

2023 BlueExclusiveSM Cooper Plans

FOR INDIVIDUALS AND FAMILIES

**EXCLUSIVE
PARTNERSHIP WITH
MUSC HEALTH!**




No. 1 Health Plan in South Carolina



Serving Residents of Berkeley, Charleston, Dorchester,
Orangeburg and Williamsburg Counties!

The Power of Blue

WE PROVIDE RELIABLE AND AFFORDABLE HEALTH INSURANCE FOR INDIVIDUALS AND FAMILIES WITHIN SOUTH CAROLINA.




1 IN 3

1 IN 3 AMERICANS
RELY ON BLUE®.



PLANS AS
LOW AS
\$0 A MONTH



**AWARD-WINNING
CUSTOMER SERVICE**



**ONLINE
SELF-SERVICE
TOOLS**



**MORE THAN
1,000,000**

MORE THAN 1 MILLION
SOUTH CAROLINIANS ARE
INSURED BY BLUE.

FINANCIAL SECURITY
AND BEST-IN-CLASS
OFFERING*



**REWARDS FOR
WELLNESS
ACTIVITIES**



*AM Best Rating as of Dec. 9, 2021. For latest rating, access [ambest.com](https://www.ambest.com).

Health Coverage Convenient to You

WITH BLUE EXCLUSIVE COOPER, YOU'VE GOT THE COVERAGE OPTIONS YOU NEED.



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

- Berkeley County
- Charleston County
- Dorchester County
- Orangeburg County
- Williamsburg County



Cooper Network Hospital

- MUSC Health
- The Regional Medical Center (Orangeburg)
- Williamsburg Regional Hospital

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 nonemergency services will not be covered.



What You Get With BlueExclusive Cooper

FROM \$0 PREVENTIVE SERVICES TO AN EXCLUSIVE GROUP OF DOCTORS, HOSPITALS, AND HEALTH CARE PROFESSIONALS, OUR BLUE EXCLUSIVE COOPER PLANS HAVE YOU COVERED.

No-cost preventive services

All BlueExclusive Cooper plans from BlueCross provide preventive services at **no cost** for members:

- 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 an MUSC Health Alliance doctor or hospital. This includes inpatient services at MUSC hospitals. Members can only visit a non-MUSC Health Alliance doctor or hospital for emergencies.

Find a MUSC Health Alliance doctor or hospital in your area by visiting www.SouthCarolinaBlues.com/links/providers/MUSC

Pediatric vision benefits

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






- 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					
					
Tier 0 Drugs	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs	Tier 4 Drugs	Tier 5 and 6 Drugs
Considered preventive medications under the Affordable Care Act (ACA) and covered at no cost to the member.	Usually preferred generic medications and will generally cost a member the least amount out of pocket.	Usually generic medications and will typically cost less than brand-name drugs.	Most often brand-name drugs, sometimes referred to as preferred drugs, as these cost less than other brand-name drugs.	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.	Usually specialty drugs that treat complex conditions. Members tend to pay more for drugs in this tier.

[
To find a pharmacy or search our covered drug list by visiting www.SouthCarolinaBlues.com/links/pharmacy/Individual
]

Blue RewardsSM

ENJOY THE VALUE OF WELLNESS.

Health has its rewards

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

Wellness Activity	Reward
Annual Flu Shot	\$60
Annual Wellness Exam	\$60
Telehealth Visit	\$30
Total	\$150
Family of 4 Can Earn Up To	\$600



Once you complete each activity, we load your reward dollars on a reloadable, prepaid Visa** card, so keep your card!

We will verify all wellness criteria before distributing rewards. All members are eligible for each reward one time per benefit year.

Download the mobile app! The Blue Rewards mobile app is available by searching for “PayForward” in the iTunes or Google Play app stores.





Telehealth

GET VIRTUAL 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 for a low copay!

Doctors can treat these common conditions and more than 40 others:

- Allergy/hay fever
- Common cold
- Pinkeye
- Sinus infection
- Skin rash
- Sore throat
- Urinary tract infection

Visit www.MUSCHealth.org/virtual-care to talk to a doctor today!

