



2018 Individual and Family Plans

FROM BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA



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Why Choose BlueEssentials from BlueCross?

TRUST

BlueCross BlueShield of South Carolina has earned the trust of South Carolinians for more than 70 years. Ensuring access to quality health coverage is vital to the health and well-being of every community in our state. We're more than a recognized member of the community — we're a strong and stable partner you can count on.

LOW-COST OPTIONS

Our goal is simple: to provide high-quality coverage at a reasonable price. Since there's no such thing as one-size-fits-all, we offer numerous low-cost options to make sure you have the right plan for you and your family. Let us help you find the right health insurance.

COMMUNITY OUTREACH

Supporting our local community — your community — is important to us. That's why the BlueCross BlueShield of South Carolina Foundation supports workplace giving programs, health care-related research and education throughout the state. We also encourage our employees to volunteer their time and talents to nonprofit organizations. By supporting projects that directly benefit South Carolina's most vulnerable populations, we are helping create a stronger community for everyone.



AWARD-WINNING CUSTOMER SERVICE

Year after year, independent companies recognize our Customer Service team for providing excellent service to our members. Again in 2016, Service Quality Management Group recognized BlueCross customer service advocates (CSAs) for providing superior service to our members. The recognition is for the CSAs' ability to resolve member issues during the first call, as well as callers' overall service experience.

Our award-winning Customer Service team is always here to help you!



Blue CareOnDemandSM

With Blue CareOnDemand, you can see a doctor whenever and wherever you want through video consults. Use your smartphone, tablet or computer to access faster and easier care for minor health conditions for a low out-of-pocket cost. It's free to enroll — just visit www.BlueCareOnDemandSC.com or download the app.

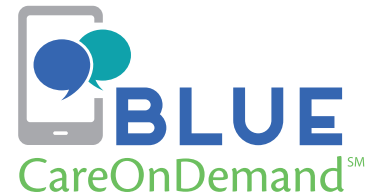
Blue CareOnDemand doctors can diagnose and treat many of the most common medical conditions, including cold and flu symptoms, fevers, rashes, abdominal pains, sinusitis, pinkeye, ear infections, migraines and more. When needed, doctors can send prescriptions to your network pharmacy of choice for continued convenience.

Next time you or a family member face a minor medical issue, get the help you need using the trusted, board-certified physicians of Blue CareOnDemand.

NEW IN 2018

We offer separate benefits for Blue CareOnDemand. Be sure to check the benefit details for your plan's Blue CareOnDemand copay.

IMPORTANT REMINDER: Save the emergency room (ER) for true emergencies. If you have a medical issue that isn't right for Blue CareOnDemand, we recommend your doctor's office or an urgent care facility for non-emergency care such as cuts, sprains and infections. You will receive care faster and at a lower cost at these locations, allowing ER physicians to provide life-saving care for patients facing true emergencies.



Ambulatory Surgery Centers (ASCs)

Your 2018 BlueEssentials plan offers you lower out-of-pocket costs for an outpatient surgical procedure performed at an ASC than if you undergo the same procedure as an outpatient at a hospital. ASCs are medical facilities that specialize in certain types of surgeries, usually those that don't require an overnight stay, including diagnostic and preventive procedures.

ASCs often have special equipment and staff experienced in a specific type of care, offering you high-quality care at a lower cost than you'll pay in a traditional hospital setting. The categories of surgeries range from ear, nose and throat (ENT), foot issues, bone and joint, stomach, colon, prostate, bladder, kidney, gynecological procedures and more.

If you face outpatient surgery in 2018, discuss with your doctor if treatment at an ASC is right for you. It may not be the best option. If your doctor recommends it, however, an ASC can offer you more scheduling flexibility, shorter wait times the day of the procedure and lower out-of-pocket costs.



Cost-Saving Tips: Use Network Providers and Generic Drugs

TIERS

Tier 0 Drugs: Considered preventive medications under the Affordable Care Act (ACA) and covered at no cost to the member.

Tier 1 Drugs: Usually generic and will generally cost you the least amount of money out of your pocket.

Tier 2 Drugs: Most often brand drugs, sometimes referred to as “preferred” drugs, because they usually cost you less than other brand drugs.

Tier 3 Drugs: Most often brand drugs, sometimes referred to as “non-preferred” drugs, because they usually cost you more than other brand drugs. They may have generic equivalents.

Tier 4 Drugs: Drugs that treat complex conditions and are usually very expensive. You typically will pay more for drugs in this tier.

To get the most from your health insurance benefits and lower your health care costs, **always use doctors in the network.** We choose providers to be included in our network based on the high-quality care they provide and for their dedication to improved health for our members. In addition, we work with network providers to offer you lower costs for the high-quality services they offer.

Save money on prescription drugs by using generics. Generic drugs contain the same ingredients as brand drugs, but are not made under a brand name or trademark. The generic drug is just as effective as the name brand. Both medicines have the same active ingredients, the same strength and the same dosage. Before getting a prescription filled, ask your doctor or pharmacist if a generic is available, allowing you to pay the least money out of pocket. Some generic drugs may be available at zero cost under your BlueEssentials plan. There is no benefit coverage for prescription drugs received out of network.

