



South Carolina



2024 Regional Marketplace Plans

With access to a regional doctor and hospital network



No. 1 Health Plan in South Carolina

Blue Congaree ■ Blue Cooper ■ Blue Pee Dee ■ Blue Reedy

BlueSM Secure Dental

The Power of Blue

We provide reliable and affordable health insurance for individuals and families in South Carolina.



1 in 3 Americans rely on Blue®



Plans as low as \$0 a month



More than 1 million South Carolinians are covered by Blue®



Award-winning customer service



Online self-service tools



Rewards for wellness activities

Financial Assistance for Health Plans



Members may have access to help from the federal government to make health insurance even more affordable. These savings come to members through an Advance Premium Tax Credit (APTC), Cost Sharing Reduction (CSR) or both.

What is an APTC?

An APTC is federal aid that helps qualified individuals and families by reducing their monthly premiums. Above 400% FPL subsidy amount is calculated using 8.5% of income.

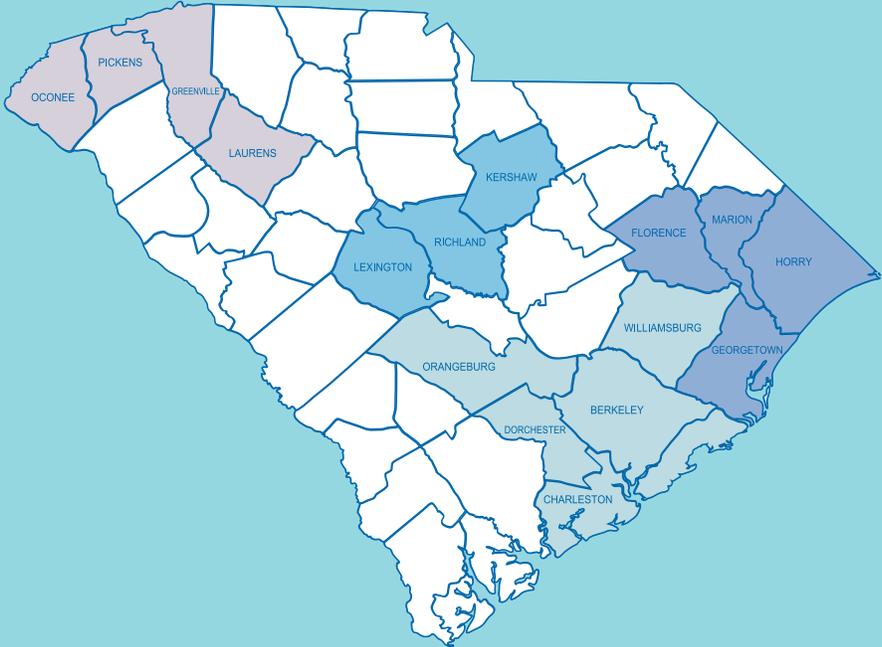
What is a CSR?

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 silver plans. They vary based on the individual's or family's income.

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

2023 Federal Poverty Level (FPL) Guidelines — Annual Household Income												
Family Size ↓	Cost Share 3				Cost Share 2		Cost Share 1					
	100%	133%	134%	150%	151%	200%	201%	250%	300%	400%	500%	600%
1	\$14,580	\$19,391	\$19,392	\$21,870	\$21,871	\$29,160	\$29,161	\$36,450	\$43,740	\$58,320	\$72,900	\$87,480
2	\$19,720	\$26,228	\$26,229	\$29,580	\$29,581	\$39,440	\$39,441	\$49,300	\$59,160	\$78,880	\$98,600	\$118,320
3	\$24,860	\$33,064	\$33,065	\$37,290	\$37,291	\$49,720	\$49,721	\$62,150	\$74,580	\$99,440	\$124,300	\$149,160
4	\$30,000	\$39,900	\$39,901	\$45,000	\$45,001	\$60,000	\$60,001	\$75,000	\$90,000	\$120,000	\$150,000	\$180,000
5	\$35,140	\$46,736	\$46,737	\$52,710	\$52,711	\$70,280	\$70,281	\$87,850	\$105,420	\$140,560	\$175,700	\$210,840
6	\$40,280	\$53,572	\$53,573	\$60,420	\$60,421	\$80,560	\$80,561	\$100,700	\$120,840	\$161,120	\$201,400	\$241,680
7	\$45,420	\$60,409	\$60,410	\$68,130	\$68,131	\$90,840	\$90,841	\$113,550	\$136,260	\$181,680	\$227,100	\$272,520
8	\$50,560	\$67,245	\$67,246	\$75,840	\$75,841	\$101,120	\$101,121	\$126,400	\$151,680	\$202,240	\$252,800	\$303,360
9	\$55,700	\$74,081	\$74,082	\$83,550	\$83,551	\$111,400	\$111,401	\$139,250	\$167,100	\$222,800	\$278,500	\$334,200
10	\$60,840	\$80,917	\$80,918	\$91,260	\$91,261	\$121,680	\$121,681	\$152,100	\$182,520	\$243,360	\$304,200	\$365,040

