	$97,200
5	$28,440	$37, 825	$42,660	$56,880	$71,100	$85,320	$113,760
6	$32,580	$43,331	$48,870	$65,160	$81,450	$97,740	$130,320
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
Silver 1				
Copayment (PCP/Specialist)	$30/$60	$0/$60	$0/$60	$0/$25
Coinsurance	50 percent	50 percent	15 percent	5 percent
Deductible (Single/Family)	$260/$520	$260/$520	$0/$0	$0/$0
Out-of-pocket limit (Single/Family)	$7,150/$14,300	$5,450/$10,900	$2,350/$4,700	$2,250/$4,500
Silver 2				
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)	$6,600/$13,200	$5,700/$11,400	$2,250/$4,500	$2,250/$4,500
Silver 3				
Copayment (PCP/Specialist)	$30/$60	$15/$50	$15/$50	$0/$20
Coinsurance	25 percent	25 percent	20 percent	5 percent
Deductible (Single/Family)	$3,500/$7,000	$2,600/$5,200	$100/$200	$0/$0
Out-of-pocket limit (Single/Family)	$6,000/$12,000	$5,700/$11,400	$2,250/$4,500	$2,250/$4,500
Silver 4				
Copayment (PCP/Specialist)	$30/$60	$30/$50	$25/$50	$0/$20
Coinsurance	30 percent	30 percent	25 percent	5 percent
Deductible (Single/Family)	$2,500/$5,000	$2,400/$4,800	$150/$300	$0/$0
Out-of-pocket limit (Single/Family)	$7,150/$14,300	$5,700/$11,400	$2,250/$4,500	$2,250/$4,500
HD Silver 5*				
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)	$2,600/$5,200	$1,750/$3,500	$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
HD Silver 6**				
Copayment (PCP/Specialist)	Deductible	Deductible	Deductible	Deductible
Coinsurance	0 percent	0 percent	0 percent	0 percent
Deductible (Single/Family)	$3,800/$7,600	$3,200/$6,400	$1,200/$2,400	$500/$1,000
Out-of-pocket limit (Single/Family)	$3,800/$7,600	$3,200/$6,400	$1,200/$2,400	$500/$1,000

**For the HD Silver 5 plan, cost share variants 1, 2 and 3 are not HD qualified.*

***For the HD Silver 6 plan, cost share variants 2 and 3 are not HD qualified.*

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
Silver 7				
Copayment (PCP/Specialist)	$25/$55	$0/$50	$0/$30	$0/$30
Coinsurance	25 percent	20 percent	10 percent	10 percent
Deductible (Single/Family)	$6,400/$12,800	$4,500/$9,000	$1,000/$2,000	$200/$400
Out-of-pocket limit (Single/Family)	$7,150/$14,300	$5,700/$11,400	$2,250/$4,500	$700/$1,400
Silver 8				
Copayment (PCP/Specialist)	$0 for kids under age 20, $25 for adults 20+/$40	$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	15 percent	10 percent	10 percent	0 percent
Deductible (Single/Family)	$5,250/$10,500	$3,700/$7,400	$850/$1,700	$0/$0
Out-of-pocket limit (Single/Family)	$6,700/$13,400	$5,450/$10,900	$2,250/$4,500	$2,250/$4,500
Silver 9				
Copayment (PCP/Specialist)	$0 on first four visits then $30/$60	$0 on first four visits then $20/$25	$0 on first four visits then $20/$20	$0 on first four visits then $20/$20
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
Silver 10				
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)	$7,150/$14,300	$5,200/$10,400	$1,700/$3,400	$250/$500
Out-of-pocket limit (Single/Family)	$7,150/$14,300	$5,200/$10,400	$1,700/$3,400	$700/$1,400
Silver 11				
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)	$7,150/$14,300	$5,450/$10,900	$2,250/$4,500	$2,250/$4,500
Silver 12				
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)	$7,150/$14,300	$5,450/$10,900	$2,250/$4,500	$2,250/$4,500
HD Silver 13				
Copayment (PCP/Specialist)	Deductible	Deductible	Deductible	Deductible
Coinsurance	0 percent	0 percent	0 percent	0 percent
Deductible (Single/Family)	$4,400/$8,800	$3,200/$6,400	$1,200/$2,400	$450/$900
Out-of-pocket limit (Single/Family)	$4,400/$8,800	$3,200/$6,400	$1,200/$2,400	$450/$900
Silver 14				
Copayment (PCP/Specialist)	$20/$50	$20/$50	$0/$50	$0/$50
Coinsurance	15 percent	15 percent	15 percent	15 percent
Deductible (Single/Family)	$6,650/$13,300	$4,000/$8,000	$800/$1,600	$250/$500
Out-of-pocket limit (Single/Family)	$7,150/$14,300	$5,700/$11,400	$1,800/$3,600	$700/$1,400

