



South Carolina

2023 BlueMeasureSM Plans

SMALL GROUP LEVEL FUNDED

**NEW
PLANS!**



Nationwide Doctor and Hospital Coverage!



Health Plans for Businesses With 10 – 50 Employees



What Is Level Funding?

LEVEL FUNDED PLANS ARE AN ALTERNATIVE COVERAGE OPTION FOR SMALL BUSINESSES LOOKING TO LOWER HEALTH CARE COSTS WHILE STILL PROVIDING QUALITY COVERAGE TO THEIR EMPLOYERS.

Level funded plans are different from traditional insurance plans because they are not community rated and can potentially lower a group's fixed costs if the group qualifies.

How Level Funded Plans Work

1

BLUE MEASURE LEVEL FUNDED PLANS ARE NOT GUARANTEED ISSUED PLANS LIKE FULLY INSURED ACA PLANS. GROUPS MUST QUALIFY FOR COVERAGE THROUGH A MEDICAL UNDERWRITING PROCESS.



2

QUALIFIED GROUPS WILL RECEIVE PRICING ON EACH AVAILABLE PLAN AND DETERMINE WHICH PLAN FITS THEIR BUDGET AND THEIR EMPLOYEES' NEEDS.



3

EACH GROUP IS BILLED A MONTHLY COST THAT INCLUDES CHARGES* FOR THE GROUP'S CLAIMS FUND, STOP LOSS INSURANCE** AND ADMINISTRATIVE COSTS.

4

BLUE CROSS WILL PREPARE A PLAN OF BENEFITS, ALONG WITH OTHER REQUIRED DOCUMENTS, TO DISTRIBUTE TO EMPLOYEES.



5

BLUE CROSS WILL PROVIDE TRACKING REPORTS FOR THE EMPLOYER TO UNDERSTAND THE PERFORMANCE AGAINST THE GROUP'S EXPECTED CLAIMS FUND THROUGHOUT THE PLAN YEAR.



6

AT THE END OF THE PLAN YEAR, IF THE TOTAL AMOUNT OF THE CLAIMS FUND (INCLUDING COSTS AND FEES) IS LESS THAN WHAT THE EMPLOYER CONTRIBUTED DURING THE PLAN YEAR, THE EMPLOYER MAY RECEIVE A REFUND.

OR

IF THE TOTAL AMOUNT OF THE CLAIMS FUND (INCLUDING COSTS AND FEES) IS MORE THAN WHAT THE EMPLOYER CONTRIBUTED DURING THE PLAN YEAR, THEN NO REFUND IS AVAILABLE.

*Charges are set up on a composite rate based on four coverage tiers: employee only; employee and spouse; employee and children; and employee, spouse and children (family).

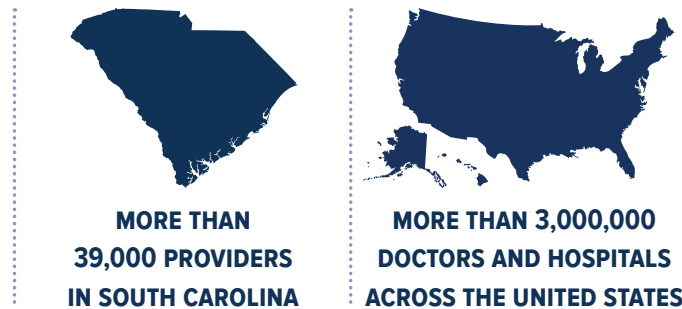
**Stop loss insurance helps protect the employer from large catastrophic claims by a covered individual and provides overall protection in the event the combined claim payments for all covered individuals under the medical plan exceed a certain dollar limit for each plan year.

Network Size and Strength

OUR BLUE MEASURE PLANS COME WITH ACCESS TO OUR PREFERRED BLUE NETWORK.

Preferred Blue Network

With access to more providers, members can make the most of their benefits.



Members can search for network providers at www.SouthCarolinaBlues.com/links/providers/PreferredBlue

Coverage Beyond South Carolina

Small-business owners can offer their employees the peace of mind that comes with access to providers across the country and around the world.

