



South Carolina

# 2023 BlueExtend<sup>SM</sup> Plans

FOR INDIVIDUALS AND FAMILIES

PRIVATE  
MARKETPLACE  
ENROLLMENTS  
**ONLY**




**Nationwide Doctor and Hospital Coverage!**



No. 1 Health Plan in South Carolina

# The Power of Blue

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




**1 IN 3**

1 IN 3 AMERICANS RELY ON BLUE®.



**NATIONWIDE DOCTOR AND HOSPITAL COVERAGE**



**AWARD-WINNING CUSTOMER SERVICE**



**ONLINE SELF-SERVICE TOOLS**



**MORE THAN 1,000,000**

MORE THAN 1 MILLION SOUTH CAROLINIANS ARE INSURED BY BLUE.

**FINANCIAL SECURITY AND BEST-IN-CLASS OFFERING\***

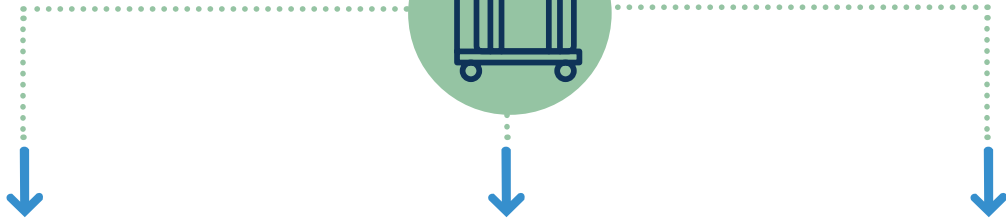


**REWARDS FOR WELLNESS ACTIVITIES**



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

# Coverage That Extends Beyond South Carolina!



Nationwide access to health care because BlueCard is included.

Backing of award-winning, local support

Freedom of choice when traveling

To find a network provider in your area, visit [www.SouthCarolinaBlues.com/links/providers/BlueExtend](http://www.SouthCarolinaBlues.com/links/providers/BlueExtend)

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

# Plan Benefits

## No-cost preventive services

All BlueExtend plans from BlueCross provide these 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

## Pediatric vision benefits

All BlueExtend plans also include vision benefits for members ages 18 or younger, including low copays on vision exams, 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








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



### 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 network pharmacy in your area 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.**



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



## Blue CareOnDemand<sup>SM</sup>

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

See a doctor whenever and wherever through virtual video consults provided by **Blue CareOnDemand**.

Use your smartphone, tablet or computer to access faster, easier, on-the-go care for minor health conditions, including cold and flu symptoms, fevers, rashes and more.

