



South Carolina

# 2026 Plan Change and Crosswalk Guide

For Individual/Family and Small Group Plans

## Plan Change

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## Individual and Family Plans

### 2026 BlueExtend PPO

Plan	Deductible	MOOP	Coinsurance	Copayment
HD Gold 2	<b>Individual</b> changed from \$3,850 to \$4,150 <b>Family</b> changed from \$7,700 to \$8,300	<b>Individual</b> changed from \$3,850 to \$4,150 <b>Family</b> changed from \$7,700 to \$8,300	<b>No Change</b>	<b>No Change</b>
HD Silver 1 Base	<b>Individual</b> changed from \$4,950 to \$5,300 <b>Family</b> changed from \$9,900 to \$10,600	<b>Individual</b> changed from \$4,950 to \$5,300 <b>Family</b> changed from \$9,900 to \$10,600	<b>No Change</b>	<b>No Change</b>
HD Silver 1 CSR 1	<b>Individual</b> changed from \$4,300 to \$4,625 <b>Family</b> changed from \$8,600 to \$9,250	<b>Individual</b> changed from \$4,300 to \$4,625 <b>Family</b> changed from \$8,600 to \$9,250	<b>No Change</b>	<b>No Change</b>
HD Silver 1 CSR 2	<b>Individual</b> changed from \$1,600 to \$1,725 <b>Family</b> changed from \$3,200 to \$3,450	<b>Individual</b> changed from \$1,600 to \$1,725 <b>Family</b> changed from \$3,200 to \$3,450	<b>No Change</b>	<b>No Change</b>
HD Silver 1 CSR 3	<b>Individual</b> changed from \$575 to \$610 <b>Family</b> changed from \$1,150 to \$1,220	<b>Individual</b> changed from \$575 to \$610 <b>Family</b> changed from \$1,150 to \$1,220	<b>No Change</b>	<b>No Change</b>
HD Silver 2 Base	<b>Individual</b> changed from \$5,550 to \$5,990 <b>Family</b> changed from \$11,100 to \$11,980	<b>Individual</b> changed from \$5,550 to \$5,990 <b>Family</b> changed from \$11,100 to \$11,980	<b>No Change</b>	<b>No Change</b>
HD Silver 2 CSR 1	<b>Individual</b> changed from \$4,550 to \$4,900 <b>Family</b> changed from \$9,100 to \$9,800	<b>Individual</b> changed from \$4,550 to \$4,900 <b>Family</b> changed from \$9,100 to \$9,800	<b>No Change</b>	<b>No Change</b>

Listed in this guide are the common list of benefit changes. To view the full plan details, see the Summary of Benefits for each plan.

## Individual and Family Plans

### 2026 BlueExtend PPO

Plan	Deductible	MOOP	Coinsurance	Copayment
HD Silver 2 CSR 2	<b>Individual</b> changed from \$1,750 to \$1,900 <b>Family</b> changed from \$3,500 to \$3,800	<b>Individual</b> changed from \$1,750 to \$1,900 <b>Family</b> changed from \$3,500 to \$3,800	<b>No Change</b>	<b>No Change</b>
HD Silver 2 CSR 3	<b>Individual</b> changed from \$700 to \$750 <b>Family</b> changed from \$1,400 to \$1,500	<b>Individual</b> changed from \$700 to \$750 <b>Family</b> changed from \$1,400 to \$1,500	<b>No Change</b>	<b>No Change</b>
HD Bronze 1	<b>Individual</b> changed from \$6,600 to \$7,300 <b>Family</b> changed from \$13,200 to \$14,600	<b>Individual</b> changed from \$6,600 to \$7,300 <b>Family</b> changed from \$13,200 to \$14,600	<b>No Change</b>	<b>No Change</b>
HD Bronze 2	<b>Individual</b> changed from \$8,000 to \$8,300 <b>Family</b> changed from \$16,000 to \$16,600	<b>Individual</b> changed from \$8,000 to \$8,300 <b>Family</b> changed from \$16,000 to \$16,600	<b>No Change</b>	<b>No Change</b>

