

# 2023 Blue VirtuConnect<sup>SM</sup>

INDIVIDUAL AND FAMILY PLANS

**NEW  
PLAN!**



**Exclusive partnership with Doctors Care**



Available for consumers in Aiken, Anderson,  
Spartanburg and York 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 ambest.com.

# Concierge Virtual Care



## Blue VirtuConnect

We have partnered with Doctors Care to make getting care easier and faster. Members can choose a virtual visit with an experienced, licensed doctor for nonemergency care. There is a significant cost savings and convenience for members who use this service.



To enroll in a Blue VirtuConnect plan, you must live one of these counties:

- Aiken County
- Anderson County
- Spartanburg County
- York County

### Why Choose Blue VirtuConnect?



#### Everything you need, all in one place

Get primary care and urgent care, lab work, and imaging — for yourself and your family.



#### Concierge care

A dedicated care team helps you make the best medical decisions.



#### Easy and convenient appointments

Schedule appointments online. Plus, get convenient weekday and weekend appointments.



#### Care wherever you need it

Tap into care from anywhere — via the app, online messaging, phone and telehealth.



#### Cost savings for care

Save money with no-cost and low-cost visits for care and service.

# Using Virtual Care

## How does it work?

Members log in to an online portal to see a primary care doctor for health issues, checkups or concerns.

The doctor can:

- Provide routine care, such as annual checkups.
- Treat urgent health issues.
- Refer care to another provider or specialist if needed.
- Prescribe medications.
- Schedule labs or imaging at a local Doctors Care location.

Members can send questions or concerns to the doctor via the online portal anytime.

## How do members sign up?

Members can download the **Blue VirtuConnect mobile app** or visit [www.VirtuConnectSC.com](http://www.VirtuConnectSC.com) to set up an account.



## When can members access care?

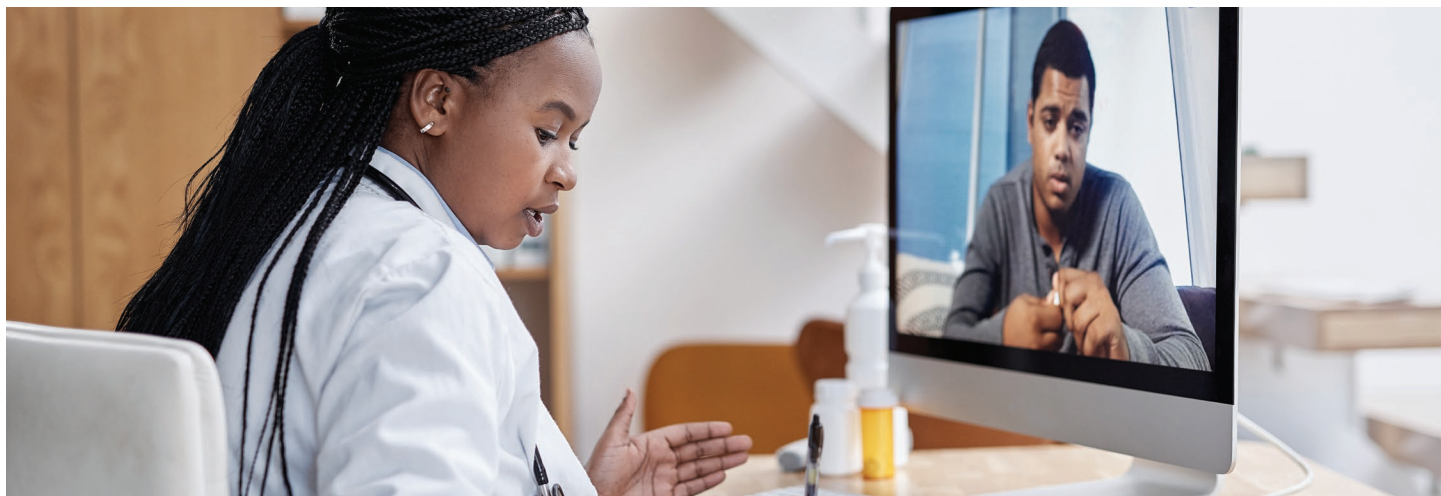
Members can schedule same-day appointments with a doctor if needed.

Appointments can be made Monday through Friday from 7 a.m. to 5 p.m. and Saturday from 9 a.m. to 1 p.m. Members can message a doctor during and after business hours with any issues or concerns.

Services are available for members in South Carolina and North Carolina. If a member is outside of these states, he or she can message a doctor for routine questions or to refill prescriptions. Members\* who are not in South Carolina or North Carolina who want virtual care for urgent issues can use Blue CareOnDemand<sup>SM</sup>.

## How much does it cost?

Members pay \$0 for the first four visits and \$10 for visits thereafter. There are no additional costs for messaging that occurs between the doctor and the member.








\*Blue VirtuConnect members are responsible for a \$25 copay per visit.



### Prescription Drug Benefits

You can save money on prescription drugs with access to a vast array of generic drugs at pharmacies.