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



Health Coverage Convenient to You

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 Congaree

Locations

- Kershaw County
- Lexington County
- Richland County

Network

- Lexington Medical Center
- MUSC Health

Blue Pee Dee

Locations

- Florence County
- Georgetown County
- Horry County
- Marion County

Network

- Conway Medical Center
- MUSC Health Florence
- Tidelands Health Georgetown

Blue Cooper

Locations

- Berkeley County
- Charleston County
- Dorchester County
- Orangeburg County
- Williamsburg County

Network

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

Blue Reedy

Locations

- Greenville County
- Laurens County
- Oconee County
- Pickens County

Network

- Prisma Health Upstate Network

Find your network by visiting www.southcarolinablues.com/links/2024/providers/regional



Plan Benefits



No-cost preventive services

All plans provide these preventive services at no cost for members:

- Wellness exams
- Immunizations
- Flu shots
- Contraceptive devices
- Mammograms
- Prostate screenings and lab work in accordance with the American Cancer Society*

Pediatric vision benefits

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



Eye exam

\$25 copay per benefit period



Lenses and frames

\$50 copay per benefit period

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





The following plans feature a 6-tier drug structure: Blue Cooper, Blue Congaree, Blue Pee Dee and Blue Reedy.

Members can save money on prescription drugs with access to a range of generic drugs at 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 preferred generic medications. They generally cost a member the least amount out of pocket.
TIER 2 DRUGS	These are usually generic medications . They typically cost less than brand-name drugs.
TIER 3 DRUGS	These are most often brand-name drugs, sometimes referred to as preferred drugs , as these cost less than other brand-name drugs.
TIER 4 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 5 AND 6 DRUGS	These are usually specialty drugs that treat complex conditions. Members tend to pay more for drugs in these tiers.

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

Members can get up to a 31-day supply of specialty medications through our specialty pharmacy providers.