Note: For all plans, copays and coinsurance are not required once the member meets the maximum out of pocket (MOOP).

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 Nov. 1, 2016, to Jan. 31, 2017. These dates are especially important, since they indicate when your new policy will become effective:

ENROLLMENT DATE	EFFECTIVE DATE
Nov. 1 through Dec. 15, 2016	Jan. 1, 2017
Dec. 16, 2016, through Jan. 15, 2017	Feb. 1, 2017
Jan. 16 through Jan. 31, 2017	March 1, 2017

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 Feb. 1, 2017, 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 either:

- Is under age 30 before the plan year begins.
- Or 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 the American Cancer Society (ACS). The ACS is an independent organization that provides health information on behalf of BlueCross.

- After members meet the deductible, they are responsible for paying the coinsurance amount for these in-network services: doctor's 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 a member's deductible and coinsurance combined reach the individual out-of-pocket maximum, allowable charges then are payable at 100 percent for that member. Or, if all members combined reach the family out-of-pocket maximum, allowable charges are payable at 100 percent for all family members.

  EXCEPTION: The BlueEssentials Gold 3 plan has an aggregate deductible. With an aggregate deductible, benefits are not payable for any family member until one member satisfies the family deductible, or until all family members collectively satisfy the family deductible – whichever occurs first.

- An unlimited lifetime benefit maximum.

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)

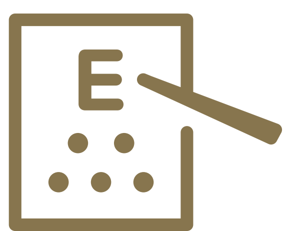
This health care coverage puts you in control of your health care expenses by keeping your costs down while providing great benefits and options to make your dollar go further. All of the HDHP plans have access to the EPO network.

BLUE ESSENTIALS DENTAL BENEFITS

All of our BlueEssentials plans include dental allowances for adults and children for exams and cleanings.

- One exam every six months, $27 allowance first visit and $20 on the second visit
- One cleaning every six months, $40 allowance per visit for adults over the age of 20, and $31 per visit 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 and vision exams and discounts on lenses, frames and contacts. VSP is an independent company that offers a vision provider network on behalf of your health plan. The vision network includes more than 400 providers throughout South Carolina.

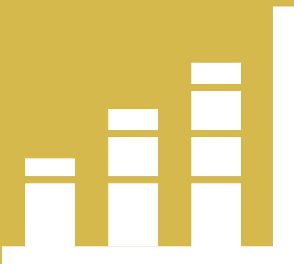
Members Ages 19 and Older

- One exam per benefit period with a $25 copayment for a VSP provider
- Lenses and lens options covered at a 20 percent discount
- Frames covered available at a 20 percent discount

Members Ages 18 or Younger

- One exam per benefit period with a $25 copayment for a VSP provider
- $50 copayment on lenses every year and frames every two years

