



South Carolina

# 2021 INDIVIDUAL AND FAMILY BLUE EXCLUSIVE<sup>SM</sup> COOPER PLANS



 **MUSC Health**  
Medical University of South Carolina

**NEW**  
PARTNERSHIP WITH  
MUSC CHARLESTON!

# THE POWER OF BLUE®

We provide reliable and affordable health insurance for individuals and families within South Carolina.



1 in 3 Americans  
rely on Blue



We insure more than  
1 million South Carolinians



Low cost plans.



Financial security and  
best in class offering\*



Award-winning  
customer service



Through BlueRewards<sup>SM</sup>, we  
reward you for completing  
wellness activities!



With My Health Toolkit<sup>®</sup> and  
telehealth services, access to  
good health is one click away.

\*Rating as of Dec. 10, 2019. For latest rating, access [ambest.com](http://ambest.com)

# WHAT IS BLUE EXCLUSIVE COOPER?

BlueCross BlueShield of South Carolina has partnered with the Medical University of South Carolina (MUSC) Charleston to offer you new coverage options.



To enroll in a BlueExclusive Cooper plan, you must live in the following counties:

■ Charleston County

■ Dorchester County

■ Berkeley County

Members enrolled in a BlueExclusive Cooper plan can visit any hospital and doctor in the MUSC Health Alliance network, and premiums may be lower than other comparable plans in your area. Visiting an out-of-network medical provider for non-emergency services will not be covered.



# WHAT YOU GET WITH BLUE

From \$0 cost preventive services to an exclusive network of doctors and hospitals, our BlueExclusive Cooper plans have you covered.

## \$0 cost preventive services.

All BlueExclusive Cooper plans from BlueCross provide preventive services at **zero cost** for members. These services include:

- Mammograms
- Prostate screenings (PSA) and lab work (in accordance with the American Cancer Society\*)
- Contraceptive devices
- Wellness exams
- Immunizations
- Flu shots

## Doctor and Hospital Visits

BlueExclusive Cooper members must visit a doctor or hospital within the MUSC Health Alliance network. This includes in-patient services at MUSC Hospital. Members can only visit a non-network provider for emergencies only.

Find a network provider in your area by visiting:  
[www.SouthCarolinaBlues.com/links/providers/MUSC](http://www.SouthCarolinaBlues.com/links/providers/MUSC)

## Pediatric Vision Benefits.

All BlueExclusive Cooper plans also include vision benefits for members ages 18 or younger, including low copayments on vision exams, discounts on lenses, frames and contacts. Benefits include:

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









**Savings at the pharmacy.**

You can save money on prescription drugs with access to a vast array of generic drugs at pharmacies.

**PRESCRIPTION DRUG TIERS**

				
<b>Tier 0 Drugs</b>	<b>Tier 1 Drugs</b>	<b>Tier 2 Drugs</b>	<b>Tier 3 Drugs</b>	<b>Tier 4 Drugs</b>
Considered preventive medications under the Affordable Care Act (ACA) and covered at no cost to the member.	Usually generic medications and will generally cost a member the least amount out of pocket.	Most often brand-name drugs, sometimes referred to as “preferred” drugs, as these cost less than other brand-name drugs.	Most often brand drugs, sometimes referred to as “non-preferred” drugs, as they usually cost more than other brand drugs. These drugs may have generic equivalents.	Drugs that treat complex conditions. Members tend to pay more for drugs in this tier.

Find a network pharmacy or search our covered drug list by visiting:  
[www.southcarolinablues.com/links/pharmacy/Individual](http://www.southcarolinablues.com/links/pharmacy/Individual)

# THE VALUE OF WELLNESS

Using research and data insights, we continue to push for innovative, healthy ways to provide better health care solutions and benefits for our members.

## Health has its rewards.

We reward our members with up to \$150 each year for completing various wellness activities through our Blue Rewards program. Reward dollars can be used toward copays, deductibles and coinsurance, based on covered medical services.\*

Wellness Activity	Reward
Annual Flu Shot	\$60
Annual Wellness Exam	\$60
Telehealth Visit	\$30
<b>Total</b>	<b>\$150</b>

Once each activity is completed, reward dollars are loaded on a reloadable, prepaid Visa card. All wellness criteria will be verified before distribution of rewards. All members are eligible for each reward, one time per benefit year.

\*Rewards cannot be used for drug copays or premiums.

## Care when you need it, 24/7

Life is hectic. Staying healthy doesn't have to be. Members have access to an easy-to-use online virtual care service. Get care on your schedule at a \$0 or low copay!