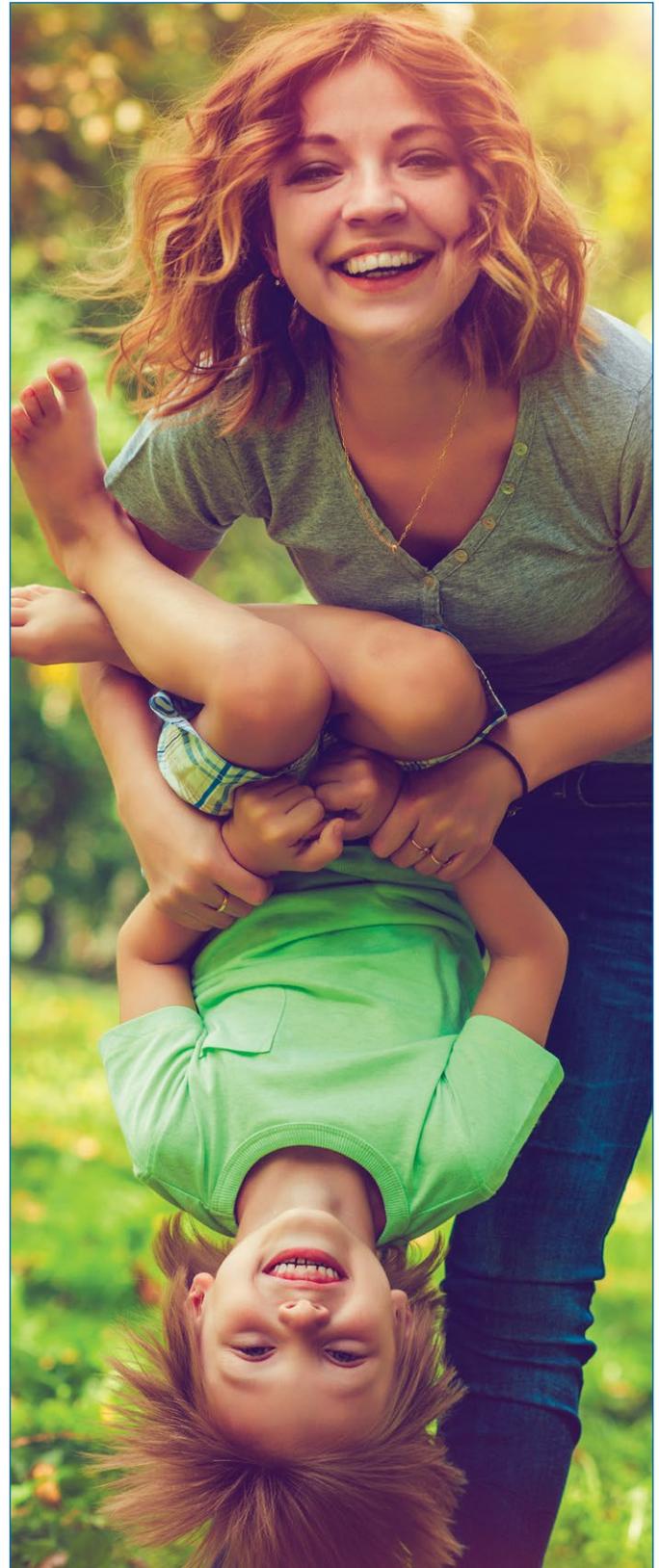


Find a pharmacy or search our covered drug list by visiting www.southcarolinablues.com/links/2024/pharmacy/Individual

Gold 1 Plan



Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy	
Gold 1	
Medical Benefits	
Deductible	Individual: \$250 Family: \$500
Coinsurance	50%
Out-of-Pocket Maximum	Individual: \$9,450 Family: \$18,900
Primary Care Physician	\$25 copay
Telehealth	\$0 first 4 visits, thereafter \$15
Specialist	\$60 copay
Urgent Care	\$60 copay
Emergency Room Services	50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay
Mental and Behavioral Health Services	
Office Visit	\$25 copay
Inpatient Services	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 — 2: \$12 Tier 3: \$40 Tiers 4 — 6: 50% coinsurance after deductible is met
	Tier 0: \$0 Tiers 1 — 2: \$17 Tier 3: \$108 Tier 4: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 — 2: \$17 Tier 3: \$108 Tier 4: 50% coinsurance after deductible is met



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

The plans listed in this section are the most common list of benefits. To view the full list, see the Summary of Benefits for each plan.

Silver 1 Plans



Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy				
Silver 1				
	Cost Share 3	Cost Share 2	Cost Share 1	Base
Medical 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: \$850 Family: \$1,700	Individual: \$2,100 Family: \$4,200	Individual: \$7,250 Family: \$14,500	Individual: \$9,300 Family: \$18,600
Primary Care Physician	\$10 copay	\$15 copay	\$20 copay	\$30 copay
Telehealth	\$0 first 4 visits, thereafter \$10	\$0 first 4 visits, thereafter \$10	\$0 first 4 visits, thereafter \$10	\$0 first 4 visits, thereafter \$15
Specialist	\$20 copay	\$40 copay	\$50 copay	\$60 copay
Urgent Care	\$20 copay	\$30 copay	\$40 copay	\$60 copay
Emergency Room Services	\$300 copay, then 25% coinsurance	\$300 copay, then 25% coinsurance after deductible is met	\$300 copay, then 25% coinsurance after deductible is met	\$300 copay, 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
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Mental and Behavioral Health Services				
Office Visit	\$10 copay	\$15 copay	\$20 copay	\$30 copay
Inpatient Services	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
Pharmacy Benefits				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$10 Tier 3: \$20 Tier 4: \$150 Tiers 5 – 6: 25% coinsurance	Tier 0: \$0 Tiers 1 – 2: \$10 Tier 3: \$40 Tier 4: \$150 Tiers 5 – 6: 25% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$20 Tier 3: \$50 Tier 4: \$150 Tiers 5 – 6: 25% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$20 Tier 3: \$60 Tier 4: \$150 copay after deductible Tiers 5 – 6: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$14 Tier 3: \$54 Tier 4: \$405	Tier 0: \$0 Tiers 1 – 2: \$14 Tier 3: \$108 Tier 4: \$405	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$135 Tier 4: \$405	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$162 Tier 4: 50% coinsurance after deductible is met