## Individual and Family Plans

### 2026 BlueExtend PPO

Plan	Deductible	MOOP	Coinsurance	Copayment
Standard Gold	<b>Individual</b> changed from \$1,500 to \$2,000 <b>Family</b> changed from \$3,000 to \$4,000	<b>Individual</b> changed from \$7,800 to \$8,200 <b>Family</b> changed from \$15,600 to \$16,400	<b>No Change</b>	<b>No Change</b>
Standard Silver Base	<b>Individual</b> changed from \$5,000 to \$6,000 <b>Family</b> changed from \$10,000 to \$12,000	<b>Individual</b> changed from \$8,000 to \$8,900 <b>Family</b> changed from \$16,000 to \$17,800	<b>No Change</b>	<b>No Change</b>
Standard Silver CSR 1	<b>No Change</b>	<b>Individual</b> changed from \$6,400 to \$7,400 <b>Family</b> changed from \$12,800 to \$14,800	<b>No Change</b>	<b>No Change</b>
Standard Silver CSR 2	<b>Individual</b> changed from \$500 to \$700 <b>Family</b> changed from \$1,000 to \$1,400	<b>Individual</b> changed from \$3,000 to \$3,300 <b>Family</b> changed from \$6,000 to \$6,600	<b>No Change</b>	<b>No Change</b>
Standard Silver CSR 3	<b>No Change</b>	<b>Individual</b> changed from \$2,000 to \$2,200 <b>Family</b> changed from \$4,000 to \$4,400	<b>No Change</b>	<b>No Change</b>
Standard Expanded Bronze	<b>No Change</b>	<b>Individual</b> changed from \$9,200 to \$10,000 <b>Family</b> changed from \$18,400 to \$20,000	<b>No Change</b>	<b>No Change</b>

## Individual and Family Plans

### 2026 BlueEssentials

Plan	Deductible	MOOP	Coinurance	Copayment
Gold 1	<b>Individual</b> changed from \$2,500 to \$2,700 <b>Family</b> changed from \$5,000 to \$5,400	<b>Individual</b> changed from \$4,900 to \$5,400 <b>Family</b> changed from \$9,800 to \$10,800	No Change	No Change
Silver 14 Base	<b>Individual</b> changed from \$6,900 to \$7,400 <b>Family</b> changed from \$13,800 to \$14,800	<b>Individual</b> changed from \$8,700 to \$9,700 <b>Family</b> changed from \$17,400 to \$19,400	No Change	No Change
Silver 14 CSR 1	<b>Individual</b> changed from \$4,200 to \$4,900 <b>Family</b> changed from \$8,400 to \$9,800	<b>Individual</b> changed from \$7,350 to \$8,100 <b>Family</b> changed from \$14,700 to \$16,200	No Change	No Change
Silver 14 CSR 2	<b>Individual</b> changed from \$1,100 to \$1,300 <b>Family</b> changed from \$2,200 to \$2,600	<b>Individual</b> changed from \$2,800 to \$2,950 <b>Family</b> changed from \$5,600 to \$5,900	No Change	No Change
Silver 14 CSR 3	<b>No Change</b>	<b>Individual</b> changed from \$1,500 to \$1,700 <b>Family</b> changed from \$3,000 to \$3,400	No Change	No Change
Silver 14 + Adult Vision Base	<b>Individual</b> changed from \$6,900 to \$7,400 <b>Family</b> changed from \$13,800 to \$14,800	<b>Individual</b> changed from \$8,700 to \$9,700 <b>Family</b> changed from \$17,400 to \$19,400	No Change	No Change
Silver 14 + Adult Vision CSR 1	<b>Individual</b> changed from \$4,200 to \$4,900 <b>Family</b> changed from \$8,400 to \$9,800	<b>Individual</b> changed from \$7,350 to \$8,100 <b>Family</b> changed from \$14,700 to \$16,200	No Change	No Change

