



South Carolina

**2026**

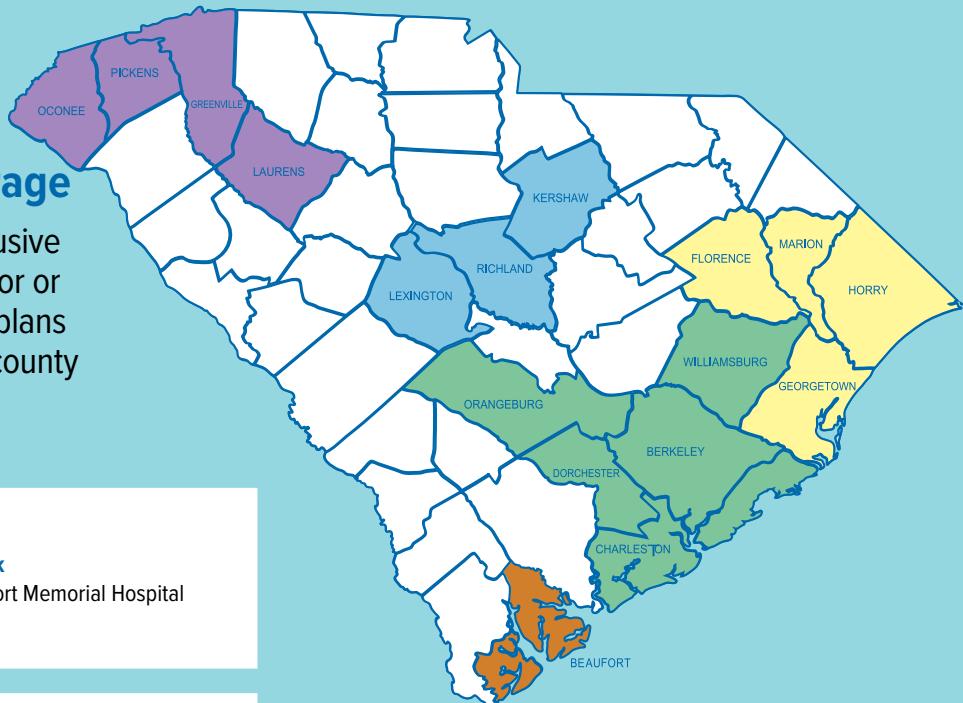
**Blue Beaufort, Blue Congaree, Blue Cooper,  
Blue Pee Dee and Blue Reedy Plans**



# 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



**Find a Provider**  
[www.SouthCarolinaBlues.com/  
links/regional/providers](http://www.SouthCarolinaBlues.com/links/regional/providers)

### Blue Pee Dee

- Locations**  
■ Florence County  
■ Georgetown County  
■ Horry County  
■ Marion County

- Networks**  
■ Conway Medical Center  
■ MUSC Health  
■ Tidelands Health Georgetown



### Search Our Covered Drug List

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

### Blue Reedy

- Locations**  
■ Greenville County  
■ Laurens County  
■ Oconee County  
■ Pickens County

- Network**  
■ Prisma Health Upstate Network



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

# Pharmacy Services

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

## Prescription Drug Tiers

### TIER 0 DRUGS

These are considered **preventive medications** under the Affordable Care Act. They are usually covered at no cost to the member.

### TIER 1 DRUGS

These are usually **generic medications**. They typically cost less than brand-name drugs.

### TIER 2 DRUGS

Most often brand-name drugs, Tier 2 drugs are sometimes referred to as **preferred drugs**, as these cost less than other brand-name drugs.

### TIER 3 DRUGS

These are most often brand-name drugs, sometimes referred to as **nonpreferred drugs**, as they usually cost more than other brand-name drugs. These drugs may have generic equivalents.

### TIER 4 DRUGS

These are usually **specialty drugs** that treat complex conditions. Members tend to pay more for drugs in this tier.

