



2022 CHAMBER BLUESM PLANS

Group Insurance Plans for Businesses With 51+ Employees



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OVERVIEW

This reference guide provides an overview of the benefits offered in our Chamber Blue plans. Here are some important details about these plans:

- ◆ Chamber Blue plan benefits are offered to groups with 51 or more eligible employees in the total group. Actual enrollment may be below 51 lives. Chamber Blue plans that enroll below the standard participation guidelines , may be subject to a premium surcharge.
- ◆ All amounts indicate the member responsibility for in-network services, unless otherwise noted.
- ◆ Charges for in-network services accumulate toward the out-of-pocket limit, including copays, deductible and coinsurance, with integrated pharmacy. Excludes chiropractic coverage.
- ◆ For all plans, urgent care charges are paid the same as a specialist visit.
- ◆ All plans include a \$500 sustained health benefit.
- ◆ All Chamber Blue plans use an embedded deductible and embedded maximum out of pocket (MOOP) except HDHP 1, which has an aggregate deductible and MOOP.
- ◆ For preventive screenings, all Chamber Blue plans pay 100 percent for certain recommended screenings, including well-child visits, received in network. Screenings are not covered out of network.
- ◆ All Chamber Blue plans offer an unlimited annual and lifetime maximum.
- ◆ The group can select the benefit period for all Chamber Blue plans as the calendar year or 12 months from the effective date.
- ◆ Enhanced office visit copay now includes minor office surgery, diagnostic lab and X-ray services performed in the doctor's office at 100 percent (except MRI, PET and CT scans).
- ◆ Blue CareOnDemandSM is available on all plans.
- ◆ Chiropractic coverage — \$25 copay/visit, \$500 per year maximum (chiropractic coverage does not go toward MOOP).

RECENT PROGRAM ENHANCEMENTS

- Blue DataConnectSM
- My Health NovelSM
- My Diabetes Discount
- Blue RewardsSM



THINK BLUE

TRUST

BlueCross BlueShield of South Carolina has earned the trust of South Carolinians for more than 75 years, offering solutions for business owners throughout the state. 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.

CHOICE

Our goal is simple: Provide the highest quality coverage at a reasonable price. Since there's no such thing as one size fits all, we offer numerous choices to make sure you have the right plan for you and your business. Let us help you find the right Chamber Blue plan for your company.

LARGE PROVIDER NETWORK

You'll love the expansive Blue network of doctors, hospitals, specialists, pharmacies and other health care providers that work to keep your employees safe, healthy and on the job.

COMMUNITY OUTREACH

Supporting our local community — your working families living in your community — is important to us. That's why the BlueCross BlueShield of South Carolina Foundation supports workplace giving programs, health care-related research, education and service 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 to create a strong community for everyone.

AWARD-WINNING CUSTOMER SERVICE

The BlueCross team delivers world-class customer service — and that's not just our opinion. Our customer service advocates have been recognized by a leading research firm, the Service Quality Management Group, for their ability to resolve member issues with a single phone call and to provide an overall positive experience.

Our customer service team is always ready to help you and your employees.



SUSTAINED HEALTH BENEFIT

Each of our Chamber Blue plans covers many important preventive benefits, as recommended by the Affordable Care Act (ACA). (Note: Some plans may have different levels of preventive benefits.) However, some common procedures are not covered under the ACA, including these:

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

Our Sustained Health Benefit is included in each of our Chamber Blue plans. Sustained Health offers \$500 toward allowable expenses for preventive services not covered under each member’s plan. And Sustained Health offers BlueCross’ one-of-a-kind discounted pricing on these preventive services. Sustained Health is a great benefit for you and your employees.

MEDICAL SAVINGS ACCOUNTS

Setting aside tax-free funds to help pay medical expenses is a savvy strategy for employees. Through Accrue Health with BlueCross, employers can provide access to health savings accounts, health reimbursement arrangements and flexible spending accounts (HSAs, HRAs and FSAs).