## Individual and Family Plans

### 2026 BlueEssentials

Plan	Deductible	MOOP	Coinurance	Copayment
Silver 14 + Adult Vision CSR 2	<b>Individual</b> changed from \$1,100 to \$1,300 <b>Family</b> changed from \$2,200 to \$2,600	<b>Individual</b> changed from \$2,800 to \$2,950 <b>Family</b> changed from \$5,600 to \$5,900	<b>No Change</b>	<b>No Change</b>
Silver 14 + Adult Vision CSR 3	<b>No Change</b>	<b>Individual</b> changed from \$1,500 to \$1,700 <b>Family</b> changed from \$3,000 to \$3,400	<b>No Change</b>	<b>No Change</b>
Bronze 4	<b>No Change</b>	<b>Individual</b> changed from \$9,200 to \$10,000 <b>Family</b> changed from \$18,400 to \$20,000	<b>No Change</b>	<b>No Change</b>
Bronze 6	<b>No Change</b>	<b>Individual</b> changed from \$9,200 to \$10,600 <b>Family</b> changed from \$18,400 to \$21,200	<b>No Change</b>	<b>PCP Visit</b> changed from \$45 to \$50 <b>Specialist Office Visit</b> changed from \$100 to \$99 <b>Urgent Care Centers/Facilities</b> changed from \$100 to \$99 <b>Inpatient Physician and Surgical Services</b> changed from \$100 to \$99 <b>Rehab Speech Therapy</b> changed from \$82 to \$90 <b>Outpatient Rehabilitation Services</b> changed from \$82 to \$90
Standard Gold	<b>Individual</b> changed from \$1,500 to \$2,000 <b>Family</b> changed from \$3,000 to \$4,000	<b>Individual</b> changed from \$7,800 to \$8,200 <b>Family</b> changed from \$15,600 to \$16,400	<b>No Change</b>	<b>No Change</b>
Standard Silver	<b>Individual</b> changed from \$5,000 to \$6,000 <b>Family</b> changed from \$10,000 to \$12,000	<b>Individual</b> changed from \$8,000 to \$8,900 <b>Family</b> changed from \$16,000 to \$17,800	<b>No Change</b>	<b>No Change</b>
Standard Expanded Bronze	<b>No Change</b>	<b>Individual</b> changed from \$9,200 to \$10,000 <b>Family</b> changed from \$18,400 to \$20,000	<b>No Change</b>	<b>No Change</b>

## Individual and Family Plans

### 2026 BlueEssentials

2026 BlueEssentials				
Plan	Deductible	MOOP	Coinsurance	Copayment
Private Plans				
Silver 16	<b>Individual</b> changed from \$3,900 to \$4,200 <b>Family</b> changed from \$7,800 to \$8,400	<b>No Change</b>	<b>No Change</b>	<b>No Change</b>
HD Silver 20	<b>Individual</b> changed from \$5,100 to \$5,800 <b>Family</b> changed from \$10,200 to \$11,600	<b>Individual</b> changed from \$5,100 to \$5,800 <b>Family</b> changed from \$10,200 to \$11,600	<b>No Change</b>	<b>No Change</b>
Silver 21	<b>No Change</b>	<b>Individual</b> changed from \$8,500 to \$8,600 <b>Family</b> changed from \$17,000 to \$17,200	<b>No Change</b>	<b>No Change</b>

## Individual and Family Plans

### 2026 Blue VirtuConnect

Plan	Deductible	MOOP	Coinsurance	Copayment
Gold 1	<b>Individual</b> changed from \$1,500 to \$2,000 <b>Family</b> changed from \$3,000 to \$4,000	<b>Individual</b> changed from \$7,800 to \$8,200 <b>Family</b> changed from \$15,600 to \$16,400	No Change	No Change
Silver 1 Base	<b>Individual</b> changed from \$5,000 to \$6,000 <b>Family</b> changed from \$10,000 to \$12,000	<b>Individual</b> changed from \$8,000 to \$8,900 <b>Family</b> changed from \$16,000 to \$17,800	No Change	No Change
Silver 1 CSR 1	No Change	<b>Individual</b> changed from \$6,400 to \$7,400 <b>Family</b> changed from \$12,800 to \$14,800	No Change	No Change
Silver 1 CSR 2	<b>Individual</b> changed from \$500 to \$700 <b>Family</b> changed from \$1,000 to \$1,400	<b>Individual</b> changed from \$3,000 to \$3,300 <b>Family</b> changed from \$6,000 to \$6,600	No Change	No Change
Silver 1 CSR 3	No Change	<b>Individual</b> changed from \$2,000 to \$2,200 <b>Family</b> changed from \$4,000 to \$4,400	No Change	No Change
Bronze 1	No Change	<b>Individual</b> changed from \$9,200 to \$10,000 <b>Family</b> changed from \$18,400 to \$20,000	No Change	No Change

