



South Carolina

# 2026 Product & Sales Guide for Agents

## Individual and Family Plans



# The Power of Blue

**Not all carriers are created equal.**

**See why BlueCross BlueShield of South Carolina stands out from the rest.**

## **1. All South Carolina Hospitals and Most Doctors in Network**

We promptly pay claims for member services, which makes us a trusted partner with health systems and allows us to provide a broad choice of care options to members.

## **2. Nationwide, More Than 1.7 Million Doctors and Hospitals Contract with BlueCross**

This is more than any other insurer.

## **3. Only Carrier With a Four-Star Rating for 5 Consecutive Years**

BlueCross is the only carrier on the ACA Marketplace in South Carolina to receive an overall rating of four stars for five consecutive years.\*

## **4. 5-Star Member Experience**

Our members rated their experience with us 5 out of 5 stars.

## **5. 23 Years and Counting With an A+ Rating From AM Best**

We are the only health insurance company in South Carolina with an A+ rating for 23 consecutive years.

## **6. Nationally Recognized Customer Service Advocates**

Our customer service center has consistently been recognized for excellence from a national third party, SQM®.

## **7. Local Sales Representatives**

We have local representatives who offer in-person service and assistance to agents writing BlueCross.

### **Sources:**


\*CMS scores qualified health plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS) based on third-party validated clinical measure data and QHP Enrollee Survey responses. CMS calculates ratings yearly on a 5-star scale. Ratings may change from year to year.

Blue Cross Association: [www.bcbs.com/about-us/blue-cross-blue-shield-system](http://www.bcbs.com/about-us/blue-cross-blue-shield-system)

Visit [www.AMBest.com](http://www.AMBest.com) for the latest ratings.

Latest SQM Awards: [www.SQMGroup.com/awarding/award-winners-year](http://www.SQMGroup.com/awarding/award-winners-year)

# Table of Contents

	Page
Product Directory .....	2
Financial Assistance for Health Plans .....	3
Pharmacy Services .....	4
Preventive Services .....	5
Vision Services .....	6
Blue Direction.....	7
Regional Plans.....	15
BlueEssentials <sup>SM</sup> Plans.....	25
Blue VirtuConnect <sup>SM</sup> Plans .....	37
BlueExtend PPO <sup>SM</sup> & BlueExtend <sup>SM</sup> Comparison .....	42
BlueExtend <sup>SM</sup> PPO Plans .....	43
BlueExtend <sup>SM</sup> .....	53
Dental Products.....	53
Dental FAQ .....	59
2026 Blue Secure Dental.....	60
2026 Dental Blue Plans .....	62
Programs & Services .....	65
Blue Rewards <sup>SM</sup> .....	67
My Health Toolkit® .....	68
Blue CareOnDemand <sup>SM</sup> Powered by MDLIVE.....	69
Discount and Wellness Programs.....	70
Health Management Programs.....	71
Agent Reference.....	73
BlueCross Individual Sales Representative Territories.....	75
Contact Information for Agents .....	77
Agent & Enrollment Resources.....	79
Agent Connection...  .....	80
Enrollment Resources.....	81
Client Management & Support.....	83
Sales Materials .....	90

# Product Directory

Product	Product Type	Geography	On/Off Exchange	Blue CareOnDemand Powered by MDLIVE	Formulary
Blue Direction	POS	Jasper, Hampton, Sumter	Both	Yes	Select RX
Blue Beaufort	HMO	Beaufort	Both	No	Select RX
Blue Congaree	HMO	Lexington, Richland, Kershaw	Both	No	Select RX
Blue Cooper	HMO	Berkeley, Dorchester, Charleston, Orangeburg, Williamsburg	Both	No	Select RX
Blue Pee Dee	HMO	Florence, Georgetown, Horry, Marion	Both	No	Select RX
Blue Reedy	HMO	Greenville, Laurens, Oconee, Pickens	Both	No	Select RX
BlueEssentials <sup>SM</sup>	EPO	Statewide	Both	Yes	Core RX
Blue VirtuConnect <sup>SM</sup>	EPO	Statewide	Both	Yes	Core RX
BlueExtend <sup>SM</sup> PPO	PPO	Statewide with BlueCard® + Out-of-Network Benefit	Both	Yes	Core RX
BlueExtend <sup>SM</sup>	EPO	Statewide with BlueCard	Off-Exchange Only	Yes	Core RX

## Financial Assistance for Health Plans

Members may have access to financial 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-share reduction (CSR) or both.

### What is an APTC?

An APTC is federal aid that helps qualified individuals and families by reducing their monthly premiums. There are no tax credits for incomes at 400% FPL and above.

### 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.**

Family Size  ↓	2025 Federal Poverty Level (FPL) Guidelines — Annual Household Income											
	Cost Share 3				Cost Share 2		Cost Share 1					
	100%	133%	134%	150%	151%	200%	201%	250%	300%	400%	500%	600%
1	\$15,650	\$20,815	\$20,816	\$23,475	\$23,476	\$31,300	\$31,301	\$39,125	\$46,950	\$62,600	\$78,250	\$93,900
2	\$21,150	\$28,130	\$28,131	\$31,725	\$31,726	\$42,300	\$42,301	\$52,875	\$63,450	\$84,600	\$105,750	\$126,900
3	\$26,650	\$35,445	\$35,446	\$39,975	\$39,976	\$53,300	\$53,301	\$66,625	\$79,950	\$106,600	\$133,250	\$159,900
4	\$32,150	\$42,760	\$42,761	\$48,225	\$48,226	\$64,300	\$64,301	\$80,375	\$96,450	\$128,600	\$160,750	\$192,900
5	\$37,650	\$50,075	\$50,076	\$56,475	\$56,476	\$75,300	\$75,301	\$94,125	\$112,950	\$150,600	\$188,250	\$225,900
6	\$43,150	\$57,390	\$57,391	\$64,725	\$64,726	\$86,300	\$86,301	\$107,875	\$129,450	\$172,600	\$215,750	\$258,900
7	\$48,650	\$64,705	\$64,706	\$72,975	\$72,976	\$97,300	\$97,301	\$121,625	\$145,950	\$194,600	\$243,250	\$291,900
8	\$54,150	\$72,020	\$72,021	\$81,225	\$81,226	\$108,300	\$108,301	\$135,375	\$162,450	\$216,600	\$270,750	\$324,900
9	\$59,650	\$79,335	\$79,336	\$89,475	\$89,476	\$119,300	\$119,301	\$149,125	\$178,950	\$238,600	\$298,250	\$357,900
10	\$65,150	\$86,650	\$86,651	\$97,725	\$97,726	\$130,300	\$130,301	\$162,875	\$195,450	\$260,600	\$325,750	\$390,900

## Pharmacy Services

Members can save money on their medications with access to a range of prescription drugs and pharmacies.

Prescription Drug Tiers	
<b>TIER 0 DRUGS</b>	These are considered <b>preventive medications</b> under the Affordable Care Act. They are usually covered at no cost to the member.
<b>TIER 1 DRUGS</b>	These are usually <b>generic medications</b> . They typically cost less than brand-name drugs.
<b>TIER 2 DRUGS</b>	Most often brand-name drugs, Tier 2 drugs are sometimes referred to as <b>preferred drugs</b> , as these cost less than other brand-name drugs.
<b>TIER 3 DRUGS</b>	These are most often brand-name drugs, sometimes referred to as <b>nonpreferred drugs</b> , as they usually cost more than other brand-name drugs. These drugs may have generic equivalents.
<b>TIER 4 DRUGS</b>	These are usually <b>specialty drugs</b> 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.



Specific plans feature a separate drug deductible and/or coinsurance. These plans are labeled on the grid.

### Core RX Formulary



BlueEssentials  
BlueExtend  
BlueExtend PPO  
Blue VirtuConnect

### Select RX formulary



Blue Direction  
Blue Beaufort  
Blue Congaree  
Blue Cooper  
Blue PeeDee  
Blue Reedy

## Preventive Services

On all individual and family plans, members have access to preventive services and medications that are at no cost share to the member when he or she visits an in-network provider.

### Covered services\*:

- Annual physicals and well-woman visits
- Routine vaccinations (child and adult)
- Screenings for conditions like high blood pressure, cholesterol, diabetes and various cancers (mammograms, colonoscopies, etc.)
- Well-child visits and physicals

### Covered drugs at \$0 cost share\*\*:

- Statins used for cardiovascular disease
- Tobacco cessation medications
- Contraceptives
- Routine vaccines

\*The claim must be filed as a preventive visit, and the service must be identified as preventive under the ACA.

\*\*The \$0 copay applies when the preventive reason is confirmed in medications that also can be used for nonpreventive indications.



Scan for more information on covered drugs at \$0 cost share.



# Vision Services

All plans have pediatric vision benefits and select plans offer additional adult vision services. All vision benefits are administered through VSP®. VSP is an independent company that administers vision benefits on behalf of BlueCross.

## Pediatric Vision Benefits

Children 18 and Under

- Exam Services — Most plans have comprehensive well-vision exam covered in full after \$25 copay. HD plans are subject to deductible and coinsurance.
- Lenses and Frames — Limited to one item every year, subject to \$50 copay for most plans. HD plans are subject to deductible and coinsurance.
  - Contacts in lieu of glasses are subject to copay.
  - Medically necessary contacts are covered in full.



## Adult Vision Benefits

Available for Blue Direction Silver 1 + Adult Vision, Regional Plans Silver 2 + Adult Vision, and BlueEssentials Silver 14 + Adult Vision only.

<b>Exam Services</b>	■ Comprehensive well-vision exam is covered in full after \$25 copay.
<b>Lenses</b>	■ Glass or plastic single-vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full after \$50 glasses copay.
<b>Lens Enhancements</b>	■ The following lens enhancements are covered: polycarbonate lenses, scratch-resistant coating and ultraviolet coating. Members can elect additional lens enhancements and save an average of 20 – 25 percent..
<b>Frame</b>	■ Frames are covered up to the retail allowance of \$100. ■ Get 20 percent off any amount above the retail allowance. ■ Members can choose from all frames available on the market today.
<b>Additional Pairs of Glasses</b>	■ Within 12 months of exam, get 20 percent unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP doctor.
<b>Elective Contact Lenses</b>	■ Contact lens exam (fitting and evaluation) standard and premium fits are covered in full. ■ Prescription contact lens materials are covered in full up to the retail allowance of \$100 (in lieu of frame and lenses). ■ Members can choose from any available prescription contact lens materials.

**VSP Member Services Contact Information:**

**800-877-7195**

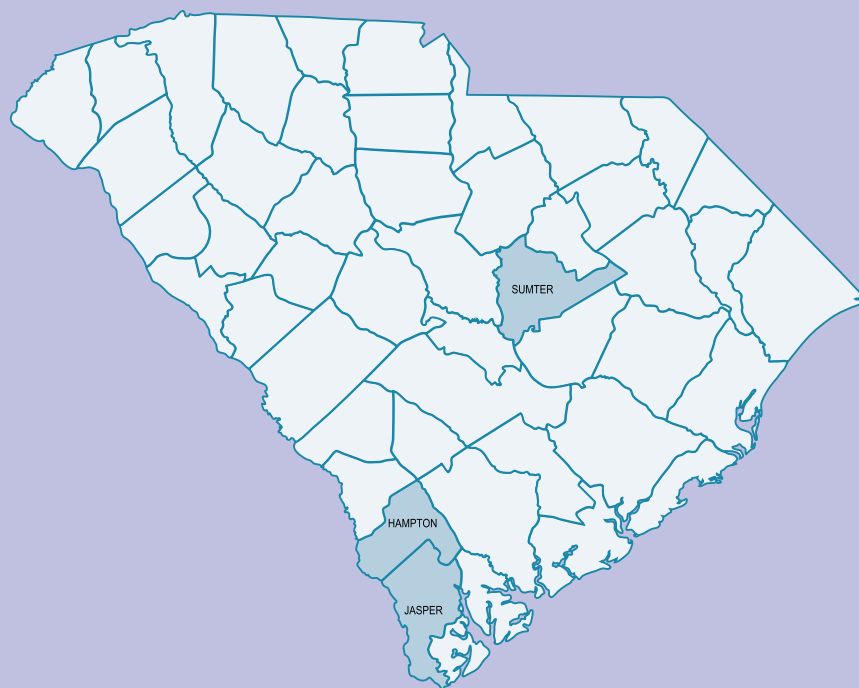
**Monday – Saturday, 6 a.m. – 5 p.m. Pacific time**



Scan to find a provider.

# Blue Direction

Only Available in Hampton, Jasper and Sumter Counties



## Localized Health Coverage

- Assigned Primary Care Physician
- Members have access to all hospitals and most doctors in South Carolina.\*
- Nationwide access to health care because BlueCard\*\* is included
- In-network and out-of-network benefits



**Find a Provider**

**[www.SouthCarolinaBlues.com/links/2026/providers/bluedirection](http://www.SouthCarolinaBlues.com/links/2026/providers/bluedirection)**

\*Statewide network includes some providers in counties contiguous to South Carolina.

**Search Our Covered Drug List**

**[www.SouthCarolinaBlues.com/links/2026/pharmacy/bluedirection](http://www.SouthCarolinaBlues.com/links/2026/pharmacy/bluedirection)**



**Find a Pharmacy**

**[www.SouthCarolinaBlues.com/links/2026/pharmacy/locator](http://www.SouthCarolinaBlues.com/links/2026/pharmacy/locator)**

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


# Find Care

Blue Direction members will be assigned a primary care physician (PCP). The PCP is meant to be their first step for all care needs, and will request referrals to specialists or other doctors if needed. Referrals are required for all next levels of care and specialists except for emergency situations and OB-GYN. If a member already has a PCP, they can continue to see that doctor if he or she is in network. Members can log in to their My Health Toolkit account to find out. If they would like to continue to see their physician, they must call us at 855-404-6752.

# Sample ID Cards

## On Exchange

ZCF



Member Name  
**SUBSCRIBER NAME**  
Member ID  
**ZCF 123456789999**


RxBIN	021684
RxGRP	BXGI
PLAN CODE	380

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

Blue Essentials<sup>SM</sup> Network  
Exclusive Provider Organization  
Referrals Required

	Individual	Family
Deductible	\$XXXX	\$XXXX
MOOP	\$XXXX	\$XXXX

Coverage for in-network and out-of-network benefits. **POS**



[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)  
**Member Resources**  
Member Service Center:  
855-404-6752  
24/7 Pharmacy Support:  
855-823-0387  
Mental Health and Substance Use Precertification:  
800-868-1032

**Provider Resources**  
Provider Services:  
800-868-2510  
Medical Authorization:  
855-895-1682  
Pharmacy Help Desk:  
855-811-2218

BlueCross BlueShield of South Carolina  
P.O. Box 100300  
Columbia, SC 29202  
An independent licensee of the Blue Cross Blue Shield Association.

Members: Report all emergency admissions within 24 hours.

Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.


Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.

A primary care physician will be automatically assigned to you. Your PCP will request referrals for next levels of care except for emergency situations.

