

2024 CHAMBER BLUESM PLANS

Group Insurance Plans for Businesses With 51+ Employees



TABLE OF CONTENTS



2 Overview



5 Networks



6 Services



7 Tools



8 Value



11 Benefits and Plans

12 Chamber Blue High-Deductible Health Plans (HDHPs)

14 Chamber Blue Health Reimbursement Account (HRA) Plans

16 Chamber Blue Preferred Plans

20 Chamber Blue Secure Plans



24 Contact Information

Welcome to Chamber BlueSM

For more than 75 years, BlueCross BlueShield of South Carolina has been a community partner and supporter. We created Chamber Blue as an extension of that commitment. Our portfolio of 30 plans, offered exclusively through your local chambers of commerce, brings BlueCross health care benefits to chamber businesses and their employees. We are proud to support these organizations that contribute so much to their communities.

Thank you for your partnership and commitment to a stronger South Carolina.

OVERVIEW

This reference guide provides an overview of the benefits offered in our Chamber Blue plans. Here are some important details about these plans:

- ◆ Chamber Blue plan benefits are offered to groups with 51 or more eligible employees in the total group. Actual enrollment may be below 51 lives. Chamber Blue plans that enroll below the standard participation guidelines, may be subject to a premium surcharge.
- ◆ All amounts indicate the member responsibility for in-network services unless otherwise noted.
- ◆ Charges for in-network services accumulate toward the out-of-pocket limit, including copays, deductible and coinsurance, with integrated pharmacy. Chiropractic coverage does not count toward the out-of-pocket limit.
- ◆ For all plans, urgent care charges are paid the same as a specialist visit.
- ◆ All plans include a \$500 sustained health benefit.
- ◆ All Chamber Blue plans use an embedded deductible and embedded maximum out of pocket (MOOP) except HDHP 1, which has an aggregate deductible and MOOP.
- ◆ For preventive screenings, all Chamber Blue plans pay 100 percent for certain recommended screenings, including well-child visits, received in network. Screenings are not covered out of network.
- ◆ All Chamber Blue plans offer an unlimited annual and lifetime maximum.
- ◆ The group can select the benefit period for all Chamber Blue plans as the calendar year or 12 months from the effective date.
- ◆ The Enhanced Office Visit Copay now includes minor office surgery, diagnostic lab and X-ray services performed in the doctor's office at 100 percent (except MRI, PET and CT scans).
- ◆ Blue CareOnDemandSM is available on all plans.
- ◆ Chiropractic coverage has a \$25 copay per visit with a per-year maximum of \$500. (Chiropractic coverage does not go toward the MOOP.)
- ◆ Blue DataConnectSM
- ◆ My Health NovelSM
- ◆ My Diabetes Discount Program
- ◆ Blue RewardsSM



THINK BLUE

TRUST

BlueCross BlueShield of South Carolina has earned the trust of South Carolinians for more than 75 years, offering solutions for business owners throughout the state. 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: 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 business. Let us help you find the right Chamber Blue plan for your company.

LARGE PROVIDER NETWORK

You'll love the expansive BlueCross network of doctors, hospitals, specialists, pharmacies and other health care providers that work to keep your employees safe, healthy and on the job.

COMMUNITY OUTREACH

Supporting our local community — your working families living in 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 nonprofit organizations. By supporting projects that directly benefit South Carolina's most vulnerable populations, we are helping to create a strong community for everyone.

AWARD-WINNING CUSTOMER SERVICE

The BlueCross team delivers world-class customer service — and that's not just our opinion. Our customer service advocates have been recognized by a leading research firm, the Service Quality Management Group, for their ability to resolve member issues with a single phone call and to provide an overall positive experience.

Our customer service team is always ready to help you and your employees.



SUSTAINED HEALTH BENEFIT

Each of our Chamber Blue plans covers many important preventive benefits, as recommended by the Affordable Care Act (ACA). (Note: Some plans may have different levels of preventive benefits.) However, some common procedures are not covered under the ACA, including these:

- ◆ Electrocardiograms (EKGs)
- ◆ Chest X-rays
- ◆ Blood work (except lipid screenings)
- ◆ Urinalysis

Our Sustained Health Benefit is included in each of our Chamber Blue plans. Sustained Health offers \$500 toward allowable expenses for preventive services not covered under each member's plan. And Sustained Health offers BlueCross' one-of-a-kind discounted pricing on these preventive services. Sustained Health is a great benefit for you and your employees.

MEDICAL SAVINGS ACCOUNTS

Setting aside tax-free funds to help pay medical expenses is a savvy strategy for employees. Through AccrueHealth with BlueCross, employers can provide access to health savings accounts, health reimbursement arrangements and flexible spending accounts (HSAs, HRAs and FSAs).