PROVIDER NETWORK INFORMATION

Your health plan will cover qualified services received from BlueEssentials network providers. Before receiving care, be sure to check our website for the most up-to-date list of network providers. We only cover services received from out-of-network providers if they are urgent or emergency care performed in an urgent treatment center or ER.

The pharmacy **Advanced Choice Network™** includes access to CVS, Rite Aid, Walmart, Sam’s Club, Costco, Kroger, Publix, K-Mart, Longs Drugs, Bi-Lo and Winn-Dixie pharmacies, plus various other grocers and independent pharmacies. The network **does not** include Walgreens pharmacies.

You can receive the seasonal flu vaccine – as well as some non-seasonal, preventive care vaccines – at a \$0 copay when visiting any CVS pharmacy. Only vaccines received at a CVS pharmacy are eligible for a \$0 copay.

To find an Advanced Choice Network pharmacy near you, or to view a list of pharmacies in the Vaccine Network, visit www.SouthCarolinaBlues.com/links/pharmacy/BlueEssentials.



Financial Assistance

ADVANCED PREMIUM TAX CREDIT (APTC)

The APTC is a federal subsidy that assists qualified individuals and families by reducing their monthly premiums. An APTC makes health insurance more affordable. The amount of the APTC an individual or family receives is based on annual income compared to the Federal Poverty Level (FPL) and the second-lowest-cost Silver plan available to that individual or family in the service area.

For 2018, the lowest-cost Silver plan is BlueEssentials Silver 10, and the second-lowest-cost Silver plan is BlueEssentials Silver 9. However, the individual or family can choose any of our Gold, Silver or Bronze plans and receive the APTC.

It is important that you verify your tax credit amount and eligibility each year, particularly if you have had any changes in your household or income.



EXAMPLE OF HOW A SUBSIDY WORKS WITH A HEALTH PLAN:

The monthly cost for a health plan <i>(cost depends on which health plan you choose)</i>	\$527.90 per month
Subtract the government subsidy <i>(paid to the insurance company for you)</i>	— \$397.51 per month
YOU WOULD PAY	\$130.39 per month

COST-SHARING REDUCTIONS

Members who qualify for the APTC also may be eligible for lower out-of-pocket costs or cost-sharing reductions (CSR). To receive a CSR, the individual or family must choose a Silver plan. The CSR differs for each member based on the individual’s income. Copayments for office visits and prescription drugs also may be reduced.

EXAMPLE: An individual selects BlueEssentials Silver 9. Normally, the Silver 9 plan’s coinsurance is 50 percent, the deductible is \$5,000 and the out-of-pocket maximum is \$6,850. Based on the individual’s APTC eligibility and household income, the member also qualifies for a level 2 CSR. This results in a reduced coinsurance of 20 percent, a deductible of \$1,000 and an out-of-pocket maximum of \$2,250.



FEDERAL POVERTY LEVELS

The FPL is a measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine your eligibility for certain programs and benefits.

The amounts on this page are 2017 numbers and are used for calculating eligibility for APTC, Medicaid and the Children’s Health Insurance Program (CHIP).

2017 POVERTY GUIDELINES – ANNUAL HOUSEHOLD INCOME*

Family Size	100%	133%	150%	200%	250%	300%	400%
1	\$12,060	\$16,040	\$18,090	\$24,120	\$30,150	\$36,180	\$48,240
2	\$16,240	\$21,599	\$24,360	\$32,480	\$40,600	\$48,720	\$64,960
3	\$20,420	\$27,159	\$30,630	\$40,840	\$51,050	\$61,260	\$81,680
4	\$24,600	\$32,718	\$36,900	\$49,200	\$61,500	\$73,800	\$98,400
5	\$28,780	\$38,277	\$43,170	\$57,560	\$71,950	\$86,340	\$115,120
6	\$32,960	\$43,837	\$49,440	\$65,920	\$82,400	\$98,880	\$131,840
7	\$37,140	\$49,396	\$55,710	\$74,280	\$92,850	\$111,420	\$148,560
8	\$41,320	\$54,956	\$61,980	\$82,640	\$103,300	\$123,960	\$165,280

For a family of more than eight members, add \$4,180 for each additional member.