Conditions treated:

- Allergy/Hay Fever
- Common Cold
- Pink Eye
- Sinus Infection
- Skin Rash
- Sore Throat
- Urinary Tract Infection
- And Over 40 More!

Visit [MUSCHHealth.org/virtual-care](https://MUSCHHealth.org/virtual-care)

# THE VALUE OF BLUE

We work hard to ensure our members' health coverage benefits remain relevant and provide value with member perks, discounts and value-added programs, such as:

## Tools to manage your health.

Making the right health care decisions is easy using My Health Toolkit. An online information and customer service center, My Health Toolkit gives you access to important information about plan benefits at your fingertips.

My Health Toolkit provides access to:

- **Claims, Eligibility, Benefits**
- **Contact Preferences**
- **Authorization Status**
- **ID Card — save a digital version of your ID card for faster access**
- **And more!**

Start making informed health care decisions now by visiting [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or downloading the **free mobile app** in the App Store or Google Play.





## TOOLS TO MANAGE YOUR HEALTH

Staying healthy means taking care of your mind and body on a regular basis.  
Our members enjoy discounts and value-added programs at no additional cost!

Discounts and programs include:

- Fitness Center Memberships
- Weight Management
- Allergy Relief
- Alternative Health Care
- Hearing Care
- Hair Restoration
- *And more!*

BlueCross members have access to **Blue365**<sup>®</sup>, a website with discounts on everyday products that can help individuals and families live healthier, happier lives.

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



# FINANCIAL ASSISTANCE

Our members have access to federal government assistance that can help make health insurance (even more!) affordable. These savings are provided to members either through an Advance Premium Tax Credit (APTC), Cost Sharing Reduction (CSR) or both.

## What is an APTC?

An APTC is a federal subsidy that assists qualified individuals and families by reducing their monthly premiums.

## What is a CSR?

Members who qualify for an APTC also may be eligible for even lower out-of-pocket costs through a CSR. These savings only apply to a BlueExclusive Cooper Silver plan and vary based on the individual's or family's income.

## Annual household income and household size determine if you qualify for tax credits

### 2020 Federal Poverty Level (FPL) Guidelines

Family Size	Cost Share 3			Cost Share 2		Cost Share 1		300%	400%
	100%	133%	150%	151%	200%	201%	250%		
1	\$12,760	\$16,971	\$19,140	\$19,141	\$25,520	\$25,521	\$31,900	\$38,280	\$51,040
2	\$17,240	\$22,929	\$25,860	\$25,861	\$34,480	\$34,481	\$43,100	\$51,720	\$68,960
3	\$21,720	\$28,888	\$32,580	\$32,581	\$43,440	\$43,441	\$54,300	\$65,160	\$86,880
4	\$26,200	\$34,846	\$39,300	\$39,301	\$52,400	\$52,401	\$65,500	\$78,600	\$104,800
5	\$30,680	\$40,804	\$46,020	\$46,021	\$61,360	\$61,361	\$76,700	\$92,040	\$122,720
6	\$35,160	\$46,763	\$52,740	\$52,741	\$70,320	\$70,321	\$87,900	\$105,480	\$140,640
7	\$39,640	\$52,721	\$59,460	\$59,461	\$79,280	\$79,281	\$99,100	\$118,920	\$158,560
8	\$44,120	\$58,680	\$66,180	\$66,181	\$88,240	\$88,241	\$110,300	\$132,360	\$176,480
9	\$48,600	\$64,638	\$72,900	\$72,901	\$97,200	\$97,201	\$121,500	\$145,800	\$194,400
10	\$53,050	\$70,557	\$79,575	\$79,576	\$106,100	\$106,101	\$132,625	\$159,150	\$212,200