Members easily link up with their account information through My Health Toolkit® (web or mobile) or through the AccrueHealth mobile app.

BLUE DENTALSM

When you choose BlueCross to administer your medical and dental benefits, this integrated approach gives providers a better picture of members' overall health. Blue Dental is available with a medical plan or as a stand-alone group offering. Blue Dental plans include no deductible for preventive services and low deductibles for basic and major restorative services.

Some of the benefits include:

- ◆ Flexible designs, including Open Access, Select or Tiered plans.
- ◆ An array of options that provide a broad selection of benefits and affordability.
- ◆ Easy administration with consolidated billing, eligibility and enrollment through a single account team.
- ◆ In-network advantages and comprehensive dental networks with more than 132,000 dentists nationwide.
- ◆ Optional orthodontic coverage.
- ◆ Plans for all contribution levels and premium pricing for employers who contribute at least 50 percent of the single premium and have at least 50 percent participation.

ADDITIONAL BENEFITS OFFERED BY COMPANION LIFE INSURANCE COMPANY

With decades of experience, Companion Life has a proven track record of success. Their solid foundation can give you the agility you need to get to the front of the pack. Companion Life offers:

- ◆ Life insurance.
- ◆ Dental insurance.
- ◆ Vision insurance.
- ◆ Critical illness insurance.
- ◆ Short-term disability insurance.
- ◆ Long-term disability insurance.



THINK NETWORKS

PROVIDER NETWORK

Our group plans come with access to our Preferred Blue network (PPO), the largest provider network in South Carolina.

The Preferred Blue network is a group of physicians, hospitals and other health care providers that agree to provide health care services to our members at a discounted rate sometimes referred to as the allowed amount.

IN NETWORK

To make the most out of plan benefits, members should always choose providers who are in network. This option gives discounted rates for health care services.

BENEFITS WITHOUT BORDERS

Business owners can offer their employees the peace of mind that comes with access to providers across the country and around the world.

- ◆ BlueCard allows members to use their health care benefits throughout the country.
- ◆ Blue Cross Blue Shield Global® Core gives members access to doctors and hospitals around the world.
- ◆ GeoBlue® International Health Insurance helps members access health care coverage around the world. (This is an additional coverage option for your clients traveling overseas.)

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. For locations, go to www.DoctorsCare.com/locate.



BLUE CARE ON DEMAND

Have you discovered the convenience and cost savings of telehealth? Lots of BlueCross members have, and we've made Blue CareOnDemand Powered by MDLIVE better than ever.

The MDLIVE clinical network has more than 2,500 providers. They average more than 10 years of experience.

BlueCross members first access Blue CareOnDemand powered by MDLIVE through their My Health Toolkit® accounts.



Powered by **MDLIVE**

THREE COMPONENTS OF CARE

Through MDLIVE, Blue CareOnDemand offers three health care components. Providers can even prescribe medications when needed.

- ◆ Urgent care: Get care for more than 80 common conditions such as allergies, cold and flu, COVID-19, sore throat, and urinary tract infections.
- ◆ Behavioral health: Unlike many other platforms, the experience through Blue CareOnDemand is more like a face-to-face visit with a therapist for problems such as anxiety and depression.
- ◆ Dermatology: Get care for conditions affecting skin, hair and nails, such as acne, rosacea and eczema.



THINK SERVICES

PREVENTIVE SERVICES

Services such as preventive screenings for children, women and men, including prostate screenings and lab work according to American Cancer Society guidelines, are provided at 100 percent. The American Cancer Society is an independent organization that provides health information you may find helpful.

For a complete list of covered preventive services, visit www.USPreventiveServicesTaskForce.org. (This link leads to a third-party website. That organization is solely responsible for the contents and privacy policies on its site.)

PHARMACY SERVICES

Members enrolled in our Chamber Blue plans have access to a broad formulary of prescription drugs, ensuring they can get the medications they need when they need them.

Your prescription drug plan gives you and your doctor many choices. Understanding your choices can help you make the most of your benefits and save money.

Where to find details

www.SouthCarolinaBlues.com

Select Members. Under Members Overview, select Prescription Drugs. Under Employer-Based, select Any Other Group Plan.

Retail prescription drug coverage

With more than 70,000 network pharmacies to choose from, it's easy to find one near you. Simply visit a network pharmacy and show your membership card when you drop off your prescription. The pharmacist will confirm that you're covered and determine the amount you pay for prescriptions. If you don't present your ID card or don't use a network pharmacy, you'll have to file a claim and you might not be reimbursed for the full amount you paid. To file a claim, call the number on the back of your membership card.