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

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

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

# 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.

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
		<b>Gold 1</b>
		<b>Benefits</b>
<b>Deductible</b>		<b>Individual: \$250 Family: \$500</b>
<b>Coinsurance</b>		50%
<b>Out-of-Pocket Maximum</b>		<b>Individual: \$8,900 Family: \$17,800</b>
<b>Office Visit Primary Care/Behavioral Health</b>		\$25 copay
<b>Telehealth</b>		\$0 first four visits, thereafter \$15
<b>Specialist Office Visit</b>		\$50 copay
<b>Urgent Care</b>		\$60 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>		\$500 copay
		<b>Pharmacy Benefits</b>
<b>Prescription Drugs* per 31-day supply (up to 90-day supply maximum)</b>		Tier 0: \$0 Tier 1: \$12 Tier 2: \$40 Tiers 3–4: 50% coinsurance after deductible is met
<b>Mail Order (up to 90-day supply maximum)</b>		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
Coinurance	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
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
Coinurance	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		
\$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.		

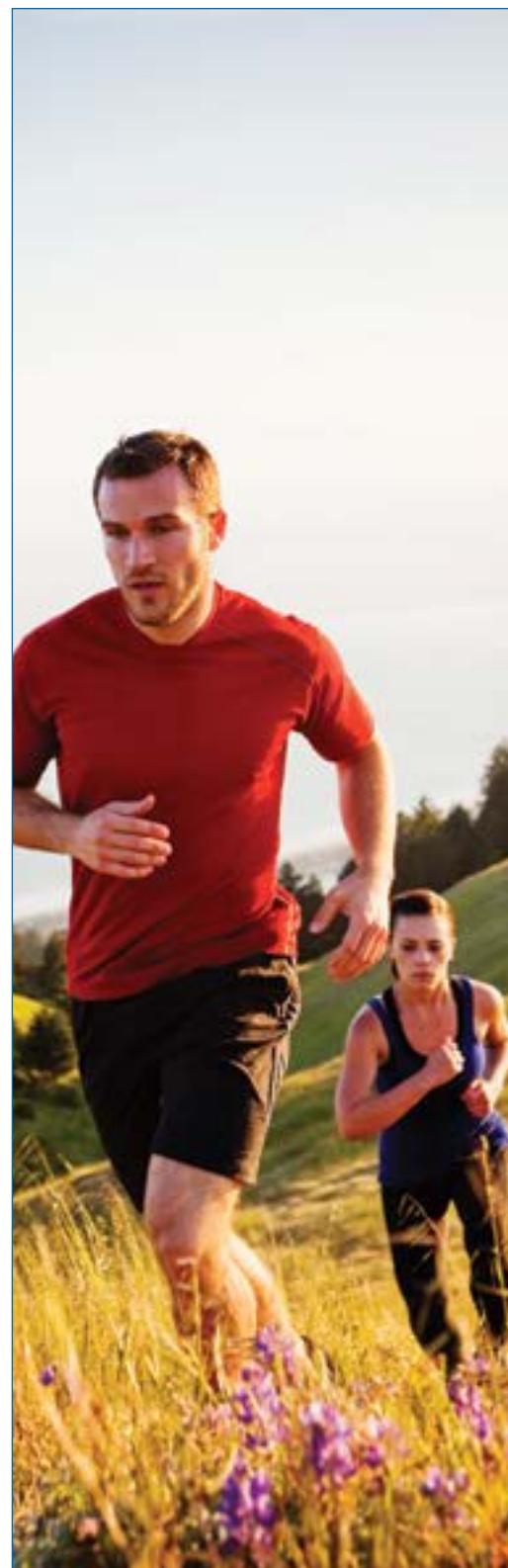
\*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy				
	Bronze 1	HSA <sup>6</sup>	Bronze 2	HSA <sup>6</sup>
<b>Benefits</b>				
<b>Deductible</b>	<b>Individual: \$7,900</b> <b>Family: \$15,800</b>		<b>Individual: \$10,600</b> <b>Family: \$21,200</b>	
<b>Coinsurance</b>	45%		0%	
<b>Out-of-Pocket Maximum</b>	<b>Individual: \$9,500</b> <b>Family: \$19,000</b>		<b>Individual: \$10,600</b> <b>Family: \$21,200</b>	
<b>Office Visit Primary Care/Behavioral Health</b>	\$48 copay		0% coinsurance after deductible is met	
<b>Telehealth</b>	\$0 first four visits, thereafter \$20		0% coinsurance after deductible is met	
<b>Specialist Office Visit</b>	\$96 copay		0% coinsurance after deductible is met	
<b>Urgent Care</b>	\$60 copay		0% coinsurance after deductible is met	
<b>Emergency Room Services</b>	\$300 copay, then 45% coinsurance after deductible is met		0% coinsurance after deductible is met	
<b>Inpatient Hospitalization</b>	45% coinsurance after deductible is met		0% coinsurance after deductible is met	
<b>Outpatient Services</b>	45% coinsurance after deductible is met		0% coinsurance after deductible is met	
<b>Ambulatory Surgery Center</b>	\$500 copay		0% coinsurance after deductible is met	
<b>Pharmacy Benefits</b>				
<b>Prescription Drugs* per 31-day supply (up to 90-day supply maximum)</b>	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	
<b>Mail Order (up to 90-day supply maximum)</b>	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.