## Individual and Family Plans

### 2026 Regional Plans\* - Blue Beaufort, Blue Cooper, Blue Congaree, Blue Pee Dee, and Blue Reedy

Plan	Deductible	MOOP	Coinsurance	Copayment
Silver 1 Base	No Change	<b>Individual</b> changed from \$9,200 to \$10,500 <b>Family</b> changed from \$18,400 to \$21,000	No Change	No Change
Silver 1 CSR 1	No Change	<b>Individual</b> changed from \$7,350 to \$8,150 <b>Family</b> changed from \$14,700 to \$16,300	No Change	No Change
Silver 1 CSR 2	No Change	<b>Individual</b> changed from \$2,300 to \$2,525 <b>Family</b> changed from \$4,600 to \$5,050	No Change	PCP Visit changed from \$15 to \$20
Silver 1 CSR 3	No Change	<b>Individual</b> changed from \$1,100 to \$1,200 <b>Family</b> changed from \$2,200 to \$2,400	No Change	<b>Specialist Office Visit</b> changed from \$40 to \$50
Silver 2 Base	No Change	No Change	No Change	<b>Rehab Speech Therapy</b> changed from \$8 to \$15 <b>Outpatient Rehabilitation Services</b> changed from \$8 to \$15
Silver 2 CSR 1	<b>Individual</b> changed from \$5,900 to \$6,500 <b>Family</b> changed from \$11,800 to \$13,000	<b>Individual</b> changed from \$7,050 to \$7,100 <b>Family</b> changed from \$14,100 to \$14,200	No Change	<b>Specialist Office Visit</b> changed from \$40 to \$50 <b>Rehab Speech Therapy</b> changed from \$8 to \$15 <b>Outpatient Rehabilitation Services</b> changed from \$8 to \$15
Silver 2 CSR 2	No Change	No Change	No Change	<b>Specialist Office Visit</b> changed from \$40 to \$50 <b>Rehab Speech Therapy</b> changed from \$8 to \$15 <b>Outpatient Rehabilitation Services</b> changed from \$8 to \$15

\*2026 Regional Plans will change to the Select RX Formulary. To learn more see page 4 of the Individual and Family Product and Sales Guide.

## Individual and Family Plans

### 2026 Regional Plans\* - Blue Beaufort, Blue Cooper, Blue Congaree, Blue Pee Dee, and Blue Reedy

Plan	Deductible	MOOP	Coinsurance	Copayment
Silver 2 CSR 3	No Change	No Change	No Change	<b>Specialist Office Visit</b> changed from \$40 to \$50 <b>Rehab Speech Therapy</b> changed from \$8 to \$15 <b>Outpatient Rehabilitation Services</b> changed from \$8 to \$15
Silver 2 + Adult Vision Base	No Change	No Change	No Change	<b>Rehab Speech Therapy</b> changed from \$8 to \$15 <b>Outpatient Rehabilitation Services</b> changed from \$8 to \$15
Silver 2 + Adult Vision CSR 1	Individual changed from \$5,900 to \$6,500 Family changed from \$11,800 to \$13,000	Individual changed from \$7,050 to \$7,100 Family changed from \$14,100 to \$14,200	No Change	<b>Specialist Office Visit</b> changed from \$40 to \$50 <b>Rehab Speech Therapy</b> changed from \$8 to \$15 <b>Outpatient Rehabilitation Services</b> changed from \$8 to \$15
Silver 2 + Adult Vision CSR 2	No Change	No Change	No Change	<b>Specialist Office Visit</b> changed from \$40 to \$50 <b>Rehab Speech Therapy</b> changed from \$8 to \$15 <b>Outpatient Rehabilitation Services</b> changed from \$8 to \$15
Silver 2 + Adult Vision CSR 3	No Change	No Change	No Change	<b>Specialist Office Visit</b> changed from \$40 to \$50 <b>Rehab Speech Therapy</b> changed from \$8 to \$15 <b>Outpatient Rehabilitation Services</b> changed from \$8 to \$15
Bronze 1	No Change	Individual changed from \$8,850 to \$9,500 Family changed from \$17,700 to \$19,000	No Change	No Change

\*2026 Regional Plans will change to the Select RX Formulary. To learn more see page 4 of the Individual and Family Product and Sales Guide.

## Individual and Family Plans

### 2026 Regional Plans\* - Blue Beaufort, Blue Cooper, Blue Congaree, Blue Pee Dee, and Blue Reedy

Plan	Deductible	MOOP	Coinsurance	Copayment
Bronze 2	<b>Individual</b> changed from \$9,200 to \$10,600 <b>Family</b> changed from \$18,400 to \$21,200	<b>Individual</b> changed from \$9,200 to \$10,600 <b>Family</b> changed from \$18,400 to \$21,200	No Change	No Change
Standard Gold	<b>Individual</b> changed from \$1,500 to \$2,000 <b>Family</b> changed from \$3,000 to \$4,000	<b>Individual</b> changed from \$7,800 to \$8,200 <b>Family</b> changed from \$15,600 to \$16,400	No Change	No Change
Standard Silver Base	<b>Individual</b> changed from \$5,000 to \$6,000 <b>Family</b> changed from \$10,000 to \$12,000	<b>Individual</b> changed from \$8,000 to \$8,900 <b>Family</b> changed from \$16,000 to \$17,800	No Change	No Change
Standard Silver CSR 1	No Change	<b>Individual</b> changed from \$6,400 to \$7,400 <b>Family</b> changed from \$12,800 to \$14,800	No Change	No Change
Standard Silver CSR 2	<b>Individual</b> changed from \$500 to \$700 <b>Family</b> changed from \$1,000 to \$1,400	<b>Individual</b> changed from \$3,000 to \$3,300 <b>Family</b> changed from \$6,000 to \$6,600	No Change	No Change
Standard Silver CSR 3	No Change	<b>Individual</b> changed from \$2,000 to \$2,200 <b>Family</b> changed from \$4,000 to \$4,400	No Change	No Change
Standard Expanded Bronze	No Change	<b>Individual</b> changed from \$9,200 to \$10,000 <b>Family</b> changed from \$18,400 to \$20,000	No Change	No Change