Specialty pharmacy

Specialty drugs treat conditions such as cancer, hepatitis, multiple sclerosis or rheumatoid arthritis, just to name a few. They often require special administration, dosing and monitoring. You may pay more for specialty drugs than nonspecialty drugs for each 30-day supply. Your plan requires you to have specialty drug prescriptions filled at our preferred specialty pharmacy, Optum® Specialty Pharmacy. This specialty pharmacy service is provided by Optum Rx®, an independent company that provides pharmacy benefit management services on behalf of BlueCross.

Note: Some drugs may have a prior authorization, quantity management or step therapy requirement.



THINK CONTROL

MY HEALTH TOOLKIT OFFERS WAYS TO MAKE INFORMED HEALTH CARE DECISIONS

- ◆ View claims and Explanations of Benefits.
- ◆ Check eligibility and benefits.
- ◆ Send a secure message to Customer Service.
- ◆ Verify authorization status.
- ◆ View deductible and out-of-pocket statuses.
- ◆ Request a new ID card; view or share a digital ID card.
- ◆ View hospitals, benefit plans and drug costs.
- ◆ Find a doctor.
- ◆ Estimate treatment costs for specific conditions and procedures.

THINK SMART

ONLINE TOOLS AND SERVICES

BlueCross' online tools help employers spend less time managing benefits and more time managing their businesses.

- ◆ BluesEnrollSM: Group leaders can add or delete employees and dependents, order new ID cards, pay bills and more.
- ◆ Blue e-BillSM: Group leaders can access and manage their accounts 24/7.
- ◆ Blue DataConnectSM: Round-the-clock access to claims data can answer questions and guide decisions about coverage (for groups with 100+ employees).
- ◆ eExchange: Groups that have enrollment information with external vendors and in multiple formats use this service to consolidate and transmit enrollment data to BlueCross.
- ◆ Integration with the Employee Navigator benefit administration system lets you transfer and process enrollment data.

TO SET UP A MY HEALTH TOOLKIT ACCOUNT:

- 1 Go to www.SouthCarolinaBlues.com.
- 2 On the homepage, find the Member Login: My Health Toolkit box and select Register.
- 3 Create your profile by entering your member information found on your insurance card. Follow the remaining steps to complete your profile.
- 4 Or, members can download the My Health Toolkit app to their mobile devices for anytime, anywhere access to their health information.

THINK VALUE

Discount and Value-Added Programs

Sometimes all you need to feel great is a little sprucing up. And saving money in the process makes it even more rewarding. That's why our members enjoy our discounts and value-added programs. With no claims to file and no annual limits, members pay the discounted rate directly to participating providers.



FITNESS AND WELLNESS

Fitness Center Memberships

We make it easy for our members to save on memberships to local fitness facilities as well as wearable fitness devices, home fitness equipment and activewear.

Weight Management

Members enjoy discounts on weight loss programs and services.

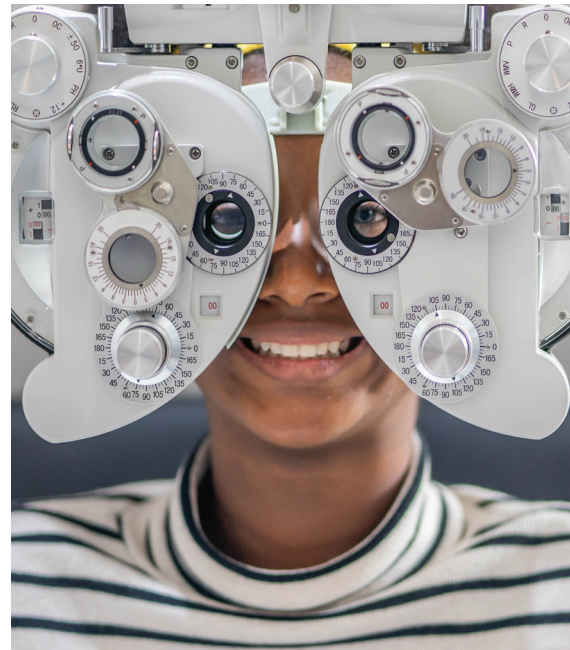


Healthful Reading

Discounts on fitness-oriented magazine subscriptions — along with cookbooks and recipes — encourage healthy lifestyles.

Allergy Relief

Members breathe easier thanks to special prices on products designed to reduce exposure to indoor allergens.