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

Silver 2 Plans



Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy				
Silver 2				
	Cost Share 3	Cost Share 2	Cost Share 1	Base
Medical Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$1,500 Family: \$3,000	Individual: \$5,900 Family: \$11,800	Individual: \$8,000 Family: \$16,000
Coinsurance	50%	50%	50%	50%
Out-of-Pocket Maximum	Individual: \$620 Family: \$1,240	Individual: \$2,000 Family: \$4,000	Individual: \$7,050 Family: \$14,100	Individual: \$9,300 Family: \$18,600
Primary Care Physician	\$10 copay	\$20 copay	\$30 copay	\$30 copay
Telehealth	\$0 first 4 visits, thereafter \$15	\$0 first 4 visits, thereafter \$15	\$0 first 4 visits, thereafter \$20	\$0 first 4 visits, thereafter \$15
Specialist	\$35 copay	\$40 copay	\$55 copay	\$60 copay
Urgent Care	\$30 copay	\$30 copay	\$40 copay	\$55 copay
Emergency Room Services	\$300 copay, then 50% coinsurance	\$300 copay, then 50% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met	\$300 copay, 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
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Mental and Behavioral Health Services				
Office Visit	\$10 copay	\$20 copay	\$30 copay	\$30 copay
Inpatient Services	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
Pharmacy Benefits				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$15 Tier 3: \$50 Tier 4: \$150 Tiers 5 – 6: 50% coinsurance	Tier 0: \$0 Tiers 1 – 2: \$15 Tier 3: \$50 Tier 4: \$150 Tiers 5 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$20 Tier 3: \$50 Tier 4: \$150 Tiers 5 – 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 2: \$20 Tier 3: \$60 Tier 4: \$150 copay after deductible Tiers 5 – 6: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$21 Tier 3: \$135 Tier 4: \$405	Tier 0: \$0 Tiers 1 – 2: \$21 Tier 3: \$135 Tier 4: \$405	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$135 Tier 4: \$405	Tier 0: \$0 Tiers 1 – 2: \$28 Tier 3: \$162 Tier 4: 50% coinsurance after deductible is met

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

HD Silver 3 Plans



Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy				
HD Silver 3				
	Cost Share 3	Cost Share 2	HD Cost Share 1**	HD Base**
Medical Benefits				
Deductible	Individual: \$505 Family: \$1,010	Individual: \$1,600 Family: \$3,200	Individual: \$4,500 Family: \$9,000	Individual: \$5,500 Family: \$11,000
Coinsurance	0%	0%	0%	0%
Out-of-Pocket Maximum	Individual: \$505 Family: \$1,010	Individual: \$1,600 Family: \$3,200	Individual: \$4,500 Family: \$9,000	Individual: \$5,500 Family: \$11,000
Primary Care Physician	0% coinsurance after deductible is met			
Telehealth	0% coinsurance after deductible is met			
Specialist	0% coinsurance after deductible is met			
Urgent Care	0% coinsurance after deductible is met			
Emergency Room Services	0% coinsurance after deductible is met			
Inpatient Hospitalization	0% coinsurance after deductible is met			
Ambulatory Surgery Center	0% coinsurance after deductible is met			
Mental and Behavioral Health Services				
Office Visit	0% coinsurance after deductible is met			
Inpatient Services	0% coinsurance after deductible is met			
Outpatient Services	0% coinsurance after deductible is met			
Pharmacy Benefits				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 6: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met

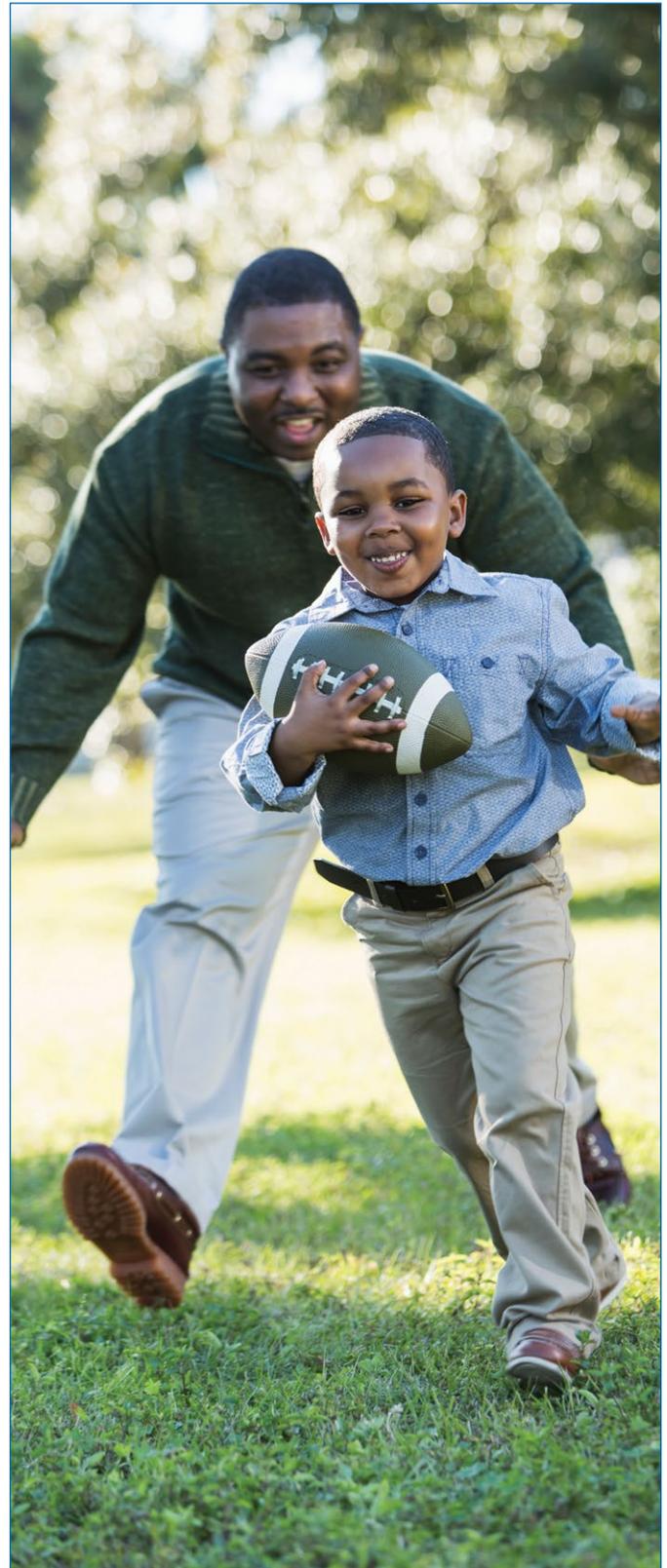
*Tiers 5 and 6 are limited to a 31-day supply maximum.