**X39**

## Off Exchange

ZCU



Member Name  
**SUBSCRIBER NAME**  
Member ID  
**ZCU 123456789999**


RxBIN	021684
RxGRP	BXGI
PLAN CODE	380

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

Blue Essentials<sup>SM</sup> Network  
Exclusive Provider Organization  
Referrals Required

	Individual	Family
Deductible	\$XXXX	\$XXXX
MOOP	\$XXXX	\$XXXX

Coverage for in-network and out-of-network benefits. **POS**



[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)  
**Member Resources**  
Member Service Center:  
855-404-6752  
24/7 Pharmacy Support:  
855-823-0387  
Mental Health and Substance Use Precertification:  
800-868-1032

**Provider Resources**  
Provider Services:  
800-868-2510  
Medical Authorization:  
855-895-1682  
Pharmacy Help Desk:  
855-811-2218

BlueCross BlueShield of South Carolina  
P.O. Box 100300  
Columbia, SC 29202  
An independent licensee of the Blue Cross Blue Shield Association.

Members: Report all emergency admissions within 24 hours.


Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.

Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.

A primary care physician will be automatically assigned to you. Your PCP will request referrals for next levels of care except for emergency situations.

**X40**

Listed in this section are the common list of benefits. To view the full list, see the Summary of Benefits for each plan. Behavioral health services are covered the same as medical benefits.

Blue Direction				
Silver 1				
	Cost Share 3	Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$400 Family: \$800	Individual: \$4,900 Family: \$9,800	Individual: \$6,500 Family: \$13,000
Coinsurance	20%	50%	50%	50%
Out-of-Pocket Maximum	Individual: \$1,800 Family: \$3,600	Individual: \$3,400 Family: \$6,800	Individual: \$8,450 Family: \$16,900	Individual: \$10,600 Family: \$21,200
Office Visit Primary Care/Behavioral Health	\$0 copay	\$15 copay	\$25 copay	\$25 copay
Blue CareOnDemand	\$10 copay	\$15 copay	\$25 copay	\$25 copay
Specialist Office Visit	\$10 copay	\$50 copay	\$60 copay	\$60 copay
Urgent Care	\$10 copay	\$50 copay	\$60 copay	\$60 copay
Emergency Room Services	20% coinsurance	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	20% coinsurance	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	20% 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
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$2 Tier 2: \$15 Tiers 3 – 4: 0% coinsurance after \$1,800 (individual), \$3,600(family) drug deductible is met	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tiers 3 – 4: 0% coinsurance after \$3,400 (individual), \$6,800 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tiers 3 – 4: 0% coinsurance after \$8,450 (individual), \$16,900 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tiers 3 – 4: 0% coinsurance after \$10,600 (individual), \$21,200 (family) drug deductible is met
	Tier 0: \$0 Tier 1: \$3 Tier 2: \$41 Tier 3: 0% coinsurance after \$1,800 (individual), \$3,600 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$54 Tier 3: 0% coinsurance after \$3,400 (individual), \$6,800 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$54 Tier 3: 0% coinsurance after \$8,450 (individual), \$16,900 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$54 Tier 3: 0% coinsurance after \$10,600 (individual), \$21,200 (family) drug deductible is met
	Silver 1 + Adult Vision			
	\$25 copay for Comprehensive Well Vision Exam	Lenses — Glass or plastic single-vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full after \$50 glasses copay.	Frames — Frames are covered in full up to the retail allowance of \$100, with 20% off any amount above retail allowance.	
This plan is the same as the above but includes adult vision benefits.				



Separate Drug Deductible and/or coinsurance


Out-of-Network Benefit: The member is responsible for 75% of service cost.

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.


Blue Direction				
Silver 2				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$1,100 Family: \$2,200	Individual: \$5,000 Family: \$10,000	Individual: \$5,300 Family: \$10,600
Coinsurance	10%	20%	30%	35%
Out-of-Pocket Maximum	Individual: \$3,450 Family: \$6,900	Individual: \$3,500 Family: \$7,000	Individual: \$8,300 Family: \$16,600	Individual: \$10,600 Family: \$21,200
Office Visit Primary Care/Behavioral Health	\$5 copay	\$10 copay	\$25 copay	\$30 copay
Blue CareOnDemand	\$5 copay	\$10 copay	\$25 copay	\$30 copay
Specialist Office Visit	\$10 copay	\$25 copay	\$50 copay	\$55 copay
Urgent Care	\$10 copay	\$25 copay	\$50 copay	\$55 copay
Emergency Room Services	\$300 copay, then 10% coinsurance	\$300 copay, then 20% coinsurance after deductible is met	\$300 copay, then 30% coinsurance after deductible is met	\$300 copay, then 35% coinsurance after deductible is met
Inpatient Hospitalization	10% coinsurance	20% coinsurance after deductible is met	30% coinsurance after deductible is met	35% coinsurance after deductible is met
Outpatient Services	10% coinsurance	20% coinsurance after deductible is met	30% coinsurance after deductible is met	35% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$7 Tier 2: \$25 Tier 3: \$60 Tier 4: 50% coinsurance	Tier 0: \$0 Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$55 Tier 3: \$100 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$60 Tier 3: \$100 Tier 4: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$10 Tier 2: \$68 Tier 3: \$162	Tier 0: \$0 Tier 1: \$10 Tier 2: \$81 Tier 3: \$270	Tier 0: \$0 Tier 1: \$28 Tier 2: \$149 Tier 3: \$270	Tier 0: \$0 Tier 1: \$28 Tier 2: \$162 Tier 3: \$270

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

Out-of-Network Benefit: The member is responsible for 75% of service cost.

Blue Direction	
Bronze 1 	
Benefits	
Deductible	Individual: \$7,300 Family: \$14,600
Coinsurance	50%
Out-of-Pocket Maximum	Individual: \$10,600 Family: \$21,200
Office Visit Primary Care/Behavioral Health	\$50 copay
Blue CareOnDemand	\$20 copay
Specialist Office Visit	\$70 copay
Urgent Care	\$60 copay
Emergency Room Services	\$300 copay, then 50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$30 Tiers 2 – 4: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$42 Tiers 2 – 3: 50% coinsurance after deductible is met



 This plan is eligible for a Health Savings Account (HSA).

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

Out-of-Network Benefit: The member is responsible for 75% of service cost.

Blue Direction	
Standard Gold	
Deductible	Individual: \$2,000 Family: \$4,000
Coinsurance	25%
Out-of-Pocket Maximum	Individual: \$8,200 Family: \$16,400
Office Visit Primary Care/Behavioral Health	\$30 copay
Blue CareOnDemand	\$30 copay
Specialist Office Visit	\$60 copay
Urgent Care	\$45 copay
Emergency Room Services	25% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met
Prescription Drugs* per 31-day supply (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 and is not available for mail order.  
Out-of-Network Benefit: The member is responsible for 75% of service cost.


Blue Direction				
Standard Silver				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$2,200 Family: \$4,400	Individual: \$3,300 Family: \$6,600	Individual: \$7,400 Family: \$14,800	Individual: \$8,900 Family: \$17,800
Office Visit Primary Care/Behavioral Health	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Blue CareOnDemand	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Specialist Office Visit	\$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
Outpatient Services	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
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tiers 0 – 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)	Tiers 0 – 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 and is not available for mail order.

Out-of-Network Benefit: The member is responsible for 75% of service cost.

Blue Direction	
Standard Expanded Bronze 	
Benefits	
Deductible	Individual: \$7,500 Family: \$15,000
Coinsurance	50%
Out-of-Pocket Maximum	Individual: \$10,000 Family: \$20,000
Office Visit Primary Care/Behavioral Health	\$50 copay
Blue CareOnDemand	\$50 copay
Specialist Office Visit	\$100 copay
Urgent Care	\$75 copay
Emergency Room Services	50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
Ambulatory Surgery Center	50% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (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



 This plan is eligible for a Health Savings Account (HSA).

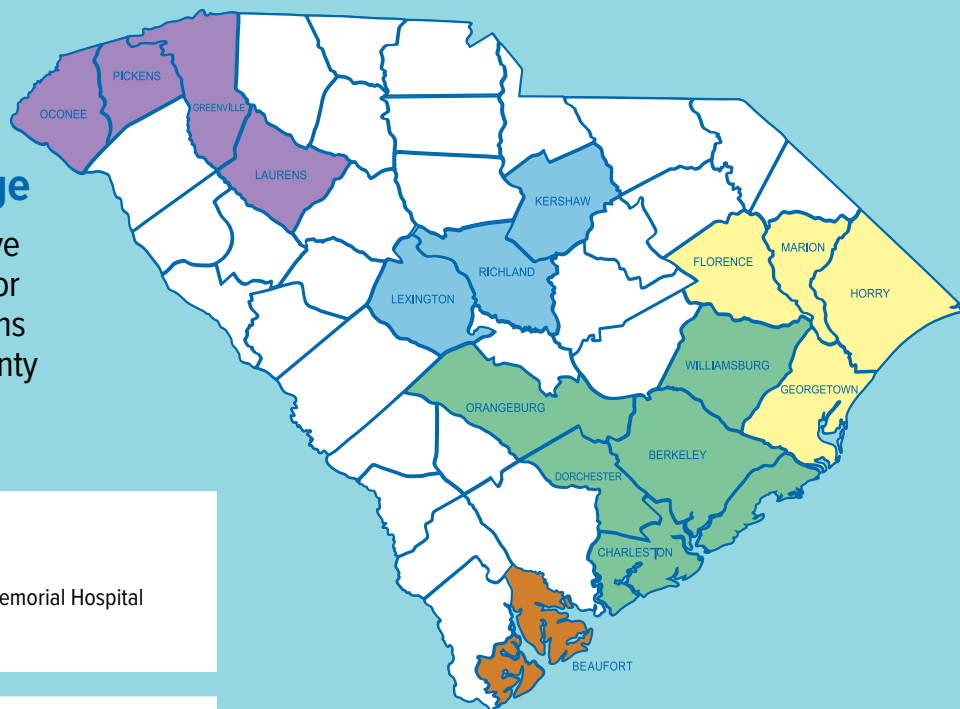
\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

Out-of-Network Benefit: The member is responsible for 75% of service cost.

# Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy Plans

## Regional Health Coverage

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 Beaufort

#### Location

- Beaufort County

#### Network

- Beaufort Memorial Hospital



### Blue Congaree

#### Locations

- Kershaw County
- Lexington County
- Richland County

#### Networks

- Lexington Medical Center
- MUSC Health



### Blue Cooper

#### Locations

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

#### Networks

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



### Blue Pee Dee

#### Locations

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

#### Networks

- Conway Medical Center
- MUSC Health
- Tidelands Health Georgetown



### Blue Reedy

#### Locations

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

#### Network

- Prisma Health Upstate Network



#### Find a Provider

[www.SouthCarolinaBlues.com/links/regional/providers](http://www.SouthCarolinaBlues.com/links/regional/providers)

#### Search Our Covered Drug List

[www.SouthCarolinaBlues.com/links/regional/pharmacy](http://www.SouthCarolinaBlues.com/links/regional/pharmacy)



#### Find a Pharmacy

[www.SouthCarolinaBlues.com/links/2026/pharmacy/locator](http://www.SouthCarolinaBlues.com/links/2026/pharmacy/locator)

## Telehealth – Convenient Urgent Care

Members can get easy, affordable access to a network doctor from their 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/regional/telehealth](http://www.SouthCarolinaBlues.com/links/regional/telehealth)

## Sample ID Cards

### On Exchange

Blue Beaufort **BEU**  
 Blue Congaree **CNS**  
 Blue Cooper **MBY**  
 Blue Pee Dee **PEZ**  
 Blue Reedy **RBN**

South Carolina		Plan Name	
Member Name	SUBSCRIBER NAME	Plan Network	
Member ID	<b>CNS123456789999</b>		
RxBIN	021684	Individual	Family
RxGRP	BXGI	Deductible	\$XXXX \$XXXX
PLAN CODE	380	MOOP	\$XXXX \$XXXX
www.SouthCarolinaBlues.com		Out-of-Network Emergency Services Only <b>HMO</b>	

South Carolina		www.SouthCarolinaBlues.com	
Members: Report all emergency admissions within 24 hours.		<b>Member Resources</b>	
Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.		Member Service Center: 855-404-6752	
Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.		24/7 Pharmacy Support: 855-823-0387	
		Mental Health and Substance Use Pre-certification: 800-868-1032	
		<b>Provider Resources</b>	
		Provider Services: 800-868-2510	
		Medical Authorization: 855-895-1682	
		Pharmacy Help Desk: 855-811-2218	
		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.	
X28			

### Off Exchange

Blue Beaufort **BEQ**  
 Blue Congaree **CNN**  
 Blue Cooper **MBX**  
 Blue Pee Dee **PEQ**  
 Blue Reedy **RBX**

South Carolina		Plan Name	
Member Name	SUBSCRIBER NAME	Plan Network	
Member ID	<b>CNN123456789999</b>		
RxBIN	021684	Individual	Family
RxGRP	BXGI	Deductible	\$XXXX \$XXXX
PLAN CODE	380	MOOP	\$XXXX \$XXXX
www.SouthCarolinaBlues.com		Out-of-Network Emergency Services Only <b>HMO</b>	

South Carolina		www.SouthCarolinaBlues.com	
Members: Report all emergency admissions within 24 hours.		<b>Member Resources</b>	
Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.		Member Service Center: 855-404-6752	
Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.		24/7 Pharmacy Support: 855-823-0387	
		Mental Health and Substance Use Pre-certification: 800-868-1032	
		<b>Provider Resources</b>	
		Provider Services: 800-868-2510	
		Medical Authorization: 855-895-1682	
		Pharmacy Help Desk: 855-811-2218	
		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.	
X29			

Listed in this section are the common list of benefits. To view the full list, see the Summary of Benefits for each plan. Behavioral health services are covered the same as medical benefits.

Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy	
Gold 1	
Benefits	
Deductible	Individual: \$250 Family: \$500
Coinsurance	50%
Out-of-Pocket Maximum	Individual: \$8,900 Family: \$17,800
Office Visit Primary Care/Behavioral Health	\$25 copay
Telehealth	\$0 first four visits, thereafter \$15
Specialist Office Visit	\$50 copay
Urgent Care	\$60 copay
Emergency Room Services	50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$12 Tier 2: \$40 Tiers 3–4: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$17 Tier 2: \$108 Tier 3: 50% coinsurance after deductible is met



\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.



Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy				
Silver 1				
Cost Share 3		Cost Share 2	Cost Share 1	Base
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: \$1,200 Family: \$2,400	Individual: \$2,525 Family: \$5,050	Individual: \$8,150 Family: \$16,300	Individual: \$10,500 Family: \$21,000
Office Visit Primary Care/Behavioral Health	\$10 copay	\$20 copay	\$20 copay	\$20 copay
Telehealth	\$0 first four visits, thereafter \$10	\$0 first four visits, thereafter \$10	\$0 first four visits, thereafter \$10	\$0 first four visits, thereafter \$15
Specialist Office Visit	\$50 copay	\$50 copay	\$50 copay	\$50 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
Outpatient Services	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
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$10 Tier 2: \$20 Tier 3: \$150 Tier 4: 25% coinsurance	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: \$150 Tier 4: 25% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$50 Tier 3: \$150 Tier 4: 25% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$50 Tier 3: \$150 Tier 4: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$14 Tier 2: \$54 Tier 3: \$405	Tier 0: \$0 Tier 1: \$14 Tier 2: \$108 Tier 3: \$405	Tier 0: \$0 Tier 1: \$28 Tier 2: \$135 Tier 3: \$405	Tier 0: \$0 Tier 1: \$28 Tier 2: \$135 Tier 3: \$405


\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy				
Silver 2				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$1,700 Family: \$3,400	Individual: \$6,500 Family: \$13,000	Individual: \$7,900 Family: \$15,800
Coinsurance	50%	50%	50%	50%
Out-of-Pocket Maximum	Individual: \$850 Family: \$1,700	Individual: \$2,250 Family: \$4,500	Individual: \$7,100 Family: \$14,200	Individual: \$8,800 Family: \$17,600
Office Visit Primary Care/Behavioral Health	\$10 copay	\$20 copay	\$20 copay	\$20 copay
Telehealth	\$0 first four visits, thereafter \$15	\$0 first four visits, thereafter \$15	\$0 first four visits, thereafter \$20	\$0 first four visits, thereafter \$15
Specialist Office Visit	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care	\$30 copay	\$30 copay	\$40 copay	\$40 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
Outpatient Services	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
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$15 Tiers 2 – 4: 50% coinsurance	Tier 0: \$0 Tier 1: \$15 Tiers 2 – 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$25 Tiers 2 – 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$25 Tiers 2 – 4: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$21 Tiers 2 – 3: 50% coinsurance	Tier 0: \$0 Tier 1: \$21 Tiers 2 – 3: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$35 Tiers 2 – 3: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$35 Tiers 2 – 3: 50% coinsurance after deductible is met



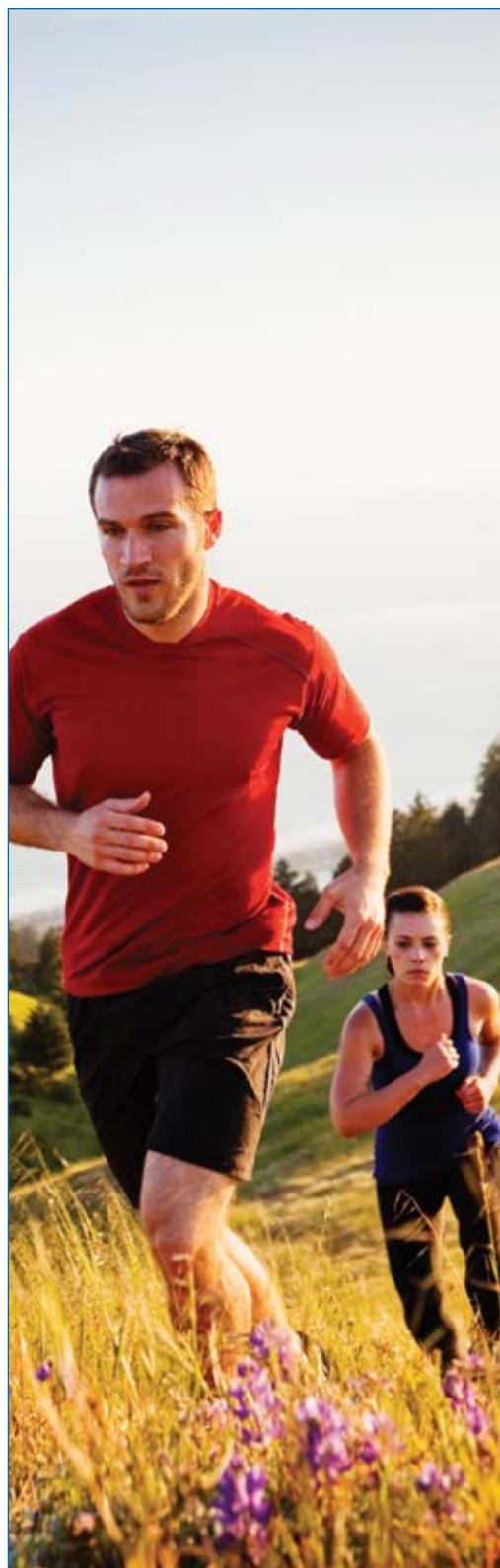
Silver 2 + Adult Vision		
<b>\$25 copay for Comprehensive Well Vision Exam</b>	<b>Lenses</b> — Glass or plastic single-vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full after \$50 glasses copay.	<b>Frames</b> — Frames are covered in full up to the retail allowance of \$100, with 20% off any amount above retail allowance.
This plan is the same as the above but includes adult vision benefits.		

Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy		
	Bronze 1 	Bronze 2 
Benefits		
Deductible	Individual: \$7,900 Family: \$15,800	Individual: \$10,600 Family: \$21,200
Coinsurance	45%	0%
Out-of-Pocket Maximum	Individual: \$9,500 Family: \$19,000	Individual: \$10,600 Family: \$21,200
Office Visit Primary Care/Behavioral Health	\$48 copay	0% coinsurance after deductible is met
Telehealth	\$0 first four visits, thereafter \$20	0% coinsurance after deductible is met
Specialist Office Visit	\$96 copay	0% coinsurance after deductible is met
Urgent Care	\$60 copay	0% coinsurance after deductible is met
Emergency Room Services	\$300 copay, then 45% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization	45% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Services	45% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	0% coinsurance after deductible is met
Pharmacy Benefits		
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$29 Tiers 2 – 4: 45% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$41 Tiers 2 – 3: 45% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met

 This plan is eligible for a Health Savings Account (HSA).


\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy	
Standard Gold	
Benefits	
Deductible	<b>Individual:</b> \$2,000 <b>Family:</b> \$4,000
Coinsurance	25%
Out-of-Pocket Maximum	<b>Individual:</b> \$8,200 <b>Family:</b> \$16,400
Office Visit Primary Care/Behavioral Health	\$30 copay
Telehealth	<b>Primary Care:</b> \$30 copay <b>Specialist:</b> \$60 copay
Specialist Office Visit	\$60 copay
Urgent Care	\$45 copay
Emergency Room Services	25% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	<b>Tier 0:</b> \$0 <b>Tier 1:</b> \$15 <b>Tier 2:</b> \$30 <b>Tier 3:</b> \$60 <b>Tier 4:</b> \$250
Mail Order (up to 90-day supply maximum)	<b>Tier 0:</b> \$0 <b>Tier 1:</b> \$21 <b>Tier 2:</b> \$81 <b>Tier 3:</b> \$162



Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy				
Standard Silver				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$2,200 Family: \$4,400	Individual: \$3,300 Family: \$6,600	Individual: \$7,400 Family: \$14,800	Individual: \$8,900 Family: \$17,800
Office Visit Primary Care/Behavioral Health	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Telehealth	Primary Care: \$0 copay Specialist: \$10 copay	Primary Care: \$20 copay Specialist: \$40 copay	Primary Care: \$40 copay Specialist: \$80 copay	Primary Care: \$40 copay Specialist: \$80 copay
Specialist Office Visit	\$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
Outpatient Services	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
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tiers 0 – 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)	Tiers 0 – 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

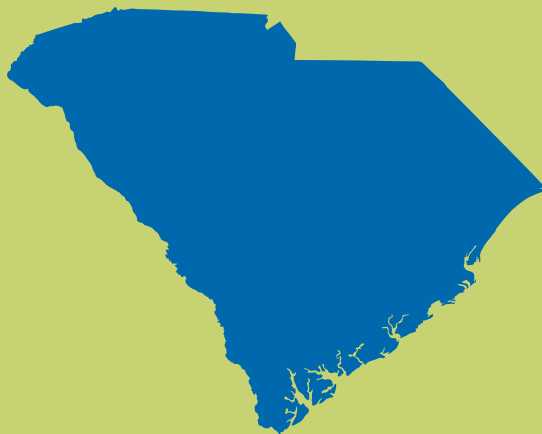
\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy	
Standard Expanded Bronze 	
Benefits	
Deductible	Individual: \$7,500 Family: \$15,000
Coinsurance	50%
Out-of-Pocket Maximum	Individual: \$10,000 Family: \$20,000
Office Visit Primary Care/Behavioral Health	\$50 copay
Telehealth	Primary Care: \$50 copay Specialist: \$100 copay
Specialist Office Visit	\$100 copay
Urgent Care	\$75 copay
Emergency Room Services	50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
Ambulatory Surgery Center	50% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (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



## Notes

# BlueEssentials<sup>SM</sup> Plans



## Statewide Health Coverage

BlueEssentials members have access to all hospitals and most doctors in South Carolina.\*



### Find a Provider

[www.SouthCarolinaBlues.com/links/2026/providers/blueessentials](http://www.SouthCarolinaBlues.com/links/2026/providers/blueessentials)

\*Statewide network includes some providers in counties contiguous to South Carolina.

### Search Our Covered Drug List

[www.SouthCarolinaBlues.com/links/2026/pharmacy/blueessentials](http://www.SouthCarolinaBlues.com/links/2026/pharmacy/blueessentials)




### Find a Pharmacy

[www.SouthCarolinaBlues.com/links/2026/pharmacy/locator](http://www.SouthCarolinaBlues.com/links/2026/pharmacy/locator)

# Sample ID Cards

## On Exchange

ZCF



Member Name

SUBSCRIBER NAME

Member ID

ZCF123456789999

RxBIN

021684

RxGRP

BXGI

PLAN CODE

380

Blue Essentials<sup>SM</sup> Network

Exclusive Provider Organization

Individual

Family

Deductible

\$XXXX

\$XXXX

MOOP


\$XXXX

\$XXXX

Out-of-Network Emergency Services Only

EPO

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



www.SouthCarolinaBlues.com

Member Resources

Member Service Center:  
855-404-6752

24/7 Pharmacy Support:  
855-823-0387

Mental Health and Substance Use Precertification:  
800-868-1032

Provider Resources

Provider Services:  
800-868-2510

Medical Authorization:  
855-895-1682

Pharmacy Help Desk:  
855-811-2218

BlueCross BlueShield of South Carolina

P.O. Box 100300

Columbia, SC 29202

An independent licensee of the Blue Cross Blue Shield Association.

Members: Report all emergency admissions within 24 hours.


Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.

Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.

X13

## Off Exchange

ZCU



Member Name

SUBSCRIBER NAME

Member ID

ZCU123456789999

RxBIN

021684

RxGRP

BXGI

PLAN CODE

380

Blue Essentials<sup>SM</sup> Network

Exclusive Provider Organization

Individual

Family

Deductible

\$XXXX

\$XXXX

MOOP


\$XXXX

\$XXXX

Out-of-Network Emergency Services Only

EPO

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



www.SouthCarolinaBlues.com

Member Resources

Member Service Center:  
855-404-6752

24/7 Pharmacy Support:  
855-823-0387

Mental Health and Substance Use Precertification:  
800-868-1032

Provider Resources

Provider Services:  
800-868-2510

Medical Authorization:  
855-895-1682

Pharmacy Help Desk:  
855-811-2218

BlueCross BlueShield of South Carolina

P.O. Box 100300

Columbia, SC 29202

An independent licensee of the Blue Cross Blue Shield Association.

Members: Report all emergency admissions within 24 hours.




Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.

Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.

X14

26

Listed in this section are the common list of benefits. To view the full list, see the Summary of Benefits for each plan. Behavioral health services are covered the same as medical benefits.

BlueEssentials		
Gold 1		Gold 5
Benefits		
Deductible	Individual: \$2,700 Family: \$5,400	Individual: \$250 Family: \$500
Coinsurance	25%	50%
Out-of-Pocket Maximum	Individual: \$5,400 Family: \$10,800	Individual: \$9,200 Family: \$18,400
Office Visit Primary Care/Behavioral Health	\$20 copay	\$20 copay
Blue CareOnDemand	\$10 copay	\$20 copay
Specialist Office Visit	\$50 copay	\$40 copay
Urgent Care	\$40 copay	\$40 copay
Emergency Room Services	\$300 copay, then 25% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay
Pharmacy Benefits		
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	 Tier 0: \$0 Tier 1: \$12 Tier 2: \$40 Tier 3: \$100 Tier 4: 25% coinsurance after \$0 (individual/family) drug deductible is met	 Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tiers 3 – 4: 50% coinsurance after \$1,000 (individual), \$2,000 (family) drug deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$17 Tier 2: \$108 Tier 3: \$270	 Tier 0: \$0 Tier 1: \$14 Tier 2: \$108 Tier 3: 50% coinsurance after \$1,000 (individual), \$2,000 (family) drug deductible is met



Separate Drug Deductible and/or coinsurance

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

BlueEssentials				
Silver 14				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$1,300 Family: \$2,600	Individual: \$4,900 Family: \$9,800	Individual: \$7,400 Family: \$14,800
Coinsurance	15%	15%	20%	50%
Out-of-Pocket Maximum	Individual: \$1,700 Family: \$3,400	Individual: \$2,950 Family: \$5,900	Individual: \$8,100 Family: \$16,200	Individual: \$9,700 Family: \$19,400
Office Visit Primary Care/Behavioral Health	\$10 copay	\$10 copay	\$15 copay	\$25 copay
Blue CareOnDemand	\$5 copay	\$5 copay	\$15 copay	\$20 copay
Specialist Office Visit	\$45 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care	\$45 copay	\$50 copay	\$50 copay	\$50 copay
Emergency Room Services	\$300 copay, then 15% coinsurance	\$300 copay, then 15% coinsurance after deductible is met	\$300 copay, then 20% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met
Inpatient Hospitalization	15% coinsurance	15% coinsurance after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	15% coinsurance	15% coinsurance after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$6 Tier 2: \$40 Tier 3: 15% coinsurance Tier 4: 50% coinsurance	Tier 0: \$0 Tier 1: \$6 Tier 2: \$40 Tier 3: 15% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$50 Tier 3: 20% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$50 Tiers 3 – 4: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$9 Tier 2: \$108 Tier 3: 15% coinsurance	Tier 0: \$0 Tier 1: \$9 Tier 2: \$108 Tier 3: 15% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$135 Tier 3: 20% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$135 Tier 3: 50% coinsurance after deductible is met







Silver 14 + Adult Vision		
<b>\$25 copay for Comprehensive Well Vision Exam</b>	<b>Lenses</b> — Glass or plastic single-vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full after \$50 glasses copay.	<b>Frames</b> — Frames are covered in full up to the retail allowance of \$100, with 20% off any amount above retail allowance.
This plan is the same as the above but includes adult vision benefits.		

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

BlueEssentials				
Silver 40				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$2,200 Family: \$4,400	Individual: \$3,300 Family: \$6,600	Individual: \$7,400 Family: \$14,800	Individual: \$8,900 Family: \$17,800
Office Visit Primary Care/Behavioral Health	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Blue CareOnDemand	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Specialist Office Visit	\$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
Outpatient Services	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
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tiers 0 – 1: \$0 Tier 2: \$5 Tiers 3 – 4: 25% coinsurance	Tier 0: \$0 Tier 1: \$9 Tier 2: \$10 Tiers 3 – 4: 30% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tiers 2: \$40 Tiers 3 – 4: 40% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tiers 2: \$40 Tiers 3 – 4: 40% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tiers 0 – 1: \$0 Tier 2: \$14 Tier 3: 25% coinsurance	Tier 0: \$0 Tier 1: \$13 Tier 2: \$27 Tier 3: 30% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$108 Tier 3: 40% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$108 Tier 3: 40% coinsurance after deductible is met

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

BlueEssentials		
	Bronze 4 	Bronze 6 
Benefits		
Deductible	Individual: \$7,200 Family: \$14,400	Individual: \$0 Family: \$0
Coinsurance	50%	0%
Out-of-Pocket Maximum	Individual: \$10,000 Family: \$20,000	Individual: \$10,600 Family: \$21,200
Office Visit Primary Care/Behavioral Health	\$43 copay	\$50 copay
Blue CareOnDemand	\$20 copay	\$20 copay
Specialist Office Visit	\$65 copay	\$99 copay
Urgent Care	\$60 copay	\$99 copay
Emergency Room Services	\$300 copay, then 50% coinsurance after deductible is met	\$1,750 copay
Inpatient Hospitalization	50% coinsurance after deductible is met	\$2,300 per day up to two days (\$4,600 max)
Outpatient Services	50% coinsurance after deductible is met	\$190 copay
Ambulatory Surgery Center	\$500 copay	\$100 copay
Pharmacy Benefits		
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$29 Tiers 2 – 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$30 Tier 2: \$200 Tiers 3 – 4: 50% coinsurance after \$3,000 (individual), \$6,000 (family) drug deductible is met 
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$41 Tiers 2 – 3: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$42 Tier 2: \$540 Tier 3: 50% coinsurance after \$3,000 (individual), \$6,000 (family) drug deductible is met 



This plan is eligible for a Health Savings Account (HSA).