PERSONAL CARE/LIFESTYLE

Vision Discount Program

BlueCross members can take advantage of this free discount program, saving on eye exams, frames and lenses.

Hearing Care

We connect members with discounts on hearing aids from providers such as Beltone™ and TruHearing®.

COSMETIC

Hair Restoration

Suffering from hair loss? You have everything to gain. As a member, you'll save \$1,600 on hair transplantation services.



Blue365®

BlueCross members have access to Blue365, a daily deal website with discounts on everyday products that can help families live healthier, happier lives. Members can enjoy discounts on personal care, fitness, wellness and lifestyle products as well as healthy eating and financial services. Blue365 complements a member's health coverage by making it easier and more affordable to make healthy choices.

Visit www.Blue365deals.com/BCBSSC for the deal of the day!

OTHER MEMBER PERKS

These include discounts on teeth whitening, hair restoration, travel clubs, vacations and pet care.



YOUR NAVIGATORSM FOR HEALTH MANAGEMENT

An array of BlueCross programs serve members with varying needs, from preventive care to more intensive management of chronic conditions. Your Navigator for Health Management covers the four categories below.

Members are automatically enrolled in the appropriate programs based on claims history, pharmacy spending and physician referral. Members can self-refer to any of these programs at any time by calling **855-838-5897**.

PREVENTION AND WELLNESS

- ◆ Children's Health
- ◆ Men's Health
- ◆ Tobacco Cessation
- ◆ Weight Management
- ◆ Women's Health
- ◆ Back Care
- ◆ Healthy and Active Kids (childhood obesity)

CONDITION MANAGEMENT

- ◆ Recovery Support (alcohol and other substance abuse)
- ◆ Maternity
- ◆ Migraine (adult and pediatric)
- ◆ Metabolic Health (prediabetes)
- ◆ Neonatal Intensive Care Unit (NICU) Case Management

CHRONIC CONDITION CARE MANAGEMENT

- ◆ Asthma
- ◆ Chronic Obstructive Pulmonary Disease (COPD)
- ◆ Depression
- ◆ Diabetes
- ◆ Heart Disease
- ◆ Heart Failure
- ◆ High Cholesterol
- ◆ High Blood Pressure (hypertension)
- ◆ Heart Failure
- ◆ Migraine (adult and pediatric)
- ◆ Metabolic Health (prediabetes)

CRITICAL HEALTH MANAGEMENT

- ◆ Care Calls (hospital-to-home transition)
- ◆ Case Management (for conditions including cancer, severe trauma, multiple chronic conditions, complex wounds, weight loss surgery, hepatitis C, traumatic brain injury, rheumatoid arthritis, transplants and neuromuscular diseases)
- ◆ Care Guardian (emergency room diversion management)
- ◆ Chronic Kidney Disease

OTHER TARGETED WELLNESS PROGRAMS AND FEATURES

- ◆ My Health Novel — This program helps members with obesity-related health risks take steps to avoid them. There are three My Health Novel programs, each with a network of apps and digital resources for weight management, musculoskeletal conditions or behavioral health.
- ◆ My Diabetes Discount Program — Diabetes is a major health problem in South Carolina, with high costs for patients as well as employers. My Diabetes Discount Program lets members who use insulin meet a few requirements, such as regular exams and blood tests, to receive a reduced or \$0 copay for their insulin.
- ◆ My Health PlannerSM — Our care management team and other health care professionals provide support through this mobile app. Members also can set up medication and appointment reminders.
- ◆ Personal Health Record — This confidential online tool summarizes health information such as doctor visits, prescriptions, lab results and appointments.
- ◆ Blue Rewards — As extra motivation for taking healthful actions (like getting a flu shot), members receive monetary rewards. They can use these funds for medical costs, such as copays.
- ◆ Personal Health Assessment — This online survey helps identify risk factors and suggests ways to improve health.
- ◆ Health Library — This feature includes medical information, health calculators, self-care channels and nutrition guides.



Blue RewardsSM

HEALTH HAS ITS REWARDS

Introducing Blue Rewards exclusively from BlueCross BlueShield of South Carolina

Chamber Blue members can earn up to \$150 per year for completing wellness activities.

2024 WELLNESS ACTIVITIES:

- Get a flu shot. **Get 60 dollars.**
- Get an annual wellness exam. **Get 60 dollars more.**
- Complete a telehealth visit. **Get another 30 dollars.**

Blue Rewards dollars can only be used toward copays, coinsurance and out-of-pocket expenses toward covered medical services. Excludes pharmacy.

Funds will expire Dec. 31, 2024.