**Health savings account (HSA)-eligible

Bronze 1 Plan



	Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy
	Bronze 1
	Medical Benefits
Deductible	Individual: \$7,900 Family: \$15,800
Coinsurance	45%
Out-of-Pocket Maximum	Individual: \$8,850 Family: \$17,700
Primary Care Physician	\$48 copay
Telehealth	\$0 first 4 visits, thereafter \$20
Specialist	\$96 copay
Urgent Care	\$60 copay
Emergency Room Services	\$300 copay, then 45% coinsurance after deductible is met
Inpatient Hospitalization	45% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay
	Mental and Behavioral Health Services
Office Visit	\$48 copay
Inpatient Services	45% coinsurance after deductible is met
Outpatient Services	45% coinsurance after deductible is met
	Pharmacy Benefits
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$29 Tiers 3 – 6: 45% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 2: \$41 Tiers 3 – 4: 45% coinsurance after deductible is met



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

Standard Plans – Pharmacy Services



The following plans feature a 4-tier drug structure: Blue Cooper Standard plans, Blue Congaree Standard plans, Blue Pee Dee Standard plans and Blue Reedy Standard plans.

Members can save money on prescription drugs with access to a range of generic drugs at 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.

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

Members can get up to a 31-day supply of specialty medications through our specialty pharmacy providers.



Find a pharmacy or search our covered drug list by visiting www.southcarolinablues.com/links/2024/pharmacy/Individual

Standard Gold Plan



Standard plans offer basic coverage options for individuals and families.

Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy	
Standard Gold	
Medical Benefits	
Deductible	Individual: \$1,500 Family: \$3,000
Coinsurance	25%
Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400
Primary Care Physician	\$30 copay
Telehealth	\$30 copay
Specialist	\$60 copay
Urgent Care	\$45 copay
Emergency Room Services	25% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met
Mental and Behavioral Health Services	
Office Visit	\$30 copay
Inpatient Services	25% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0
	Tier 1: \$15
	Tier 2: \$30
	Tier 3: \$60
	Tier 4: \$250
Mail Order (up to 90-day supply maximum)	Tier 0: \$0
	Tier 1: \$21
	Tier 2: \$81
	Tier 3: \$162



*Tier 4 is limited to a 31-day supply maximum.