Members easily link up with their account information through My Health Toolkit® (web or mobile) or through the AccrueHealth mobile app.

BLUE DENTALSM

When you choose BlueCross to administer your medical and dental benefits, this integrated approach gives providers a better picture of members’ overall health. Blue Dental is available with a medical plan or as a stand-alone group offering. Blue Dental plans include no deductible for preventive services and low deductibles for basic and major restorative services.

Some of the benefits include:

- ◆ Flexible designs, including Open Access, Select, Share Copay or Tiered plans.
- ◆ An array of options that provide a broad selection of benefits and affordability.
- ◆ Easy administration with consolidated billing, eligibility and enrollment through a single account team.
- ◆ In-network advantages and comprehensive dental networks with more than 117,000 dentists nationwide.
- ◆ Optional orthodontic coverage.
- ◆ Plans for all contribution levels and premium pricing for employers who contribute at least 50 percent of the single premium and have at least 50 percent participation.

ADDITIONAL BENEFITS OFFERED BY COMPANION LIFE INSURANCE COMPANY

With decades of experience, Companion Life has a proven track record of success. Our solid foundation can give you the agility you need to get to the front of the pack.

- ◆ Life
- ◆ Dental
- ◆ Vision
- ◆ Critical Illness
- ◆ Short Term Disability
- ◆ Long Term Disability



THINK NETWORKS

PROVIDER NETWORK

Our group plans come with access to our Preferred Blue network (PPO). The Preferred Blue network is the largest provider network in South Carolina.

The Preferred Blue network is a group of physicians, hospitals and other health care providers that agree to provide health care services to our members at a discounted rate sometimes referred to as the allowed amount.

IN NETWORK

To make the most out of plan benefits, members should always choose providers who are in network. This option gives discounted rates for health care services.

BENEFITS WITHOUT BORDERS

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

- ◆ BlueCard allows members to 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).

URGENT CARE VISITS

Sometimes, illnesses or minor injuries happen after business hours or on weekends and require urgent care. We make urgent care visits easy, convenient and cost-effective for our members. Members can visit any Doctors Care clinic in South Carolina. For locations, go to www.doctorscare.com/locate.



BLUE CARE ON DEMAND

Why wait for care? Members can see doctors when and where they want through video consults. They can use a smartphone, tablet or personal computer to access faster and easier care. It’s truly care on demand — no matter where they are or what time it is.

It’s free to enroll, and the cost of a consultation is the same as a primary care physician (PCP) benefit.



CARE WHEN IT’S NEEDED

Doctors can treat many of the most common medical conditions, including these:

- ◆ Colds
- ◆ Flu
- ◆ Fevers
- ◆ Rashes
- ◆ Abdominal pains
- ◆ Sinusitis
- ◆ Pinkeye
- ◆ Ear infections
- ◆ Migraine headaches

With Blue CareOnDemand, they get ...

- ◆ A choice of trusted, board-certified doctors.
- ◆ Video visits using the web or mobile app.
- ◆ Consultation and diagnosis — even prescriptions (when appropriate).

Starting a visit is convenient:

- ◆ Download our free app from Google Play or the App Store.
- ◆ Go to www.BlueCareOnDemandSC.com and sign up using an email address and password.



THINK SERVICES

PREVENTIVE SERVICES

Services such as preventive screenings for children, women and men, including prostate screenings and lab work according to American Cancer Society guidelines, are provided at 100 percent. The American Cancer Society is an independent organization that provides health information you may find helpful.

For a complete list of covered preventive services, visit www.uspreventiveservicestaskforce.org. (This link leads to a third-party website. That company is solely responsible for the contents and privacy policies on its site.)

PHARMACY SERVICES

Members enrolled in our Chamber Blue plans have access to a broad formulary of prescription drugs, ensuring they can get the medications they need when they need them.