AVAILABLE ON THE WEB AT WWW.BLUEWARDSSC.COM





ADDITIONAL WELLNESS OPTIONS

Business owners need to get the most from every health care dollar they spend. Working with Doctors Care, BlueCross offers easy access to wellness screenings and flu shots for employees (and dependents, if applicable).

DOCTORS CARE CLINICS

Businesses can offer a wellness clinic on-site or at a local Doctors Care center. The clinic includes a range of biometric screenings for employees and dependents, including the following:

- ◆ Complete blood count
- ◆ Thyroid-stimulating hormone
- ◆ Blood pressure
- ◆ Body mass index (BMI)
- ◆ Comprehensive metabolic panel
- ◆ Lipid panel
- ◆ Height and weight
- ◆ More than 130 additional screenings that are available at discounted rates for members

FLU SHOT CLINICS

Businesses owners can also offer flu shot clinics, either at the workplace or at a local Doctors Care center.

Call your BlueCross marketing representative for more information. We'll provide the promotional materials, too!



BLUE CROSS LEVEL FUNDING

Simplicity, savings, surpluses — and a safety net

Self-funding is a tried-and-true strategy employers use to control costs and stay flexible with their health benefits. With a BlueCross level funding plan, it could be a smart strategy for your company.



LEVEL FUNDING ADVANTAGES:

Simplicity

You make a stable monthly payment based on member enrollment. BlueCross helps tailor your coverage to the needs of your workforce.

Savings

Level funding exempts employers from state taxes and from many of the Affordable Care Act's health insurance taxes. BlueCross takes care of administrative costs, fees and stop loss coverage.

Surpluses

Did your employees have a particularly healthy year and their claims came in lower than the amount funded? Great! You'll get back 50 percent of that surplus, assuming you renew for the next year.

Safety Net

Because you have stop loss coverage, you're protected from the financial risk of higher-than-expected claims. You will never have to pay more than the monthly amount you've agreed on.



BENEFITS

All amounts indicate member responsibility for in-network services unless otherwise noted.

Charges for in-network services accumulate toward the out-of-pocket limit, including copays, deductible and coinsurance, with integrated pharmacy.

All plans include a **\$500 Sustained Health Benefit**.

All Chamber plans use an **embedded deductible** and **embedded maximum out of pocket (MOOP)**, EXCEPT **High-Deductible Health Plan 1**. HDHP 1 has an aggregate deductible and aggregate MOOP.

For **preventive screenings**, all Chamber plans pay 100 percent for certain recommended screenings, including well-child visits, received in network. Screenings are not covered out of network. See the Member Certificate of Coverage for details.

All Chamber plans offer **unlimited annual and lifetime maximums**.

The **Enhanced Office Visit Copay** now includes minor office surgery, diagnostic lab and X-ray services performed in the doctor's office at 100 percent (except MRI, PET and CT scans).

Chiropractic coverage has a \$25 copay per visit with a per-year maximum of \$500 (Chiropractic coverage does not go toward the MOOP.)

CHAMBER BLUE HIGH-DEDUCTIBLE HEALTH PLANS (HDHPs)

	HDHP 1*	HDHP 2	HDHP 3	HDHP 4	HDHP 6	HDHP 7	HDHP 8
Coinsurance							
In Network	0%	30%	0%	30%	30%	0%	0%
Out of Network	40%	50%	40%	50%	50%	40%	40%
Deductible							
In Network							
Single	\$2,500	\$4,500	\$4,000	\$3,500	\$4,000	\$6,000	\$7,500
Family	\$5,000	\$9,000	\$8,000	\$7,000	\$8,000	\$12,000	\$15,000
Out of Network							
Single	\$2,500	\$4,500	\$4,000	\$3,500	\$4,000	\$6,000	\$7,500
Family	\$5,000	\$9,000	\$8,000	\$7,000	\$8,000	\$12,000	\$15,000
MOOP							
In Network							
Single	\$2,500	\$8,000	\$4,000	\$7,000	\$6,500	\$6,000	\$7,500
Family	\$5,000	\$16,000	\$8,000	\$14,000	\$13,000	\$12,000	\$15,000
Out of Network							
Single	\$4,000	\$17,000	\$7,000	\$10,000	\$8,500	\$11,000	\$14,000
Family	\$8,000	\$34,000	\$14,000	\$20,000	\$17,000	\$22,000	\$28,000
Office Visits (sick)							
In Network							
PCP	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Blue CareOnDemand	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Specialist	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Urgent Care	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Primary Care Physician and Specialist Services							
In Network							
Office Visit Services and Diagnostics Performed Same Day	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
All Other Physician Services	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Inpatient and Outpatient Physician Charges (other than office)	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Prescription Drugs							
In Network							
Retail Pharmacy	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Mail Order	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible

*This plan has an aggregate family deductible and MOOP.