- **BlueCard** lets members use their health care benefits throughout the country.
- **Blue Cross Blue Shield Global® Core** gives members access to doctors and hospitals around the world.
- **GeoBlue®** international health insurance helps members access health care coverage around the world. (This is an additional coverage option for your clients traveling overseas). Visit www.SouthCarolinaBlues.com for more information or to get a quote.

Urgent Care Savings

With the Preferred Blue network, urgent care is convenient and cost-effective. Members can visit any Doctors Care clinic in South Carolina at the same out-of-pocket cost as a primary care physician visit. Members pay the urgent care rate or higher at other urgent care facilities.

Members can find the nearest location at www.doctorscare.com/locate.

Out-of-Network Coverage

Members are responsible for 50 percent of the allowed amounts for covered services. Out-of-network providers can balance-bill members for charges exceeding the allowed amount. Out-of-network expenses don't go toward satisfying the deductible or out-of-pocket maximum.

Plan Benefits

All BlueMeasure plans include standard benefits. Copayments, coinsurance and deductibles vary, depending on the plan.

Standard Benefits Offered

All plans include:

- Ambulatory patient services.
- Emergency services.
- Hospitalizations.
- Maternity and newborn care.
- Mental health and substance use disorder/behavioral health services.
- Prescription drugs.
- Rehabilitative and habilitative services and devices.
- Routine wellness and preventive services.

Sustained Health Benefit

BlueMeasure plans include a Sustained Health Benefit of **\$500** to use toward preventive services not covered at \$0 member cost under the preventive services benefit. We provide this benefit to members to help them pay for common procedures, such as these:

- Electrocardiograms (EKGs)
- Chest X-rays
- Blood work (except lipid screenings)
- Urinalyses





Our \$500 Sustained Health Benefit combined with our one-of-a-kind discounts translates into even more savings for members.

Pharmacy Services

WITH BLUE MEASURE PLANS, EMPLOYERS CAN PROVIDE PRESCRIPTION DRUG BENEFITS THAT INCLUDE A RICH FORMULARY AND A LARGE PHARMACY NETWORK.

- **Mail order:** Members can get up to a 90-day supply of their medications at discounted rates with our mail-order program.
- **Specialty drugs:** Through our specialty pharmacy providers, members can get up to a 31-day supply of specialty medications.

PRESCRIPTION DRUG TIERS

				
Preventive Tier 0 Drugs	Generic Tier 1 Drugs	Preferred Tier 2 Drugs	Non-Preferred Tier 3 Drugs	Specialty Tier 4 Drugs
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-name drugs; sometimes referred to as “nonpreferred” drugs, as they usually cost more than other brand-name drugs. These drugs may have generic equivalents.	Drugs that treat complex conditions. Members tend to pay more for drugs in this tier.

Network and Covered Drug List
www.SouthCarolinaBlues.com/links/prescriptions





2023 BlueMeasure Plans

	BLUE MEASURE HD 1	BLUE MEASURE HD 2	BLUE MEASURE HD 3	BLUE MEASURE HD 4
Deductible (Individual/Family)	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$6,900/\$13,800
Coinsurance	0%	0%	0%	0%
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$6,900/\$13,800
Primary Care Physician (PCP) Office Visits	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Specialist Office Visits	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Blue CareOnDemandSM	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Urgent Care Centers or Facilities	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Emergency Room Services and Charges, Including Facility Fee	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
MENTAL AND BEHAVIORAL HEALTH SERVICES				
Office Visit	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
PHARMACY BENEFITS				
Prescription Drugs (up to 31-day supply maximum)	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met

Chiropractic care is included in each plan. Copayment is \$25 per visit with a maximum benefit of \$500 per benefit year. Copayments do not apply toward the out-of-pocket maximum.

BlueMeasure plans 1 – 17 have an **embedded family deductible**. With family coverage, once one person meets his or her deductible, benefits will begin paying for that person. Benefits are not payable for any other family members until each member meets his or her own deductible individually or until the members collectively satisfy the family deductible.