Separate Drug Deductible and/or coinsurance

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.


BlueEssentials	
Standard Gold	
Benefits	
Deductible	Individual: \$2,000 Family: \$4,000
Coinsurance	25%
Out-of-Pocket Maximum	Individual: \$8,200 Family: \$16,400
Office Visit Primary Care/Behavioral Health	\$30 copay
Blue CareOnDemand	\$30 copay
Specialist Office Visit	\$60 copay
Urgent Care	\$45 copay
Emergency Room Services	25% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (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 and is not available for mail order.


BlueEssentials				
Standard Silver				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$2,200 Family: \$4,400	Individual: \$3,300 Family: \$6,600	Individual: \$7,400 Family: \$14,800	Individual: \$8,900 Family: \$17,800
Office Visit Primary Care/Behavioral Health	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Blue CareOnDemand	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Specialist Office Visit	\$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
Outpatient Services	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
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tiers 0 – 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)	Tiers 0 – 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 and is not available for mail order.



BlueEssentials	
Standard Expanded Bronze 	
Benefits	
<b>Deductible</b>	<b>Individual:</b> \$7,500 <b>Family:</b> \$15,000
<b>Coinsurance</b>	50%
<b>Out-of-Pocket Maximum</b>	<b>Individual:</b> \$10,000 <b>Family:</b> \$20,000
<b>Office Visit</b> Primary Care/Behavioral Health	\$50 copay
<b>Blue CareOnDemand</b>	\$50 copay
<b>Specialist Office Visit</b>	\$100 copay
<b>Urgent Care</b>	\$75 copay
<b>Emergency Room Services</b>	50% coinsurance after deductible is met
<b>Inpatient Hospitalization</b>	50% coinsurance after deductible is met
<b>Outpatient Services</b>	50% coinsurance after deductible is met
<b>Ambulatory Surgery Center</b>	50% coinsurance after deductible is met
Pharmacy Benefits	
<b>Prescription Drugs*</b> per 31-day supply (up to 90-day supply maximum)	<b>Tier 0:</b> \$0 <b>Tier 1:</b> \$25 <b>Tier 2:</b> \$50 copay after deductible is met <b>Tier 3:</b> \$100 copay after deductible is met <b>Tier 4:</b> \$500 copay after deductible is met
<b>Mail Order</b> (up to 90-day supply maximum)	<b>Tier 0:</b> \$0 <b>Tier 1:</b> \$35 <b>Tier 2:</b> \$135 copay after deductible is met <b>Tier 3:</b> \$270 copay after deductible is met



The below plans are available on the private marketplace only.

BlueEssentials				
		Silver 15	Silver 16	HD Silver 20  Silver 21
Benefits				
Deductible		Individual: \$2,300 Family: \$4,600	Individual: \$4,200 Family: \$8,400	Individual: \$5,800 Family: \$11,600
Coinsurance		50%	50%	0%
Out-of-Pocket Maximum		Individual: \$8,950 Family: \$17,900	Individual: \$8,400 Family: \$16,800	Individual: \$5,800 Family: \$11,600
Office Visit Primary Care/Behavioral Health		\$30 copay	\$25 copay	0% coinsurance after deductible is met
Blue CareOnDemand		\$20 copay	\$15 copay	0% coinsurance after deductible is met
Specialist Office Visit		\$60 copay	\$50 copay	0% coinsurance after deductible is met
Urgent Care		\$60 copay	\$50 copay	0% coinsurance after deductible is met
Emergency Room Services		\$300 copay, then 50% coinsurance after deductible is met	\$300 copay, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization		50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Services		50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center		\$525 copay	\$525 copay	0% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)		Tier 0: \$0 Tier 1: \$30 Tier 2: \$80 Tier 3: \$100 Tier 4: 30% coinsurance	Tier 0: \$0 Tier 1: \$15 Tiers 2 – 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$60 Tier 3: \$150 Tier 4: 25% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)		Tier 0: \$0 Tier 1: \$42 Tier 2: \$216 Tier 3: \$270	Tier 0: \$0 Tier 1: \$21 Tiers 2 – 3: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$162 Tier 3: \$405

The below plans are available on the private marketplace only.

BlueEssentials		
Silver 28		Silver 41
Benefits		
Deductible	Individual: \$6,900 Family: \$13,800	Individual: \$0 Family: \$0
Coinsurance	50%	20%
Out-of-Pocket Maximum	Individual: \$8,400 Family: \$16,800	Individual: \$10,600 Family: \$21,200
Office Visit Primary Care/Behavioral Health	\$30 copay	\$45 copay
Blue CareOnDemand	\$20 copay	\$20 copay
Specialist Office Visit	\$60 copay	\$70 copay
Urgent Care	\$60 copay	\$70 copay
Emergency Room Services	\$300 copay, then 50% coinsurance after deductible is met	\$900 copay
Inpatient Hospitalization	50% coinsurance after deductible is met	\$2,300 per day up to two days (\$4,600 max)
Outpatient Services	50% coinsurance after deductible is met	\$70 copay
Ambulatory Surgery Center	\$525 copay	\$40 copay
Pharmacy Benefits		
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$20 Tier 2: \$60 Tiers 3 – 4: 50% coinsurance after deductible is met	 Tier 0: \$0 Tier 1: \$28 Tier 2: \$200 Tiers 3 – 4: 50% coinsurance after \$3,000 (individual), \$6,000 (family) after drug deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$28 Tier 2: \$162 Tier 3: 50% coinsurance after deductible is met	 Tier 0: \$0 Tier 1: \$40 Tier 2: \$540 Tier 3: 50% coinsurance after \$3,000 (individual), \$6,000 (family) after drug deductible is met



Separate Drug Deductible and/or coinsurance

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.



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



## *Convenient Health Coverage*

### Virtual Care

Members can choose virtual visits with an online care physician.  
There are significant cost savings for those who use this service.  
Refer to page 69 to learn more.

Search Our Covered Drug List

[www.SouthCarolinaBlues.com/links/2026/pharmacy/bluevirtuconnect](http://www.SouthCarolinaBlues.com/links/2026/pharmacy/bluevirtuconnect)




Find a Pharmacy

[www.SouthCarolinaBlues.com/links/2026/pharmacy/locator](http://www.SouthCarolinaBlues.com/links/2026/pharmacy/locator)

# Sample ID Cards

## On Exchange

ZCF



South  
Carolina

Blue VirtuConnect

Member Name  
**SUBSCRIBER NAME**  
Member ID  
**ZCF123456789999**

RxBIN      **021684**  
RxGRP      **BXGI**  
PLAN CODE   **380**

Individual      Family  
Deductible   **\$XXXX**   **\$XXXX**  
MOOP        **\$XXXX**   **\$XXXX**

BlueEssentials<sup>SM</sup> Network  
Out-of-Network Emergency  
Services Only      **EPO**

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



South  
Carolina

Blue VirtuConnect

Members: Report all emergency admissions within 24 hours.  
  
Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.  
  
Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.

**www.SouthCarolinaBlues.com**  
**Member Resources**  
Member Service Center:  
866-404-6762  
24/7 Pharmacy Support:  
866-823-0387  
Mental Health and Substance Use Precertification:  
800-868-1032  
**Provider Resources**  
Provider Services:  
800-868-2510  
Medical Authorization:  
866-896-1682  
Pharmacy Help Desk:  
866-811-2218  
  
BlueCross BlueShield of South Carolina  
P.O. Box 100300  
Columbia, SC 29202  
An independent licensee of the Blue Cross Blue Shield Association.

**X26**

## Off Exchange

ZCU



South  
Carolina

Blue VirtuConnect

Member Name  
**SUBSCRIBER NAME**  
Member ID  
**ZCU123456789999**

RxBIN      **021684**  
RxGRP      **BXGI**  
PLAN CODE   **380**

Individual      Family  
Deductible   **\$XXXX**   **\$XXXX**  
MOOP        **\$XXXX**   **\$XXXX**

BlueEssentials<sup>SM</sup> Network  
Out-of-Network Emergency  
Services Only      **EPO**

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



South  
Carolina

Blue VirtuConnect

Members: Report all emergency admissions within 24 hours.  
  
Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.  
  
Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.

**www.SouthCarolinaBlues.com**  
**Member Resources**  
Member Service Center:  
866-404-6762  
24/7 Pharmacy Support:  
866-823-0387  
Mental Health and Substance Use Precertification:  
800-868-1032  
**Provider Resources**  
Provider Services:  
800-868-2510  
Medical Authorization:  
866-896-1682  
Pharmacy Help Desk:  
866-811-2218  
  
BlueCross BlueShield of South Carolina  
P.O. Box 100300  
Columbia, SC 29202  
An independent licensee of the Blue Cross Blue Shield Association.

**X27**

Listed in this section are the common list of benefits. To view the full list, see the Summary of Benefits for each plan. Behavioral health services are covered the same as medical benefits.


Blue VirtuConnect	
Gold 1	
Benefits	
Deductible	Individual: \$2,000 Family: \$4,000
Coinsurance	25%
Out-of-Pocket Maximum	Individual: \$8,200 Family: \$16,400
Office Visit Primary Care/Behavioral Health	\$30 copay
Blue CareOnDemand	\$0 first twelve visits, thereafter \$10
Specialist Office Visit	\$60 copay
Urgent Care	\$45 copay
Emergency Room Services	25% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (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

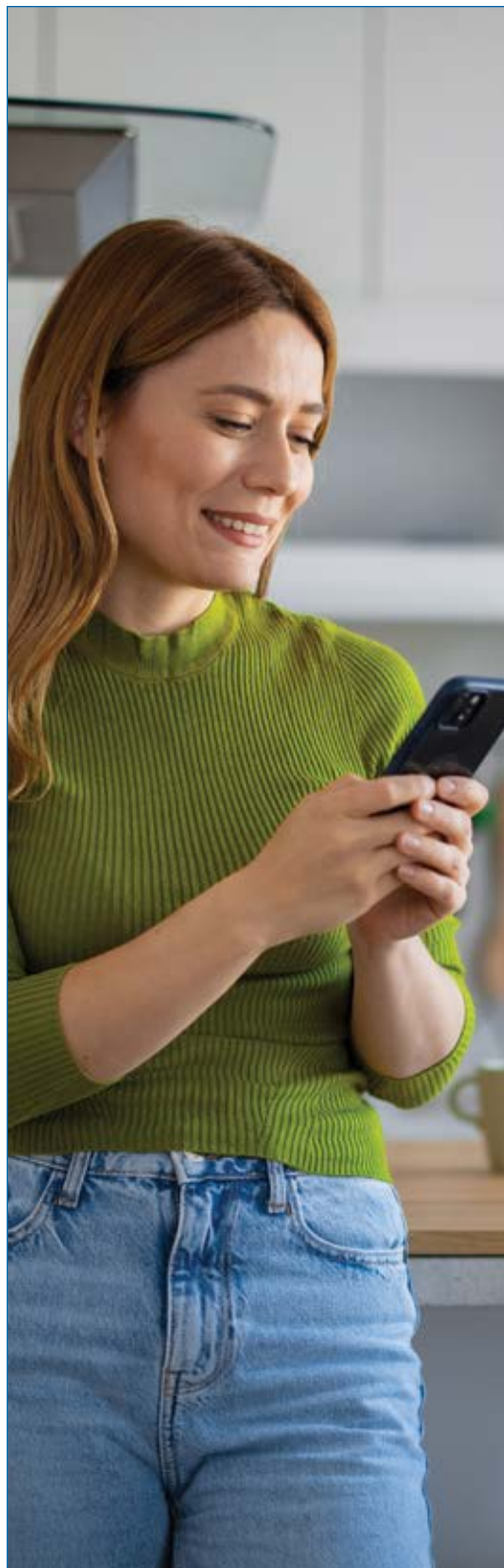


\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.






Blue VirtuConnect				
Silver 1				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$2,200 Family: \$4,400	Individual: \$3,300 Family: \$6,600	Individual: \$7,400 Family: \$14,800	Individual: \$8,900 Family: \$17,800
Office Visit Primary Care/Behavioral Health	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Blue CareOnDemand	\$0 copay	\$0 first eight visits, thereafter \$10	\$0 first eight visits, thereafter \$10	\$0 first eight visits, thereafter \$10
Specialist Office Visit	\$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
Outpatient Services	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
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tiers 0 – 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)	Tiers 0 – 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 and is not available for mail order.

Blue VirtuConnect	
Bronze 1 	
Benefits	
Deductible	Individual: \$7,500 Family: \$15,000
Coinsurance	50%
Out-of-Pocket Maximum	Individual: \$10,000 Family: \$20,000
Office Visit Primary Care/Behavioral Health	\$50 copay
Blue CareOnDemand	\$0 first four visits, thereafter \$10
Specialist Office Visit	\$100 copay
Urgent Care	\$75 copay
Emergency Room Services	50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
Ambulatory Surgery Center	50% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (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

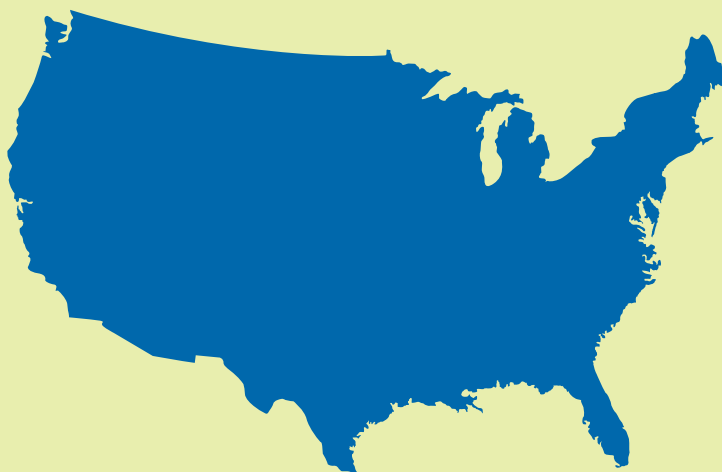


# BlueExtend PPO<sup>SM</sup> and BlueExtend<sup>SM</sup> Comparison

Product	BlueExtend PPO	BlueExtend
Product Type	Preferred Provider Organization (PPO)	Exclusive Provider Organization (EPO)
On/Off-Exchange	Both	Off-Exchange Only
Plans	<b>9 Plans</b>  HD Gold 1 HD Gold 2 Standard Gold  HD Silver 1 HD Silver 2 Standard Silver  HD Bronze 1 HD Bronze 2 Standard Expanded Bronze	<b>6 Plans</b>  Gold 1 HD Gold 2  Silver 1 HD Silver 2  Bronze 1 HD Bronze 2
In- and Out-of-Network Benefits	<p>Both In- and Out-of-Network Benefits</p> <p>Out-of-Network — On HD plans the member is responsible for the out-of-network deductible and 75% coinsurance. The out-of-network deductible and coinsurance do not apply to the maximum out of pocket. Standard plans out of network are 75% coinsurance with no out-of-network deductible.</p> <p>Members can use non-network providers for emergency services and benefits are covered as in-network.</p>	<p>In-Network Benefits Only.</p> <p>Out-of-Network — No Coverage</p>
South Carolina Provider Network	<p>Both BlueExtend PPO and Private Market BlueExtend networks in the state of South Carolina mirror the provider network that BlueEssentials<sup>SM</sup> members use. This is why you may see EPO on the ID card.</p> <p>This network includes all hospitals and most doctors in the state and some providers in counties contiguous to South Carolina.</p>	
Coverage Outside of South Carolina	<p>Both BlueExtend PPO and BlueExtend plans receive in network benefits when using a BlueCard<sup>®</sup> provider.</p> <p>The BlueCard Program is a national program that enables members getting health care services while in another Blue<sup>®</sup> Plan's area to receive all the same benefits of their contracting Blue Plan.</p>	

