



South Carolina

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

FOR INDIVIDUALS AND FAMILIES

JOIN OUR  
EXCLUSIVE  
**PEE DEE**  
NETWORK!










**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.

|   |   |  |
|---|---|--|
|  <p><b>1 IN 3</b></p> <p>1 IN 3 AMERICANS RELY ON BLUE®.</p> | <p>PLANS AS LOW AS \$0 A MONTH</p>   | <p><b>AWARD-WINNING CUSTOMER SERVICE</b></p>    |
| <p>ONLINE SELF-SERVICE TOOLS</p>                           |  <p><b>MORE THAN 1,000,000</b></p> <p>MORE THAN 1 MILLION SOUTH CAROLINIANS ARE INSURED BY BLUE.</p> | <p>FINANCIAL SECURITY AND BEST-IN-CLASS OFFERING*</p>  <p>REWARDS FOR WELLNESS ACTIVITIES</p>  |

\*AM Best Rating as of Dec. 9, 2021. For latest rating, access [www.ambest.com](http://www.ambest.com).

# 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.



# 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](http://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 copay
- \$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   |  |   |  |  |   |
|---|--|---|--|--|---|
|   |                     |  |                                    |   |                    |
| <b>Tier 0 Drugs</b>   | <b>Tier 1 Drugs</b>  | <b>Tier 2 Drugs</b>   | <b>Tier 3 Drugs</b>  | <b>Tier 4 Drugs</b>  | <b>Tier 5 and 6 Drugs</b>   |
| 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 brand-name 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](http://www.SouthCarolinaBlues.com/links/pharmacy/individual)

# Blue Rewards<sup>SM</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         |
| <b>Total</b>                      | <b>\$150</b> |
| <b>Family of 4 Can Earn Up To</b> | <b>\$600</b> |



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.**



4 \*Members cannot use rewards for premiums or drug copays. \*\*Because Visa is an independent company, Visa will be responsible for all services related to these cards.



## 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:

- Acne
- Allergies
- Constipation
- Cough
- Diarrhea
- Earache
- Fever
- Flu
- Headache
- Nausea/vomiting
- Pinkeye
- Rashes
- Respiratory problems
- Sore throats
- 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®. 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](http://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
- Weight management
- Allergy relief
- Hearing care

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

**Visit [www.Blue365Deals.com/BCBSSC](http://www.Blue365Deals.com/BCBSSC) to view deals.**

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.

# 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

| Family Size | Cost Share 3 |          |          |          | Cost Share 2 |           | Cost Share 1 |           | 300%      | 400%      | 500%      | 600%      |
|-------------|--------------|----------|----------|----------|--------------|-----------|--------------|-----------|-----------|-----------|-----------|-----------|
|             | 100%         | 133%     | 134%     | 150%     | 151%         | 200%      | 201%         | 250%      |           |           |           |           |
| 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<br>100 – 150 percent FPL   | COST SHARE 2<br>151 – 200 percent FPL   | COST SHARE 1<br>201 – 250 percent FPL   |
| <b>SILVER 1</b>   |   |   |   |   |
| <b>Copay (PCP/Specialist/Telehealth Visit)</b>  | \$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  |
| <b>Coinsurance</b>  | 50%   | 25%   | 25%   | 25%   |
| <b>Deductible (Single/Family)</b>   | \$7,500/\$15,000  | \$0/\$0   | \$1,400/\$2,800   | \$6,000/\$12,000  |
| <b>Out-of-Pocket Limit (Single/Family)</b>  | \$8,500/\$17,000  | \$690/\$1,380   | \$2,000/\$4,000   | \$7,250/\$14,500  |
| <b>Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)</b> | \$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                                   |
| <b>Pharmacy Benefits Prescription Drugs</b>   | Tier 0: \$0<br>Tiers 1, 2: \$25<br>Tier 3: \$60<br>Tier 4: \$150<br>Tiers 5, 6: 50% coinsurance after deductible is met | Tier 0: \$0<br>Tiers 1, 2: \$10<br>Tier 3: \$40<br>Tier 4: \$150<br>Tiers 5, 6: 25% coinsurance | Tier 0: \$0<br>Tiers 1, 2: \$10<br>Tier 3: \$50<br>Tier 4: \$150<br>Tiers 5, 6: 25% coinsurance after deductible is met | Tier 0: \$0<br>Tiers 1, 2: \$10<br>Tier 3: \$50<br>Tier 4: \$150<br>Tiers 5, 6: 25% coinsurance after deductible is met |
| <b>SILVER 2</b>   |   |   |   |   |
| <b>Copay (PCP/Specialist/Telehealth Visits)</b>   | \$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  |
| <b>Coinsurance</b>  | 50%   | 50%   | 50%   | 50%   |
| <b>Deductible (Single/Family)</b>   | \$7,900/\$15,800  | \$0/\$0   | \$1,500/\$3,000   | \$5,900/\$11,800  |
| <b>Out-of-Pocket Limit (Single/Family)</b>  | \$8,900/\$17,800  | \$710/\$1,420   | \$2,100/\$4,200   | \$7,000/\$14,000  |
| <b>Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)</b> | \$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                                   |
| <b>Pharmacy Benefits Prescription Drugs</b>   | Tier 0: \$0<br>Tiers 1, 2: \$20<br>Tier 3: \$50<br>Tier 4: \$150<br>Tiers 5, 6: 50% coinsurance after deductible is met | Tier 0: \$0<br>Tiers 1, 2: \$15<br>Tier 3: \$50<br>Tier 4: \$150<br>Tiers 5, 6: 50% coinsurance | Tier 0: \$0<br>Tiers 1, 2: \$15<br>Tier 3: \$50<br>Tier 4: \$150<br>Tiers 5, 6: 50% coinsurance after deductible is met | Tier 0: \$0<br>Tiers 1, 2: \$20<br>Tier 3: \$50<br>Tier 4: \$150<br>Tiers 5, 6: 50% coinsurance after deductible is met |