BLUE MEASURE 5	BLUE MEASURE 6	BLUE MEASURE 7	BLUE MEASURE 8	BLUE MEASURE 9
\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,000/\$4,000	\$3,000/\$6,000
20%	20%	25%	30%	40%
\$2,500/\$5,000	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,500/\$11,000
\$20	\$25	\$30	\$40	\$40
\$40	\$50	\$50	\$60	\$40
\$10	\$15	\$10	\$20	\$20
\$40	\$50	\$50	\$60	\$40
\$500, then 20% coinsurance after deductible is met	\$500, then 20% coinsurance after deductible is met	\$500, then 25% coinsurance after deductible is met	\$500, then 30% coinsurance after deductible is met	\$500, then 40% coinsurance after deductible is met
\$20	\$25	\$30	\$40	\$40
\$1,000, then 20% coinsurance after deductible is met	\$1,000, then 20% coinsurance after deductible is met	\$1,000, then 25% coinsurance after deductible is met	\$1,000, then 30% coinsurance after deductible is met	\$1,000, then 40% coinsurance after deductible is met
20% coinsurance after deductible is met	20% coinsurance after deductible is met	25% coinsurance after deductible is met	30% coinsurance after deductible is met	40% coinsurance after deductible is met
Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: \$400	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: \$400	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: \$400	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: \$100 Tier 4: \$400	Tier 0: \$0 Tier 1: \$15 Tier 2: \$50 Tier 3: \$150 Tier 4: \$400
Tier 0: \$0 Tier 1: \$14 Tier 2: \$108 Tier 3: \$270	Tier 0: \$0 Tier 1: \$14 Tier 2: \$108 Tier 3: \$270	Tier 0: \$0 Tier 1: \$14 Tier 2: \$108 Tier 3: \$270	Tier 0: \$0 Tier 1: \$14 Tier 2: \$108 Tier 3: \$270	Tier 0: \$0 Tier 1: \$21 Tier 2: \$135 Tier 3: \$405

2023 BlueMeasure Plans

	BLUE MEASURE 10	BLUE MEASURE 11	BLUE MEASURE 12	BLUE MEASURE 13
Deductible (Individual/Family)	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$7,000/\$14,000
Coinsurance	30%	40%	40%	10%
Out-of-Pocket Maximum (Individual/Family)	\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$8,000/\$16,000
Primary Care Physician (PCP) Office Visits	\$35	\$35	\$50	\$40
Specialist Office Visits	\$60	\$60	\$50	\$80
Blue CareOnDemand	\$25	\$25	\$25	\$30
Urgent Care Centers or Facilities	\$60	\$60	\$50	\$80
Emergency Room Services and Charges, Including Facility Fee	\$500, then 30% coinsurance after deductible is met	\$500, then 40% coinsurance after deductible is met	\$500, then 40% coinsurance after deductible is met	\$500, then 10% coinsurance after deductible is met
MENTAL AND BEHAVIORAL HEALTH SERVICES				
Office Visit	\$35	\$35	\$50	\$40
Inpatient Services	\$1,000, then 30% coinsurance after deductible is met	\$1,000, then 40% coinsurance after deductible is met	\$1,000, then 40% coinsurance after deductible is met	\$1,000, then 10% coinsurance after deductible is met
Outpatient Services	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met	10% coinsurance after deductible is met
PHARMACY BENEFITS				
Prescription Drugs (up to 31-day supply maximum)	Tier 0: \$0 Tier 1: \$15 Tier 2: \$50 Tier 3: \$150 Tier 4: \$400	Tier 0: \$0 Tier 1: \$15 Tier 2: \$50 Tier 3: \$150 Tier 4: \$400	Tier 0: \$0 Tier 1: \$15 Tier 2: \$50 Tier 3: \$150 Tier 4: \$400	Tier 0: \$0 Tier 1: \$25 Tier 2: \$75 Tier 3: \$200 Tier 4: 10% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$21 Tier 2: \$135 Tier 3: \$405	Tier 0: \$0 Tier 1: \$21 Tier 2: \$135 Tier 3: \$405	Tier 0: \$0 Tier 1: \$21 Tier 2: \$135 Tier 3: \$405	Tier 0: \$0 Tier 1: \$35 Tier 2: \$203 Tier 3: \$540

BlueMeasure plans 1 – 17 have an **embedded family deductible**. With family coverage, once one person meets his or her deductible, benefits will begin paying for that person. Benefits are not payable for any other family members until each member meets his or her own deductible individually or until the members collectively satisfy the family deductible.