** Source: <http://familiesusa.org/product/federal-poverty-guidelines>*



Cost-Sharing Plans

COST-SHARING PLANS See the FPL chart to determine your cost-sharing level

PLAN NAME	BASE PLAN	COST SHARE 1 201 – 250 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 3 100 – 150 percent FPL
Silver 1				
Copay (PCP/Specialist/Blue CareOnDemand)	\$30/\$60/\$20	\$30/\$60/\$5	\$10/\$60/\$5	\$10/\$25/\$5
Coinsurance	50 percent	50 percent	15 percent	5 percent
Deductible (Single/Family)	\$690/\$1,380	\$690/\$1,380	\$0/\$0	\$0/\$0
Out-of-pocket limit (Single/Family)	\$7,350/\$14,700	\$5,850/\$11,700	\$2,350/\$4,700	\$2,250/\$4,500
Pharmacy Benefits	Tier 1: \$30	Tier 1: \$30	Tier 1: \$30	Tier 1: \$10
Prescription Drugs	Tier 2: \$60	Tier 2: \$60	Tier 2: \$60	Tier 2: \$25
	Tier 3: \$100	Tier 3: \$100	Tier 3: \$100	Tier 3: \$100
	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent
Silver 2				
Copay (PCP/Specialist/Blue CareOnDemand)	\$25/\$50/\$15	\$25/\$50/\$15	\$20/\$50/\$10	\$20/\$50/\$10
Coinsurance	40 percent	40 percent	20 percent	5 percent
Deductible (Single/Family)	\$3,000/\$6,000	\$1,800/\$3,600	\$300/\$600	\$0/\$0
Out-of-pocket limit (Single/Family)	\$6,600/\$13,200	\$5,700/\$11,400	\$2,250/\$4,500	\$2,250/\$4,500
Pharmacy Benefits	Tier 1: \$10	Tier 1: \$10	Tier 1: \$10	Tier 1: \$10
Prescription Drugs	Tier 2: Deductible and coinsurance	Tier 2: Deductible and coinsurance	Tier 2: Deductible and coinsurance	Tier 2: Deductible and coinsurance
	Tier 3: Deductible and coinsurance	Tier 3: Deductible and coinsurance	Tier 3: Deductible and coinsurance	Tier 3: Deductible and coinsurance
	Tier 4: Deductible and coinsurance	Tier 4: Deductible and coinsurance	Tier 4: Deductible and coinsurance	Tier 4: Deductible and coinsurance
Silver 3				
Copay (PCP/Specialist/Blue CareOnDemand)	\$30/\$60/\$20	\$15/\$50/\$5	\$15/\$50/\$5	\$10/\$20/\$5
Coinsurance	25 percent	25 percent	20 percent	5 percent
Deductible (Single/Family)	\$3,500/\$7,000	\$3,150/\$6,300	\$300/\$600	\$0/\$0
Out-of-pocket limit (Single/Family)	\$6,500/\$13,000	\$5,850/\$11,700	\$2,250/\$4,500	\$2,250/\$4,500
Pharmacy Benefits	Tier 1: \$12	Tier 1: \$10	Tier 1: \$10	Tier 1: \$10
Prescription Drugs	Tier 2: \$40	Tier 2: \$40	Tier 2: \$35	Tier 2: \$30
	Tier 3: \$125	Tier 3: \$125	Tier 3: \$125	Tier 3: \$100
	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent
Silver 4				
Copay (PCP/Specialist/Blue CareOnDemand)	\$30/\$60/\$20	\$30/\$50/\$20	\$25/\$50/\$15	\$10/\$20/\$5
Coinsurance	30 percent	30 percent	25 percent	5 percent
Deductible (Single/Family)	\$3,100/\$6,200	\$2,975/\$5,950	\$150/\$300	\$0/\$0
Out-of-pocket limit (Single/Family)	\$7,350/\$14,700	\$5,850/\$11,700	\$2,250/\$4,500	\$2,250/\$4,500
Pharmacy Benefits	Tier 1: \$12	Tier 1: \$12	Tier 1: \$12	Tier 1: \$10
Prescription Drugs	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$30
	Tier 3: \$100	Tier 3: \$100	Tier 3: \$100	Tier 3: \$100
	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent	Tier 4: 30 percent

COST-SHARING PLANS

See the FPL chart to determine your cost-sharing level

PLAN NAME	BASE PLAN	COST SHARE 1 201 – 250 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 3 100 – 150 percent FPL
HD Silver 5*				
Copay (PCP/Specialist/Blue CareOnDemand)	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Coinsurance	20 percent	20 percent	20 percent	5 percent
Deductible (Single/Family)	\$3,300/\$6,600	\$1,800/\$3,600	\$250/\$500	\$200/\$400
Out-of-pocket limit (Single/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$2,250/\$4,500	\$2,250/\$4,500
Pharmacy Benefits Prescription Drugs	Tier 1: Deductible and coinsurance Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: Deductible and coinsurance Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: Deductible and coinsurance Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: Deductible and coinsurance Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance
HD Silver 6**				
Copay (PCP/Specialist/Blue CareOnDemand)	Deductible	Deductible	Deductible	Deductible
Coinsurance	0 percent	0 percent	0 percent	0 percent
Deductible (Single/Family)	\$4,300/\$8,600	\$3,200/\$6,400	\$1,200/\$2,400	\$500/\$1,000
Out-of-pocket limit (Single/Family)	\$4,300/\$8,600	\$3,200/\$6,400	\$1,200/\$2,400	\$500/\$1,000
Pharmacy Benefits Prescription Drugs	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible
Silver 7				
Copay (PCP/Specialist/Blue CareOnDemand)	\$25/\$55/\$20	\$10/\$50/\$5	\$10/\$30/\$5	\$10/\$30/\$5
Coinsurance	25 percent	20 percent	10 percent	10 percent
Deductible (Single/Family)	\$6,400/\$12,800	\$4,500/\$9,000	\$1,000/\$2,000	\$200/\$400
Out-of-pocket limit (Single/Family)	\$7,150/\$14,300	\$5,700/\$11,400	\$2,250/\$4,500	\$700/\$1,400
Pharmacy Benefits Prescription Drugs	Tier 1: \$7 Tier 2: \$45 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible and coinsurance	Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible and coinsurance	Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: Deductible and coinsurance
Silver 8				
Copay (PCP/Specialist/Blue CareOnDemand)	\$10 for kids under age 20, \$25 for adults 20+/\$40/\$10	\$10 for kids under age 20, \$20 for adults 20+/\$30/\$6	\$10 for kids under age 20, \$20 for adults 20+/\$30/\$6	\$10 for kids under age 20, \$20 for adults 20+/\$30/\$6
Coinsurance	15 percent	15 percent	10 percent	5 percent
Deductible (Single/Family)	\$5,250/\$10,500	\$4,500/\$9,000	\$850/\$1,700	\$0/\$0
Out-of-pocket limit (Single/Family)	\$6,700/\$13,400	\$5,850/\$11,700	\$2,250/\$4,500	\$2,250/\$4,500
Pharmacy Benefits Prescription Drugs	Tier 1: \$10 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$30 Tier 3: \$100 Tier 4: 10 percent
Silver 9				
Copay (PCP/Specialist/Blue CareOnDemand)	\$30/\$60/\$20	\$0 on first four visits then \$20/\$25/\$10	\$0 on first four visits then \$20/\$20/\$10	\$0 on first four visits then \$20/\$20/\$10
Coinsurance	50 percent	50 percent	20 percent	5 percent
Deductible (Single/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$1,000/\$2,000	\$200/\$400
Out-of-pocket limit (Single/Family)	\$6,850/\$13,700	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500
Pharmacy Benefits Prescription Drugs	Tier 1: \$20 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$10 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$10 Tier 3: \$100 Tier 4: 30 percent