\*2026 Regional Plans will change to the Select RX Formulary. To learn more see page 4 of the Individual and Family Product and Sales Guide.

## Individual and Family Plans

### 2026 Blue Direction

Plan	Deductible	MOOP	Coinurance	Copayment
Silver 1 Base	No Change	<b>Individual</b> changed from \$9,200 to \$10,600 <b>Family</b> changed from \$18,400 to \$21,200	No Change	<b>Blue CareOnDemand</b> changed from \$20 to \$25
Silver 1 CSR 1	No Change	<b>Individual</b> changed from \$7,350 to \$8,450 <b>Family</b> changed from \$14,700 to \$16,900	No Change	<b>Blue CareOnDemand</b> changed from \$20 to \$25
Silver 1 CSR 2	No Change	<b>Individual</b> changed from \$3,050 to \$3,400 <b>Family</b> changed from \$6,100 to \$6,800	Coinurance changed from 40% to 50%	<b>PCP Office Visit</b> changed from \$12 to \$15 <b>Blue CareOnDemand</b> changed from \$12 to \$15 <b>Specialist Office Visit</b> changed from \$35 to \$50 <b>Urgent Care Centers or Facilities</b> changed from \$35 to \$50 <b>Rehab Speech Therapy</b> changed from \$10 to \$20 <b>Outpatient Rehabilitation Services</b> changed from \$10 to \$20
Silver 1 CSR 3	No Change	<b>Individual</b> changed from \$1,500 to \$1,800 <b>Family</b> changed from \$3,000 to \$3,600	No Change	<b>Blue CareOnDemand</b> changed from \$0 to \$10 <b>Specialist Office Visit</b> changed from \$8 to \$10 <b>Urgent Care Centers or Facilities</b> changed from \$8 to \$10 <b>Rehab Speech Therapy</b> changed from \$6 to \$8 <b>Outpatient Rehabilitation Services</b> changed from \$6 to \$8
Silver 1 + Adult Vision Base	No Change	<b>Individual</b> changed from \$9,200 to \$10,600 <b>Family</b> changed from \$18,400 to \$21,200	No Change	<b>Blue CareOnDemand</b> changed from \$20 to \$25
Silver 1 + Adult Vision CSR 1	No Change	<b>Individual</b> changed from \$7,350 to \$8,450 <b>Family</b> changed from \$14,700 to \$16,900	No Change	<b>Blue CareOnDemand</b> changed from \$20 to \$25

## Individual and Family Plans

### 2026 Blue Direction

Plan	Deductible	MOOP	Coinurance	Copayment
Silver 1 + Adult Vision CSR 2	No Change	<b>Individual</b> changed from \$3,050 to \$3,400 <b>Family</b> changed from \$6,100 to \$6,800	<b>Coinurance</b> changed from 40% to 50%	<b>PCP Office Visit</b> changed from \$12 to \$15 <b>Blue CareOnDemand</b> changed from \$12 to \$15 <b>Specialist Office Visit</b> changed from \$35 to \$50 <b>Urgent Care Centers or Facilities</b> changed from \$35 to \$50 <b>Rehab Speech Therapy</b> changed from \$10 to \$20 <b>Outpatient Rehabilitation Services</b> changed from \$10 to \$20
Silver 1 + Adult Vision CSR 3	No Change	<b>Individual</b> changed from \$1,500 to \$1,800 <b>Family</b> changed from \$3,000 to \$3,600	No Change	<b>Blue CareOnDemand</b> changed from \$0 to \$10 <b>Specialist Office Visit</b> changed from \$8 to \$10 <b>Urgent Care Centers or Facilities</b> changed from \$8 to \$10 <b>Rehab Speech Therapy</b> changed from \$6 to \$8 <b>Outpatient Rehabilitation Services</b> changed from \$6 to \$8
Silver 2 Base	No Change	<b>Individual</b> changed from \$9,200 to \$10,600 <b>Family</b> changed from \$18,400 to \$21,200	No Change	<b>Blue CareOnDemand</b> changed from \$20 to \$30
Silver 2 CSR 1	No Change	<b>Individual</b> changed from \$7,350 to \$8,300 <b>Family</b> changed from \$14,700 to \$16,600	No Change	<b>Blue CareOnDemand</b> changed from \$5 to \$25
Silver 2 CSR 2	<b>Individual</b> changed from \$900 to \$1,100 <b>Family</b> changed from \$1,800 to \$2,200	<b>Individual</b> changed from \$3,050 to \$3,500 <b>Family</b> changed from \$6,100 to \$7,000	<b>Coinurance</b> changed from 15% to 20%	<b>Blue CareOnDemand</b> changed from \$5 to \$10 <b>Specialist Office Visit</b> changed from \$30 to \$25 <b>Urgent Care Centers or Facilities</b> changed from \$30 to \$25