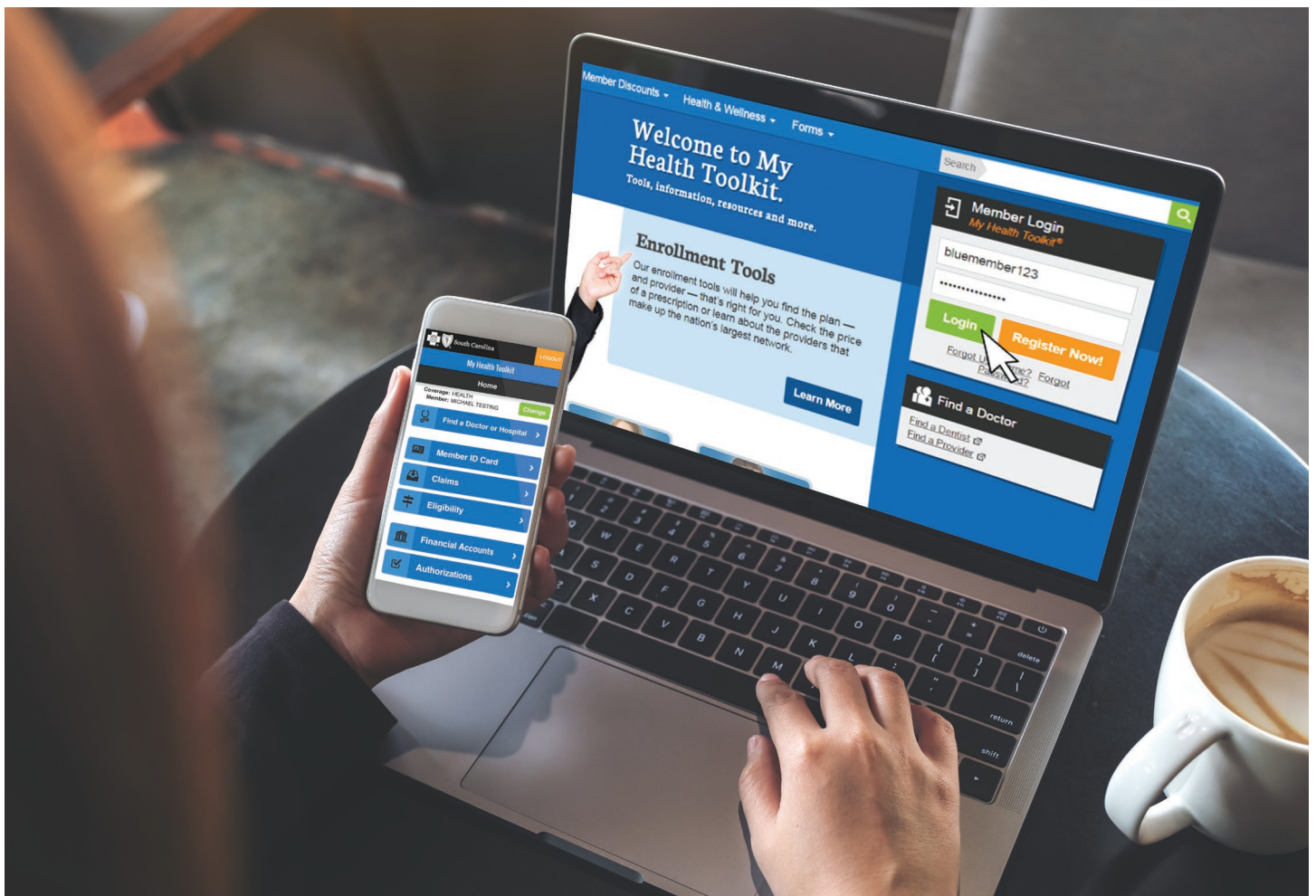
Tools To Manage Your Health

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.

With My Health Toolkit, you get access to:

- Claims, eligibility and benefits.
- Contact preferences.
- Authorization status.
- ID card — save a digital version of your ID card for faster access.

Start making informed health care decisions now by visiting www.SouthCarolinaBlues.com or downloading the **free mobile app** in the App Store or Google Play.





More Value to You From BlueCross

**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 all these and more:

- Fitness center memberships
- Weight management
- Allergy relief
- Hearing care

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

Visit www.Blue365Deals.com/BCBSSC to view deals.