*For the HD Silver 5 plan, cost share variants 1, 2 and 3 are not HD qualified.

**For the HD Silver 6 plan, cost share variants 2 and 3 are not HD qualified.

COST-SHARING PLANS
See the FPL chart to determine your cost-sharing level

PLAN NAME	BASE PLAN	COST SHARE 1 201 – 250 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 3 100 – 150 percent FPL
Silver 10				
Copay (PCP/Specialist/Blue CareOnDemand)	\$0 on first four visits then deductible/deductible/deductible	\$0 on first four visits then deductible/deductible/deductible	\$0 on first four visits then deductible/deductible/deductible	\$0 on first four visits then deductible/deductible/deductible
Coinsurance	0 percent	0 percent	0 percent	0 percent
Deductible (Single/Family)	\$7,150/\$14,300	\$5,200/\$10,400	\$1,600/\$3,200	\$500/\$1,000
Out-of-pocket limit (Single/Family)	\$7,150/\$14,300	\$5,200/\$10,400	\$1,600/\$3,200	\$700/\$1,400
Pharmacy Benefits Prescription Drugs	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent
Silver 11				
Copay (PCP/Specialist/Blue CareOnDemand)	\$15/Deductible and coinsurance/\$5	\$5/Deductible and coinsurance/\$5	\$5/Deductible and coinsurance/\$5	\$5/Deductible and coinsurance/\$5
Coinsurance	20 percent	20 percent	10 percent	10 percent
Deductible (Single/Family)	\$5,500/\$11,000	\$5,100/\$10,200	\$1,000/\$2,000	\$0/\$0
Out-of-pocket limit (Single/Family)	\$7,150/\$14,300	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500
Pharmacy Benefits Prescription Drugs	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$25 Tier 3: \$50 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$25 Tier 3: \$50 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$25 Tier 3: \$50 Tier 4: 30 percent
Silver 12				
Copay (PCP/Specialist/Blue CareOnDemand)	\$15/Deductible and coinsurance/\$5	\$10/Deductible and coinsurance/\$5	\$10/Deductible and coinsurance/\$5	\$10/Deductible and coinsurance/\$5
Coinsurance	30 percent	30 percent	20 percent	5 percent
Deductible (Single/Family)	\$4,800/\$9,600	\$3,000/\$6,000	\$600/\$1,200	\$150/\$300
Out-of-pocket limit (Single/Family)	\$7,350/\$14,700	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500
Pharmacy Benefits Prescription Drugs	Tier 1: \$10 Tier 2: \$50 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$30 Tier 3: \$100 Tier 4: 30 percent	Tier 1: \$5 Tier 2: \$30 Tier 3: \$80 Tier 4: 30 percent
HD Silver 13***				
Copay (PCP/Specialist/Blue CareOnDemand)	Deductible	Deductible	Deductible	Deductible
Coinsurance	0 percent	0 percent	0 percent	0 percent
Deductible (Single/Family)	\$4,550/\$9,100	\$3,200/\$6,400	\$1,200/\$2,400	\$450/\$900
Out-of-pocket limit (Single/Family)	\$4,550/\$9,100	\$3,200/\$6,400	\$1,200/\$2,400	\$450/\$900
Pharmacy Benefits Prescription Drugs	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible
Silver 14				
Copay (PCP/Specialist/Blue CareOnDemand)	\$20/\$50/\$20	\$20/\$50/\$10	\$10/\$50/\$5	\$10/\$50/\$5
Coinsurance	15 percent	15 percent	15 percent	15 percent
Deductible (Single/Family)	\$6,650/\$13,300	\$4,000/\$8,000	\$800/\$1,600	\$250/\$500
Out-of-pocket limit (Single/Family)	\$7,150/\$14,300	\$5,700/\$11,400	\$1,800/\$3,600	\$700/\$1,400
Pharmacy Benefits Prescription Drugs	Tier 1: \$10 Tier 2: \$40 Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: \$10 Tier 2: \$40 Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: \$5 Tier 2: \$40 Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance	Tier 1: \$5 Tier 2: \$40 Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance

***For the HD Silver 13 plan, cost share variants 2 and 3 are not HD qualified.



Sign Up

WHEN CAN I ENROLL?