BLUE MEASURE 14	BLUE MEASURE 15	BLUE MEASURE 16	BLUE MEASURE 17	BLUE MEASURE HD 18
\$6,500/\$13,000	\$0/\$0	\$250/\$500	\$3,000/\$6,000	\$2,600/\$5,200*
40%	15%	50%	50%	0%
\$8,150/\$16,300	\$9,100/\$18,200	\$8,700/\$17,400	\$6,500/\$13,000	\$2,600/\$5,200
\$25	\$30	\$20	\$45	0% coinsurance after deductible is met
40% coinsurance after deductible is met	\$90	\$40	\$90	0% coinsurance after deductible is met
\$25	\$20	\$20	\$10	0% coinsurance after deductible is met
40% coinsurance after deductible is met	\$90	\$40	\$90	0% coinsurance after deductible is met
\$500, then 40% coinsurance after deductible is met	\$1,600 per visit	50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
\$25	\$30	\$20	\$45	0% coinsurance after deductible is met
\$1,000, then 40% coinsurance after deductible is met	\$1,900 per day up to two days	50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
40% coinsurance after deductible is met	\$140 per visit	50% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met
Tier 0: \$0 Tier 1: \$25 Tier 2: \$75 Tier 3: \$200 Tier 4: 40% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$100 Tiers 3, 4: 50% coinsurance after \$500 (individual)/\$1,000 (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	Tier 0: \$0 Tier 1: \$10 Tier 2: \$50 Tier 3: \$150 Tier 4: \$400	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met
Tier 0: \$0 Tier 1: \$35 Tier 2: \$203 Tier 3: \$540	Tier 0: \$0 Tier 1: \$14 Tier 2: \$270 Tier 3: 50% coinsurance after \$500 (individual)/\$1,000 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$14 Tier 2: \$108 Tier 3: 50% coinsurance after \$1,000 (individual) \$2,000 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$14 Tier 2: \$135 Tier 3: \$405	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met