Your prescription drug plan gives you and your doctor many choices. Understanding your choices can help you make the most of your benefits and save money.

Where to find details

www.SouthCarolinaBlues.com

Under the **Education Center** tab, select **Enrollment Tools**. Then scroll to the **Drug Lists and Drug Management Programs** section and select **View Drug Lists**.

Retail prescription drug coverage

With more than 70,000 network pharmacies to choose from, it's easy to find one near you. Simply visit a network pharmacy and show your membership card when you drop off your prescription. The pharmacist will confirm that you're covered and determine the amount you pay for prescriptions. If you don't present your ID card or don't use a network pharmacy, you'll have to file a claim and you might not be reimbursed for the full amount you paid. To file a claim, call the number on the back of your membership card.

Specialty pharmacy

Specialty drugs treat conditions such as cancer, hepatitis, multiple sclerosis or rheumatoid arthritis, just to name a few. They often require special administration, dosing and monitoring. You may pay more for specialty drugs than nonspecialty drugs for each 30-day supply. Your plan requires you to have specialty drug prescriptions filled at our preferred specialty pharmacy, Optum® Specialty Pharmacy. The Optum Specialty Pharmacy is a specialty pharmacy service provided by OptumRx®, an independent company that provides pharmacy benefit management services on behalf of BlueCross.

Note: Some drugs may have a prior authorization, quantity management or step therapy requirement.



THINK CONTROL

MY HEALTH TOOLKIT OFFERS WAYS TO MAKE INFORMED HEALTH CARE DECISIONS

- ◆ 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; view or share a digital ID card.
- ◆ View hospitals, benefit plans and drug costs.
- ◆ Find a doctor.
- ◆ Estimate treatment costs for specific conditions and procedures.

THINK SMART

ONLINE TOOLS AND SERVICES

BlueCross' online tools help employers spend less time managing benefits and more time managing their businesses.

- ◆ BluesEnrollSM: Group leaders can add or delete employees and dependents, order new ID cards, pay bills and more.
- ◆ Blue e-BillSM: Group leaders can access and manage their accounts 24/7.
- ◆ Blue DataConnectSM: Round-the-clock access to claims data can answer questions and guide decisions about coverage (for groups with 100+ employees).
- ◆ eExchange: Groups that have enrollment information with external vendors and in multiple formats use this service to consolidate and transmit enrollment data to BlueCross.
- ◆ Integration with the Employee Navigator benefit administration system lets you transfer and process enrollment data.

TO SET UP A MY HEALTH TOOLKIT ACCOUNT:

- 1 Go to www.SouthCarolinaBlues.com.
- 2 On the homepage, find the Member Login: My Health Toolkit box and select Register.
- 3 Create your profile by entering your member information found on your insurance card. Follow the remaining steps to complete your profile.
- 4 Or, members can download the My Health Toolkit app to their mobile devices for anytime, anywhere access to their health information.



THINK VALUE

Discount and Value-Added Programs

Sometimes all you need to feel great is a little sprucing up. And saving money in the process makes it even more rewarding. That’s why our members enjoy our discounts and value-added programs. With no claims to file and no annual limits, members pay the discounted rate directly to participating providers.



FITNESS AND WELLNESS

Fitness Center Memberships

We make it easy for our members to save on memberships to local fitness facilities as well as wearable fitness devices, home fitness equipment and activewear.

Weight Management

Members enjoy discounts on weight loss programs and services, including Jenny Craig®.