BlueCross is here to help you understand how the Health Care Reform law impacts you and your family. Once a year, individuals can apply for health insurance during the open enrollment period (OEP). This year, OEP will be from Nov. 1 through Dec. 15, 2017, and benefits will begin Jan. 1, 2018.



OPEN ENROLLMENT: NOV. 1 – DEC. 15, 2017

NOTE: It's important to remember that a tax penalty may be charged to individuals who are uninsured for any period during the year.

Enrollment is allowed after Dec. 15, 2017, only if the individual qualifies for a Special Enrollment Period. This period is typically 60 days after a major qualifying life event, such as losing a job, getting married or having a baby.

BlueEssentials Plans

All our metallic and catastrophic plans cover the same set of minimum essential health benefits.

The Gold, Silver and Bronze Metallic Plans

Anyone can buy a metallic plan. While the range of benefits is the same among the plans, the value of the benefits will vary. This means the amount you pay, such as a copayment, coinsurance or deductible, is different. These metal levels can help you compare plans, monthly premiums and costs for services, such as doctor visits or hospital stays.

The Catastrophic plan

Only young adults and people for whom coverage is otherwise unaffordable can purchase a catastrophic plan. A catastrophic plan is for an individual who either:

- Is under age 30 before the plan year begins.
- Or has received certification from the Marketplace stating he or she is exempt from the individual mandate because he or she does not have an affordable coverage option or qualifies for a hardship exemption.

**Each of our plans includes:**

- Required preventive services at zero cost to the member (screenings the U.S. Preventive Services Task Force [USPSTF] Grade A & B, Health Resources and Services Administrations [HRSA] and Centers for Disease Control and Prevention [CDC] recommend). We also will cover prostate screenings and lab work according to the American Cancer Society (ACS). The USPSTF, HRSA, CDC and ACS are independent organizations that provide health information on behalf of BlueCross.
- After members meet the deductible, they are responsible for paying the coinsurance amount for these in-network services: doctor's office visits, specialist visits, laboratory services, inpatient and outpatient hospital visits, outpatient surgeries, skilled nursing facility care, emergency room visits, rehabilitative and habilitative therapies, mental health and substance abuse disorder services. Some plans require copayments for services. Refer to the benefit grids on the next pages or a summary of benefits and coverage (SBC).
- Embedded deductibles and embedded out-of-pocket maximum. Once a family member meets the plan's individual deductible, the plan begins paying benefits for that member. Benefits are not payable for other family members until each member meets his or her own deductible individually, or until the members collectively satisfy the family deductible. Once a member's deductible and coinsurance combined reach the individual out-of-pocket maximum, allowable charges then are payable at 100 percent for that member. Or, if all members combined reach the family out-of-pocket maximum, allowable charges are payable at 100 percent for all family members.

EXCEPTION: The HD Gold 3 out-of-pocket maximum for a family is \$5,400 per person, or \$5,400 when collectively satisfied by all family members.

- An unlimited lifetime benefit maximum.

Note: For all plans, copays and coinsurance are not required once the member meets the maximum out of pocket (MOOP).

BLUE ESSENTIALS EPO

An EPO plan offers comprehensive health services from participating health care providers only. You must seek services from these providers.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

This health care coverage puts you in control of your health care expenses by keeping your costs down while providing great benefits and options to make your dollar go further. All of the HDHP plans have access to the EPO network.

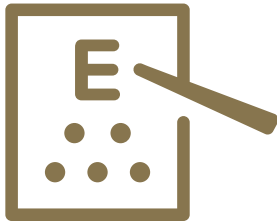


BLUE ESSENTIALS DENTAL BENEFITS

All of our BlueEssentials plans include dental allowances for adults and children for exams and cleanings.

- One exam every six months, \$27 allowance first visit and \$20 on the second visit
- One cleaning every six months, \$40 allowance for adults over the age of 20, and \$31 for a child

Members are responsible for paying any additional balance for what is not covered. Members will submit a dental reimbursement form to BlueCross for reimbursement.



BLUE ESSENTIALS VISION BENEFITS

Vision benefits are available only through VSP, an independent company that offers a vision provider network on behalf of your health plan. The vision network includes more than 400 providers throughout South Carolina. To find a provider, visit www.vsp.com/advantage and enter your ZIP code. Benefits include:

Members Age 19 and Older

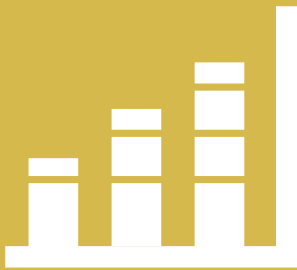
- One exam per benefit period with a \$25 copayment
- Lenses and lens options covered at a 20 percent discount
- Covered frames available at a 20 percent discount

Members Age 18 or Younger

- One exam per benefit period with a \$25 copayment
- \$50 copayment on lenses and frames once every year

The plan coverage described in this brochure represents an abbreviated version of benefits. For further details, read the SBC.

