



**NEW PLANS!**

‡Not available in Berkeley, Dorchester, Charleston or Colleton counties.

\*Plans ONLY available in the following counties: Berkeley, Dorchester, Charleston and Colleton.

	OFF-EXCHANGE HD SILVER 27	OFF-EXCHANGE SILVER 28‡	OFF-EXCHANGE SILVER 31*	OFF-EXCHANGE SILVER 32*	OFF-EXCHANGE SILVER 35*	OFF-EXCHANGE SILVER 36*
Deductible	Individual: \$4,600 Family: \$9,200	Individual: \$6,650 Family: \$13,300	Individual: \$7,900 Family: \$15,800	Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200	Individual: \$6,800 Family: \$13,600
Coinsurance	0%	15%	0%	20%	25%	20%
Out-of-Pocket Maximum	Individual: \$4,600 Family: \$9,200	Individual: \$7,150 Family: \$14,300	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800
PCP	0% coinsurance after deductible is met	\$20 copay	\$40 copay	\$40 copay	\$25	\$25
Blue CareOnDemand	0% coinsurance after deductible is met	\$20 copay	\$30 copay	\$30 copay	\$20	\$20
Specialist	0% coinsurance after deductible is met	\$50 copay	\$80 copay	\$80 copay	\$60	\$60
Urgent Care	0% coinsurance after deductible is met	\$50 copay	\$80 copay	\$80 copay	\$60	\$60
Emergency Room Services	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	\$300 copay per visit. Meet deductible, then 25% coinsurance	\$300 copay per visit. Meet deductible, then 20% coinsurance
Inpatient Hospitalization	0% coinsurance after deductible is met	15% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met	25% coinsurance after deductible is met	20% coinsurance after deductible is met
Ambulatory Surgery Center	0% coinsurance after deductible is met	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit
<b>PHARMACY BENEFITS</b>						
Prescription Drugs (up to 31-day supply)	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 0: \$0 Tier 1: \$20 Tier 2: \$60 Tier 3: 0% coinsurance after deductible is met Tier 4: 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$60 Tier 3: 20% coinsurance after deductible is met Tier 4: 20% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$60 Tier 3: \$175 Tier 4: 25% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: 20% coinsurance after deductible is met Tier 4: 20% coinsurance after deductible is met
Mail Order (up to 90-day supply)	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	Tier 1: \$28 Tier 2: \$162 Tier 3: 0% coinsurance after deductible is met	Tier 1: \$28 Tier 2: \$162 Tier 3: 20% coinsurance after deductible is met	Tier 1: \$14 Tier 2: \$162 Tier 3: \$473	Tier 1: \$14 Tier 2: \$108 Tier 3: 20% coinsurance after deductible is met



# Supplement to the 2019 Individual and Family Plans

FROM BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA



**These plans are available off-exchange only**



## Supplement to the 2019 Individual and Family Plans

FROM BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA

<sup>†</sup>Not available in Berkeley, Dorchester, Charleston or Colleton counties.

	OFF-EXCHANGE SILVER 15	OFF-EXCHANGE SILVER 16	OFF-EXCHANGE SILVER 17	OFF-EXCHANGE SILVER 18	OFF-EXCHANGE HD SILVER 19	OFF-EXCHANGE HD SILVER 20	OFF-EXCHANGE SILVER 21	OFF-EXCHANGE SILVER 22	OFF-EXCHANGE SILVER 23	OFF-EXCHANGE SILVER 24	OFF-EXCHANGE SILVER 25	OFF-EXCHANGE SILVER 26
Deductible	Individual: \$690 Family: \$1,380	Individual: \$3,000 Family: \$6,000	Individual: \$3,500 Family: \$7,000	Individual: \$3,100 Family: \$6,200	Individual: \$3,350 Family: \$6,700	Individual: \$4,350 Family: \$8,700	Individual: \$6,400 Family: \$12,800	Individual: \$5,250 Family: \$10,500	Individual: \$5,000 Family: \$10,000	Individual: \$7,150 Family: \$14,300	Individual: \$5,500 Family: \$11,000	Individual: \$4,800 Family: \$9,600
Coinsurance	50%	40%	25%	30%	20%	0%	25%	15%	50%	0%	20%	30%
Out-of-Pocket Maximum	Individual: \$7,900 Family: \$15,800	Individual: \$6,600 Family: \$13,200	Individual: \$7,500 Family: \$15,000	Individual: \$7,900 Family: \$15,800	Individual: \$5,000 Family: \$10,000	Individual: \$4,350 Family: \$8,700	Individual: \$7,150 Family: \$14,300	Individual: \$7,900 Family: \$15,800	Individual: \$6,850 Family: \$13,700	Individual: \$7,150 Family: \$14,300	Individual: \$7,150 Family: \$14,300	Individual: \$7,350 Family: \$14,700
PCP	\$30 copay	\$25 copay	\$30 copay	\$30 copay	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	\$0 copay on first four visits, then 0% coinsurance after deductible is met	\$15 copay	\$15 copay
Blue CareOnDemand	\$20 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$20 copay	\$10 copay	\$20 copay	0% coinsurance after deductible is met	\$5 copay	\$5 copay
Specialist	\$60 copay	\$50 copay	\$60 copay	\$60 copay	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$55 copay	\$40 copay	\$60 copay	0% coinsurance after deductible is met	\$15 copay, then 20% coinsurance after deductible is met	\$15 copay, then 30% coinsurance after deductible is met
Urgent Care	\$60 copay	\$50 copay	\$60 copay	\$60 copay	20% coinsurance after deductible is met	0% coinsurance after deductible is met	\$55 copay	\$50 copay	\$60 copay	0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met
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.	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	0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met
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	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	0% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met
Ambulatory Surgery Center	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	20% coinsurance after deductible is met	0% coinsurance after deductible is met	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit	Facility Charge – \$525 copay per visit
<b>PHARMACY BENEFITS</b>												
Prescription Drugs (up to 31-day supply)	Tier 0: \$0 Tier 1: \$30 Tier 2: \$80 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: \$15 Tier 2: \$40 Tier 3: \$125 Tier 4: 30%	Tier 0: \$0 Tier 1: \$30 Tier 2: \$50 Tier 3: \$100 Tier 4: 30%	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: \$25 Tier 2: \$35 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$20 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: \$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%
Mail Order (up to 90-day supply)	Tier 1: \$42 Tier 2: \$216 Tier 3: \$270	Tier 1: \$14 Tier 2: 40% coinsurance after deductible is met Tier 3: 40% coinsurance after deductible is met	Tier 1: \$21 Tier 2: \$108 Tier 3: \$338	Tier 1: \$42 Tier 2: \$135 Tier 3: \$270	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: \$35 Tier 2: \$95 Tier 3: \$270	Tier 1: \$28 Tier 2: \$135 Tier 3: \$270	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