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

Coverage for In- and Out-of-Network Benefits



## Coverage That Extends Beyond South Carolina

- Nationwide access to health care because BlueCard\* is included
- In-network and out-of-network benefits
- Only plan with a chiropractic benefit
- Freedom of choice when traveling within the United States



**Find a Provider**

**[www.SouthCarolinaBlues.com/links/2026/providers/blueextendppo](http://www.SouthCarolinaBlues.com/links/2026/providers/blueextendppo)**

**Search Our Covered Drug List**

**[www.SouthCarolinaBlues.com/links/2026/providers/blueextendppo](http://www.SouthCarolinaBlues.com/links/2026/providers/blueextendppo)**



**Find a Pharmacy**


**[www.SouthCarolinaBlues.com/links/2026/pharmacy/locator](http://www.SouthCarolinaBlues.com/links/2026/pharmacy/locator)**


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

## Sample ID Cards

### On Exchange


XBE

		BlueExtendSM Network Exclusive Provider Organization – SC Only Preferred Provider Organization – Outside SC	
Member Name <b>SUBSCRIBER NAME</b> Member ID <b>XBE123456789999</b>			
RxBIN	021684	Individual	Family
RxGRP	BXGI	Deductible	\$XXXX \$XXXX
PLAN CODE	380	MOOP	\$XXXX \$XXXX
www.SouthCarolinaBlues.com		Coverage for in-network and out-of-network benefits. <b>PPO B</b>	

		www.SouthCarolinaBlues.com <b>Member Resources</b> Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health and Substance Use Precertification: 800-868-1032 <b>Provider Resources</b> Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.	
Members: Report all emergency admissions within 24 hours. Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services.			
X43			

### Off Exchange

BXZ

		BlueExtendSM Network Exclusive Provider Organization – SC Only Preferred Provider Organization – Outside SC	
Member Name <b>SUBSCRIBER NAME</b> Member ID <b>BXZ123456789999</b>			
RxBIN	021684	Individual	Family
RxGRP	BXGI	Deductible	\$XXXX \$XXXX
PLAN CODE	380	MOOP	\$XXXX \$XXXX
www.SouthCarolinaBlues.com		Coverage for in-network and out-of-network benefits. <b>PPO B</b>	

		www.SouthCarolinaBlues.com <b>Member Resources</b> Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health and Substance Use Precertification: 800-868-1032 <b>Provider Resources</b> Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.	
Members: Report all emergency admissions within 24 hours. Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services.			
X42			



### Access to Health Care Across the Nation!

Members get access to in-network nationwide Health care services when accessing care in another Blue Plan's service area with participating providers through BlueCard.

Members may search the BlueExtend PPO provider directory to find participating providers across the country.

Listed in this section are the common list of benefits. To view the full list, see the Summary of Benefits for each plan. Behavioral health services are covered the same as medical benefits.



BlueExtend PPO		
	HD Gold 1	HD Gold 2
	HSA	HSA
Benefits		
Deductible	Individual: \$3,400 Family: \$6,800	Individual: \$4,150 Family: \$8,300
Coinsurance	0%	0%
Out-of-Pocket Maximum	Individual: \$3,400 Family: \$6,800	Individual: \$4,150 Family: \$8,300
Office Visit Primary Care/Behavioral Health	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Blue CareOnDemand	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Specialist Office Visit	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Urgent Care	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Emergency Room Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Pharmacy Benefits		
Prescription Drugs* per 31-day supply (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
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met



Out-of-Network Benefit: The member is responsible for the full service cost until they meet their noted plan's out-of-network deductible. Then they are responsible for 75% of the service cost with no out-of-pocket-maximum. The in- and out-of-network deductibles are separate.

All BlueExtend PPO plans offer chiropractic benefits. BlueExtend PPO Gold 1, Gold 2, Silver 1, Silver 2, Bronze 1 and Bronze 2 are subject to deductible and coinsurance with a \$500 maximum benefit per benefit period. All other BlueExtend PPO plans have a \$25 copay with a limit of 20 visits per benefit period.

This plan is eligible for a Health Savings Account (HSA).



\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.



BlueExtend PPO				
HD Silver 1				
	Cost Share 3	Cost Share 2	Cost Share 1 	Base 
Benefits				
Deductible	Individual: \$610 Family: \$1,220	Individual: \$1,725 Family: \$3,450	Individual: \$4,625 Family: \$9,250	Individual: \$5,300 Family: \$10,600
Coinsurance	0%	0%	0%	0%
Out-of-Pocket Maximum	Individual: \$610 Family: \$1,220	Individual: \$1,725 Family: \$3,450	Individual: \$4,625 Family: \$9,250	Individual: \$5,300 Family: \$10,600
Office Visit Primary Care/Behavioral Health	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Blue CareOnDemand	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Specialist Office Visit	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Urgent Care	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Emergency Room Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (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
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met



Out-of-Network Benefit: The member is responsible for the full service cost until they meet their noted plan's out-of-network deductible. Then they are responsible for 75% of the service cost with no out-of-pocket-maximum. The in- and out-of-network deductibles are separate.



BlueExtend PPO				
HD Silver 2				
	Cost Share 3	Cost Share 2	Cost Share 1 	Base 
Benefits				
Deductible	Individual: \$750 Family: \$1,500	Individual: \$1,900 Family: \$3,800	Individual: \$4,900 Family: \$9,800	Individual: \$5,990 Family: \$11,980
Coinsurance	0%	0%	0%	0%
Out-of-Pocket Maximum	Individual: \$750 Family: \$1,500	Individual: \$1,900 Family: \$3,800	Individual: \$4,900 Family: \$9,800	Individual: \$5,990 Family: \$11,980
Office Visit Primary Care/Behavioral Health	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Blue CareOnDemand	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Specialist Office Visit	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Urgent Care	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Emergency Room Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (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
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met

Out-of-Network Benefit: The member is responsible for the full service cost until they meet their noted plan's out-of-network deductible. Then they are responsible for 75% of the service cost with no out-of-pocket-maximum. The in- and out-of-network deductibles are separate.



BlueExtend PPO		
	HD Bronze 1 	HD Bronze 2 
Benefits		
Deductible	Individual: \$7,300 Family: \$14,600	Individual: \$8,300 Family: \$16,600
Coinsurance	0%	0%
Out-of-Pocket Maximum	Individual: \$7,300 Family: \$14,600	Individual: \$8,300 Family: \$16,600
Office Visit Primary Care/Behavioral Health	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Blue CareOnDemand	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Specialist Office Visit	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Urgent Care	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Emergency Room Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Pharmacy Benefits		
Prescription Drugs* per 31-day supply (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
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met

Out-of-Network Benefit: The member is responsible for the full service cost until they meet their noted plan's out-of-network deductible. Then they are responsible for 75% of the service cost with no out-of-pocket-maximum. The in- and out-of-network deductibles are separate.



BlueExtend PPO	
Standard Gold	
Benefits	
Deductible	Individual: \$2,000 Family: \$4,000
Coinsurance	25%
Out-of-Pocket Maximum	Individual: \$8,200 Family: \$16,400
Office Visit Primary Care/Behavioral Health	\$30 copay
Blue CareOnDemand	\$30 copay
Specialist Office Visit	\$60 copay
Urgent Care	\$45 copay
Emergency Room Services	25% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (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




Out-of-Network Benefit: Members are responsible for 75% of the service cost.



BlueExtend PPO				
Standard Silver				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$2,200 Family: \$4,400	Individual: \$3,300 Family: \$6,600	Individual: \$7,400 Family: \$14,800	Individual: \$8,900 Family: \$17,800
Office Visit Primary Care/Behavioral Health	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Blue CareOnDemand	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Specialist Office Visit	\$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
Outpatient Services	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
Pharmacy Benefits				
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tiers 0 – 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)	Tiers 0 – 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


Out-of-Network Benefit: Members are responsible for 75% of the service cost.



BlueExtend PPO	
Standard Expanded Bronze 	
Benefits	
Deductible	Individual: \$7,500 Family: \$15,000
Coinsurance	50%
Out-of-Pocket Maximum	Individual: \$10,000 Family: \$20,000
Office Visit Primary Care/Behavioral Health	\$50 copay
Blue CareOnDemand	\$50 copay
Specialist Office Visit	\$100 copay
Urgent Care	\$75 copay
Emergency Room Services	50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met
Ambulatory Surgery Center	50% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* per 31-day supply (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



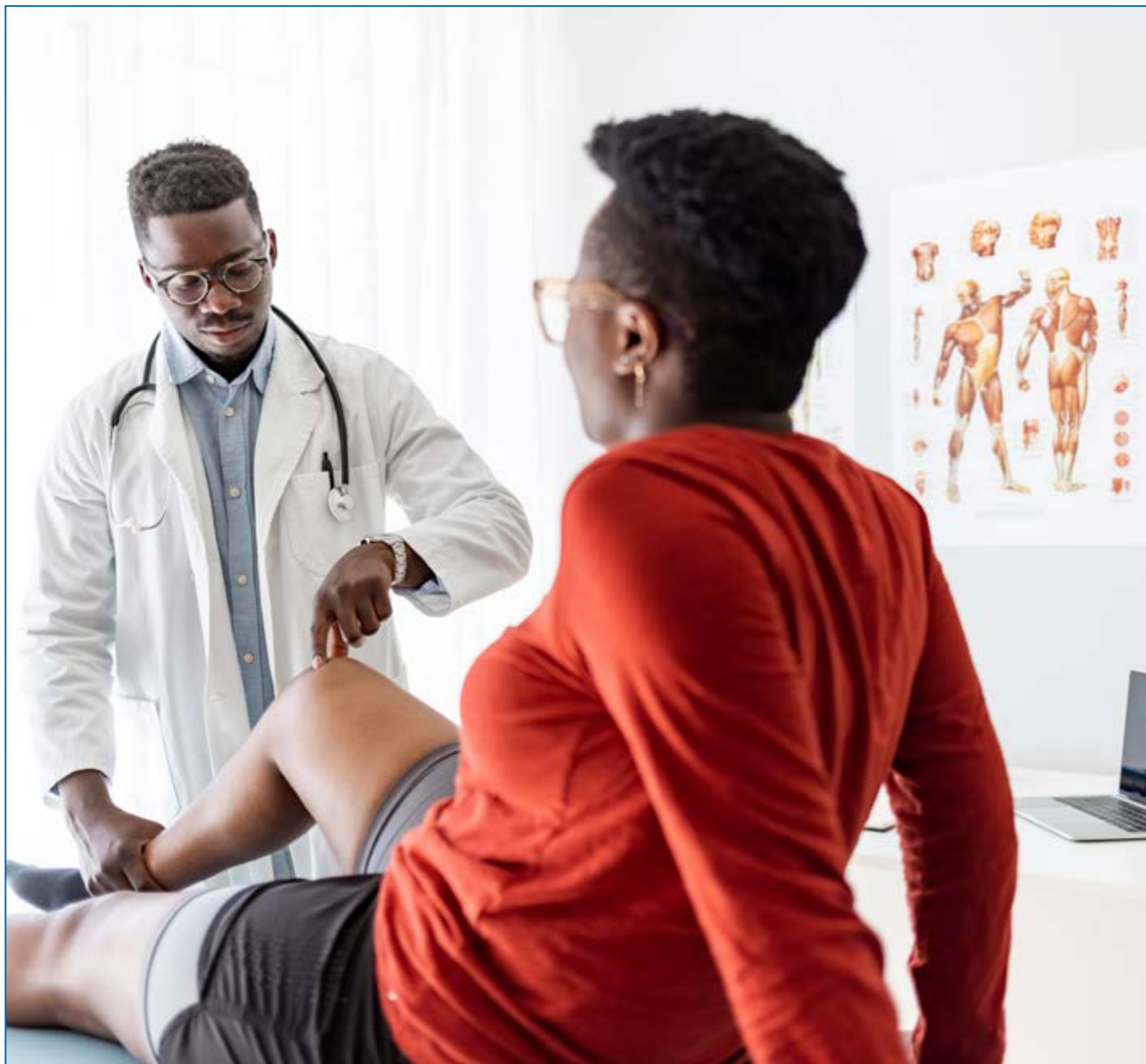
Out-of-Network Benefit: Members are responsible for 75% of the service cost.

 This plan is eligible for a Health Savings Account (HSA).

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

## Chiropractic Benefits

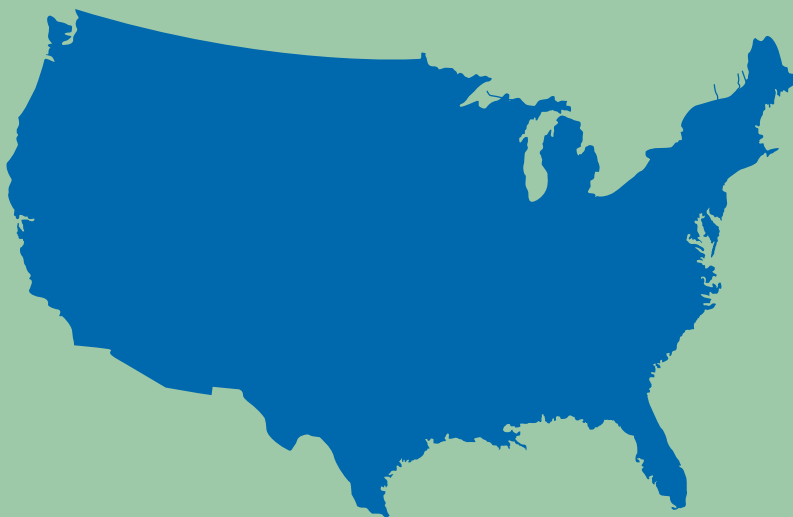
All BlueExtend PPO plans offer chiropractic benefits. BlueExtend PPO Gold 1, Gold 2, Silver 1, Silver 2, Bronze 1 and Bronze 2 are subject to deductible and coinsurance with a \$500 maximum benefit per benefit period. All other BlueExtend PPO plans have a \$25 copay. Blue Rewards can be used to cover visits.



Scan to find an in-network provider.