Standard Silver Plans



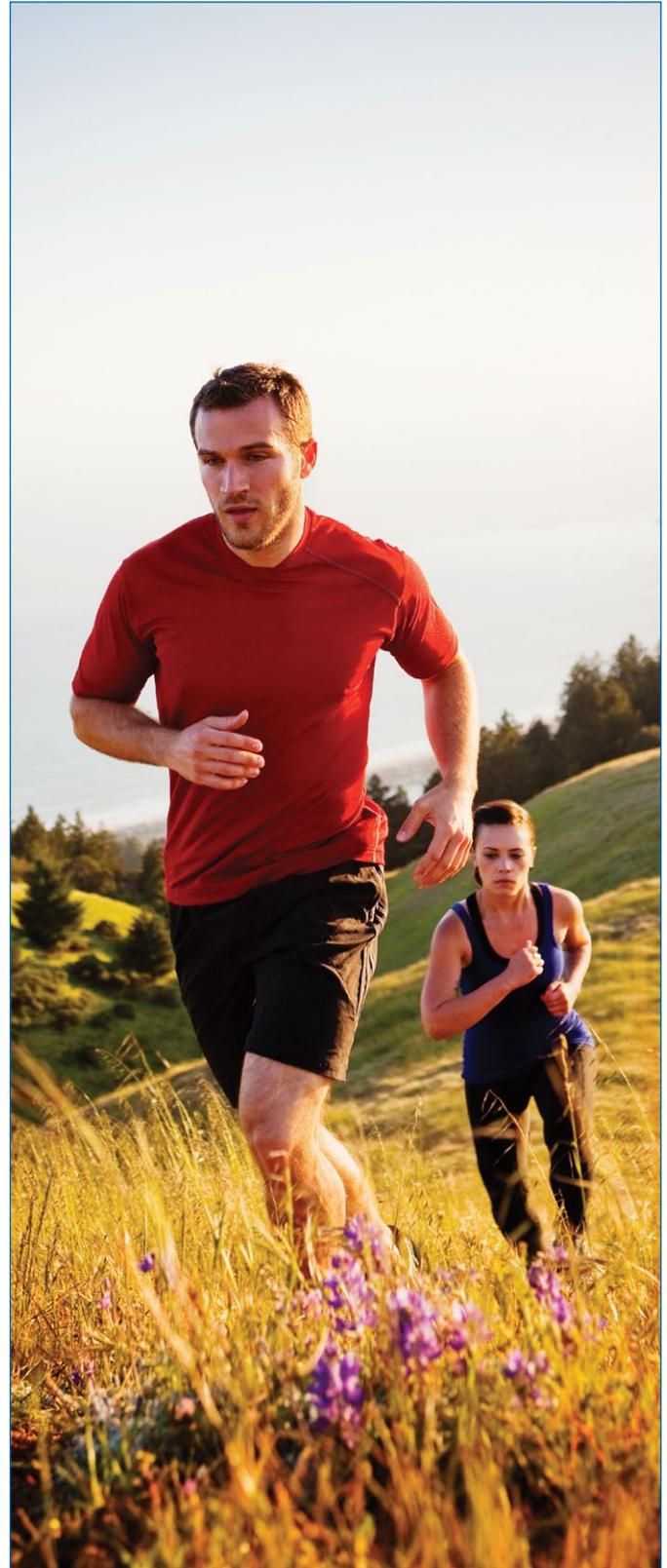
Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy				
Standard Silver				
Cost Share 3		Cost Share 2		Base
Medical Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$5,700 Family: \$11,400	Individual: \$5,900 Family: \$11,800
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$1,800 Family: \$3,600	Individual: \$3,000 Family: \$6,000	Individual: \$7,200 Family: \$14,400	Individual: \$9,100 Family: \$18,200
Primary Care Physician	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Telehealth	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Specialist	\$10 copay	\$40 copay	\$80 copay	\$80 copay
Urgent Care	\$5 copay	\$30 copay	\$60 copay	\$60 copay
Emergency Room Services	25% coinsurance	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Mental and Behavioral Health Services				
Office Visit	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Inpatient Services	25% coinsurance	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Services	25% coinsurance	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$150	Tier 0: \$0 Tier 1: \$10 Tier 2: \$20 Tier 3: \$60 copay after deductible is met Tier 4: \$250 copay after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 copay after deductible is met Tier 4: \$350 copay after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 copay after deductible is met Tier 4: \$350 copay after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$0 Tier 2: \$41 Tier 3: \$135	Tier 0: \$0 Tier 1: \$14 Tier 2: \$54 Tier 3: \$162 copay after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$108 Tier 3: \$216 copay after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$108 Tier 3: \$216 copay after deductible is met

*Tier 4 is limited to a 31-day supply maximum.

Standard Expanded Bronze



	Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy
	Standard Expanded Bronze
	Medical Benefits
Deductible	Individual: \$7,500 Family: \$15,000
Coinsurance	50%
Out-of-Pocket Maximum	Individual: \$9,400 Family: \$18,800
Primary Care Physician	\$50 copay
Telehealth	\$50 copay
Specialist	\$100 copay
Urgent Care	\$75 copay
Emergency Room Services	50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Ambulatory Surgery Center	50% coinsurance after deductible is met
	Mental and Behavioral Health Services
Office Visit	\$50 copay
Inpatient Services	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
	Pharmacy Benefits
Prescription Drugs* (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$25 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 Tier 1: \$35 Tier 2: \$135 copay after deductible is met Tier 3: \$270 copay after deductible is met



*Tier 4 is limited to a 31-day supply maximum.

More Value to You From BlueCross



Our members enjoy discounts and value-added programs 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 that can help individuals and families live healthier, happier lives.

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.



