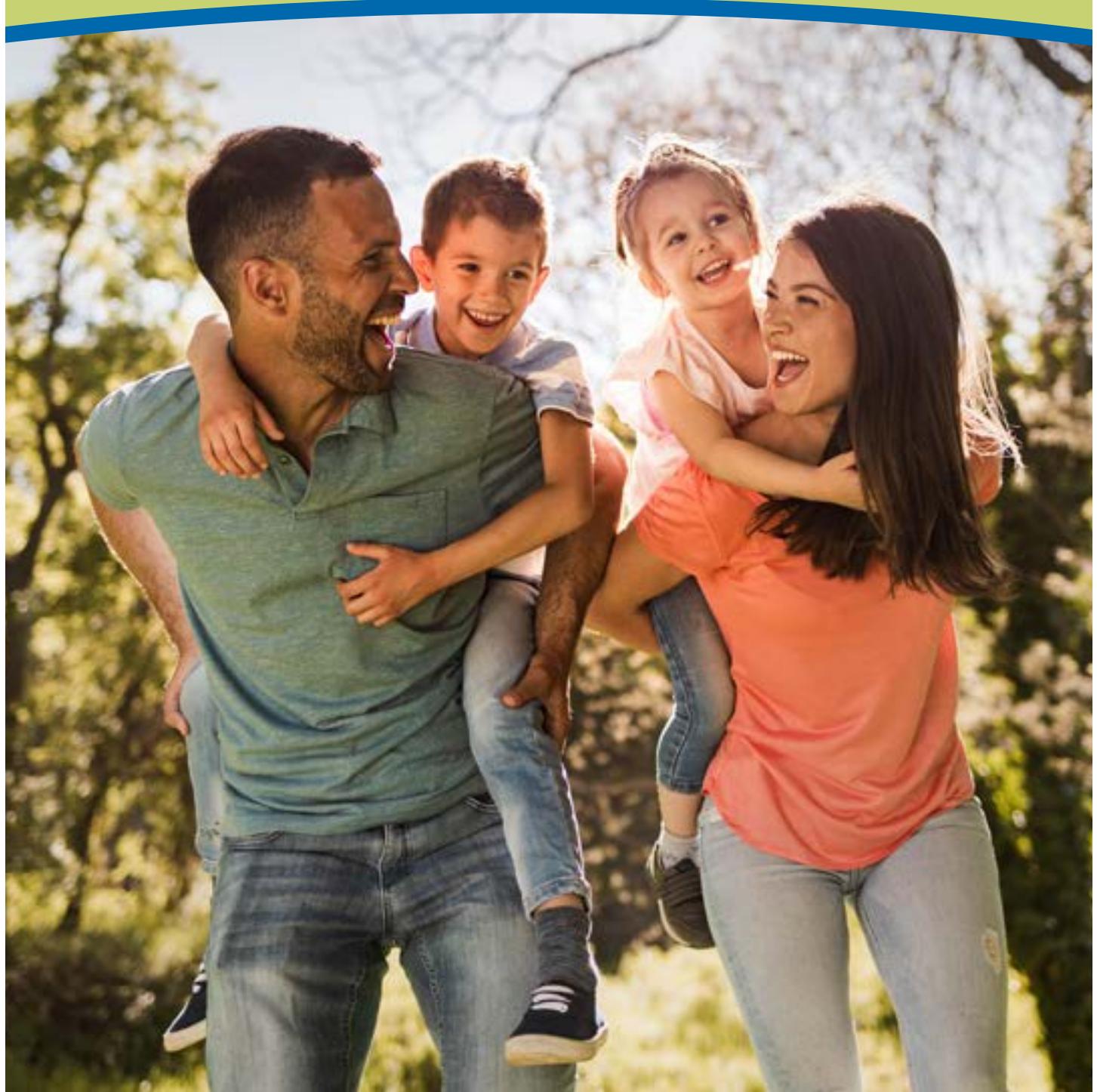


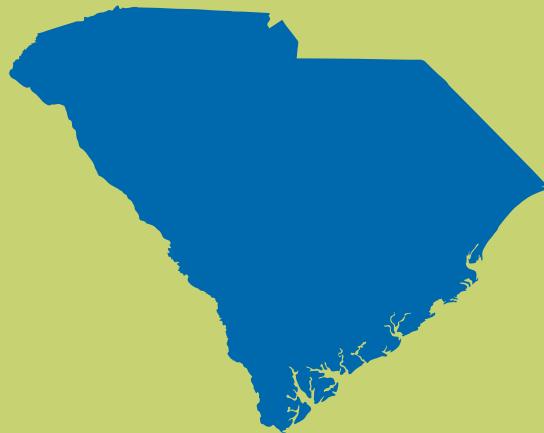


South Carolina

2026 BlueEssentialsSM Plans



BlueEssentialsSM 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

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

Search Our Covered Drug List

www.SouthCarolinaBlues.com/links/2026/pharmacy/blueessentials



Find a Pharmacy

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.

		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: \$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			
	\$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.

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	HSA	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	
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



3 – 4



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.

The below plans are available on the private marketplace only.