## Individual and Family Plans

### 2026 Blue Direction

Plan	Deductible	MOOP	Coinsurance	Copayment
Silver 2 CSR 3	No Change	<b>Individual</b> changed from \$3,050 to \$3,450 <b>Family</b> changed from \$6,100 to \$6,900	<b>Coinurance</b> changed from 5% to 10%	No Change
Standard Gold	<b>Individual</b> changed from \$1,500 to \$2,000 <b>Family</b> changed from \$3,000 to \$4,000	<b>Individual</b> changed from \$7,800 to \$8,200 <b>Family</b> changed from \$15,600 to \$16,400	No Change	No Change
Standard Silver Base	<b>Individual</b> changed from \$5,000 to \$6,000 <b>Family</b> changed from \$10,000 to \$12,000	<b>Individual</b> changed from \$8,000 to \$8,900 <b>Family</b> changed from \$16,000 to \$17,800	No Change	No Change
Standard Silver CSR 1	No Change	<b>Individual</b> changed from \$6,400 to \$7,400 <b>Family</b> changed from \$12,800 to \$14,800	No Change	No Change
Standard Silver CSR 2	<b>Individual</b> changed from \$500 to \$700 <b>Family</b> changed from \$1,000 to \$1,400	<b>Individual</b> changed from \$3,000 to \$3,300 <b>Family</b> changed from \$6,000 to \$6,600	No Change	No Change
Standard Silver CSR 3	No Change	<b>Individual</b> changed from \$2,000 to \$2,200 <b>Family</b> changed from \$4,000 to \$4,400	No Change	No Change

## Individual and Family Plans

### 2026 BlueExtend

Plan	Deductible	MOOP	Coinurance	Copayment
Gold 1	No Change	<b>Individual</b> changed from \$4,500 to \$4,700 <b>Family</b> changed from \$9,000 to \$9,400	No Change	No Change
HD Gold 2	<b>Individual</b> changed from \$3,500 to \$4,000 <b>Family</b> changed from \$7,000 to \$8,000	<b>Individual</b> changed from \$3,500 to \$4,000 <b>Family</b> changed from \$7,000 to \$8,000	No Change	No Change
Silver 1	<b>Individual</b> changed from \$4,400 to \$4,450 <b>Family</b> changed from \$8,800 to \$8,900	<b>Individual</b> changed from \$8,800 to \$8,900 <b>Family</b> changed from \$17,600 to \$17,800	No Change	No Change
HD Silver 2	<b>Individual</b> changed from \$5,400 to \$6,300 <b>Family</b> changed from \$10,800 to \$12,600	<b>Individual</b> changed from \$5,400 to \$6,300 <b>Family</b> changed from \$10,800 to \$12,600	No Change	No Change
Bronze 1	No Change	<b>Individual</b> changed from \$8,900 to \$9,900 <b>Family</b> changed from \$17,800 to \$19,800	No Change	No Change
HD Bronze 1	<b>Individual</b> changed from \$7,050 to \$7,800 <b>Family</b> changed from \$14,100 to \$15,600	<b>Individual</b> changed from \$7,050 to \$7,800 <b>Family</b> changed from \$14,100 to \$15,600	No Change	No Change

## Small Group Plans

### 2026 BlueMeasure

Plan	Deductible	MOOP	Coinsurance	Copayment
HD 1	<b>Individual</b> changed from \$3,300 to \$3,400 <b>Family</b> changed from \$6,600 to \$6,800	<b>Individual</b> changed from \$3,300 to \$3,400 <b>Family</b> changed from \$6,600 to \$6,800	<b>No Change</b>	<b>No Change</b>
HD 2	<b>Individual</b> changed from \$3,600 to \$3,700 <b>Family</b> changed from \$7,200 to \$7,400	<b>Individual</b> changed from \$3,600 to \$3,700 <b>Family</b> changed from \$7,200 to \$7,400	<b>No Change</b>	<b>No Change</b>