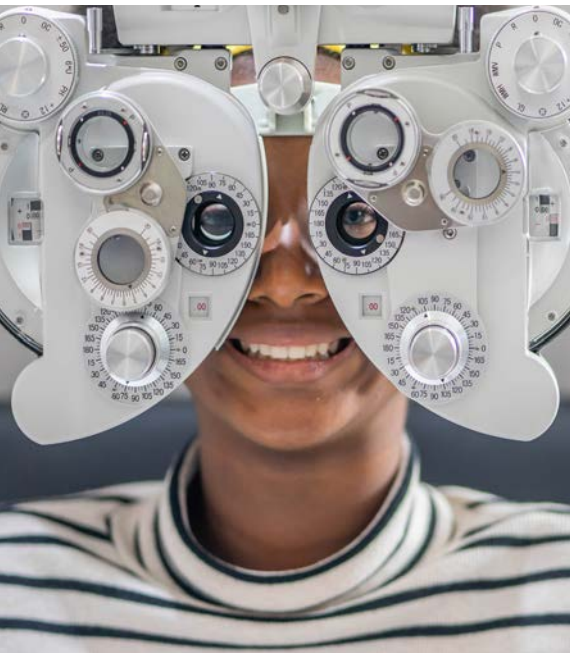


Healthful Reading

Discounts on fitness-oriented magazine subscriptions — along with cookbooks and recipes — encourage healthy lifestyles.

Allergy Relief

Members breathe easier thanks to special prices on products designed to reduce exposure to indoor allergens.



PERSONAL CARE/LIFESTYLE

Vision Discount Program

BlueCross members can take advantage of this free discount program, saving on eye exams, frames and lenses.

Hearing Care

We connect members with discounts on hearing aids from providers such as Beltone™ and TruHearing®.

COSMETIC

Hair Restoration

Suffering from hair loss? You have everything to gain. As a member, you'll save 20 percent on a hair transplantation procedure.



Blue365®

BlueCross members have access to Blue365, a daily deal website with discounts on everyday products that can help families live healthier, happier lives. Members can enjoy discounts on personal care products, fitness, wellness and lifestyle products and healthy eating as well as financial services. Blue365 complements a member's health coverage by making it easier and more affordable to make healthy choices.

Visit: www.Blue365deals.com/BCBSSC for the deal of the day!



YOUR NAVIGATOR™ FOR HEALTH MANAGEMENT

An array of BlueCross programs serve members with varying needs, from preventive care to more intensive management of chronic conditions. Your Navigator for Health Management covers the four categories below.

Members are automatically enrolled in the appropriate programs based on claims history, pharmacy spending and physician referral. Members can self-refer to any of these programs at any time by calling **855-838-5897**.

PREVENTION AND WELLNESS

- ◆ Children's Health
- ◆ Cholesterol Improvement
- ◆ Men's Health
- ◆ Pre-Hypertension
- ◆ Tobacco Cessation
- ◆ Weight Management
- ◆ Women's Health

CONDITION MANAGEMENT

- ◆ Alcohol Management
- ◆ Back Care
- ◆ Healthy and Active Kids (childhood obesity)
- ◆ High Cholesterol
- ◆ High Blood Pressure (hypertension)
- ◆ Irritable Bowel Syndrome
- ◆ Maternity
- ◆ Migraine (adult and pediatric)
- ◆ Metabolic Health (prediabetes)
- ◆ Neonatal Intensive Care Unit (NICU) Case Management

DISEASE MANAGEMENT

- ◆ Asthma
- ◆ Chronic Obstructive Pulmonary Disease (COPD)
- ◆ Depression
- ◆ Diabetes
- ◆ Heart Disease
- ◆ Heart Failure

CRITICAL HEALTH MANAGEMENT

- ◆ Care Calls (hospital-to-home transition)
- ◆ Case Management (for conditions including cancer, severe trauma, multiple chronic conditions, complex wounds, weight loss surgery, hepatitis C, traumatic brain injury, rheumatoid arthritis, transplants and neuromuscular diseases)
- ◆ Care Guardian (emergency room diversion management)
- ◆ Chronic Kidney Disease