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.

Financial Assistance

MEMBERS MAY HAVE ACCESS TO FEDERAL GOVERNMENT ASSISTANCE THAT CAN HELP MAKE HEALTH INSURANCE (EVEN MORE!) AFFORDABLE. THESE SAVINGS ARE PROVIDED TO MEMBERS 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.

2022 Federal Poverty Level (FPL) Guidelines — Annual Household Income

Family Size	Cost Share 3				Cost Share 2		Cost Share 1		300%	400%	500%	600%
	100%	133%	134%	150%	151%	200%	201%	250%				
1	\$13,590	\$18,075	\$18,076	\$20,385	\$20,386	\$27,180	\$27,181	\$33,975	\$40,770	\$54,360	\$67,950	\$81,540
2	\$18,310	\$24,352	\$24,353	\$27,465	\$27,466	\$36,620	\$36,621	\$45,775	\$54,930	\$73,240	\$91,550	\$109,860
3	\$23,030	\$30,630	\$30,631	\$34,545	\$34,546	\$46,060	\$46,061	\$57,575	\$69,090	\$92,120	\$115,150	\$138,180
4	\$27,750	\$36,908	\$36,909	\$41,625	\$41,626	\$55,500	\$55,501	\$69,375	\$83,250	\$111,000	\$138,750	\$166,500
5	\$32,470	\$43,185	\$43,186	\$48,705	\$48,706	\$64,940	\$64,941	\$81,175	\$97,410	\$129,880	\$162,350	\$194,820
6	\$37,190	\$49,463	\$49,464	\$55,785	\$55,786	\$74,380	\$74,381	\$92,975	\$111,570	\$148,760	\$185,950	\$223,140
7	\$41,910	\$55,740	\$55,741	\$62,865	\$62,866	\$83,820	\$83,821	\$104,775	\$125,730	\$167,640	\$209,550	\$251,460
8	\$46,630	\$62,018	\$62,019	\$69,945	\$69,946	\$93,260	\$93,261	\$116,575	\$139,890	\$186,520	\$233,150	\$279,780
9	\$51,350	\$68,296	\$68,297	\$77,025	\$77,026	\$102,700	\$102,701	\$128,375	\$154,050	\$205,400	\$256,750	\$308,100
10	\$56,070	\$74,573	\$74,574	\$84,105	\$84,106	\$112,140	\$112,141	\$140,175	\$168,210	\$224,280	\$280,350	\$336,420



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
SILVER 1				
Copay (PCP/Specialist/Telehealth Visit)	\$25/\$60/\$0 for first 4 visits, then \$15 thereafter	\$15/\$40/\$0 for first 4 visits, then \$10 thereafter	\$15/\$40/\$0 for first 4 visits, then \$10 thereafter	\$25/\$50/\$0 for first 4 visits, then \$10 thereafter
Coinsurance	50%	25%	25%	25%
Deductible (Single/Family)	\$7,500/\$15,000	\$0/\$0	\$1,400/\$2,800	\$6,000/\$12,000
Out-of-Pocket Limit (Single/Family)	\$8,500/\$17,000	\$690/\$1,380	\$2,000/\$4,000	\$7,250/\$14,500
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$25/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$15/25% coinsurance/ 25% coinsurance	\$15/25% coinsurance after deductible is met/ 25% coinsurance after deductible is met	\$25/25% coinsurance after deductible is met/ 25% coinsurance after deductible is met
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$25 Tier 3: \$60 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$40 Tier 4: \$150 Tiers 5, 6: 25% coinsurance	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 25% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 25% coinsurance after deductible is met
SILVER 2				
Copay (PCP/Specialist/Telehealth Visits)	\$30/\$55/\$0 for first 4 visits, then \$15 thereafter	\$20/\$45/\$0 for first 4 visits, then \$15 thereafter	\$20/\$45/\$0 for first 4 visits, then \$15 thereafter	\$30/\$55/\$0 for first 4 visits, then \$20 thereafter
Coinsurance	50%	50%	50%	50%
Deductible (Single/Family)	\$7,900/\$15,800	\$0/\$0	\$1,500/\$3,000	\$5,900/\$11,800
Out-of-Pocket Limit (Single/Family)	\$8,900/\$17,800	\$710/\$1,420	\$2,100/\$4,200	\$7,000/\$14,000
Mental and Behavioral Health Services (Office Visit/ Inpatient Services/Outpatient Services)	\$30/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$20/50% coinsurance/ 50% coinsurance	\$20/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met	\$30/50% coinsurance after deductible is met/ 50% coinsurance after deductible is met
Pharmacy Benefits Prescription Drugs	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$15 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance	Tier 0: \$0 Tiers 1, 2: \$15 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met