Benefits



	GOLD 1	GOLD 2	HD GOLD 3*	GOLD 4
Deductible	Individual: $1,200 Family: $2,400	Individual: $800 Family: $1,600	Individual: $2,200 Family: $4,400	Individual: $2,200 Family: $4,400
Coinsurance	20%	30%	0%	10%
Out-of-pocket Maximum	Individual: $4,500 Family: $9,000	Individual: $5,000 Family: $10,000	Individual: $2,200 Family: $4,400	Individual: $5,000 Family: $10,000
PCP	$15 copay	$15 copay	0% coinsurance after deductible is met	$0 for kids up to age 20; $20 for those 20 and over
Specialist	$30 copay	$40 copay	0% coinsurance after deductible is met	$40 copay
Urgent Care (other than Doctors Care)	$50 copay	$50 copay	0% coinsurance after deductible is met	$40 copay
Emergency Room Services	$300 copay per visit. Meet deductible, then 20% coinsurance.	$300 copay per visit. Meet deductible, then 30% coinsurance.	0% coinsurance after deductible is met	$300 copay per visit. Meet deductible, then 10% coinsurance.
Inpatient Hospitalization	20% after deductible is met	30% after deductible is met	0% coinsurance after deductible is met	10% coinsurance after deductible is met
PHARMACY BENEFITS				
Prescription Drugs	Tier 0: $0 Tier 1: $12 Tier 2: $35 Tier 3: $100 Tier 4: 30%	Tier 0: $0 Tier 1: $8 Tier 2: $30 Tier 3: $100 Tier 4: 30%	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: $0 Tier 1: $0 Tier 2: $25 Tier 3: $100 Tier 4: 30%
Mail Order (90 Day)	Tier 1: $17 Tier 2: $95 Tier 3: $270	Tier 1: $11 Tier 2: $81 Tier 3: $270	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met	Tier 1: $0 Tier 2: $81 Tier 3: $270

** HD Gold 3 has an **aggregate family deductible**. With aggregate, benefits are not payable for any family member until one member satisfies the family deductible, or until all family members collectively satisfy the family deductible – whichever occurs first.*

*All other plans have an **embedded family deductible**. For an embedded family deductible, 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 a member's deductible and coinsurance combined reach the individual out-of-pocket maximum, allowable charges then are payable at 100 percent for that member. Or, if all members combined reach the family out-of-pocket maximum, allowable charges are payable at 100 percent for all family members.*

	SILVER 1	SILVER 2	SILVER 3	SILVER 4
Deductible	Individual: $260 Family: $520	Individual: $2,000 Family: $4,000	Individual: $3,500 Family: $7,000	Individual: $2,500 Family: $5,000
Coinsurance	50%	40%	25%	30%
Out-of-pocket Maximum	Individual: $7,150 Family: $14,300	Individual: $6,600 Family: $13,200	Individual: $6,000 Family: $12,000	Individual: $7,150 Family: $14,300
PCP	$30 copay	$25 copay	$30 copay	$30 copay
Specialist	$60 copay	$50 copay	$60 copay	$60 copay
Urgent Care (other than Doctors Care)	$60 copay	$50 copay	$60 copay	$60 copay
Emergency Room Services	$300 copay per visit. Meet deductible, then 50% coinsurance.	40% coinsurance after deductibe is met	$300 copay per visit. Meet deductible, then 25% coinsurance.	$300 copay per visit Meet deductible, the 30% coinsurance.
Inpatient Hospitalization	50% coinsurance after deductible is met	40% coinsurance after deductibe is met	25% coinsurance after deductible is met	30% coinsurance aft deductible is met
PHARMACY BENEFITS				
Prescription Drugs	Tier 0: $0 Tier 1: $30 Tier 2: $60 Tier 3: $100 Tier 4: 30%	Tier 0: $0 Tier 1: $10 Tier 2: 40% coinsurance after deductible is met Tier 3: 40% coinsurance after deductible is met Tier 4: 40% coinsurance after deductible is met	Tier 0: $0 Tier 1: $12 Tier 2: $40 Tier 3: $125 Tier 4: 30%	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% coinsurance after deductible is met Tier 3: 40% coinsurance after deductible is met	Tier 1: $17 Tier 2: $108 Tier 3: $338	Tier 1: $17 Tier 2: $95 Tier 3: $270