PRESCRIPTION DRUG TIERS					
					
Tier 0 Drugs	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs	Tier 4 Drugs	Tier 5 and 6 Drugs
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<sup>SM</sup> 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.**



# 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
- Allergy relief
- Weight management
- 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.

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



# Plan Benefits

## ALL BLUE VIRTUCONNECT PLANS COME WITH NO-COST PREVENTIVE SERVICES AND PEDIATRIC VISION BENEFITS.

### No-cost preventive services

All Blue VirtuConnect 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 Blue VirtuConnect 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.\*\*



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

\*\*One exam per benefit period with a \$25 copay; \$50 copay on lenses and frames limited to once every benefit period.

# Financial Assistance and Silver Cost Sharing Plans

**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 Blue VirtuConnect 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 3 100 – 150% FPL	COST SHARE 2 151 – 200% FPL	COST SHARE 1 201 – 250% FPL
<b>SILVER 1</b>				
<b>Copay (PCP/Specialist/Virtual Visit)</b>	\$45/\$90/\$0 for first 4 visits, then \$10 thereafter	\$45/\$90/\$0 for first 4 visits, then \$10 thereafter	\$45/\$90/\$0 for first 4 visits, then \$10 thereafter	\$45/\$90/\$0 for first 4 visits, then \$10 thereafter
<b>Coinsurance</b>	50%	50%	50%	50%
<b>Deductible (Single/Family)</b>	\$8,000/\$16,000	\$0/\$0	\$800/\$1,600	\$5,750/\$11,500
<b>Out-of-Pocket Limit (Single/Family)</b>	\$9,100/\$18,200	\$950/\$1,900	\$2,900/\$5,800	\$7,250/\$14,500
<b>Mental and Behavioral Health Services (Office Visit/ Inpatient Services/ Outpatient Services)</b>	\$45/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$45/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$45/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$45/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 0: \$0 Tier 1, 2: \$10 Tier 3: \$50 Tiers 4 – 6: 0% coinsurance after \$9,100 (individual)/ \$18,200 (family) drug deductible is met	Tier 0: \$0 Tier 1, 2: \$5 Tier 3: \$15 Tiers 4 – 6: 0% coinsurance after \$950 (individual)/ \$1,900 (family) drug deductible is met	Tier 0: \$0 Tier 1, 2: \$10 Tier 3: \$20 Tiers 4 – 6: 0% coinsurance after \$2,900 (individual)/ \$5,800 (family) drug deductible is met	Tier 0: \$0 Tier 1, 2: \$10 Tier 3: \$50 Tiers 4 – 6: 0% coinsurance after \$7,250 (individual)/ \$14,500 (family) drug deductible is met

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

# Blue VirtuConnect Benefits

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

	<b>GOLD 1</b>	<b>SILVER 1</b>	<b>BRONZE 1</b>
<b>Deductible</b>	Individual: \$3,000 Family: \$6,000	Individual: \$8,000 Family: \$16,000	Individual: \$8,000 Family: \$16,000
<b>Coinsurance</b>	50%	50%	50%
<b>Out-of-Pocket Maximum</b>	Individual: \$5,000 Family: \$10,000	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200
<b>Virtual Visit</b>	\$0 for first 4 visits, \$10 thereafter	\$0 for first 4 visits, \$10 thereafter	\$0 for first 4 visits, \$10 thereafter
<b>Primary Care Physician</b>	\$45 copay	\$45 copay	\$45 copay
<b>Specialist</b>	\$90 copay	\$90 copay	\$90 copay
<b>Urgent Care</b>	\$90 copay	\$90 copay	\$90 copay
<b>Emergency Room Services</b>	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Inpatient Hospitalization</b>	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Ambulatory Surgery Center</b>	\$500 copay	\$500 copay	\$500 copay
<b>MENTAL AND BEHAVIORAL HEALTH SERVICES</b>			
<b>Office Visit</b>	\$45 copay	\$45 copay	\$45 copay
<b>Inpatient Services</b>	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Outpatient Services</b>	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>PHARMACY BENEFITS</b>			
<b>Prescription Drugs (up to 90-day supply maximum*)</b>	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$50 Tiers 4 – 6: 0% coinsurance after \$5,000 (individual)/\$10,000 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$50 Tiers 4 – 6: 0% coinsurance after \$9,100 (individual)/\$18,200 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tiers 3 – 6: 0% coinsurance after \$9,100 (individual)/\$18,200 (family) drug deductible is met
<b>Mail Order (up to 90-day supply maximum)</b>	Tier 0: \$0 Tiers 1, 2: \$14 Tier 3: \$135 Tier 4: 0% coinsurance after \$5,000 (individual)/\$10,000 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$14 Tier 3: \$135 Tier 4: 0% coinsurance after \$9,100 (individual)/\$18,200 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$14 Tiers 3, 4: 0% coinsurance after \$9,100 (individual)/\$18,200 (family) drug deductible is met

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



# 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, 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.





# Have Questions?

**CONTACT YOUR AGENT TODAY.**



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

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