# BlueExtend<sup>SM</sup> Plans

Available on the Private Marketplace Only



## Coverage That Extends Beyond South Carolina

- Nationwide access to Health care because BlueCard\* is included
- Award-winning local support
- Freedom of choice when traveling within the United States



**Find a Provider**

**[www.SouthCarolinaBlues.com/links/2026/providers/blueextend](https://www.SouthCarolinaBlues.com/links/2026/providers/blueextend)**

**Search Our Covered Drug List**

**<https://www.SouthCarolinaBlues.com/links/2026/pharmacy/blueextend>**




**Find a Pharmacy**

**[www.SouthCarolinaBlues.com/links/2026/pharmacy/locator](https://www.SouthCarolinaBlues.com/links/2026/pharmacy/locator)**

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

## Sample ID Cards

XBE



---

Member Name  
**SUBSCRIBER NAME**  
 Member ID  
**XBE123456789999**

BlueExtend <sup>SM</sup> Network  
 Exclusive Provider Organization

---


RxBIN      **021684**  
 RxGRP      **BXGI**  
 PLAN CODE   **380**

	Individual	Family
Deductible	<b>\$XXXX</b>	<b>\$XXXX</b>
MOOP	<b>\$XXXX</b>	<b>\$XXXX</b>

---

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

**PPO B**



---

[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)  
**Member Resources**  
 Member Service Center:  
**855-404-6752**  
 24/7 Pharmacy Support:  
**855-823-0387**  
 Mental Health and Substance Use Precertification:  
**800-868-1032**

---

**Provider Resources**  
 Provider Services:  
**800-868-2510**  
 Medical Authorization:  
**855-895-1682**  
 Pharmacy Help Desk:  
**855-811-2218**

---

BlueCross BlueShield of South Carolina  
 P.O. Box 100300  
 Columbia, SC 29202  
 An independent licensee of the Blue Cross Blue  
 Shield Association.

---

**X41**





### Access to Health Care Across the Nation!


Members get access to in-network nationwide Health care services when accessing care in another Blue Plan's service area with participating providers through BlueCard.

Members may search the BlueExtend PPO provider directory to find participating providers across the country.

Listed in this section are the common list of benefits. To view the full list, see the Summary of Benefits for each plan. Behavioral health services are covered the same as medical benefits.




BlueExtend				
	Gold 1	HD Gold 2 	Silver 1	HD Silver 2 
Benefits				
<b>Deductible</b>	<b>Individual:</b> \$1,800 <b>Family:</b> \$3,600	<b>Individual:</b> \$4,000 <b>Family:</b> \$8,000	<b>Individual:</b> \$4,450 <b>Family:</b> \$8,900	<b>Individual:</b> \$6,300 <b>Family:</b> \$12,600
<b>Coinsurance</b>	25%	0%	35%	0%
<b>Out-of-Pocket Maximum</b>	<b>Individual:</b> \$4,700 <b>Family:</b> \$9,400	<b>Individual:</b> \$4,000 <b>Family:</b> \$8,000	<b>Individual:</b> \$8,900 <b>Family:</b> \$17,800	<b>Individual:</b> \$6,300 <b>Family:</b> \$12,600
<b>Office Visit Primary Care/Behavioral Health</b>	\$25 copay	0% coinsurance after deductible is met	\$30 copay	0% coinsurance after deductible is met
<b>Blue CareOnDemand</b>	\$10 copay	0% coinsurance after deductible is met	\$20 copay	0% coinsurance after deductible is met
<b>Specialist Office Visit</b>	\$50 copay	0% coinsurance after deductible is met	\$65 copay	0% coinsurance after deductible is met
<b>Urgent Care</b>	\$50 copay	0% coinsurance after deductible is met	\$65 copay	0% coinsurance after deductible is met
<b>Emergency Room Services</b>	\$300 copay, then 25% coinsurance after deductible is met	0% coinsurance after deductible is met	\$500 copay, then 35% coinsurance after deductible is met	0% coinsurance after deductible is met
<b>Inpatient Hospitalization</b>	25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	0% coinsurance after deductible is met
<b>Outpatient Services</b>	25% coinsurance after deductible is met	0% coinsurance after deductible is met	35% coinsurance after deductible is met	0% coinsurance after deductible is met
<b>Ambulatory Surgery Center</b>	\$500 copay	0% coinsurance after deductible is met	\$525 copay	0% coinsurance after deductible is met
Pharmacy Benefits				
<b>Prescription Drugs* per 31-day supply (up to 90-day supply maximum)</b>	<b>Tier 0:</b> \$0 <b>Tier 1:</b> \$15 <b>Tier 2:</b> \$50 <b>Tier 3:</b> \$100 <b>Tier 4:</b> \$300	<b>Tier 0:</b> \$0 <b>Tiers 1 – 4:</b> 0% coinsurance after deductible is met	<b>Tier 0:</b> \$0 <b>Tier 1:</b> \$15 <b>Tier 2:</b> \$75 <b>Tier 3:</b> \$150 <b>Tier 4:</b> 35% coinsurance after deductible is met	<b>Tier 0:</b> \$0 <b>Tiers 1 – 4:</b> 0% coinsurance after deductible is met
<b>Mail Order (up to 90-day supply maximum)</b>	<b>Tier 0:</b> \$0 <b>Tier 1:</b> \$21 <b>Tier 2:</b> \$135 <b>Tier 3:</b> \$270	<b>Tier 0:</b> \$0 <b>Tiers 1 – 3:</b> 0% coinsurance after deductible is met	<b>Tier 0:</b> \$0 <b>Tier 1:</b> \$21 <b>Tier 2:</b> \$203 <b>Tier 3:</b> \$405	<b>Tier 0:</b> \$0 <b>Tiers 1 – 3:</b> 0% coinsurance after deductible is met

 This plan is eligible for a Health Savings Account (HSA).

\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.




BlueExtend		
Bronze 1		HD Bronze 2 
Benefits		
Deductible	Individual: \$4,500 Family: \$9,000	Individual: \$7,800 Family: \$15,600
Coinsurance	50%	0%
Out-of-Pocket Maximum	Individual: \$9,900 Family: \$19,800	Individual: \$7,800 Family: \$15,600
Office Visit Primary Care/Behavioral Health	\$60 copay	0% coinsurance after deductible is met
Blue CareOnDemand	\$20 copay	0% coinsurance after deductible is met
Specialist Office Visit	\$90 copay	0% coinsurance after deductible is met
Urgent Care	\$90 copay	0% coinsurance after deductible is met
Emergency Room Services	\$800 copay, then 50% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospitalization	\$1,500 per day up to four days (\$6,000 max)	0% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center	\$525 copay	0% coinsurance after deductible is met
Pharmacy Benefits		
Prescription Drugs* per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$50 Tier 2: \$175 Tiers 3 – 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$70 Tier 2: \$473 Tier 3: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met



## Dental Products

# Sample ID Card




South Carolina

Member Name  
**SUBSCRIBER NAME**  
Member ID  
**XXX012345678901**

**DENTAL ONLY**

www.SouthCarolinaBlues.com



South Carolina

www.SouthCarolinaBlues.com

Dental – Please submit claims to:  
P.O. Box 10090, Columbia SC 29201

Claims: 800-322-7156  
Enrollment and Billing: 855-404-6752

BlueCross BlueShield of South Carolina  
P.O. Box 100900  
Columbia, SC 29202  
An independent licensee of the Blue Cross Blue  
Shield Association.

X21

# Dental Plans — Frequently Asked Questions



Dental Chart		
	Blue Secure Dental	Dental Blue
<b>Plan Options</b>	2 age-related plan designs	3 plan designs
<b>Purchase Options</b>	Must be purchased with an on-exchange health plan only	Does not need to be connected to a medical plan
<b>When to Purchase</b>	Must be purchased at time of enrollment or renewal in an on-exchange health plan	Enroll at anytime during the year
<b>Network</b>	In- and out-of-network benefits	In- and out-of-network
<b>Pricing</b>	Statewide, age-banded rates	Statewide, age-banded rates
<b>Quoting and Enrollment</b>	Enrollment access through My Business Manager (MBM) through Dental Enrollment tab on Blue Individual and Family Connect	3 access points <ul style="list-style-type: none"> <li>■ Dental Blue Connect link in MBM</li> <li>■ Personalized URL with agent writing code embedded</li> <li>■ Redirect option in Blue Medicare Connect when enrolling Medicare Supplement Members</li> </ul>
<b>Billing Details</b>	Follows the same delinquency timeline as BlueCross Individual and Family health plans	<ul style="list-style-type: none"> <li>■ Premiums due the first of each month.</li> <li>■ Claims are deferred 10 days past the due date.</li> <li>■ Pending cancellation sent 20 days past the due date.</li> <li>■ Policy terminates 35 days past the due date.</li> <li>■ Policy reinstatement is possible up to 60 days from the effective date of termination.</li> </ul>

## 2026 Blue Secure Dental – On-Exchange Only



**Blue Secure Dental gives members flexibility, affordability and choice. It must be purchased on-Exchange. Blue Secure Dental can enhance health coverage when paired with a BlueCross health plan.**

Benefits include:

- Use of Advance Premium Tax Credit (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.
- Two coverage options.
- Four categories of dental services.
- Orthodontic services, limited to those under 19 years old, and for medically necessary services.
- The ability to manage health information and pay your bill online with My Health Toolkit.

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



Visit [www.SouthCarolinaBlues.com/links/2026/providers/bluesecuredental](https://www.SouthCarolinaBlues.com/links/2026/providers/bluesecuredental) to learn more.

# 2026 Blue Secure Dental — Benefits



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	\$450	\$900	\$450	\$900
Maximum Out-of-Pocket Total for All Children	\$900	\$1,800	\$900	\$1,800
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

## Statewide Monthly Premium Rates

Age	Blue Secure Dental Gold 1	Blue Secure Dental Silver 1
0 Through 18	\$36.93	\$34.65
19 Through 25	\$34.52	\$26.10
26 Through 63	\$38.88	\$27.71
64 and Over	\$51.57	\$36.58

\*Orthodontia for those under 19 years old only.

# 2026 Dental Blue Plans



Members can purchase a BlueCross BlueShield of South Carolina dental plan by itself or with a BlueCross medical plan for all-in-one convenience.

These plans are for:

- Medicare Supplement members.
- Individual and family members
- Individual coverage health reimbursement arrangement (ICHRA) members
- Small group members who do not meet participation requirements for Blue Dental<sup>SM</sup>



With BlueCross, there are **several plans to choose from** to meet our members, health needs, budget and personal preferences.



BlueCross dental plans feature **a large network of dentists.**

Scan to view the directory.



**Sign up anytime** during the year. Benefits start the first day of the following month. All plan benefits reset in January.



**Members can use My Health Toolkit** to help them manage and use their benefits:

- Search for in-network dentists.
- View plan and benefit information.
- Pay their bill.
- Download and save digital copies of ID cards.
- Get support from helpful customer service representatives.



Scan to download My Health Toolkit.



## Dental Services Offered

Category	Dental Services	Benefits
<b>Class I – Preventive Care</b>	Office visit, cleanings, oral exams and X-rays	No deductible and no waiting period for in-network preventive services
<b>Class II – Basic and Restorative</b>	Fillings, simple extractions and minor oral surgical procedures (nonperiodontal)	Six-month waiting period from effective date of coverage for restorative care
<b>Class III – Major Restorative</b>	Crowns, bridges, dentures, inlays, periodontics and oral surgery	12-month waiting period from effective date of coverage for major restorative care
<b>Class IV – Orthodontic Services</b>	Not covered	Not covered

# 2026 Dental Blue Plans – Benefits

## Dental Blue 1

### Statewide Monthly Premium Rate Per Member

	In Network	Out of Network	Age 0 –18	Age 19 – 25	Age 26 – 63	Age 64+
Annual Maximum (Coverage Limit)	\$1,000		\$26.79	\$26.10	\$27.71	\$34.87
Annual Deductible	\$50 individual					
CLASS I — Preventive Procedures & Exams	0% coinsurance	30% coinsurance				
CLASS II — Basic & Restorative	50% coinsurance (after 6 months)	70% coinsurance (after 6 months)				
CLASS III — Major Procedures	70% coinsurance (after 12 months)	Not covered				

## Dental Blue 2

### Statewide Monthly Premium Rate Per Member

	In Network	Out of Network	Age 0 –18	Age 19 – 25	Age 26 – 63	Age 64+
Annual Maximum (Coverage Limit)	\$1,500		\$34.96	\$34.52	\$38.88	\$50.87
Annual Deductible	\$50 individual					
CLASS I – Preventive Procedures and Exams	0% coinsurance	20% coinsurance				
CLASS II – Basic and Restorative	30% coinsurance (after 6 months)	50% coinsurance (after 6 months)				
CLASS III – Major Procedures	50% coinsurance (after 12 months)	70% coinsurance (after 12 months)				

## Dental Blue 3

### Statewide Monthly Premium Rate Per Member

	In Network	Out of Network	Age 0 –18	Age 19 – 25	Age 26 – 63	Age 64+
Annual Maximum (Coverage Limit)	\$2,500		\$40.61	\$40.59	\$44.11	\$56.75
Annual Deductible	\$50 individual					
CLASS I — Preventive Procedures and Exams	0% coinsurance	20% coinsurance				
CLASS II — Basic and Restorative	30% coinsurance (after 6 months)	50% coinsurance (after 6 months)				
CLASS III — Major Procedures	50% coinsurance (after 12 months)	70% coinsurance (after 12 months)				

## Notes







## 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 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
My Health Toolkit Activity	\$30
<hr/>	
<b>Total</b>	<b>\$150</b>
<b>Family of 4 Can Earn Up To</b>	<b>\$600</b>

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



\* Members with a gold or silver HD plan are ineligible for Blue Rewards.



Access the Blue Rewards program at [www.BlueRewardsSC.com](http://www.BlueRewardsSC.com)

## My Health Toolkit®

### Tools To Manage Members' 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. To link multiple accounts, please call Customer Service.

With My Health Toolkit, members get access to:

- Claims, eligibility and benefit information.
- Contact preferences.
- Authorization status.
- ID card — members can save a digital version of their ID card for faster access.
- A treatment cost estimator.
- A way to set up recurring premium payments.



Scan to learn how to sign up.



Sign up now by visiting [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or downloading the free mobile app on the App Store or Google Play.

# Blue CareOnDemand<sup>SM</sup> Powered by MDLIVE



Powered by **MDLIVE**

- **Easy to use**
- **Free to enroll**
- **Low out-of-pocket costs**

## Virtual Care for Our Members

Members can see a doctor anytime through virtual video consults provided by Blue CareOnDemand. Members can use their smartphone, tablet or computer for access to faster, easier, on-the-go care for minor health conditions, including cold and flu symptoms, fevers, rashes, and more.

## How to use Blue CareOnDemand on My Health Toolkit on your phone:

1. Log in to the My Health Toolkit app.
2. At the bottom of the screen, select the Find Care tab.
3. Select the Video Visit button. It will take you to the MDLIVE website with your information already filled in.
4. Follow the prompts and be paired with a Doctor

**Available for PCP, Urgent Care, Dermatology and Behavioral Health Visits.**



MDLIVE is an independent company that provides a telehealth platform on behalf of BlueCross.



Sign up by visiting [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or downloading the free mobile app on the App Store or Google Play.

## Discount and Wellness Programs

Our members enjoy premier health and wellness discounts at no additional cost.



Fitness center  
memberships



Weight  
management



Allergy relief



Hearing care

BlueCross members have access to **Blue365**<sup>®</sup>, a website with discounts on everyday products and brands that can help members and their families live healthier, happier lives, including Skechers, Thorne, Fitness Your Way by Tivity Health, Garmin, Fitbit, TruHearing, Bosley and more. These are independent companies that provide discounts on products and services to members of BlueCross.

*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.*



Scan for step-by-step directions to register for Blue365.



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

## Health Management Programs

We use a 360-degree approach in managing the health of our members through our health management programs. We offer dozens of programs to help members get and stay on the right track.