BlueEssentials				
	Silver 15	Silver 16	HD Silver 20  HSA ⁶	Silver 21
	Benefits			
Deductible	Individual: \$2,300 Family: \$4,600	Individual: \$4,200 Family: \$8,400	Individual: \$5,800 Family: \$11,600	Individual: \$7,000 Family: \$14,000
Coinsurance	50%	50%	0%	25%
Out-of-Pocket Maximum	Individual: \$8,950 Family: \$17,900	Individual: \$8,400 Family: \$16,800	Individual: \$5,800 Family: \$11,600	Individual: \$8,600 Family: \$17,200
Office Visit Primary Care/Behavioral Health	\$30 copay	\$25 copay	0% coinsurance after deductible is met	\$25 copay
Blue CareOnDemand	\$20 copay	\$15 copay	0% coinsurance after deductible is met	\$20 copay
Specialist Office Visit	\$60 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay
Urgent Care	\$60 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay
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	\$300 copay, then 25% 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	25% 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	25% coinsurance after deductible is met
Ambulatory Surgery Center	\$525 copay	\$525 copay	0% coinsurance after deductible is met	\$525 copay
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 Tiers 1 – 4: 0% 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 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$162 Tier 3: \$405



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.

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.

My Health Toolkit®

Tools To Manage Members' Health

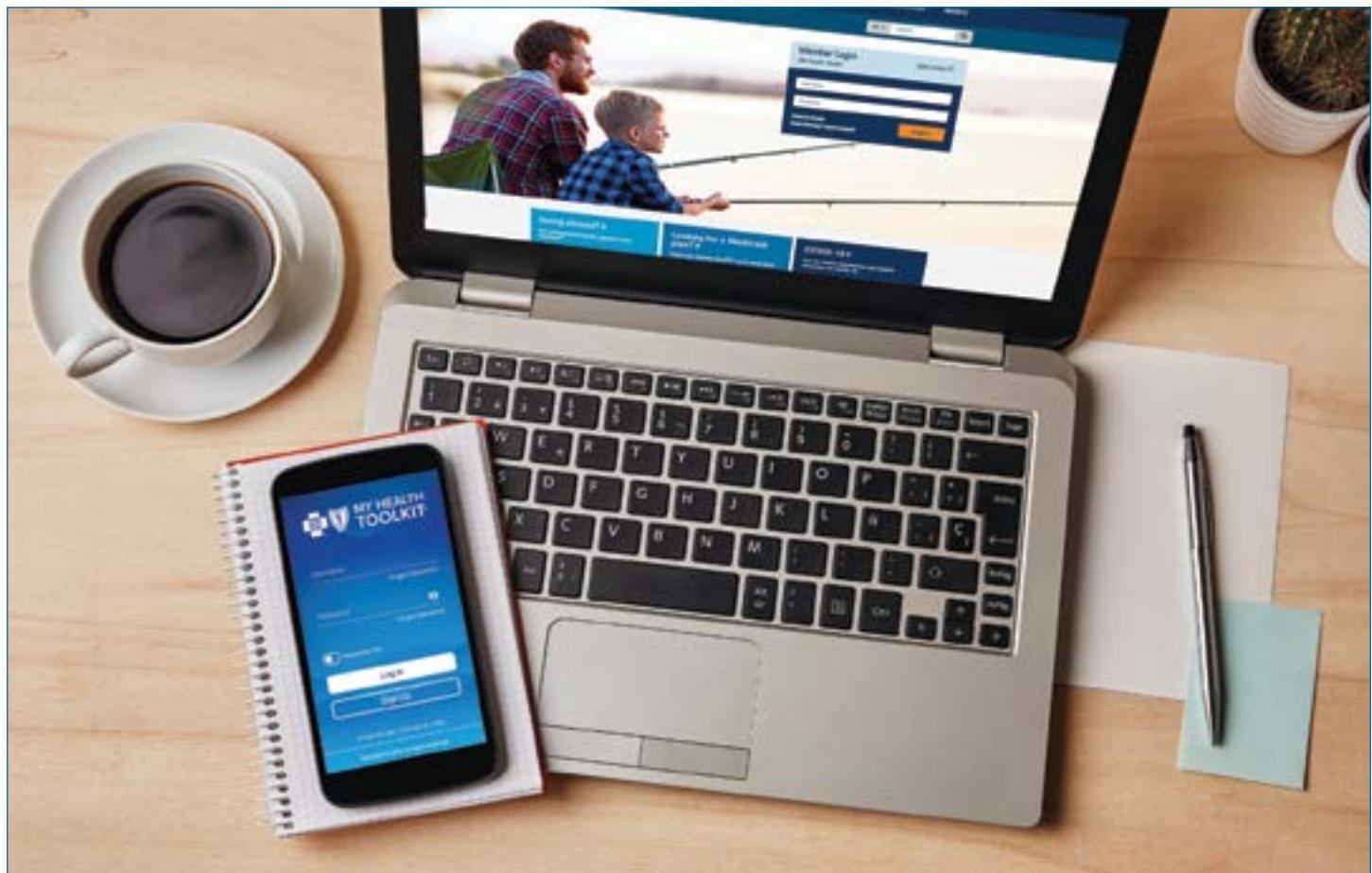
Making the right Health care decisions is easy using My Health Toolkit®. An online information and customer service center, My Health Toolkit gives members access to important information about plan benefits. To link multiple accounts, please call Customer Service.

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 or
downloading the free mobile app on the App Store
or Google Play.

Blue CareOnDemandSM 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 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®**, 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 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:

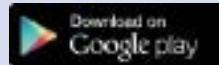
- Most members are auto-enrolled when identified by claims, based on diagnosis.
- If the member wants to enroll, he or she can enroll on My Health Toolkit or call 855-838-5897.



My Health Planner

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.



BCBSSC



BCBSSC



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