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

**Download the mobile app or visit [www.BlueCareOnDemandSC.com](http://www.BlueCareOnDemandSC.com)**



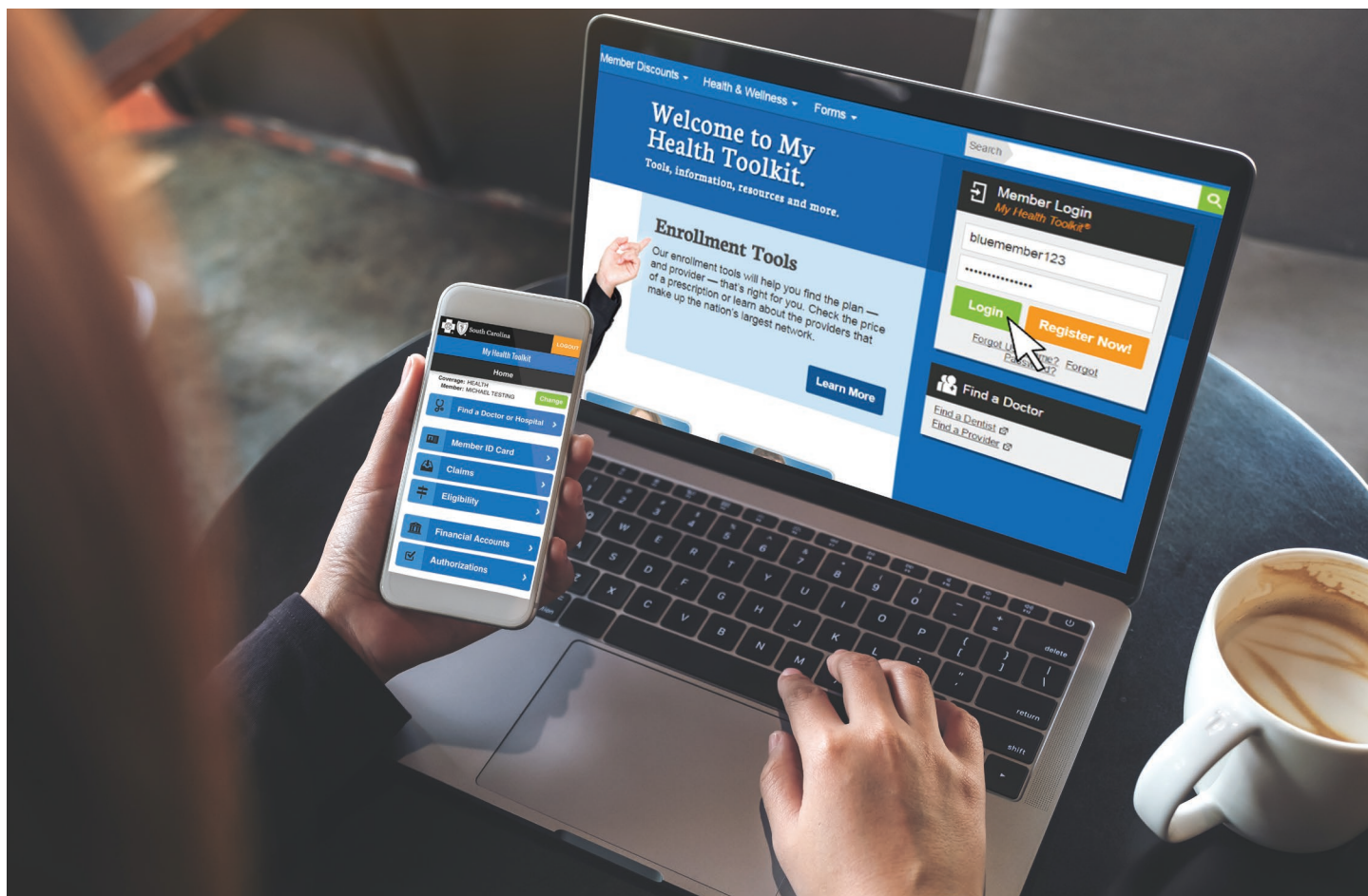
# Tools To Manage Your Health

**AN ONLINE INFORMATION AND CUSTOMER SERVICE CENTER, MY HEALTH TOOLKIT® GIVES YOU ACCESS TO IMPORTANT INFORMATION ABOUT PLAN BENEFITS AT YOUR FINGERTIPS.**

**My Health Toolkit offers access to many resources, including:**

- 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

**WE WORK HARD TO ENSURE OUR MEMBERS' HEALTH COVERAGE BENEFITS REMAIN RELEVANT AND PROVIDE VALUE WITH MEMBER PERKS, DISCOUNTS AND VALUE-ADDED PROGRAMS.**