CHAMBER BLUE HIGH-DEDUCTIBLE HEALTH PLANS (HDHPs)

	HDHP 1	HDHP 2	HDHP 3	HDHP 4	HDHP 6	HDHP 7	HDHP 8
Emergency Services							
Hospital Emergency Room							
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Ambulance, Out of Area (including physician charges)							
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Inpatient Hospital							
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Outpatient Hospital							
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, and skilled nursing)							
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Mental Health/Substance Use							
In Network							
Inpatient Services	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Outpatient Services	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Physician Office Charges (outpatient)	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Autism Spectrum Disorder	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Other Services (includes dental services related to injury, home health, hospice and out-of-country services)							
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible

CHAMBER BLUE HEALTH REIMBURSEMENT ACCOUNT (HRA) PLANS

	HRA 3	HRA 5	HRA 6	HRA 7	HRA 8	HRA 9	HRA 10
Coinsurance							
In Network	0%	0%	50%	0%	20%	0%	0%
Out of Network	40%	40%	50%	40%	100%	40%	40%
Deductible							
In Network							
Single	\$4,000	\$6,000	\$8,500	\$7,350	\$7,000	\$8,000	\$8,900
Family	\$8,000	\$12,000	\$17,000	\$14,700	\$14,000	\$16,000	\$17,800
Out of Network							
Single	\$7,000	\$11,000	\$16,500	\$13,700	Unlimited	\$15,000	\$16,800
Family	\$14,000	\$22,000	\$33,000	\$27,400	Unlimited	\$30,000	\$33,600
MOOP							
In Network							
Single	\$4,000	\$6,000	\$9,450	\$7,350	\$9,450	\$8,000	\$8,900
Family	\$8,000	\$12,000	\$28,900	\$14,700	\$18,900	\$16,000	\$17,800
Out of Network							
Single	\$13,000	\$21,000	\$35,000	\$26,400	Unlimited	\$29,000	\$32,600
Family	\$26,000	\$42,000	\$105,000	\$52,800	Unlimited	\$58,000	\$65,200
Office Visits (sick)							
In Network							
PCP	\$40 copay	\$45 copay	50% after deductible	\$45 copay	\$45 copay (in network only)	\$45 copay	\$45 copay
Blue CareOnDemand	\$30 copay	\$35 copay	50% after deductible	\$35 copay	\$35 copay (in network only)	\$35 copay	\$35 copay
Specialist	\$60 copay	\$90 copay	50% after deductible	\$90 copay	\$90 copay (in network only)	\$90 copay	\$90 copay
Urgent Care	\$60 copay	\$90 copay	50% after deductible	\$90 copay	\$90 copay (in network only)	\$90 copay	\$90 copay
Primary Care Physician and Specialist Services							
In Network							
Office Visit Services and Diagnostics Performed Same Day	0% after copay	0% after copay	50% after deductible	0% after copay	0% after copay	0% after copay	0% after copay
All Other Physician Services	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Inpatient and Outpatient Physician Charges (other than office)	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Prescription Drugs							
In Network							
Retail Pharmacy	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	50% after deductible	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500
Mail Order	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	50% after deductible	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276

CHAMBER BLUE HEALTH REIMBURSEMENT ACCOUNT (HRA) PLANS

	HRA 3	HRA 5	HRA 6	HRA 7	HRA 8	HRA 9	HRA 10
Emergency Services							
Hospital Emergency Room							
In Network	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Ambulance, Out of Area (including physician charges)							
In Network	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Inpatient Hospital							
In Network	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Outpatient Hospital							
In Network	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, and skilled nursing)							
In Network	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Mental Health/Substance Use							
In Network							
Inpatient Services	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Outpatient Services	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Physician Office Charges (outpatient)	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Other Services (includes dental services related to injury, home health, hospice and out-of-country services)							
In Network	0% after deductible	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible

CHAMBER BLUE PREFERRED PLANS

	PREFERRED 1	PREFERRED 2	PREFERRED 9	PREFERRED 10	PREFERRED 13	PREFERRED 14	PREFERRED 17	PREFERRED 19	
Coinsurance									
In Network	20%	20%	30%	40%	40%	30%	20%	30%	
Out of Network	40%	40%	50%	60%	60%	50%	40%	50%	
Deductible									
In Network									
Single	\$3,500	\$2,500	\$1,500	\$2,500	\$2,000	\$3,000	\$4,500	\$4,000	
Family	\$10,500	\$7,500	\$4,500	\$7,500	\$6,000	\$9,000	\$13,500	\$12,000	
Out of Network									
Single	\$6,500	\$4,500	\$2,500	\$4,500	\$3,500	\$8,000	\$8,500	\$7,500	
Family	\$19,500	\$13,500	\$7,500	\$13,500	\$10,500	\$24,000	\$25,500	\$22,500	
MOOP									
In Network									
Single	\$7,000	\$5,000	\$8,000	\$6,000	\$5,500	\$8,500	\$9,450	\$7,850	
Family	\$14,000	\$10,000	\$16,000	\$12,000	\$11,000	\$17,000	\$18,900	\$15,700	
Out of Network									
Single	\$13,000	\$9,000	\$15,000	\$11,000	\$10,000	\$16,000	\$18,000	\$14,700	
Family	\$26,000	\$18,000	\$30,000	\$22,000	\$20,000	\$32,000	\$36,000	\$29,400	
Office Visits (sick)									
In Network									
PCP	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$40 copay	\$30 copay	
Blue CareOnDemand	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$40 copay	\$30 copay	
Specialist	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$50 copay	
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$50 copay	
Primary Care Physician and Specialist Services									
In Network									
Office Visit Services and Diagnostics Performed Same Day	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	
All Other Physician Services	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible	
Inpatient and Outpatient Physician Charges (other than office)	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible	
Prescription Drugs									
In Network									
Retail Pharmacy	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500
Mail Order	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161

CHAMBER BLUE PREFERRED PLANS

	PREFERRED 1	PREFERRED 2	PREFERRED 9	PREFERRED 10	PREFERRED 13	PREFERRED 14	PREFERRED 17	PREFERRED 19
Emergency Services								
Hospital Emergency Room								
In Network	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Ambulance, Out of Area (including physician charges)								
In Network	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Inpatient Hospital								
In Network	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Hospital								
In Network	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, and skilled nursing)								
In Network	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental Health/Substance Use								
In Network								
Inpatient Services	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Services	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Physician Office Charges (outpatient)	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Other Services (includes dental services related to injury, home health, hospice and out-of-country services)								
In Network	20% after deductible	20% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible

CHAMBER BLUE SECURE PLANS

	SECURE 4	SECURE 6	SECURE 10
Coinsurance			
In Network	20%	30%	40%
Out of Network	40%	50%	60%
Deductible			
In Network			
Single	\$4,000	\$2,250	\$2,750
Family	\$8,000	\$6,750	\$8,250
Out of Network			
Single	\$7,500	\$4,000	\$5,000
Family	\$15,000	\$12,000	\$15,000
MOOP			
In Network			
Single	\$8,500	\$6,500	\$7,000
Family	\$17,000	\$13,000	\$14,000
Out of Network			
Single	\$16,000	\$12,000	\$13,000
Family	\$32,000	\$24,000	\$26,000
Office Visits (sick)			
In Network			
PCP	\$60 copay	\$60 copay	\$60 copay
Blue CareOnDemand	\$40 copay	\$40 copay	\$40 copay
Specialist	\$80 copay	\$80 copay	\$80 copay
Urgent Care	\$80 copay	\$80 copay	\$80 copay
Physician Services			
In Network			
Inpatient and Outpatient Physician Charges (other than office)	20% after deductible	30% after deductible	40% after deductible
Prescription Drugs			
In Network			
Retail Pharmacy	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500
Mail Order	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276

CHAMBER BLUE SECURE PLANS

	SECURE 4	SECURE 6	SECURE 10
Emergency Services			
Hospital Emergency Room			
In Network	\$300 copay, then 20% after deductible	\$300 copay, then 30% after deductible	\$300 copay, then 40% after deductible
Ambulance, out-of-area (including physician charges)			
In Network	20% after deductible	30% after deductible	40% after deductible
Inpatient Hospital			
In Network	\$500 copay, then 20% after deductible	\$500 copay, then 30% after deductible	\$500 copay, then 40% after deductible
Outpatient Hospital			
In Network	20% after deductible	30% after deductible	40% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, and skilled nursing)			
In Network	20% after deductible	30% after deductible	40% after deductible
Mental Health/Substance Use			
In Network			
Inpatient Services	20% after deductible	30% after deductible	40% after deductible
Outpatient Services	20% after deductible	30% after deductible	40% after deductible
Physician Office Charges (outpatient)	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	20% after deductible	30% after deductible	40% after deductible
Other Services (includes dental services related to injury, home health, hospice and out-of-country services)			
In Network	20% after deductible	30% after deductible	40% after deductible
Out of Network	40% after deductible	50% after deductible	60% after deductible