OTHER TARGETED WELLNESS PROGRAMS

- ◆ My Health Novel — This program helps members with obesity-related health risks take steps to avoid them. It's a virtual network of resources that help them lose weight, eat healthier and be more active.
- ◆ My Diabetes Discount — Diabetes is a major health problem in South Carolina, with high costs for patients as well as employers. My Diabetes Discount lets members who use insulin meet a few requirements, such as regular exams and blood tests, to receive a reduced or \$0 copay for their insulin.
- ◆ Personal Health Record — This confidential online tool summarizes health information such as doctor visits, prescriptions, lab results and appointments.
- ◆ Blue Rewards — As extra motivation for taking healthful actions (like getting a flu shot), members receive monetary rewards. They can use these funds for medical costs, such as copays.
- ◆ Personal Health Assessment — This online survey helps identify risk factors and suggests ways to improve health.
- ◆ Health Library — This feature includes medical information, health calculators, self-care channels and nutrition guides.

Jenny Craig, Belton and TruHearing are independent companies that provide discounts on products, programs and services to members of your health plan.



ADDITIONAL WELLNESS OPTIONS

Business owners need to get the most from every health care dollar they spend. Working with Doctors Care, BlueCross offers easy access to wellness screenings and flu shots for employees (and dependents, if applicable).

DOCTORS CARE CLINICS

Businesses can offer a wellness clinic on-site or at a local Doctors Care center. The clinic includes a range of biometric screenings for employees and dependents, including the following:

- ◆ Complete blood count
- ◆ Thyroid-stimulating hormone
- ◆ Blood pressure
- ◆ Body mass index (BMI)
- ◆ Comprehensive metabolic panel
- ◆ Lipid panel
- ◆ Height and weight
- ◆ More than 130 additional screenings that are available at discounted rates for members

FLU SHOT CLINICS

Businesses owners can also offer flu shot clinics, either at the workplace or at a local Doctors Care center.

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



BENEFITS

All amounts indicate member responsibility for in-network services, unless otherwise noted.

Charges for in-network services accumulate toward the out-of-pocket limit, including copays, deductible and coinsurance, with integrated pharmacy.

All plans include a **\$500 Sustained Health Benefit**.

All Chamber plans use an **embedded deductible** and **embedded maximum out of pocket (MOOP)**, **EXCEPT High-Deductible Health Plan 1**. HDHP 1 has an aggregate deductible and aggregate MOOP.

For **preventive screenings**, all Chamber plans pay 100 percent for certain recommended screenings, including well-child visits, received in network. Screenings are not covered out of network. See the Member Certificate of Coverage for details.

All Chamber plans offer **unlimited annual and lifetime maximums**.

The **Enhanced Office Visit Copay** now includes minor office surgery, diagnostic lab and X-ray services performed in the doctor's office at 100 percent (except MRI, PET and CT scans).

Chiropractic coverage: \$25 copay per visit and \$500 per year maximum. (Chiropractic coverage does not go toward MOOP.)

CHAMBER BLUE HIGH-DEDUCTIBLE HEALTH PLANS (HDHPs)

	HDHP 1	HDHP 2	HDHP 3	HDHP 4	HDHP 5	HDHP 6	HDHP 7	HDHP 8
Coinsurance								
In Network	0%	30%	0%	30%	0%	30%	0%	0%
Out of Network	40%	50%	40%	50%	40%	50%	40%	40%
Deductible								
In Network								
Single	\$1,500	\$4,000	\$2,800	\$2,800	\$3,500	\$3,500	\$5,000	\$6,500
Family	\$3,000*	\$8,000	\$5,600	\$5,600	\$7,000	\$7,000	\$10,000	\$13,000
Out of Network								
Single	\$1,500	\$4,000	\$2,800	\$2,800	\$3,500	\$3,500	\$5,000	\$6,500
Family	\$3,000*	\$8,000	\$5,600	\$5,600	\$7,000	\$7,000	\$10,000	\$13,000
MOOP								
In Network								
Single	\$1,500	\$8,000	\$2,800	\$5,600	\$3,500	\$5,500	\$5,000	\$6,500
Family	\$3,000*	\$16,000	\$5,600	\$11,200	\$7,000	\$11,000	\$10,000	\$13,000
Out of Network								
Single	\$3,000	\$16,000	\$5,600	\$8,400	\$5,500	\$7,500	\$10,000	\$13,000
Family	\$6,000*	\$32,000	\$11,200	\$16,800	\$11,000	\$15,000	\$20,000	\$26,000
Office Visits (sick)								
In Network								
PCP	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Blue CareOnDemand	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Specialist	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Urgent Care	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Primary Care Physician and Specialist Services								
In Network								
Office Visit Services and Diagnostics Performed Same Day	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
All Other Physician Services	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Inpatient & Outpatient Physician Charges (other than office	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Prescription Drugs								
In Network								
Retail Pharmacy	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Mail Order	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible

*This plan has an aggregate family deductible and MOOP.

CHAMBER BLUE HIGH-DEDUCTIBLE HEALTH PLANS (HDHPs)

	HDHP 1	HDHP 2	HDHP 3	HDHP 4	HDHP 5	HDHP 6	HDHP 7	HDHP 8
Emergency Services								
Hospital Emergency Room								
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Ambulance, out-of-area (including physician charges)								
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Inpatient Hospital								
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Outpatient Hospital								
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, skilled nursing)								
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Mental Health/Substance Use								
In Network								
Inpatient Services	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Outpatient Services	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Physician Office Charges (outpatient)	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Autism Spectrum Disorder	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible
Other Services (includes dental services related to injury, home health, hospice and out-of-country services)								
In Network	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	0% after deductible	0% after deductible

CHAMBER BLUE HEALTH REIMBURSEMENT ACCOUNT (HRA) PLANS

	HRA 1	HRA 2	HRA 3	HRA 4	HRA 5	HRA 6	HRA 7	HRA 8	HRA 9	HRA 10
Coinsurance										
In Network	0%	50%	0%	0%	0%	50%	0%	20%	0%	0%
Out of Network	40%	50%	40%	40%	40%	50%	40%	100%	40%	40%
Deductible										
In Network										
Single	\$2,000	\$8,000	\$3,000	\$500	\$5,000	\$8,000	\$6,350	\$6,500	\$7,000	\$7,900
Family	\$4,000	\$16,000	\$6,000	\$1,000	\$10,000	\$16,000	\$12,700	\$13,000	\$14,000	\$15,800
Out of Network										
Single	\$4,000	\$16,000	\$6,000	\$1,500	\$10,000	\$16,000	\$12,700	Unlimited	\$14,000	\$15,800
Family	\$8,000	\$32,000	\$12,000	\$3,000	\$20,000	\$32,000	\$25,400	Unlimited	\$28,000	\$31,600
MOOP										
In Network										
Single	\$2,000	\$8,500	\$3,000	\$6,000	\$5,000	\$8,500	\$6,350	\$8,500	\$7,000	\$7,900
Family	\$4,000	\$26,000	\$6,000	\$12,000	\$10,000	\$26,000	\$12,700	\$17,000	\$14,000	\$15,800
Out of Network										
Single	\$8,000	\$25,500	\$12,000	\$24,000	\$20,000	\$34,000	\$25,400	Unlimited	\$28,000	\$31,600
Family	\$16,000	\$76,500	\$24,000	\$48,000	\$40,000	\$102,000	\$50,800	Unlimited	\$56,000	\$63,200
Office Visits (sick)										
In Network										
PCP	\$20 copay	\$40 copay	\$20 copay	Deductible, then \$35 copay	\$35 copay	50% after deductible	\$35 copay	\$35 copay (in network only)	\$35 copay	\$35 copay
Blue CareOnDemand	\$20 copay	\$30 copay	\$20 copay	Deductible, then \$25 copay	\$25 copay	50% after deductible	\$25 copay	\$25 copay (in network only)	\$25 copay	\$25 copay
Specialist	\$40 copay	\$80 copay	\$40 copay	Deductible, then \$70 copay	\$60 copay	50% after deductible	\$60 copay	\$60 copay (in network only)	\$60 copay	\$60 copay
Urgent Care	\$40 copay	\$80 copay	\$40 copay	Deductible, then \$70 copay	\$60 copay	50% after deductible	\$60 copay	\$60 copay (in network only)	\$60 copay	\$60 copay
Primary Care Physician and Specialist Services										
In Network										
Office Visit Services & Diagnostics Performed Same Day	0% after copay	0% after copay	0% after copay	0% after deductible and copay	0% after copay	50% after deductible	0% after copay	0% after copay	0% after copay	0% after copay
All Other Physician Services	0% after deductible	50% after deductible	0% after deductible	0% after deductible and copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Inpatient & Outpatient Physician Charges (other than office)	0% after deductible	50% after deductible	0% after deductible	0% after deductible and copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Prescription Drugs										
In Network										
Retail Pharmacy	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$20 Tier 2: \$45 Tier 3: \$80 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$40 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	50% after deductible	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500
Mail Order	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$46 Tier 2: \$103.50 Tier 3: \$184	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$30 Tier 2: \$92 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	50% after deductible	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$181	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161