### 2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinsurance	Copayment
PPO Gold 1	<b>No Change</b>	<b>Individual</b> changed from \$4,500 to \$4,700 <b>Family</b> changed from \$9,000 to \$9,400	<b>No Change</b>	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 2	<b>No Change</b>	<b>Individual</b> changed from \$5,000 to \$5,400 <b>Family</b> changed from \$10,000 to \$10,800	<b>No Change</b>	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first twelve visits, \$10 thereafter
HD Gold 3	<b>Individual</b> changed from \$3,300 to \$3,400 <b>Family</b> changed from \$6,600 to \$6,800	<b>Individual</b> changed from \$3,300 to \$3,400 <b>Family</b> changed from \$6,600 to \$6,800	<b>No Change</b>	<b>No Change</b>
PPO Gold 5	<b>No Change</b>	<b>No Change</b>	<b>No Change</b>	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 7	<b>No Change</b>	<b>No Change</b>	<b>No Change</b>	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first twelve visits, \$10 thereafter

## Small Group Plans

### 2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinurance	Copayment
PPO Gold 8	No Change	No Change	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 9	No Change	No Change	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 11	No Change	No Change	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 12	No Change	No Change	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Silver 1	No Change	No Change	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 2	No Change	No Change	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 3	No Change	No Change	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first eight visits, \$10 thereafter

## Small Group Plans

### 2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinurance	Copayment
PPO Silver 4	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 5	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 6	No Change	Individual changed from \$8,700 to \$8,800 Family changed from \$17,400 to \$17,600	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
HD Silver 9	Individual changed from \$5,100 to \$5,800 Family changed from \$10,200 to \$11,600	Individual changed from \$5,100 to \$5,800 Family changed from \$10,200 to \$11,600	No Change	No Change
PPO Silver 10	No Change	Individual changed from \$7,900 to \$8,250 Family changed from \$15,800 to \$16,500	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
HD Silver 14	Individual changed from \$5,600 to \$6,750 Family changed from \$11,200 to \$13,500	Individual changed from \$5,600 to \$6,750 Family changed from \$11,200 to \$13,500	No Change	No Change
PPO Silver 18	Individual changed from \$8,450 to \$9,010 Family changed from \$16,900 to \$18,020	Individual changed from \$8,450 to \$9,010 Family changed from \$16,900 to \$18,020	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter

## Small Group Plans

### 2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinurance	Copayment
PPO Silver 19	No Change	<b>Individual</b> changed from \$8,500 to \$8,750 <b>Family</b> changed from \$17,000 to \$17,500	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 20	No Change	<b>Individual</b> changed from \$8,700 to \$8,850 <b>Family</b> changed from \$17,400 to \$17,700	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 21	No Change	No Change	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Bronze 1	No Change	<b>Individual</b> changed from \$8,600 to \$9,950 <b>Family</b> changed from \$17,200 to \$19,900	No Change	<b>PCP Visit</b> changed from \$60 to \$45 <b>Blue CareOnDemand</b> changed from \$10 to \$0 for first four visits, \$10 thereafter <b>Specialist Office Visit</b> changed from \$100 to \$65 <b>Urgent Care Centers/Facilities</b> changed from \$100 to \$65
HD Bronze 2	No Change	<b>Individual</b> changed from \$7,200 to \$7,350 <b>Family</b> changed from \$14,400 to \$14,700	No Change	No Change
HD Bronze 5	<b>Individual</b> changed from \$8,000 to \$8,300 <b>Family</b> changed from \$16,000 to \$16,600	<b>Individual</b> changed from \$8,000 to \$8,300 <b>Family</b> changed from \$16,000 to \$16,600	No Change	No Change