# SILVER COST-SHARING PLANS

See the FPL chart to determine your cost-sharing level

COST-SHARING PLANS				
PLAN NAME AND OVERVIEW	BASE PLAN	COST SHARE 3 100 – 150 percent FPL	COST SHARE 2 151 – 200 percent FPL	COST SHARE 1 201 – 250 percent FPL
<b>SILVER 1</b>				
<b>Copay (PCP/Specialist/Telehealth Visit)</b>	\$25/\$60/\$0 for first 4 visits, then \$15 thereafter.	\$20/\$50/\$0 for first 4 visits, then \$15 thereafter.	\$20/\$50/\$0 for first 4 visits, then \$15 thereafter.	\$20/\$50/\$0 for first 4 visits, then \$15 thereafter.
<b>Coinsurance</b>	50 percent	25 percent	25 percent	25 percent
<b>Deductible (Single/Family)</b>	\$7,550/\$15,100	\$0/\$0	\$1,500/\$3,000	\$6,000/\$12,000
<b>Out-of-pocket limit (Single/Family)</b>	\$8,550/\$17,100	\$700/\$1,400	\$2,000/\$4,000	\$6,700/\$13,400
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$25 Tier 2: \$60 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 1: \$12 Tier 2: \$50 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 1: \$12 Tier 2: \$50 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 1: \$12 Tier 2: \$50 Tier 3: \$150 Tier 4: Deductible and coinsurance
<b>SILVER 2</b>				
<b>Copay (PCP/Specialist/Telehealth Visits)</b>	\$30/\$60/\$0 for first 4 visits, then \$15 thereafter.	\$30/\$60/\$0 for first 4 visits, then \$15 thereafter.	\$30/\$60/\$0 for first 4 visits, then \$15 thereafter.	\$30/\$60/\$0 for first 4 visits, then \$15 thereafter.
<b>Coinsurance</b>	50 percent	35 percent	35 percent	35 percent
<b>Deductible (Single/Family)</b>	\$7,900/\$15,800	\$0/\$0	\$1,400/\$2,800	\$4,300/\$8,600
<b>Out-of-pocket limit (Single/Family)</b>	\$8,550/\$17,100	\$500/\$1,000	\$1,800/\$3,600	\$6,000/\$12,000
<b>Pharmacy Benefits Prescription Drugs</b>	Tier 1: \$30 Tier 2: \$60 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 1: \$20 Tier 2: \$50 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 1: \$20 Tier 2: \$50 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 1: \$20 Tier 2: \$50 Tier 3: \$150 Tier 4: Deductible and coinsurance



The pharmacy benefits listed are retail (up to 31-day) supply.

# BLUE EXCLUSIVE COOPER BENEFITS

These plans are available if you receive or don't receive financial assistance toward your plan.

## SILVER PLANS

## BRONZE PLAN

	SILVER 1	SILVER 2	BRONZE 1
Deductible	Individual: \$7,550 Family: \$15,100	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800
Coinsurance	50%	50%	45%
Out-of-Pocket Maximum	Individual: \$8,550 Family: \$17,100	Individual: \$8,550 Family: \$17,100	Individual: \$8,550 Family: \$17,100
PCP	\$25 copay	\$30 copay	\$40 copay
Telehealth Visits	\$0 copay for first 4 visits, then \$15 thereafter.	\$0 copay for first 4 visits, then \$15 thereafter.	\$0 copay for first 4 visits, then \$20 thereafter.
Specialist	\$60 copay	\$60 copay	\$60 copay
Urgent Care	\$60 copay	\$60 copay	\$60 copay
Emergency Room Services	\$600 copay, then deductible and coinsurance.	\$600 copay, then deductible and coinsurance.	\$600 copay, then deductible and coinsurance.
Inpatient Hospitalization	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay
<b>PHARMACY BENEFITS</b>			
Prescription Drugs (up to 31-day supply)	Tier 0: \$0 Tier 1: \$25 Tier 2: \$60 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 0: \$0 Tier 1: \$30 Tier 2: \$60 Tier 3: \$150 Tier 4: Deductible and coinsurance	Tier 0: \$0 Tier 1: \$26 Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance Tier 4: Deductible and coinsurance
Mail Order (up to 90-day supply)	Tier 0: \$0 Tier 1: \$35 Tier 2: \$162 Tier 3: \$405	Tier 0: \$0 Tier 1: \$42 Tier 2: \$162 Tier 3: \$405	Tier 0: \$0 Tier 1: \$37 Tier 2: Deductible and coinsurance Tier 3: Deductible and coinsurance

# SERVICES, FEES AND CHARGES YOU PAY, ALONG WITH EXCLUDED SERVICES

## You Must Pay For

- Non-emergency services when received at or from an out-of-network provider or hospital, including outside of the United States.
- Hospital or skilled nursing facility charges when the patient did not receive preauthorization.
- Services and supplies not medically necessary, investigational or 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 biting problems, pain in the face, jaw 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.

## Benefits We Do Not 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., worker's compensation), for which the provider does not charge or for which the member is not legally obliged to pay, including treatment provided in a government hospital or benefits provided under Medicare or other government programs (except Medicaid).
- Cosmetic surgery, 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.







## HAVE QUESTIONS?

Contact your agent or broker today.



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

**WORK WITH YOUR AGENT OR BROKER FOR A FREE QUOTE.**