**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.

# BlueExtend Benefits

**THIS PRODUCT IS FOR MEMBERS WHO DO NOT QUALIFY OR ARE NOT USING ADVANCED PREMIUM TAX CREDITS TOWARD THEIR PREMIUMS.**

## Gold Plans

## Silver Plans

	GOLD 1	HD GOLD 2	SILVER 1
<b>Deductible</b>	Individual: \$0 Family: \$0	Individual: \$3,000 Family: \$6,000	Individual: \$4,400 Family: \$8,800
<b>Coinsurance</b>	50%	0%	35%
<b>Out-of-Pocket Maximum</b>	Individual: \$5,000 Family: \$10,000	Individual: \$3,000 Family: \$6,000	Individual: \$8,800 Family: \$17,600
<b>Primary Care Physician</b>	50% coinsurance	0% coinsurance after deductible is met	\$30 copay
<b>Blue CareOnDemand</b>	50% coinsurance	0% coinsurance after deductible is met	\$20 copay
<b>Specialist</b>	50% coinsurance	0% coinsurance after deductible is met	\$65 copay
<b>Urgent Care</b>	50% coinsurance	0% coinsurance after deductible is met	\$65 copay
<b>Emergency Room Services</b>	50% coinsurance	0% coinsurance after deductible is met	\$500 copay, then 35% coinsurance after deductible is met
<b>Inpatient Hospitalization</b>	50% coinsurance	0% coinsurance after deductible is met	35% coinsurance after deductible is met
<b>Ambulatory Surgery Center</b>	50% coinsurance	0% coinsurance after deductible is met	\$525 copay
<b>MENTAL AND BEHAVIORAL HEALTH SERVICES</b>			
<b>Office Visit</b>	50% coinsurance	0% coinsurance after deductible is met	\$30 copay
<b>Inpatient Services</b>	50% coinsurance	0% coinsurance after deductible is met	35% coinsurance after deductible is met
<b>Outpatient Services</b>	50% coinsurance	0% coinsurance after deductible is met	35% coinsurance after deductible is met
<b>PHARMACY BENEFITS</b>			
<b>Prescription Drugs* (up to 90-day supply maximum)</b>	Tier 0: \$0 Tiers 1 – 6: 50% coinsurance	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$15 Tier 3: \$75 Tier 4: \$150 Tiers 5, 6: 35% coinsurance after deductible is met
<b>Mail Order (up to 90-day supply maximum)</b>	Tier 0: \$0 Tiers 1 – 4: 50% coinsurance	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$21 Tier 3: \$203 Tier 4: \$405

Gold 1, HD Gold 2 Silver Plans 1 and HD Silver 2, and Bronze Plans 1 and 2 have an embedded family deductible. With family coverage, once one person meets his or her individual deductible, benefits will begin paying for that person. Benefits are not payable for any other family members until each member meets his or her individual deductible individually or until the members collectively satisfy the family deductible. \*Tiers 5 and 6 are limited to a 31-day supply maximum.

## Bronze Plans

HD SILVER 2	BRONZE 1	BRONZE 2
Individual: \$5,400 Family: \$10,800	Individual: \$4,500 Family: \$9,000	Individual: \$8,700 Family: \$17,400
0%	50%	0%
Individual: \$5,400 Family: \$10,800	Individual: \$8,900 Family: \$17,800	Individual: \$8,700 Family: \$17,400
0% coinsurance after deductible is met	\$60 copay	0% coinsurance after deductible is met
0% coinsurance after deductible is met	\$20 copay	0% coinsurance after deductible is met
0% coinsurance after deductible is met	\$90 copay	0% coinsurance after deductible is met
0% coinsurance after deductible is met	\$90 copay	0% coinsurance after deductible is met
0% coinsurance after deductible is met	\$800 copay, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met
0% coinsurance after deductible is met	\$1,500 per day up to 4 days (max \$6,000)	0% coinsurance after deductible is met
0% coinsurance after deductible is met	\$525 copay	0% coinsurance after deductible is met
0% coinsurance after deductible is met	\$60 copay	0% coinsurance after deductible is met
0% coinsurance after deductible is met	\$1,500 per day up to 4 days (max \$6,000)	0% coinsurance after deductible is met
0% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$50 Tier 3: \$175 Tiers 4 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met
Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$70 Tier 3: \$473 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met

# 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 of 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 and 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.

# Notes



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# Have Questions?

CONTACT YOUR AGENT TODAY.



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

Work with your agent for a free quote.

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