CHAMBER BLUE SECURE PLANS

	SECURE 14	SECURE 16	SECURE 18	SECURE 20	SECURE 22
Coinsurance					
In Network	50%	50%	50%	0%	0%
Out of Network	50%	50%	50%	50%	40%
Deductible					
In Network					
Single	\$2,750	\$4,500	\$5,500	\$8,900	\$7,850
Family	\$8,250	\$9,000	\$11,000	\$17,800	\$15,700
Out of Network					
Single	\$5,000	\$8,500	\$10,500	\$16,800	\$14,700
Family	\$15,000	\$17,000	\$21,000	\$33,600	\$29,400
MOOP					
In Network					
Single	\$8,500	\$8,500	\$8,900	\$8,900	\$7,850
Family	\$17,000	\$17,000	\$17,800	\$17,800	\$15,700
Out of Network					
Single	\$16,000	\$16,000	\$16,800	\$32,600	\$28,400
Family	\$32,000	\$32,000	\$33,600	\$65,200	\$56,800
Office Visits (sick)					
In Network					
Primary Care	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Blue CareOnDemand	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Specialist	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay
Urgent Care	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay
Physician Services					
In Network					
All Other Physician Services	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Inpatient and Outpatient Physician Charges (other than office)	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Prescription Drugs					
In Network					
Retail Pharmacy	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: Deductible & coinsurance Tier 3: Deductible & coinsurance Tier 4: deductible & coinsurance	0% after deductible
Mail Order	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$16 Tier 2: Deductible & coinsurance Tier 3: Deductible & coinsurance	0% after deductible

CHAMBER BLUE SECURE PLANS

	SECURE 14	SECURE 16	SECURE 18	SECURE 20	SECURE 22
Emergency Services					
Hospital Emergency Room					
In Network	\$300 copay, then 50% after deductible	\$300 copay, then 50% after deductible	\$300 copay, then 50% after deductible	\$300 copay, then 0% after deductible	\$300 copay, then 0% after deductible
Ambulance, Out of Area (including physician charges)					
In Network	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Inpatient Hospital					
In Network	\$500 copay, then 50% after deductible	\$500 copay, then 50% after deductible	\$500 copay, then 50% after deductible	\$500 copay, then 0% after deductible	\$500 copay then 0% after deductible
Outpatient Hospital					
In Network	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, and skilled nursing)					
In Network	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Mental Health/Substance Use					
In Network					
Inpatient Services	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient Services	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Physician Office Charges (outpatient)	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
In Network	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible

CONTACT INFORMATION

Membership Customer Service:

800-868-2500, ext. 41010

803-264-1010

803-264-0143 (Fax)

Group.Membership@bcbsc.com

Claims:

BlueCross BlueShield of South Carolina, Attn: Group Claims

Mail Code AX-F25

P.O. Box 100300

Columbia, SC 29202-3300

Group.Claims@bcbsc.com

Formal appeals must be sent in writing to BlueCross BlueShield of South Carolina, Member Service Center, P.O. Box 100300, Columbia, SC 29202. The appeal must state that you are requesting a formal appeal and include all pertinent information regarding the claim in question that you wish to be considered in the appeal. Requests to cover services and supplies that are specifically excluded in the contract will be treated as appeals; however, such requests aren't eligible for external review.

Optum*:

General Pharmacy Questions: 855-819-0955

Speciality Pharmacy Questions: 877-259-9428

Mail Service Questions: 855-811-2218

Dental:

800-868-2500, ext. 42254

803-264-2254

Payments:

BlueCross BlueShield of South Carolina

Cashier's Office, AX-A31

P.O. Box 6000

Columbia, SC 29260

Claims Customer Service:

800-868-2500, ext. 43475

803-264-3475

Companion Benefit Alternatives:**

(Mental Health):

800-868-2500, ext. 25037

800-868-1032

Prior Authorization:

800-868-2500, ext. 41904

803-264-1904

*Optum is an independent company that manages prescription drug benefits on behalf of BlueCross.

**Companion Benefit Alternatives is a separate company that manages behavioral health and substance benefits on behalf of BlueCross.

AGENT SERVICES



Your BlueCross account representative offers support as you provide clients with a high level of service. The team will help you:

- ◆ Get answers to questions about onboarding, benefit changes, renewals, billing and more.
- ◆ Monitor your groups with status updates.
- ◆ Use self-service tools, such as Blue e-Bill.
- ◆ Welcome new clients with information they need for a seamless enrollment process.



BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.



www.SouthCarolinaBlues.com