### Prevention and Wellness

- Back Care
- Tobacco Cessation
- Weight Management

### Chronic Health Conditions

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- High Cholesterol
- Hypertension
- Kidney Disease
- Metabolic Health
- Migraine

### Mental and Behavioral Health Services

- Anxiety Management
- Adult Attention-Deficit Hyperactivity Disorder
- Bipolar Disorder
- Depression
- MOMs Support
- Recovery Support

### Critical Health Management

- Emergency Department Diversion
- Care Calls
- NICU Case Management

#### How to enroll:

- Most members are auto-enrolled when identified by claims, based on diagnosis.
- If the member wants to enroll, he or she can enroll on My Health Toolkit or call 855-838-5897.



### My Health Planner.

#### My Health Planner

Program participants also have access to My Health Planner, our comprehensive, interactive app that helps members take charge of their health. My Health Planner offers support from our care management team of nurses and other Health care professionals. It includes the following:

- A chat feature to communicate with care team
- A daily checklist and health guidance
- Customizable medication and appointment reminders
- Educational programs and videos
- Step trackers and other physical activity tools



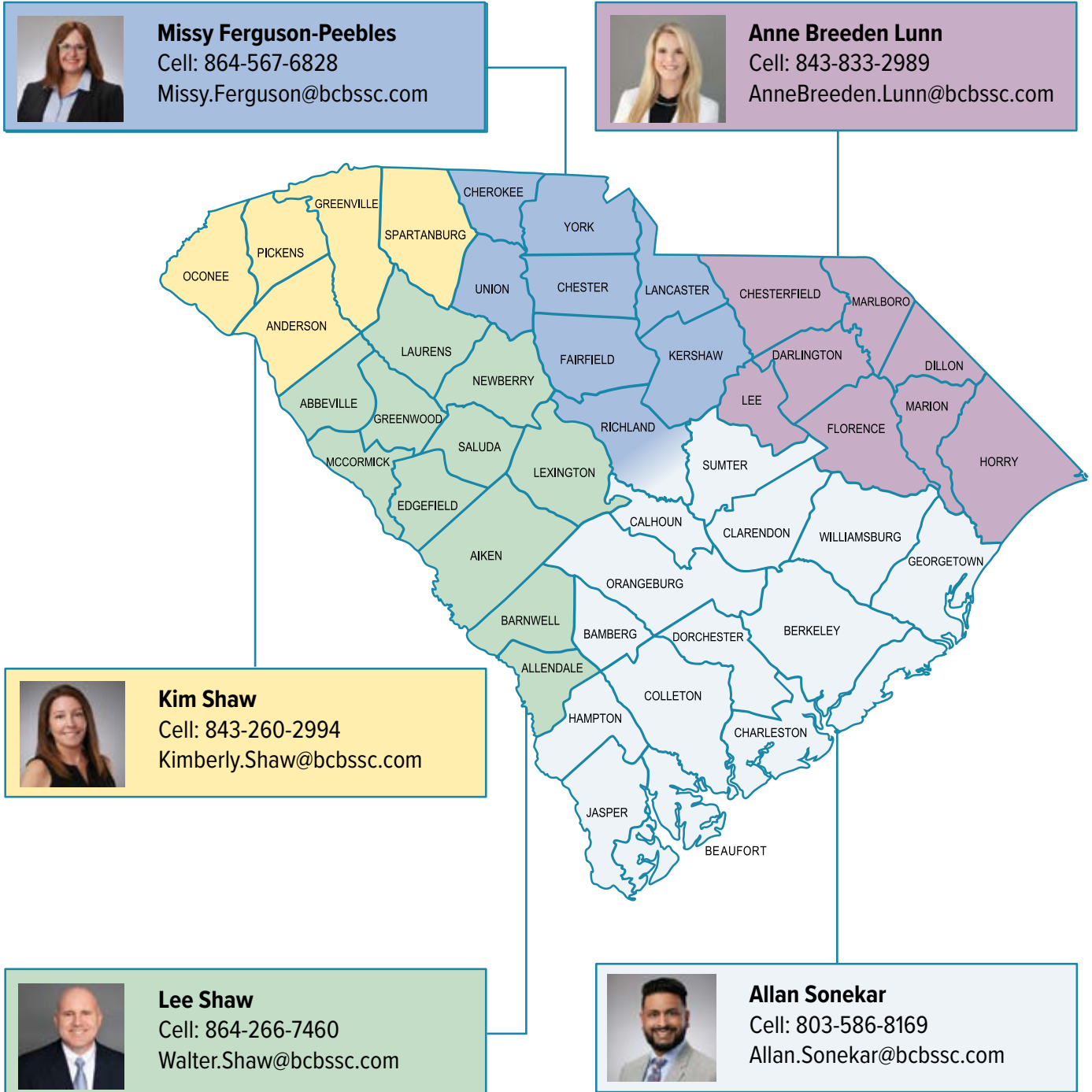
Scan for program details.

## Notes





# BlueCross Individual Sales Representative Territories



## Individual Sales Representative for Out-of-State Agents



**Trey Buckelew**  
Office: 803-264-2328  
Trey.Buckelew@bcbssc.com

## Notes

# Contact Information for Agents

## Sales and Operations



Marketing		
Agency Sales Marketing Inquiries	Agent.Marketing@bcbsc.com	
Training		
Training and LMS Support	Agent.Training@bcbsc.com	803-264-8599
Compliance		
BlueCross Agent Compliance	Agent.Review@bcbsc.com	
Commissions and Appointments		
BlueCross Agent Commissions	Agent.Administration@bcbsc.com	
BlueCross Agent Appointment	Agent.Appointment@bcbsc.com	
Agent of Record (AOR) Requests		
	AOR.Change.Requests@bcbsc.com	
Tech Support		
MBM System Support (MBM, AAR, CNX, etc.)	MBM.AgentTechSupport@bcbsc.com	803-264-9054
BASES Support	BASES.Support@bcbsc.com	
Proofpoint for Secure Emails		803-264-2352

## Individual and Family Plan Support



Agent Support		
BlueCross ACA/Marketplace Agent Support	BlueSCInquiries@bcbsc.com	888-481-4740
BlueCross Agent Technical Support Hotline		803-264-8599
Federally Facilitated Marketplace (FFM)		
FFM/HealthCare.gov Agent Call Center		855-267-1515
FFM/HealthCare.gov Customer Service	FEPS@cms.hhs.gov	800-318-2596
Special Enrollment Period Documentaion		
	Membership.SEP@bcbsc.com	
Membership Services		
BlueCross ACA/Marketplace/Dental Customer Service	Membership.Enrollment@bcbsc.com	855-404-6752
VSP Member Services		800-877-7195
Pharmacy Support		
Pre-ACA Individual/Family Pharmacy Support (Legacy Plans)		855-819-0956
List Bill		
Marketplace Operations Affordable Care Act	MPOLISTBILL@bcbsc.com	
ICHRA Affordable Care Act	ICHRA.Enrollment@bcbsc.com	
Under 65/Over 65 (Medicare)	Individual.Membership@bcbsc.com	
Short-Term Health		
	STH.Inquires@bcbsc.com	

# Contact Information for Agents

## Agency Sales



<b>Stephanie DeFreese</b> Vice President, Sales and Marketing	Stephanie.DeFreese@bcbssc.com	Office: 803-264-2224
<b>Bonnie Levkoff</b> Assistant Vice President, Marketing and Sales Support	Bonnie.Levkoff@bcbssc.com	Office: 803-264-5534
<b>Stephanie Musto</b> Director, Individual Product Sales	Stephanie.Musto@bcbssc.com	Office: 803-264-1853
<b>Jenna Shrader</b> Manager, Sales Training, Quality and Events	Jenna.Shrader@bcbssc.com	Office: 803-264-4716
<b>Katie Parrish</b> Senior Marketing Communications Coordinator - Agent Marketing	Katie.Parrish@bcbssc.com	Office: 803-264-6424
<b>Corporate Office</b> BlueCross BlueShield of South Carolina Group and Individual Agency Sales Address: I-20 at Alpine Road, Mail code: AX-H22, Columbia, SC 29219		Phone: 800-288-2227 or 803-788-0222 Fax: 803-865-3876

# Agent and Enrollment Resources

## Learning Management System

BlueCross offers an online resource to access training and education for plans. The Learning Management System (LMS) includes modules for agents to learn about new plans, services and programs.

### Multifactor Authentication

As part of BlueCross' ongoing focus to safeguard and strengthen our security, multifactor is required before you can log in to the LMS. You need to download the Microsoft Authenticator app on your mobile phone, which is no cost to you. This information is provided when training is assigned. If you have any questions, contact your sales rep.

### How To Log In

Visit Cornerstone at [www.Cornerstone.com](http://www.Cornerstone.com).

#### Log in using the following information:

- Username: your South Carolina Department of Insurance number
- Your initial password \*: profile number (typed exactly as you see it)

\*You will have to change your password when you log in for the first time.

Scan to  
access  
the LMS.



### How to View Your Training Schedule

Your Training Schedule is accessible via the Quick Links box on the left side of your LMS Agent homepage. Select the blue Training Schedule link to access your Training Schedule. Select the Start button to begin a course.

**Helpful Tip:** *If you see a gray/black screen when you select the Start button to begin the course, try turning off your pop-up blocker or press the Ctrl key while selecting the Start button.*

### How To Verify You Completed a Course

You can view your Training Transcript via the Quick Links box on the left side of your LMS agent homepage. Select the blue Training Transcript link. You may sort the list of courses you have completed by selecting the desired year in the "Select a year or date range to filter completed training records" field.

### How To Get for Help

To reset your password or get help with account lockouts and other technical issues, please email [Agent.Training@bcbssc.com](mailto:Agent.Training@bcbssc.com).

# Agent Connection New for 2026!

## Management of Commissions

- View and/or download real-time commissions statements for the agency and/or agent by year, month, product or policy type.
- Review incentive and bonus statements.
- Download in multiple formats.

## Agent and Agency Oversight

- View your entire block of business with historical data of customers, policies and performance.
- Track production and trends.
- Access agent demographics, licenses and certification needs.

## Enhanced Agent Experience

- Enjoy single sign-on for various BlueCross interfaces.
- Access through a mobile device.
- Have a central hub for agency/agent communications and information.

### How To Log In to Agent Connection

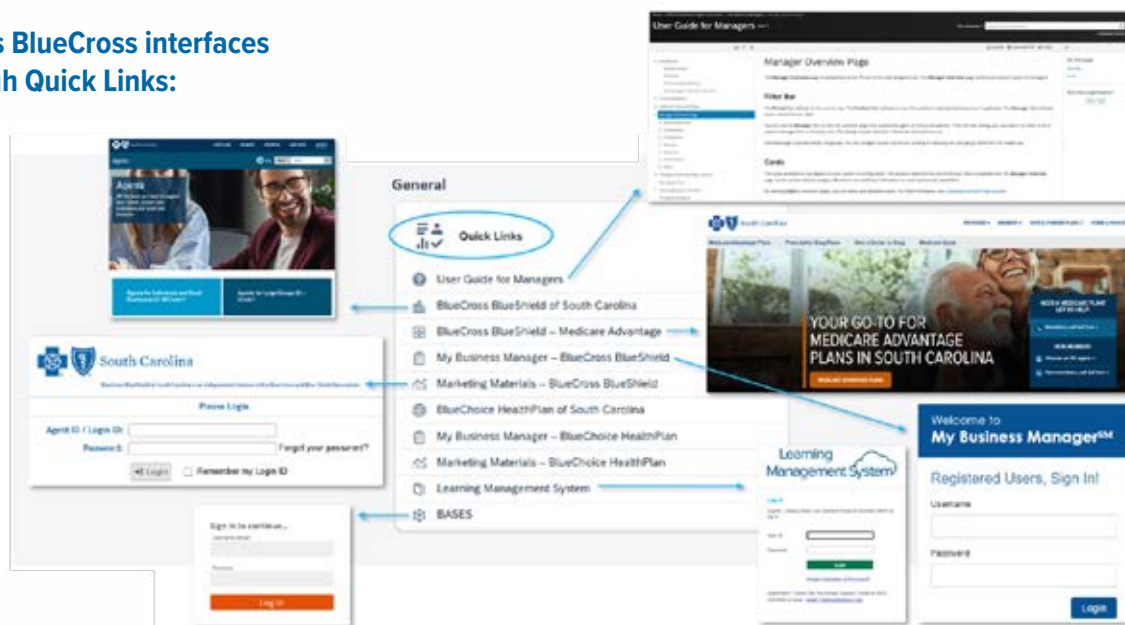
- Go to [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
- Select the Agents link on the top right of the homepage.
- Select Agents for Individual and Small Businesses (2 – 50).
- Select Tools and Resources, and then select Agent Connection



### Homepage Agent View

1. Active Customers
2. Customer Sales
3. Year-to-Date Policy Sales
4. Commissions Statements
5. Compliance — License, Education
6. General — Address, Letters
7. Quick Links
8. Hierarchy — Producer Details

## Access BlueCross interfaces through Quick Links:

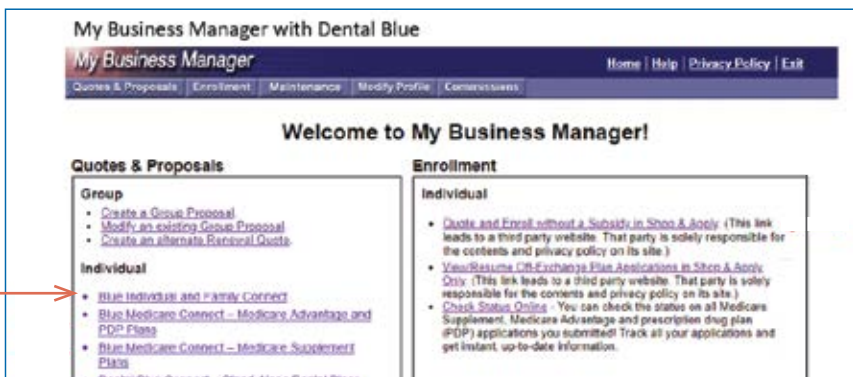


## Enrollment Resources

### My Business Manager<sup>SM</sup> (MBM)

To enroll your client in an individual or family plan, you will need to log in through My Business Manager<sup>SM</sup> (MBM) to access the agent enrollment tool.

Once in to My Business Manager, select “Blue Individual and Family Connect” to quote both on and off-exchange BlueCross plans.



For technical support, email  
[Marketing.Enroll@bcbssc.com](mailto:Marketing.Enroll@bcbssc.com)  
or call 803-264-9054.

## Marketplace Assistance

How do I contact [www.HealthCare.gov](http://www.HealthCare.gov) for help as an agent?

Email the FFM Producer-Assister Help Desk at [FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov) or call the agent call center directly at **800-267-1515**.

How can I enroll a consumer via the Marketplace pathway if the Marketplace website is not available?

Arrange a three-way call among yourself, the consumer and the FFM call center (800-318-2596) to fill out the application over the phone, receive an eligibility determination and choose a plan. The consumer must be on the phone with the agent or broker and the call center representative to complete an application and/or plan selection. The call center will record the agent's information when the agent and consumer conduct a three-way call with the call center.

## Common Enrollment Issues

My application did not go through all the way. How do I correct this?

You may run into a Marketplace application that did not go through the system all the way. You will know this happened to the application by either checking BASES and not seeing the member there or by getting a notification from BlueCross. Once you realize the application did not go through the system all the way, you will need to redo the application directly on [www.HealthCare.gov](http://www.HealthCare.gov) instead of through Enhanced Direct Enrollment (EDE).