	HD SILVER 5	HD SILVER 6	SILVER 7	SILVER 8	SILVER 9
	Individual: $2,600 Family: $5,200	Individual: $3,800 Family: $7,600	Individual: $6,400 Family: $12,800	Individual: $5,250 Family: $10,500	Individual: $5,000 Family: $10,000
	20%	0%	25%	15%	50%
	Individual: $5,000 Family: $10,000	Individual: $3,800 Family: $7,600	Individual: $7,150 Family: $14,300	Individual: $6,700 Family: $13,400	Individual: $6,850 Family: $13,700
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	$25 copay	$0 for kids up to age 20; $25 for those 20 and over	$0 copay on first four visits then, $30 copay per visit after the fourth visit.
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	$55 copay	$40 copay	$60 copay
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	$55 copay	$50 copay	$60 copay
t. en	20% coinsurance after deductible is met	0% coinsurance after deductible is met	$300 copay per visit. Meet deductible, then 25% coinsurance.	$300 copay per visit. Meet deductible, then 15% coinsurance.	50% coinsurance after deductible is met
er	20% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met	15% coinsurance after deductible is met	50% coinsurance after deductible is met
	Tier 0: $0 Tier 1: 20% coinsurance after deductible is met Tier 2: 20% coinsurance after deductible is met Tier 3: 20% coinsurance after deductible is met Tier 4: 20% coinsurance after deductible is met	Tier 0: $0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: $0 Tier 1: $7 Tier 2: $45 Tier 3: $150 Tier 4: 25% coinsurance after deductible is met	Tier 0: $0 Tier 1: $0 Tier 2: $30 Tier 3: $100 Tier 4: 30%	Tier 0: $0 Tier 1: $5 Tier 2: $50 Tier 3: $100 Tier 4: 30%
	Tier 1: 20% coinsurance after deductible is met Tier 2: 20% coinsurance after deductible is met Tier 3: 20% coinsurance after deductible is met	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met	Tier 1: $10 Tier 2: $122 Tier 3: $405	Tier 1: $0 Tier 2: $81 Tier 3: $270	Tier 1: $7 Tier 2: $135 Tier 3: $270

SILVER 10	SILVER 11	SILVER 12	HD SILVER 13	SILVER 14
Individual: $7,150 Family: $14,300	Individual: $5,500 Family: $11,000	Individual: $4,800 Family: $9,600	Individual: $4,400 Family: $8,800	Individual: $6,650 Family: $13,300
0%	20%	30%	0%	15%
Individual: $7,150 Family: $14,300	Individual: $7,150 Family: $14,300	Individual: $7,150 Family: $14,300	Individual: $4,400 Family: $8,800	Individual: $7,150 Family: $14,300
$0 copay on first four visits, then 0% coinsurance after deductible is met	$15 copay	$15 copay	0% coinsurance after deductible is met	$20 copay
0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	$50 copay
0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	$50 copay
0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	$300 copay per visit. Meet deductible, then 15% coinsurance.
0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	15% coinsurance after deductible is met
Tier 0: $0 Tier 1: $0 Tier 2: $50 Tier 3: $100 Tier 4: 30%	Tier 0: $0 Tier 1: $0 Tier 2: $50 Tier 3: $100 Tier 4: 30%	Tier 0: $0 Tier 1: $0 Tier 2: $50 Tier 3: $100 Tier 4: 30%	Tier 0: $0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: $0 Tier 1: $10 Tier 2: $40 Tier 3: 15% coinsurance after deductible is met Tier 4: 15% coinsurance after deductible is met
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	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met	Tier 1: $14 Tier 2: $108 Tier 3: 15% coinsurance after deductible is met