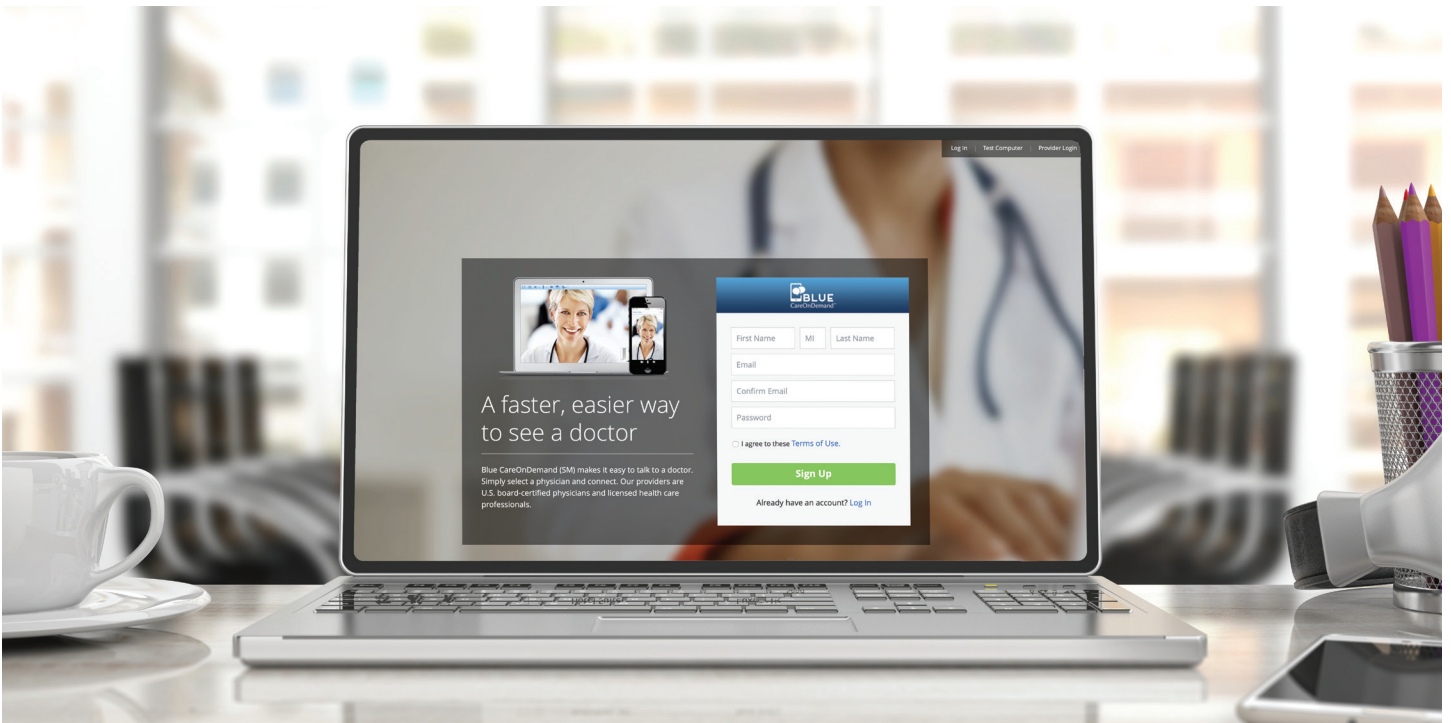
*BlueMeasure plans 18 – 20 have an **aggregate family deductible**. With family coverage, the family must meet the entire deductible before benefits will begin paying for any member.

2023 BlueMeasure Plans

	BLUE MEASURE HD 19	BLUE MEASURE HD 20
Deductible (Individual/Family)	\$3,200/\$6,400*	\$4,400/\$8,800*
Coinsurance	0%	20%
Out-of-Pocket Maximum (Individual/Family)	\$3,200/\$6,400	\$7,050/\$14,100
Primary Care Physician (PCP) Office Visits	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Specialist Office Visits	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Blue CareOnDemandSM	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Urgent Care Centers or Facilities	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Emergency Room Services and Charges, Including Facility Fee	0% coinsurance after deductible is met	20% coinsurance after deductible is met
MENTAL AND BEHAVIORAL HEALTH SERVICES		
Office Visit	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Inpatient Services	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Outpatient Services	0% coinsurance after deductible is met	20% coinsurance after deductible is met
PHARMACY BENEFITS		
Prescription Drugs (up to 31-day supply maximum)	Tier 0: \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 4: 20% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Tier 0: \$0 Tiers 1 – 3: 20% coinsurance after deductible is met



*BlueMeasure plans 18 – 20 have an **aggregate family deductible**. With family coverage, the family must meet the entire deductible before benefits will begin paying for any member.



Blue CareOnDemand

SMALL GROUPS CAN GIVE THEIR EMPLOYEES ANOTHER OPTION FOR SEEKING COST-EFFECTIVE CARE.

That's because each plan includes Blue CareOnDemand. This service allows members to connect with doctors using their computers, smartphones or tablets. Members can consult with a doctor — 24 hours a day — about minor medical conditions, such as colds, flu and allergies. The doctor may even be able to write a prescription.

In most cases, a video consultation has a lower copayment or charge than a primary care physician office visit.

To register, members can go to www.BlueCareOnDemandSC.com or download the free app.