The pharmacy benefits listed are for a retail 90-day supply maximum. Tiers 5 and 6 are limited to a 31-day supply maximum.

# BlueExclusive Pee Dee Benefits

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

## Gold Plan

## Silver Plans

|  | GOLD 1   | SILVER 1   | SILVER 2   |
|--|--|--|--|
|  |   |  |  |
| <b>Deductible</b>  | Individual: \$0<br>Family: \$0   | Individual: \$7,500<br>Family: \$15,000  | Individual: \$7,900<br>Family: \$15,800  |
| <b>Coinsurance</b>                                       | 50%  | 50%  | 50%  |
| <b>Out-of-Pocket Maximum</b>                             | Individual: \$8,700<br>Family: \$17,400  | Individual: \$8,500<br>Family: \$17,000  | Individual: \$8,900<br>Family: \$17,800  |
| <b>Primary Care Physician</b>                            | \$40 copay   | \$25 copay   | \$30 copay   |
| <b>Telehealth Visits</b>                                 | \$0 for first 4 visits, \$15 thereafter  | \$0 copay for first 4 visits,<br>then \$15 thereafter  | \$0 copay for first 4 visits,<br>then \$15 thereafter  |
| <b>Specialist</b>  | \$90 copay   | \$60 copay   | \$55 copay   |
| <b>Urgent Care</b>                                       | \$90 copay   | \$60 copay   | \$55 copay   |
| <b>Emergency Room Services</b>                           | 50% coinsurance  | \$600 copay, then 50%<br>coinsurance after deductible<br>is met  | \$600 copay, 50%<br>coinsurance after deductible<br>is met   |
| <b>Inpatient Hospitalization</b>                         | 50% coinsurance  | 50% coinsurance after<br>deductible is met   | 50% coinsurance after<br>deductible is met   |
| <b>Ambulatory Surgery<br/>Center</b>                     | \$500 copay  | \$500 copay  | \$500 copay  |
| <b>MENTAL AND BEHAVIORAL HEALTH SERVICES</b>             |  |  |  |
| <b>Office Visit</b>                                      | \$40 copay   | \$25 copay   | \$30 copay   |
| <b>Inpatient Services</b>                                | 50% coinsurance  | 50% coinsurance after<br>deductible is met   | 50% coinsurance after<br>deductible is met   |
| <b>Outpatient Services</b>                               | 50% coinsurance  | 50% coinsurance after<br>deductible is met   | 50% coinsurance after<br>deductible is met   |
| <b>PHARMACY BENEFITS</b>                                 |  |  |  |
| <b>Prescription Drugs*<br/>(up to 90-day supply max)</b> | Tier 0: \$0<br>Tiers 1, 2: \$10<br>Tier 3: \$40<br>Tiers 4 – 6: 50% coinsurance<br>after \$1,000 (individual)/\$2,000<br>(family) drug deductible is met | Tier 0: \$0<br>Tiers 1, 2: \$25<br>Tier 3: \$60<br>Tier 4: \$150<br>Tiers 5, 6: 50% coinsurance<br>after deductible is met | Tier 0: \$0<br>Tiers 1, 2: \$20<br>Tier 3: \$50<br>Tier 4: \$150<br>Tiers 5, 6: 50% coinsurance<br>after deductible is met |
| <b>Mail Order<br/>(up to 90-day supply max)</b>          | Tier 0: \$0<br>Tiers 1, 2: \$14<br>Tier 3: \$108<br>Tier 4: 50% coinsurance after<br>\$1,000 (individual)/\$2,000<br>(family) drug deductible is met     | Tier 0: \$0<br>Tiers 1, 2: \$35<br>Tier 3: \$162<br>Tier 4: \$405  | Tier 0: \$0<br>Tiers 1, 2: \$28<br>Tier 3: \$135<br>Tier 4: \$405  |

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

# 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.





South Carolina

# Have Questions?

**CONTACT YOUR AGENT TODAY.**



[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

**Work with your agent for a free quote.**