	BRONZE 1	HD BRONZE 2	HD BRONZE 3	
Deductible	Individual: $6,350 Family: $12,700	Individual: $6,300 Family: $12,600	Individual: $5,200 Family: $10,400	Individ Family
Coinsurance	50%	50%	30%	40%
Out-of-pocket Maximum	Individual: $7,150 Family: $14,300	Individual: $6,550 Family: $13,100	Individual: $6,550 Family: $13,100	Individ Family
PCP	$60 copay per visit on first three visits, then 50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	40% c deduc
Specialist	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	40% c deduc
Urgent Care (other than Doctors Care)	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	40% c deduc
Emergency Room Services	$300 copay per visit. Meet deductible, then 50% coinsurance.	50% coinsurance after deductible is met	30% coinsurance after deductible is met	40% c deduc
Inpatient Hospitalization	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	40% c deduc
PHARMACY BENEFITS				
Prescription Drugs	Tier 0: $0 Tier 1: $30 Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met	Tier 0: $0 Tier 1: 50% coinsurance after deductible is met Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met	Tier 0: $0 Tier 1: 30% coinsurance after deductible is met Tier 2: 30% coinsurance after deductible is met Tier 3: 30% coinsurance after deductible is met Tier 4: 30% coinsurance after deductible is met	Tier 0: Tier 1: dedu Tier 2: dedu Tier 3: dedu Tier 4: dedu
Mail Order (90 Day)	Tier 1: $42 Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met	Tier 1: 50% coinsurance after deductible is met Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met	Tier 1: 30% coinsurance after deductible is met Tier 2: 30% coinsurance after deductible is met Tier 3: 30% coinsurance after deductible is met	Tier 1: dedu Tier 2: dedu Tier 3: dedu

HD BRONZE 4	HD BRONZE 5
ual: $5,600 y: $11,200	Individual: $6,550 Family: $13,100
	0%
ual: $6,550 y: $13,100	Individual: $6,550 Family: $13,100
oinsurance after tible is met	0% coinsurance after deductible is met
oinsurance after tible is met	0% coinsurance after deductible is met
oinsurance after tible is met	0% coinsurance after deductible is met
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$0 40% coinsurance after uctible is met 40% coinsurance after uctible is met 40% coinsurance after uctible is met 40% coinsurance after uctible is met	Tier 0: $0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met
40% coinsurance after uctible is met 40% coinsurance after uctible is met 40% coinsurance after uctible is met	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met

	CATASTROPHIC 1
Deductible	Individual: $7,150 Family: $14,300
Coinsurance	0%
Out-of-pocket Maximum	Individual: $7,150 Family: $14,300
PCP	$25 copay per visit on first three visits then 0% coinsurance after deductible for every visit after the third visit
Specialist	0% coinsurance after deductible is met
Urgent Care (other than Doctors Care)	0% coinsurance after deductible is met
Emergency Room Services	0% coinsurance after deductible is met
Inpatient Hospitalization	0% coinsurance after deductible is met
PHARMACY BENEFITS	
Prescription Drugs	Tier 0: $0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met
Mail Order (90 Day)	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met

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, including outside the United States.
- 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.

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of our plans, including enrollment and benefit determination. If you are an individual living with disabilities or have limited English proficiency, we have free interpretive services available through our customer service areas. Further, if you believe we have failed to provide these accessibility services or have discriminated in another way, you can file a grievance online at www.webreportinghotline.alertline.com/gcs/welcome or by calling our Compliance Hotline at 888-263-2077, or by contacting the U.S Department of Health and Human Services, Office of Civil Rights at 800-868-1019 or 800-537-7697 (TDD).

Have Questions?

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

Visit www.SouthCarolinaBlues.com to shop for health plans.

Visit a South Carolina BLUE℠ retail center near you.

Columbia
1260 Bower Parkway
Suite A4
Columbia, SC
855-592-BLUE (2583)

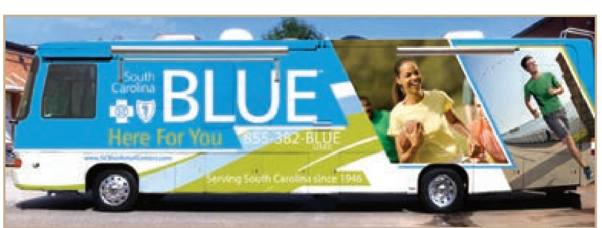
Greenville
1025 Woodruff Road
Suite A105
Greenville, SC
855-392-BLUE (2583)

Mount Pleasant
Towne Centre Place
1795 Highway 17 North, Unit 7
Mount Pleasant, SC
855-492-BLUE (2583)

www.SCBlueRetailCenters.com

Look for one of the South Carolina BLUE RVs at a location near you.

SC Blue RVs
855-382-BLUE (2583) | Mobile@SCBlueRetailCenters.com



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