Benefits



EXAMPLE EMERGENCY ROOM VISIT:

Below is an example of how benefits would pay for a member visiting the emergency room. In this example, a member named Sally has 2018 BlueEssentials Silver 3 plan coverage.

So far this benefit period, Sally has not paid any expenses toward her individual deductible, which is \$3,500. Sally visits the emergency room and must pay the \$300 copay. Once she receives treatment and is provided a bill, it shows the total allowable charges for her emergency room visit are \$2,000. She already paid \$300 of that amount in the form of the copay, and the remaining balance (\$2,000 minus \$300) equals \$1,700. Sally is responsible for paying 100 percent of those remaining charges. That remaining balance of \$1,700 is applied toward her deductible, while both the \$300 copay and \$1,700 balance are applied toward her maximum out of pocket (MOOP).

Sally pays other expenses throughout the plan year that result in her reaching her deductible. Several months later, Sally must visit the emergency room again, and she must again pay the \$300 copay. Since she met her deductible before this second ER visit, however, she only is responsible for paying 25 percent of the remaining charges for this visit (since her coinsurance amount is 25 percent) and her health plan pays the remaining 75 percent.

If Sally reaches her MOOP of \$6,500, then she will not be required to pay copays or coinsurance amounts for the remainder of the plan's benefit period.





	GOLD 1	GOLD 2	HD GOLD 3	GOLD 4
Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$1,000 Family: \$2,000	Individual: \$2,700 Family: \$5,400	Individual: \$2,700 Family: \$5,400
Coinsurance	20%	30%	0%	20%
Out-of-Pocket Maximum	Individual: \$4,500 Family: \$9,000	Individual: \$5,000 Family: \$10,000	Individual: \$2,700 Family: \$5,400*	Individual: \$5,600 Family: \$11,200
PCP	\$15 copay	\$20 copay	0% coinsurance after deductible is met	\$10 for kids up to age 20; \$30 for those 20 and over
Blue CareOnDemand	\$5 copay	\$5 copay	0% coinsurance after deductible is met	\$10 copay
Specialist	\$30 copay	\$40 copay	0% coinsurance after deductible is met	\$40 copay
Urgent Care (other than Doctors Care)	\$50 copay	\$50 copay	0% coinsurance after deductible is met	\$40 copay
Emergency Room Services	\$300 copay per visit. Meet deductible, then 20% coinsurance.	\$300 copay per visit. Meet deductible, then 30% coinsurance.	0% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 20% coinsurance.
Inpatient Hospitalization	20% after deductible is met	30% after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay per visit	\$500 copay per visit	0% coinsurance after deductible is met	\$500 copay per visit
PHARMACY BENEFITS				
Prescription Drugs (up to 30-day supply)	Tier 0: \$0 Tier 1: \$12 Tier 2: \$35 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$8 Tier 2: \$40 Tier 3: \$100 Tier 4: 30%
Mail Order (up to 90-day supply)	Tier 1: \$17 Tier 2: \$95 Tier 3: \$270	Tier 1: \$28 Tier 2: \$108 Tier 3: \$270	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met	Tier 1: \$11 Tier 2: \$108 Tier 3: \$270

* The HD Gold 3 out-of-pocket maximum for a family is \$5,400 **per person**, or \$5,400 when collectively satisfied by all family members.



	SILVER 1	SILVER 2	SILVER 3	SILVER 4
Deductible	Individual: \$690 Family: \$1,380	Individual: \$3,000 Family: \$6,000	Individual: \$3,500 Family: \$7,000	Individual: \$3,100 Family: \$6,200
Coinsurance	50%	40%	25%	30%
Out-of-Pocket Maximum	Individual: \$7,350 Family: \$14,700	Individual: \$6,600 Family: \$13,200	Individual: \$6,500 Family: \$13,000	Individual: \$7,350 Family: \$14,700
PCP	\$30 copay	\$25 copay	\$30 copay	\$30 copay
Blue CareOnDemand	\$20 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$60 copay	\$50 copay	\$60 copay	\$60 copay
Urgent Care (other than Doctors Care)	\$60 copay	\$50 copay	\$60 copay	\$60 copay
Emergency Room Services	\$300 copay per visit. Meet deductible, then 50% coinsurance.	40% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 25% coinsurance.	\$300 copay per visit. Meet deductible, then 30% coinsurance.
Inpatient Hospitalization	50% coinsurance after deductible is met	40% coinsurance after deductible is met	25% coinsurance after deductible is met	30% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay per visit	\$500 copay per visit	\$500 copay per visit	\$500 copay per visit
PHARMACY BENEFITS				
Prescription Drugs (up to 30-day supply)	Tier 0: \$0 Tier 1: \$30 Tier 2: \$60 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$10 Tier 2: 40% coinsurance after deductible is met Tier 3: 40% coinsurance after deductible is met Tier 4: 40% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$12 Tier 2: \$40 Tier 3: \$125 Tier 4: 30%	Tier 0: \$0 Tier 1: \$12 Tier 2: \$35 Tier 3: \$100 Tier 4: 30%
Mail Order (up to 90-day supply)	Tier 1: \$42 Tier 2: \$162 Tier 3: \$270	Tier 1: \$14 Tier 2: 40% coinsurance after deductible is met Tier 3: 40% coinsurance after deductible is met	Tier 1: \$17 Tier 2: \$108 Tier 3: \$338	Tier 1: \$17 Tier 2: \$95 Tier 3: \$270