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

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 members access to important information about plan benefits.

With My Health Toolkit, you get access to:

- Claims, eligibility and benefit information.
- Contact preferences.
- Authorization status.
- Your ID card — save a digital version of your ID card for faster access.
- A treatment cost estimator.
- Set up recurring premium payments.



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



Telehealth – Convenient Urgent Care

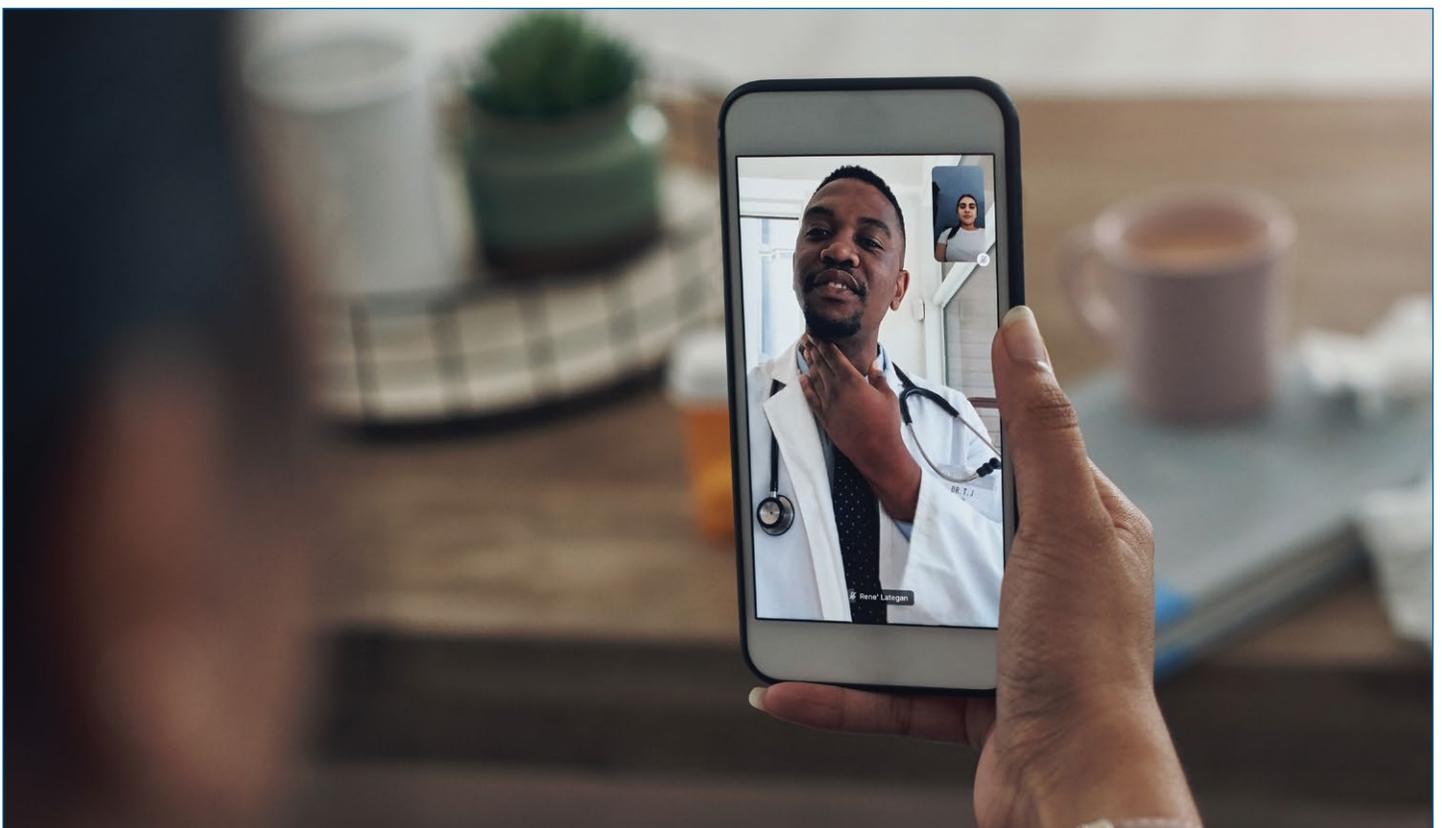


Get easy, affordable access to a network doctor from your computer or mobile device.

Members can get care for certain health issues using the telehealth service offered by the network hospital(s) covered by their plan.

Doctors can treat common issues such as:

- Allergies.
- Hay fever.
- Common cold.
- Cough.
- Flu.
- Pink eye.
- Sinus infection.
- Skin rash.
- Sore throat.
- Urinary tract infections.



www.southcarolinablues.com/links/2024/regional/telehealth



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

Telehealth Visit \$30

Total \$150

Family of 4 Can Earn Up To \$600

Once members complete an activity, we load reward dollars on a reloadable, prepaid Visa** card. All members are eligible for each reward one time per benefit year.