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

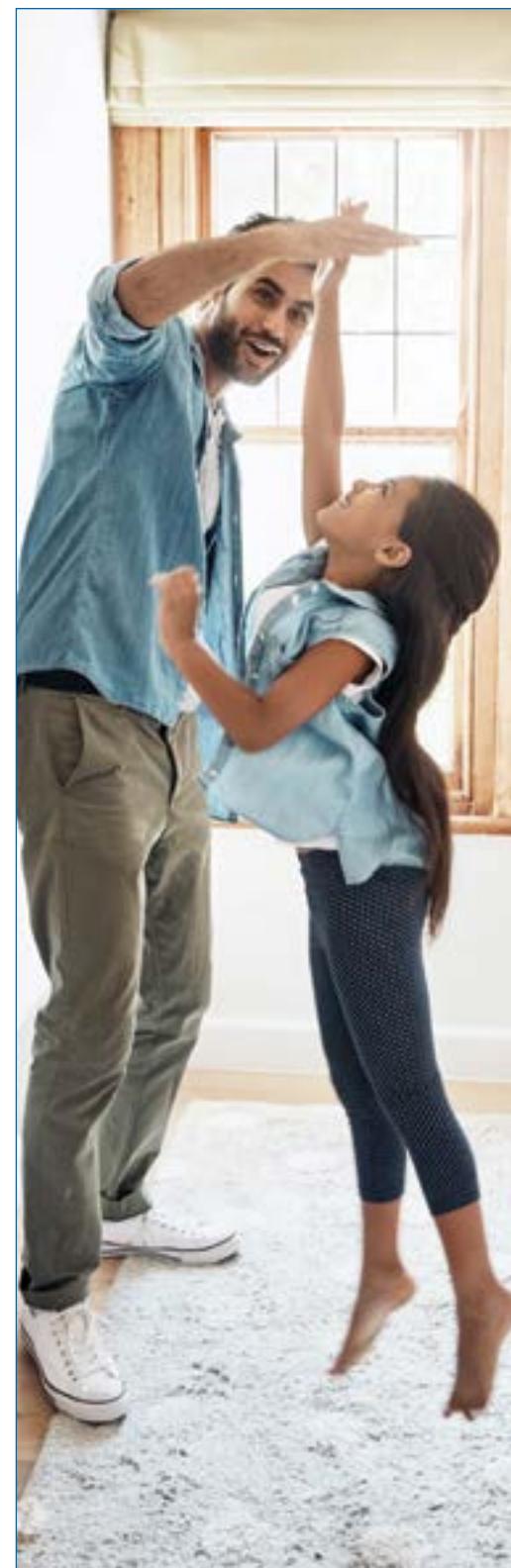


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Blue Beaufort, Blue Congaree, Blue Cooper, Blue Pee Dee and Blue Reedy				
Standard Silver				
	Cost Share 3	Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$3,000 Family: \$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
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	<b>Individual:</b> \$7,500 <b>Family:</b> \$15,000
Coinsurance	50%
Out-of-Pocket Maximum	<b>Individual:</b> \$10,000 <b>Family:</b> \$20,000
Office Visit Primary Care/Behavioral Health	\$50 copay
Telehealth	<b>Primary Care:</b> \$50 copay <b>Specialist:</b> \$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)	<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
Mail Order (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



<sup>6</sup>This plan is eligible for a Health Savings Account (HSA).

# 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.

# 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

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.



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