Benefits

	HD SILVER 5	HD SILVER 6	SILVER 7	SILVER 8	SILVER 9
	Individual: \$3,300 Family: \$6,600	Individual: \$4,300 Family: \$8,600	Individual: \$6,400 Family: \$12,800	Individual: \$5,250 Family: \$10,500	Individual: \$5,000 Family: \$10,000
	20%	0%	25%	15%	50%
	Individual: \$5,000 Family: \$10,000	Individual: \$4,300 Family: \$8,600	Individual: \$7,150 Family: \$14,300	Individual: \$6,700 Family: \$13,400	Individual: \$6,850 Family: \$13,700
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$25 copay	\$10 for kids up to age 20; \$25 for those 20 and over	\$30 copay
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$20 copay	\$10 copay	\$20 copay
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$55 copay	\$40 copay	\$60 copay
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$55 copay	\$50 copay	\$60 copay
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 25% coinsurance.	\$300 copay per visit. Meet deductible, then 15% coinsurance.	50% coinsurance after deductible is met
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met	15% coinsurance after deductible is met	50% coinsurance after deductible is met
	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$500 copay per visit	\$500 copay per visit	\$500 copay per visit
	Tier 0: \$0 Tier 1: 20% coinsurance after deductible is met Tier 2: 20% coinsurance after deductible is met Tier 3: 20% coinsurance after deductible is met Tier 4: 20% coinsurance after deductible is met	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$7 Tier 2: \$45 Tier 3: \$150 Tier 4: 25% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$30 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$20 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%
	Tier 1: 20% coinsurance after deductible is met Tier 2: 20% coinsurance after deductible is met Tier 3: 20% coinsurance after deductible is met	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met	Tier 1: \$10 Tier 2: \$122 Tier 3: \$405	Tier 1: \$14 Tier 2: \$81 Tier 3: \$270	Tier 1: \$28 Tier 2: \$135 Tier 3: \$270

**Second-lowest cost
Silver plan**

SILVER 10	SILVER 11	SILVER 12	HD SILVER 13	SILVER 14
Individual: \$7,150 Family: \$14,300	Individual: \$5,500 Family: \$11,000	Individual: \$4,800 Family: \$9,600	Individual: \$4,550 Family: \$9,100	Individual: \$6,650 Family: \$13,300
0%	20%	30%	0%	15%
Individual: \$7,150 Family: \$14,300	Individual: \$7,150 Family: \$14,300	Individual: \$7,350 Family: \$14,700	Individual: \$4,550 Family: \$9,100	Individual: \$7,150 Family: \$14,300
\$0 copay per visit on first four visits, then 0% coinsurance after deductible is met	\$15 copay	\$15 copay	0% coinsurance after deductible is met	\$20 copay
0% coinsurance after deductible is met	\$5 copay	\$5 copay	0% coinsurance after deductible is met	\$20 copay
0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	\$50 copay
0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	\$50 copay
0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit. Meet deductible, then 15% coinsurance.
0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	0% coinsurance after deductible is met	15% coinsurance after deductible is met
\$500 copay per visit	\$500 copay per visit	\$500 copay per visit	0% coinsurance after deductible is met	\$500 copay per visit
Tier 0: \$0 Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$10 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: 15% coinsurance after deductible is met Tier 4: 15% coinsurance after deductible is met
Tier 1: \$7 Tier 2: \$135 Tier 3: \$270	Tier 1: \$7 Tier 2: \$135 Tier 3: \$270	Tier 1: \$14 Tier 2: \$135 Tier 3: \$270	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met	Tier 1: \$14 Tier 2: \$108 Tier 3: 15% coinsurance after deductible is met

**Lowest cost
Silver plan**



	BRONZE 1	HD BRONZE 2	HD BRONZE 3	
Deductible	Individual: \$7,000 Family: \$14,000	Individual: \$6,300 Family: \$12,600	Individual: \$5,200 Family: \$10,400	Individual: Family:
Coinsurance	50%	50%	30%	50%
Out-of-Pocket Maximum	Individual: \$7,350 Family: \$14,700	Individual: \$6,550 Family: \$13,100	Individual: \$6,550 Family: \$13,100	Individual: Family:
PCP	\$60 copay per visit on first three visits, then 50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$20 co
Blue CareOnDemand	\$40 copay	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$10 co
Specialist	\$90 copay, then deductible	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$45 co
Urgent Care (other than Doctors Care)	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	50% co deduct
Emergency Room Services	\$300 copay per visit. Meet deductible, then 50% coinsurance.	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$300 Meet a 50% co
Inpatient Hospitalization	50% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$300 Meet a 50% co
Ambulatory Surgery Center	\$500 copay per visit	50% coinsurance after deductible is met	30% coinsurance after deductible is met	\$500
PHARMACY BENEFITS				
Prescription Drugs <i>(up to 30-day supply)</i>	Tier 0: \$0 Tier 1: \$30 Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: 50% coinsurance after deductible is met Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: 30% coinsurance after deductible is met Tier 2: 30% coinsurance after deductible is met Tier 3: 30% coinsurance after deductible is met Tier 4: 30% coinsurance after deductible is met	Tier 0: Tier 1: Tier 2: dedu Tier 3: dedu Tier 4: dedu
Mail Order <i>(up to 90-day supply)</i>	Tier 1: \$42 Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met	Tier 1: 50% coinsurance after deductible is met Tier 2: 50% coinsurance after deductible is met Tier 3: 50% coinsurance after deductible is met	Tier 1: 30% coinsurance after deductible is met Tier 2: 30% coinsurance after deductible is met Tier 3: 30% coinsurance after deductible is met	Tier 1: Tier 2: dedu Tier 3: dedu