My Health Toolkit®

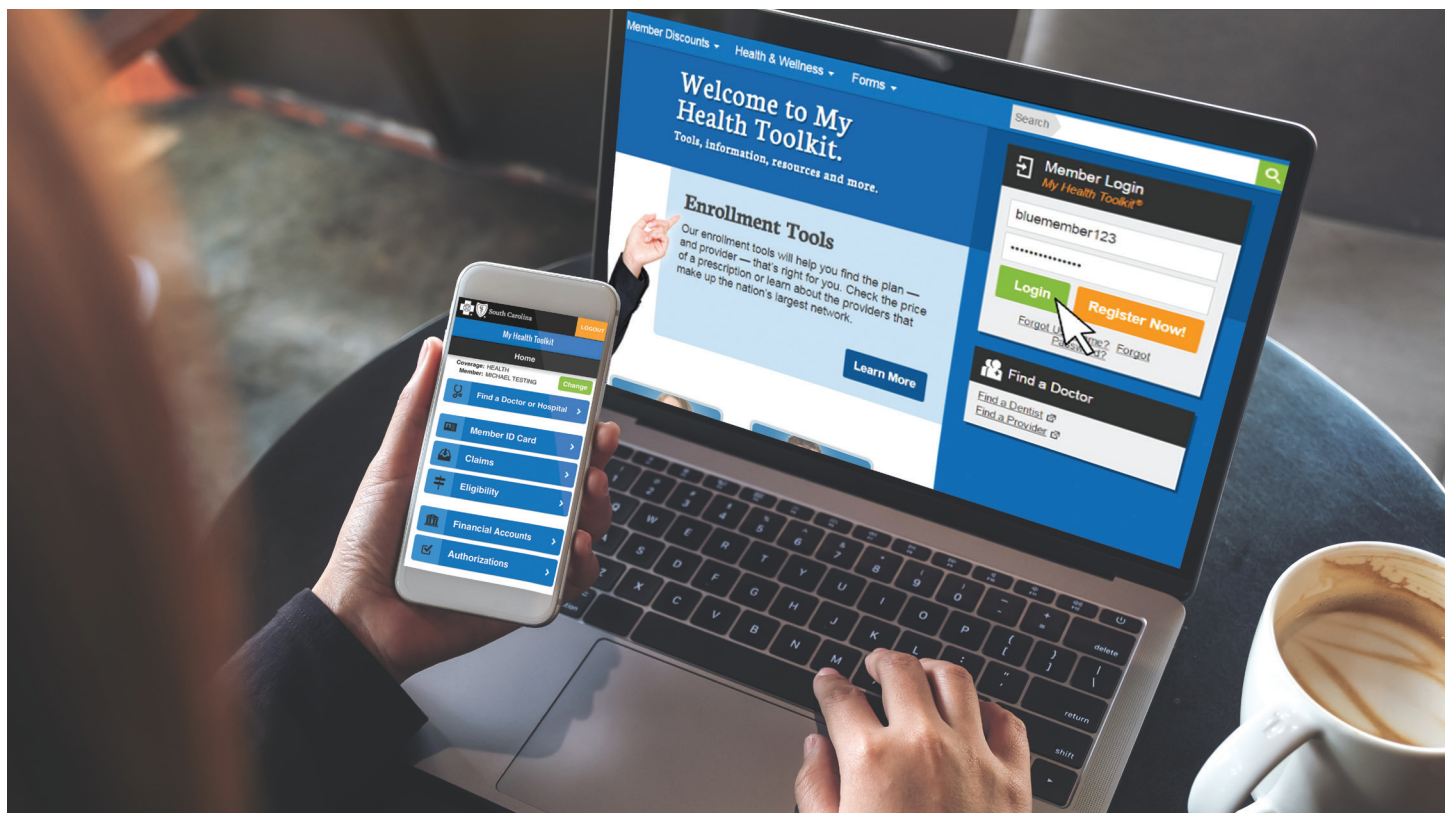
For Members

When employees have access to their health benefit information, they are less likely to turn to the group leader with questions. My Health Toolkit is an online information and service center that allows members to:

- View claims and Explanations of Benefits.
- Check eligibility and benefits.
- Send a secure message to Customer Service.
- Verify authorization status.
- View deductible and out-of-pocket statuses.
- Request a new ID card.
- Get a digital ID card.
- Compare hospitals using various quality measures.
- Compare different benefit plans.
- Compare drug costs.
- Find a doctor.