## Small Group Plans

### 2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinurance	Copayment
PPO Bronze 6	No Change	<b>Individual</b> changed from \$8,750 to \$9,250 <b>Family</b> changed from \$17,500 to \$18,500	No Change	<b>Blue CareOnDemand</b> changed from \$10 to \$0 for first four visits, \$10 thereafter
PPO Bronze 8	No Change	<b>Individual</b> changed from \$9,200 to \$10,150 <b>Family</b> changed from \$18,400 to \$20,300	No Change	<b>Blue CareOnDemand</b> changed from \$40 to \$0 for first four visits, \$10 thereafter
PPO Bronze 10	No Change	<b>Individual</b> changed from \$9,200 to \$10,150 <b>Family</b> changed from \$18,400 to \$20,300	No Change	<b>PCP Visit</b> changed from \$39 to \$49 <b>Blue CareOnDemand</b> changed from \$10 to \$0 for first four visits, \$10 thereafter <b>Specialist Office Visit</b> changed from \$99 to \$109 <b>Outpatient Surgery, Physician and Surgical Services</b> changed from \$150 to \$190 <b>X-Rays and Diagnostic Imaging</b> changed from \$130 to \$140 <b>Advanced Imaging Facility</b> changed from \$400 to \$450 <b>Laboratory Outpatient and Professional Services/Pathology</b> changed from \$40 to \$45 <b>Inpatient Hospital Services</b> changed from \$2,100 per day up to two days (\$4,200 max) to \$2,300 per day up to two days (\$4,600 max) <b>Emergency Room Services</b> changed from \$1,600 to \$1,750 <b>Skilled Nursing Facilities</b> - limited to sixty days per benefit period changed from \$2,200 per day to \$2,400 per day

## Crosswalk Individual and Family Plans

Plan No Longer Offered	→	Crosswalk Plan	Benefit Categories	
BlueEssentials Silver 39	BlueEssentials Silver 40		Deductible	Individual: \$6,000 Family: \$12,000
			Coinsurance	40%
			Out-of-Pocket Maximum	Individual: \$8,900 Family: \$17,800
			PCP	\$40 copay
			Specialist	\$80 copay
			Prescription Drugs (up to a 90-day supply maximum)	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tiers 3 – 4: 40% coinsurance after deductible is met

Plan No Longer Offered	→	Crosswalk Plan	Benefit Categories	
Catastrophic	BlueEssentials Bronze 4		Deductible	Individual: \$7,200 Family: \$14,400
			Coinsurance	50%
			Out-of-Pocket Maximum	Individual: \$10,000 Family: \$20,000
			PCP	\$43 copay
			Specialist	\$65 copay
			Prescription Drugs (up to a 90-day supply maximum)	Tier 0: \$0 Tier 1: \$29 Tiers 2 – 4: 50% coinsurance after deductible is met

## Crosswalk Small Group Plans

Plan No Longer Offered	→	Crosswalk Plan	Benefit Categories	
Business BlueEssentials PPO Gold 6	Business BlueEssentials PPO Gold 2		Deductible	Individual: \$1,200 Family: \$2,400
			Coinsurance	40%
			Out-of-Pocket Maximum	Individual: \$5,400 Family: \$10,800
			PCP	\$20 copay
			Specialist	\$50 copay
			Prescription Drugs (up to a 90-day supply maximum)	Tier 0: \$0 Tier 1: \$12 Tier 2: \$50 Tier 3: \$100 Tier 4: \$300

## Crosswalk Small Group Plans

Plan No Longer Offered	→	Crosswalk Plan	Benefit Categories	
Business BlueEssentials Silver 11	Business BlueEssentials PPO Silver 20	Prescription Drugs (up to a 90-day supply maximum)	Deductible	Individual: \$4,700 Family: \$9,400
			Coinsurance	40%
			Out-of-Pocket Maximum	Individual: \$8,850 Family: \$17,700
			PCP	\$40 copay
			Specialist	\$60 copay
				Tier 0: \$0 Tier 1: \$16 Tier 2: \$40 Tier 3: \$100 Tier 4: \$300

Plan No Longer Offered	→	Crosswalk Plan	Benefit Categories	
Business BlueEssentials PPO Silver 22	Business BlueEssentials PPO Silver 4	Prescription Drugs (up to a 90-day supply maximum)	Deductible	Individual: \$3,800 Family: \$7,600
			Coinsurance	50%
			Out-of-Pocket Maximum	Individual: \$8,150 Family: \$16,300
			PCP	\$35 copay
			Specialist	\$70 copay
				Tier 0: \$0 Tier 1: \$25 Tier 2: \$50 Tiers 3–4: 50% coinsurance after deductible is met

Plan No Longer Offered	→	Crosswalk Plan	Benefit Categories	
Business BlueEssentials PPO Bronze 9	Business BlueEssentials HD Bronze 5	Prescription Drugs (up to a 90-day supply maximum)	Deductible	Individual: \$8,300 Family: \$16,600
			Coinsurance	0%
			Out-of-Pocket Maximum	Individual: \$8,300 Family: \$16,600
			PCP	0% coinsurance after deductible is met
			Specialist	0% coinsurance after deductible is met
				Tier 0: \$0 Tiers 1–4: 0% coinsurance after deductible is met

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