The pharmacy benefits listed are retail 90-day supply maximum. Tiers 5 and 6 are limited to a 31-day supply maximum.

BlueExclusive Cooper Benefits

THESE PLANS ARE AVAILABLE WHETHER OR NOT YOU RECEIVE FINANCIAL ASSISTANCE TOWARD YOUR PLAN.

Gold Plan

Silver Plans

	GOLD 1	SILVER 1	SILVER 2
			
Deductible	Individual: \$0 Family: \$0	Individual: \$7,500 Family: \$15,000	Individual: \$7,900 Family: \$15,800
Coinsurance	50%	50%	50%
Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$8,500 Family: \$17,000	Individual: \$8,900 Family: \$17,800
Primary Care Physician	\$40 copay	\$25 copay	\$30 copay
Telehealth Visits	\$0 for first 4 visits, \$15 thereafter	\$0 copay for first 4 visits, then \$15 thereafter	\$0 copay for first 4 visits, then \$15 thereafter
Specialist	\$90 copay	\$60 copay	\$55 copay
Urgent Care	\$90 copay	\$60 copay	\$55 copay
Emergency Room Services	50% coinsurance	\$600 copay, then 50% coinsurance after deductible is met	\$600 copay, 50% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay
MENTAL AND BEHAVIORAL HEALTH SERVICES			
Office Visit	\$40 copay	\$25 copay	\$30 copay
Inpatient Services	50% coinsurance	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
PHARMACY BENEFITS			
Prescription Drugs* (up to 90-day supply max)	Tier 0: \$0 Tiers 1, 2: \$10 Tier 3: \$40 Tiers 4 – 6: 50% coinsurance after \$1,000 (individual)/\$2,000 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$25 Tier 3: \$60 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met	Tier 0: \$0 Tiers 1, 2: \$20 Tier 3: \$50 Tier 4: \$150 Tiers 5, 6: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply max)	Tier 0: \$0 Tiers 1, 2: \$14 Tier 3: \$108 Tier 4: 50% coinsurance after \$1,000 (individual)/\$2,000 (family) drug deductible is met	Tier 0: \$0 Tiers 1, 2: \$35 Tier 3: \$162 Tier 4: \$405	Tier 0: \$0 Tiers 1, 2: \$28 Tier 3: \$135 Tier 4: \$405

*Tiers 5 and 6 are limited to a 31-day supply maximum.

Bronze Plan

BRONZE 1

Individual: \$7,900

Family: \$15,800

45%

Individual: \$8,550

Family: \$17,100

\$45 copay

\$0 copay for first 4 visits, then
\$20 thereafter

\$90 copay

\$60 copay

\$600 copay, then 45% coinsurance
after deductible is met

45% coinsurance after deductible
is met

\$500 copay

\$45 copay

45% coinsurance after deductible
is met

45% coinsurance after deductible
is met

Tier 0: \$0

Tiers 1, 2: \$26

Tiers 3 – 6: 45% coinsurance after
deductible is met

Tier 0: \$0

Tiers 1, 2: \$37

Tiers 3, 4: 45% coinsurance after
deductible is met



Services, Fees and Charges You Pay, Along With Excluded Services

Benefits We Do Not Cover Include:

- Nonemergency services when received at or from an out-of-network provider or hospital, including outside the United States.
- Hospital or skilled nursing facility charges when the patient did not receive prior authorization.
- 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).
- 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 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.

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.

Have Questions?

CONTACT YOUR AGENT TODAY.



www.SouthCarolinaBlues.com

Work with your agent for a free quote.