*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.



Access the Blue Rewards program at www.BlueRewardsSC.com

2024 Blue Secure Dental



Blue Secure Dental gives members flexibility, affordability and choice. Must be purchased on exchange, Blue Secure Dental can enhance health coverage when paired with a BlueCross health plan.

Benefits include the following:

- Two coverage options
- Four categories of dental services
- Orthodontic services, limited to those under 19 years old, and for medically necessary services
- Use of APTC funds to lower monthly premiums. APTC funds must first be used to purchase primary health insurance coverage. Any remaining APTC may be used to lower costs of coverage for children under 19 years old.
- The ability to manage health information and pay your bill online with My Health Toolkit

Dental Services	
Class Description	Coverage Benefits
<p>Preventive Procedures and Exams – CLASS I Office visit, cleanings, oral exams and X-rays</p>	No deductible and no waiting period for in-network preventive services
<p>Basic and Restorative – CLASS II Fillings, simple extractions and minor oral surgical procedures (nonperiodontal)</p>	Six-month waiting period from effective date of coverage for restorative care for those 19 years or older
<p>Major Procedures – CLASS III Crowns, bridges, dentures, inlays, periodontics and oral surgery</p>	12-month waiting period from effective date of coverage for major restorative care for those 19 years or older
<p>Orthodontia Services – CLASS IV Diagnosis, corrections and follow-up treatments deemed medically necessary for members under 19 years old</p>	Orthodontic benefits require a preauthorization under this policy



Visit <https://www.southcarolinablues.com/links/bluesecuredental> to learn more.

2024 Blue Secure Dental



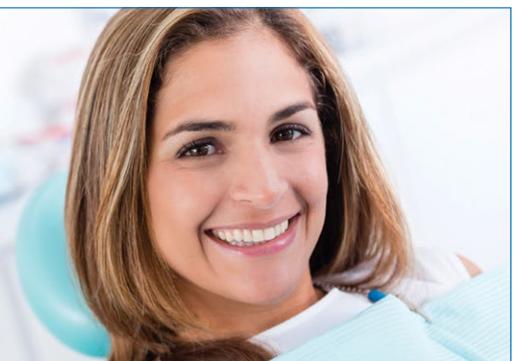
Blue Secure Dental provides a dental health plan that covers preventive, basic, and major dental services and orthodontia needs.*

	Blue Secure Dental Gold 1		Blue Secure Dental Silver 1	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Member Age	Under 19 years Old		Under 19 years Old	
Annual Deductible	\$50 per Child	\$100 per Child	\$50 per Child	\$100 per Child
Annual Maximum (Coverage Limit)	No Limit	No Limit	No Limit	No Limit
Preventive Procedures and Exams – CLASS I	0% Coinsurance	20% Coinsurance	0% Coinsurance	30% Coinsurance
Basic and Restorative – CLASS II	30% Coinsurance	50% Coinsurance	40% Coinsurance	60% Coinsurance
Major Procedures – CLASS III	50% Coinsurance	60% Coinsurance	50% Coinsurance	60% Coinsurance
Orthodontia Services – CLASS IV	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance
Maximum Out-of-Pocket per Child	\$400	\$800	\$400	\$800
Maximum Out-of-Pocket Total for All Children	\$800	\$1,600	\$800	\$1,600
Member Age	19 Years or Older		19 Years or Older	
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual Maximum (Coverage Limit)	\$1,500	\$1,500	\$1,000	\$1,000
Preventive Procedures and Exams – CLASS I	0% Coinsurance	20% Coinsurance	0% Coinsurance	30% Coinsurance
Basic and Restorative – CLASS II	30% Coinsurance (after 6 months)	50% Coinsurance (after 6 months)	50% Coinsurance (after 6 months)	70% Coinsurance (after 6 months)
Major Procedures – CLASS III	50% Coinsurance (after 12 months)	70% Coinsurance (after 12 months)	70% Coinsurance (after 12 months)	Not Covered
Orthodontia Services – CLASS IV	Not Covered	Not Covered	Not Covered	Not Covered

Premium Rates

Age	Blue Secure Dental Gold 1	Blue Secure Dental Silver 1
0 through 18	\$32.11	\$30.13
19 through 25	\$30.02	\$22.70
26 through 63	\$33.81	\$24.10
64 and over	\$44.84	\$31.81

People who choose a dental plan understand that good oral health can positively affect their overall wellness.



*Orthodontia for those under 19 years old only.



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