My Health Toolkit Mobile App

Members can download the My Health Toolkit app to their mobile devices, letting them have their health information whenever and wherever they need it.





Online Tools and Services

Chances are, employers want to spend less time managing their benefits and more time managing their businesses. Our online tools can help.

- **BluesEnrollSM**: Group leaders can add or delete employees and/or dependents, order new ID cards, pay their bills, and much more.
- **Blue e-BillSM**: Group leaders can access and manage their accounts 24/7.
- **eExchange**: Ideal for groups that have their enrollment information with external vendors and in multiple formats, this service consolidates and transmits enrollment data to BlueCross BlueShield of South Carolina membership systems.
- We also integrate with Employee Navigator benefit administration system, which allows group leaders to transfer and process enrollment data.

Discounts and Added Values

OUR DISCOUNTS AND ADDED-VALUE PROGRAMS HELP MEMBERS SAVE MONEY AT NO ADDITIONAL COST. NO CLAIMS TO FILE. NO ANNUAL LIMITS. JUST DISCOUNTED RATES FOR MEMBERS.



Fitness and Wellness Discounts

- Memberships to local fitness and exercise centers
- Weight loss programs and services, such as Jenny Craig®
- Indoor allergy relief products



Hearing and Vision Discounts

- Vision One eye exams, designer frames, lenses and contacts
- TruHearingSM hearing aids and exams



More Healthy Discounts

- **Blue365[®]**: Discounts on everyday products that can help members live healthier, happier lives

Visit www.SouthCarolinaBlues.com/links/discounts for more information.

Employee Wellness

SMALL GROUPS NEED TO GET THE MOST FROM EVERY HEALTH CARE DOLLAR THEY SPEND. WORKING WITH DOCTORS CARE, WE OFFER EASY ACCESS TO WELLNESS SCREENINGS AND FLU SHOTS FOR EMPLOYEES AND DEPENDENTS.*

Group leaders can offer a wellness clinic on-site or at a local Doctors Care office. The clinic includes a range of biometric screenings that are offered to employees and dependents, including these:

- Complete blood count (CBC)
- Comprehensive metabolic panel (CMP)
- Thyroid-stimulating hormone
- Lipid panel
- Blood pressure
- Height and weight
- Body mass index
- More than 130 additional screenings at a discounted rate for members

Flu Shot Clinics

Group leaders can also offer flu shot clinics on-site or at a local Doctors Care office.

Call your BlueCross marketing representative for more information. We'll also provide the promotional materials!



*Participation fees apply for fewer than 30 participants.



Is Level Funding Right for My Group?

ALONG WITH ADDED BENEFITS, A GROUP TAKES ON ADDED RESPONSIBILITIES WITH LEVEL FUNDING. GROUPS ARE RESPONSIBLE FOR REVIEWING ALL DOCUMENTATION PROVIDED.

Added Responsibilities

- Pay monthly funding amounts.
- Maintain participation levels for group coverage.
- Distribute group health coverage materials provided by BlueCross.
- Provide eligibility information for employees and other participants.
- Ensure timely transmission of information to terminate former employees or family members.
- Administer or provide for continuation coverage services for employees.
- Calculate and pay any state or federal fees or taxes related to the health plan.
- Work with BlueCross as needed to recover any amounts to offset health care costs.
- Safeguard and restrict the use of protected health information as required under federal and state laws.
- Employers are responsible for annual Patient-Centered Outcomes Research Trust Fund (PCORI) fees and forms.*

A level funded group is responsible for its own compliance with all applicable federal and state laws and regulations, including amending plan documents as necessary to comply with applicable legal and regulatory changes. **Nothing** in these materials should be construed as providing tax or legal advice, and each group is solely responsible for determining the legal and tax status of its group health plan. BlueCross is serving as the claims administrator for this product and is not the plan administrator, sponsor or fiduciary with respect to the chosen plan of benefits.

*BlueCross also recommends each group consult its attorney or tax adviser for any questions related to how health care coverage is different in the level funded market and for additional responsibilities related to a change in the group's insured status.



www.SouthCarolinaBlues.com