BRONZE 4	HD BRONZE 5
Annual: \$6,200 Family: \$12,400	Individual: \$6,550 Family: \$13,100
	0%
Annual: \$7,150 Family: \$14,300	Individual: \$6,550 Family: \$13,100
Copay	0% coinsurance after deductible is met
Copay	0% coinsurance after deductible is met
Copay	0% coinsurance after deductible is met
Coinsurance after deductible is met	0% coinsurance after deductible is met
Copay per visit. Deductible, then coinsurance.	0% coinsurance after deductible is met
Copay per visit. Deductible, then coinsurance.	0% coinsurance after deductible is met
Copay per visit	0% coinsurance after deductible is met
\$0 \$10 50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met
\$14 50% coinsurance after deductible is met 50% coinsurance after deductible is met	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met

CATASTROPHIC 1

Deductible	Individual: \$7,350 Family: \$14,700
Coinsurance	0%
Out-of-Pocket Maximum	Individual: \$7,350 Family: \$14,700
PCP	\$25 copay per visit on first three visits then 0% coinsurance after deductible is met
Blue CareOnDemand	0% coinsurance after deductible is met
Specialist	0% coinsurance after deductible is met
Urgent Care (other than Doctors Care)	0% coinsurance after deductible is met
Emergency Room Services	0% coinsurance after deductible is met
Inpatient Hospitalization	0% coinsurance after deductible is met
Ambulatory Surgery Center	0% coinsurance after deductible is met

PHARMACY BENEFITS

Prescription Drugs <i>(up to 30-day supply)</i>	Tier 0: \$0 Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met
Mail Order <i>(up to 90-day supply)</i>	Tier 1: 0% coinsurance after deductible is met Tier 2: 0% coinsurance after deductible is met Tier 3: 0% coinsurance after deductible is met



EXCLUDED SERVICES

Benefits We Don't Cover

- Any services or benefits not specifically covered under the terms of the policy, services received before the policy went into effect or after it terminates or claims submitted after the time limit for filing claims has been exceeded.
- Services or charges for which the member is entitled to payment or benefits from other sources (i.e., workers' compensation), for which the provider does not charge or for which the member is not legally obligated to pay, including treatment provided in a government hospital or benefits provided under Medicare or other government programs (except Medicaid).
- Cosmetic surgery, or surgery or treatment for the purpose of weight reduction, including any complications from or reversal of these procedures, or reconstructive procedures made necessary by weight loss.
- Illness contracted or injury sustained as the result of war or act of war (whether declared or undeclared), or participation in a felony, riot or insurrection.
- Refractive care, such as radial keratotomy, laser eye surgery or LASIK.
- Services for the detection and correction of structural imbalance, distortion or subluxation (spinal subluxation) to remove nerve interference, unless the optional coverage is purchased.
- Treatment, services or supplies received because of suicide, attempted suicide or intentionally self-inflicted injuries unless it results from a medical (physical or mental) condition, even if the condition is not diagnosed prior to the injury.



SERVICES, FEES AND CHARGES YOU PAY

You Must Pay for These

- Non-emergency services when received at or from out-of-network providers or hospitals, including outside the United States.
- Hospital or skilled nursing facility charges when the patient did not receive preauthorization. Please see Preauthorization in your policy in My Health Toolkit®.
- Services and supplies not medically necessary, investigational/experimental in nature, not needed for the diagnosis or treatment of an illness or injury or not specifically listed in Covered Services.
- Any service or supply provided by a member of the patient's family or by the patient, including the dispensing of drugs. This means the spouse, parent, grandparent, brother, sister, child or spouse's parent.
- Charges for a missed appointment or for filling out claim forms.
- Services or supplies related to chewing or bite problems, pain in the face, ears, jaws or neck resulting from problems of the jaw joint(s), also known as temporomandibular joint disorders (TMJ).

This is a partial list of some of our exclusions. For a full list of excluded services and supplies, or for all limitations, please refer to your policy in My Health Toolkit.

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of our plans, including enrollment and benefit determination. If you are an individual living with disabilities or have limited English proficiency, we have free interpretive services available through our customer service areas. Further, if you believe we have failed to provide these accessibility services or have discriminated in another way, you can file a grievance online at www.webreportinghotline.alertline.com/gcs/welcome or by calling our Compliance Hotline at 888-263-2077, or by contacting the U.S. Department of Health and Human Services, Office of Civil Rights at 800-868-1019 or 800-537-7697 (TDD).

Have Questions?

Contact your agent or broker today.



www.SouthCarolinaBlues.com