### My password doesn't work.

You can call the FFM/Agent Call center at 855-267-1515 to reset your password.

### Can BlueCross assist with issues on the FFM website?

No, you must call 800-318-2596 for assistance.

### Can BlueCross check if an application was submitted?

Yes, call 855-404-6752 for help.

## Consumer Consent Requirements Implemented by CMS

The 2024 Notice of Benefit and Payment Parameters (NBPP) outlined additional requirements agents and brokers must take when assisting consumers:

- Agents and brokers must get consent prior to assisting each consumer.
- Agents and brokers must document that eligibility application information has been reviewed by and confirmed to be accurate prior to submission.

### Documentation Requirements

CMS did not establish a specific format or means by which this information is required to be received; instead, it established minimum guidelines for both consent and eligibility application review:

- Consent documentation must contain, at a minimum, the following information:
  - A description of the scope, purpose and duration of the consent provided by the consumer or their authorized representative;
  - The date the consent was given
  - The name of the consumer or his or her authorized representative, broker or agency being granted consent
  - A process through which the consumer or his or her authorized representative may rescind the consent
- Review documentation must contain, at a minimum, the following information:
  - The date the information was reviewed
  - The name of the consumer or his or her authorized representative
  - An explanation of the attestations at the end of the eligibility application
  - The name of the assisting agent, broker, or web broker.
- Agents and brokers must maintain the documentation for a minimum of 10 years.

### Compliant Business Practices:

Agents and brokers must ensure compliance with Marketplace regulations and guidance when establishing business relationships (e.g., for purposes of lead generation):

- Enrollment assistance must be provided by licensed and registered agents and brokers.
- Agents and brokers are required to get consent from the consumer or his or her authorized representative. Third-party means, such as lead generators, do not constitute consent in a manner that complies with 45 C.F.R. §155.220.
  - For example, consumers merely checking a box to indicate that they attest to being enrolled in Marketplace coverage does not constitute consumer consent for purposes of complying with CMS Marketplace requirements.

## Client Management and Support

### Manage your clients with BASES

With BASES, reaching out to your clients about new BlueCross products and services is easier than ever! To access BASES, log in to Agent Connection.

#### Key features of BASES:

- Access to client reports based on product (BlueChoice® HealthPlan of South Carolina individual, BlueCross individual, Medicare Supplement, Medicare Advantage, and Short-Term Health).
- Access to important information your client's name and contact information, plan name, and premium payment.
- New reports: Medicare prospect clients and ACA cancellation policies.

View BlueChoice HealthPlan  
Applicants

View BlueCross BlueShield of  
South Carolina Applicants

View Medicare Prospects

View Medicare Supplement  
Membership

View Medicare Advantage  
Membership

View Marketplace  
Cancellations

View Short Term Health



Scan to access BASES.

## 1095 Forms Frequently Asked Questions

	Form A*	Form B	Form C
<b>Who Sends It?</b>	Health Insurance Marketplace	Insurance companies that offer individual and group health plans	Large (50+) employers
<b>Who Gets It?</b>	People who bought coverage directly from the Marketplace	Member or covered employee	Employee
<b>What's on It?</b>	<p><b>Coverage:</b> The coverage you had</p> <p><b>Tax credits:</b> Any tax credits you were entitled to, if you used them to pay for your coverage</p>	<p><b>Part I:</b> Information of the individual responsible for the subscriber (for individual policyholders)</p> <p><b>Part II:</b> Employer information (employer-sponsored plans)</p> <p><b>Part III:</b> The information of the insurance company providing the coverage</p> <p><b>Part IV:</b> List of all covered individuals in the household (spouse and dependents) and the months each person was covered</p>	<p><b>Part I:</b> Employee and employer information</p> <p><b>Part II:</b> Which months during the year the employee was eligible for coverage and the cost of the lowest premium the employee could have paid under the plan</p> <p><b>Part III:</b> List of all covered individuals in the household (spouse and dependents) and the months each person was covered  <b>Note: Part III is only completed by self-funded employers.</b></p>
<b>Why Do You Need It?</b>	Use to adjust any tax credit payments or claim any premium tax credits that may be due when filing your federal tax form	Proves you had the type of minimum essential coverage required by law so you don't have to pay the tax penalty for not having coverage	

### Handling Application Inconsistencies

#### What You Need To Know:

If a member receives an email and/or a reply message about inconsistency (i.e., a data matching issue [DMI]), he or she has been identified on a report from the FFM as still needing documentation regarding citizenship or income. The member needs to contact the FFM immediately to determine what is needed. If the DMI is not resolved, the policy will be canceled.

#### What You Need To Do:

Advise members they need to contact the FFM immediately to determine what documentation is needed. If the member has the needed documentation, advise that he or she can submit the documentation one of several ways:

- The member can mail the documentation.
- The documentation can be uploaded to the member's [www.HealthCare.gov](http://www.HealthCare.gov) account.

**If a financial inconsistency is not resolved, the member will be responsible for the entire premium due. We cannot alter the member responsibility without direction from the FFM in the form of an approved appeal.**

\*You can find your client's Form A on Blue Individual and Family Connect.

## Coordination of Medicare Benefits

**How will claims be covered for those who are eligible for Medicare and continue their ACA policies, and what is needed for coordination of benefits (COB)?**

Effective Jan. 1, 2018, all BlueCross ACA plans for individuals and families began to coordinate benefits with Medicare. This means that any members actively enrolled in both Medicare and an ACA plan will have their claims reviewed and paid first by Medicare and then by BlueCross ACA Individual and Family.

If a claim is received for a member who is at least 65 years old, the claim will defer pending receipt of the COB information. Additionally, if the member is under age 64 and BlueCross has determined he or she is Medicare-entitled, we will defer claims pending receipt of the COB information.

This COB information must be a document from the Social Security Administration (SSA) that indicates the member is not currently eligible for Medicare. The letter from the SSA is the only document that will be reviewed and considered when determining if the member is eligible for Medicare Part A or Part B.

If I have a client on an ACA plan who enrolls in a BlueCross Medicare plan, does he or she need to cancel the ACA plan? Yes, the member needs to cancel his or her ACA plan. The member can do so by **calling 855-404-6752**.

## Filing Plan Appeals

**How do I help my client file an appeal with the Marketplace?**

Your clients can appeal the following kinds of Marketplace decisions:

- Whether they are eligible to buy a Marketplace plan, including a catastrophic health insurance plan.
- Whether they can enroll in a Marketplace plan outside the regular open enrollment period.
- Whether they're eligible for lower costs based on their income.
- The amount of savings they're eligible for.
- A reduction in the amount of savings they are eligible for.
- Whether the Marketplace made a timely determination about their eligibility after they applied.

After the member files an appeal, he or she will get a letter saying the request was received and whether their appeal has been accepted or is invalid.

Appeal forms can be found at [www.HealthCare.gov/marketplace-appeals/appeal-forms](http://www.HealthCare.gov/marketplace-appeals/appeal-forms).

**If your client's appeal request is accepted, what happens next?**

If the letter says his or her request is accepted, the Marketplace Appeals Center will review the appeal. The letter:

- Provides a description of the appeals process.
- Includes instructions for submitting additional material if necessary.

**If your client's appeal request is invalid**

If the letter says the appeal request is invalid, the Marketplace Appeals Center can't act on the appeal.

Your client must follow the steps outlined in his or her letter by the stated deadline. If he or she doesn't, the appeal will be dismissed.

## How your client's appeal is processed

In general, the Marketplace Appeals Center must tell the client the decision and mail the response within 90 days of when it received the appeal request. This is the process:

- The Appeals Center reviews the appeal, including the information the Marketplace uses to determine the client's eligibility.
- Your client may get a letter asking for more information or documentation, like a copy of a passport. If the client sends this information quickly, he or she may be able to informally resolve the case quickly.
- If the Marketplace Appeals Center resolves the appeal informally, it will send a Notice of Informal Resolution. The notice tells how to request a hearing if the client isn't satisfied. Most hearings are conducted over the phone.

It's a good idea to advise your client to save copies of all forms and notices related to the appeal. If needed, the client can also request a copy of the appeal record.

## When your client's appeal is resolved

Your client will get a notice with the Marketplace Appeals Center's final decision about his or her eligibility. Marketplace eligibility may change, depending on the decision. For example:

- If the client appealed eligibility for coverage, the letter will tell the client if he or she qualifies to buy a Marketplace plan.
- If the client appealed eligibility for financial assistance, the letter will say if he or she qualifies to use a different amount of premium tax credit each month, for savings on out-of-pocket costs or for coverage through South Carolina's Medicaid or Children's Health Insurance Program (CHIP) programs.

The letter will explain how the Marketplace Appeals Center reached its decision and any next steps.

For more information, including information on expedited appeals, please go to

**[www.HealthCare.gov/marketplace-appeals/what-you-can-appeal](http://www.HealthCare.gov/marketplace-appeals/what-you-can-appeal)**.

## Medicaid Frequently Asked Questions

### **If your client's income combined is low and your state hasn't expanded Medicaid, what should the client do?**

If your state hasn't expanded Medicaid, as is the case in South Carolina, your client's income is below the FPL, and the client doesn't qualify for Medicaid under your state's current rules, the client won't qualify for either Medicaid coverage or savings on a health plan bought through the Marketplace.

The client should apply for Medicaid coverage, even if your state hasn't expanded.

Even if your state hasn't expanded Medicaid and it looks like the client's income is below the level to qualify for financial help with a Marketplace plan, the client should still fill out a Marketplace application.

South Carolina has coverage options that could work for your client — particularly if the client has children, is pregnant or has a disability. And when clients provide more detailed income information, they may fall into the range to save money.

### **What if clients are eligible for Medicaid but want to buy an insurance plan in the Marketplace instead?**

A Marketplace insurance plan would cost more than Medicaid and usually wouldn't offer more coverage or benefits. If clients qualify for Medicaid, they aren't eligible for savings on Marketplace insurance. They would have to pay full price for a plan.

### **What if my client has been turned down for Medicaid or CHIP coverage?**

The client may be able to buy a health plan through the Marketplace instead. The client may qualify for savings based on income through a premium tax credit.

If a South Carolina agency decides someone in the household isn't eligible, the client will get a notice explaining this.

In most cases, the state will send the client's information to the Marketplace. The Marketplace will send the client a notice explaining how to submit an application for a Marketplace plan. The application will be filled with information clients gave the state agency.

### **If your state hasn't expanded Medicaid coverage (South Carolina)**

If your state hasn't expanded Medicaid and the state agency said clients are not eligible under its current rules, your client may have fewer options for coverage. Depending on his or her income, he or she may not qualify for savings on a private insurance plan's out-of-pocket costs.

### **How to cancel a Marketplace plan after getting Medicaid or CHIP**

Once your client gets a final determination that he or she is eligible for Medicaid or CHIP that counts as qualifying health coverage (or minimum essential coverage)

- The client is no longer eligible for a Marketplace plan with advance payments of the premium tax credit and savings on out-of-pocket costs.

### **Canceling Coverage**

If a member with an ACA plan want to cancel coverage, he or she must contact the FFM to cancel coverage or report a death. A member with a private plan who wishes to cancel or report a death must contact BlueCross directly via phone, in writing or through email. In the case of delinquency, the policy will automatically be canceled.

## Billing and Payments

We offer convenient ways for members to make payments any time\*, day or night:

### 1. Pay by phone.

Call **855-404-6752**, and then press option **2**.

### 2. Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

Log in to My Health Toolkit, scroll down to Quick Links and select **Online Bill Pay**.

## Billing and Reinstatement Issues

BlueCross considers delinquency as any period of unpaid premiums past the due date. All pre-effectuated members are treated the same. If the initial payment is not received by the due date, the member's policy will be canceled the following day. Members who have made at least one payment will be considered APTC or non-APTC members.

**Here is a timeline of delinquency for APTC and non-APTC members:**

### Non-APTC Timeline

- **Day 1** after due date, medical claims will defer. (This is not a decline — their claims will hold.)
- **Day 10** days after due date, if payment is not received, pharmacy benefits will turn off and the member will not be able to get prescriptions at the pharmacy.
- **20 days** after due date, if payment is not received, Pending Cancel Letter will be sent to member.
- **On Day 35** after due date, policy will terminate with an effective date of termination equal to the due date. (Ex: If due date is Feb. 1, 2026, policy will terminate March 5, 2026, for effective date of Feb. 1, 2026.) Termination Letter will be mailed to member.

### APTC Timeline

- **10 days** after due date, if payment is not received, a Reminder Letter will be sent to member.
- **30 days** after due date, medical claims will begin to be declined. The provider will also receive a remittance notice stating the member does not have benefits. Pharmacy benefits will be turned off.
- **45 days** after due date, if payment is not received, a Pending Cancel Letter will be sent to member.
- **On Day 92** after due date, policy will terminate. If the premiums are not fully paid by the end of the grace period, coverage is terminated back to the first day of the second month of the three-month grace period. (Ex: If due date is Feb. 1, 2026, policy will terminate May 2, 2026, for effective date of March 1, 2024.) Termination Letter will be mailed to member.

## Plan Reinstatements

### What options are available for members when their policy has terminated for nonpayment of premiums?

There are typically four categories members fall into when their policies have been terminated for nonpayment of premiums.

- 1. Pre-effectuated termination** — This is where the member's first month's premium is due to secure his or her coverage. As an example, a member's policy effective date is Jan. 1, 2026. The member typically must pay on the first.
- 2. Termination due to delinquency (with subsidy)** — The member has 90 days to pay the current bill.  
*Note: This is not a rolling 90-day period. The member is not removed from delinquency until the premium is paid.*
- 3. Termination due to delinquency (FFM without subsidy)** — The member has 31 days to pay the current bill.
- 4. Termination due to delinquency (private)** — The member has 31 days to pay the current bill before the policy cancels. Once the policy cancels, the member only has 60 days from the effective date of the termination to reinstate the policy. As an example, if the member was delinquent on Feb. 1, 2026, the termination should happen shortly after March 1, 2026. The member has until April 1, 2026, to request reinstatement of coverage and pay all premiums in full.

Any FFM policy reinstatements must be approved by the FFM. Please contact the FFM to request.

# Sales Materials

## Storefront

Storefront is a self-service tool that allows you to access BlueCross marketing materials such as brochures, flyers, mailers, ads, and forms, whenever you need them.

### Access Storefront by:

- Selecting the link on the Agent page of [www.SellBlueSC.com](http://www.SellBlueSC.com). Log in with your credentials using your NPN number.
- If you have trouble logging in, have trouble placing an order or need an account, select the box that says, “Click Here” at the top of the log in screen and follow the prompts.

Find the material you want in one of two ways:

1. You can use the left navigation to see the Individual and Family section and select the type of material you need. Then scroll through the pages to see the specific piece you want.
2. When you get to the main screen, there are tabs at the top left of the screen. Select the Catalog tab and find the Search button at the top right corner of the webpage. Type in the first five numbers of the item number you are looking for, and it will pull up the item. If you have trouble, please email [Mktg.Communications@bcbssc.com](mailto:Mktg.Communications@bcbssc.com).



If you don't see Individual and Family in the left navigation, or if you can't find what you are looking for, contact Marketing Communications at [Mktg.Communications@bcbssc.com](mailto:Mktg.Communications@bcbssc.com).



Scan QR Code To Access Storefront





**BCBSSC**



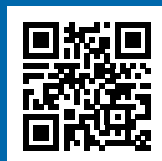
**BCBSSC**



**SCBLUECROSS**



**BCBSOFSOUTHCAROLINA**



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