CHAMBER BLUE HEALTH REIMBURSEMENT ACCOUNT (HRA) PLANS

	HRA 1	HRA 2	HRA 3	HRA 4	HRA 5	HRA 6	HRA 7	HRA 8	HRA 9	HRA 10
Emergency Services										
Hospital Emergency Room										
In Network	0% after deductible	\$500 copay, then deductible and coinsurance	0% after deductible	0% after deductible and \$350 copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Ambulance, out-of-area (including physician charges)										
In Network	0% after deductible	50% after deductible	0% after deductible	0% after deductible and \$350 copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Inpatient Hospital										
In Network	0% after deductible	\$500 copay, then deductible and coinsurance	0% after deductible	0% after deductible and \$3,000 copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Outpatient Hospital										
In Network	0% after deductible	50% after deductible	0% after deductible	0% after deductible and \$1,500 copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, skilled nursing)										
In Network	0% after deductible	50% after deductible	0% after deductible	Deductible, then \$70 copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Mental Health/Substance Use										
In Network										
Inpatient Services	0% after deductible	50% after deductible	0% after deductible	Deductible, then \$3,000 copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Outpatient Services	0% after deductible	50% after deductible	0% after deductible	Deductible, then \$1,500 copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Physician Office Charges (outpatient)	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	0% after deductible	50% after deductible	0% after deductible	Deductible, then \$70 copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Other Services (includes dental services related to injury, home health, hospice and out-of-country services)										
In Network	0% after deductible	50% after deductible	0% after deductible	Deductible, then applicable copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible

CHAMBER BLUE PREFERRED PLANS

	PREFERRED 1	PREFERRED 2	PREFERRED 3	PREFERRED 4	PREFERRED 5	PREFERRED 6	PREFERRED 7	PREFERRED 8	PREFERRED 9	PREFERRED 10
Coinsurance										
In Network	20%	20%	20%	20%	20%	30%	30%	30%	30%	40%
Out of Network	40%	40%	40%	40%	40%	50%	50%	50%	50%	60%
Deductible										
In Network										
Single	\$3,000	\$2,000	\$1,500	\$1,000	\$1,500	\$2,000	\$1,500	\$1,000	\$1,000	\$2,000
Family	\$9,000	\$6,000	\$4,500	\$3,000	\$4,500	\$6,000	\$4,500	\$3,000	\$3,000	\$6,000
Out of Network										
Single	\$6,000	\$4,000	\$3,000	\$2,000	\$3,000	\$4,000	\$3,000	\$2,000	\$2,000	\$4,000
Family	\$18,000	\$12,000	\$9,000	\$6,000	\$9,000	\$12,000	\$9,000	\$6,000	\$6,000	\$12,000
MOOP										
In Network										
Single	\$6,000	\$4,000	\$4,500	\$3,000	\$3,000	\$5,000	\$4,500	\$4,000	\$7,000	\$5,000
Family	\$12,000	\$8,000	\$9,000	\$6,000	\$6,000	\$10,000	\$9,000	\$8,000	\$14,000	\$10,000
Out of Network										
Single	\$12,000	\$8,000	\$9,000	\$6,000	\$6,000	\$10,000	\$9,000	\$8,000	\$14,000	\$10,000
Family	\$24,000	\$16,000	\$18,000	\$12,000	\$12,000	\$20,000	\$18,000	\$16,000	\$28,000	\$20,000
Office Visits (sick)										
In Network										
PCP	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Blue CareOnDemand	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Specialist	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Urgent Care	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Primary Care Physician and Specialist Services										
In Network										
Office Visit Services & Diagnostics Performed Same Day	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay
All Other Physician Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Inpatient & Outpatient Physician Charges (other than office)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Prescription Drugs										
In Network										
Retail Pharmacy	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8
	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35
	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70
	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500
Mail Order	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16
	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50
	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161

CHAMBER BLUE PREFERRED PLANS

	PREFERRED 1	PREFERRED 2	PREFERRED 3	PREFERRED 4	PREFERRED 5	PREFERRED 6	PREFERRED 7	PREFERRED 8	PREFERRED 9	PREFERRED 10
Emergency Services										
Hospital Emergency Room										
In Network	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Ambulance, out-of-area (including physician charges)										
In Network	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Inpatient Hospital										
In Network	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Outpatient Hospital										
In Network	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, skilled nursing)										
In Network	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Mental Health/Substance Use										
In Network										
Inpatient Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Outpatient Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Physician Office Charges (outpatient)	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Other Services (includes dental services related to injury, home health, hospice and out-of-country services)										
In Network	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible

CHAMBER BLUE PREFERRED PLANS

	PREFERRED 11	PREFERRED 12	PREFERRED 13	PREFERRED 14	PREFERRED 15	PREFERRED 16	PREFERRED 17	PREFERRED 18	PREFERRED 19
Coinsurance									
In Network	40%	40%	40%	30%	30%	40%	20%	20%	30%
Out of Network	60%	60%	60%	50%	50%	60%	40%	40%	50%
Deductible									
In Network									
Single	\$2,000	\$1,000	\$1,500	\$2,500	\$3,000	\$3,000	\$4,000	\$500	\$3,500
Family	\$6,000	\$3,000	\$4,500	\$7,500	\$9,000	\$9,000	\$12,000	\$1,500	\$10,500
Out of Network									
Single	\$4,000	\$2,000	\$3,000	\$7,500	\$6,000	\$6,000	\$8,000	\$1,000	\$7,000
Family	\$12,000	\$6,000	\$9,000	\$22,500	\$18,000	\$18,000	\$24,000	\$3,000	\$21,000
MOOP									
In Network									
Single	\$4,000	\$3,000	\$4,500	\$7,500	\$6,000	\$7,900	\$8,500	\$1,500	\$6,850
Family	\$8,000	\$6,000	\$9,000	\$15,000	\$12,000	\$15,800	\$17,000	\$3,000	\$13,700
Out of Network									
Single	\$8,000	\$6,000	\$9,000	\$15,000	\$12,000	\$15,800	\$17,000	\$3,000	\$13,700
Family	\$16,000	\$12,000	\$18,000	\$30,000	\$24,000	\$31,600	\$34,000	\$6,000	\$27,400
Office Visits (sick)									
In Network									
PCP	\$20 copay	\$20 copay	\$20 copay	\$30 copay	\$20 copay	\$20 copay	\$30 copay	\$20 copay	\$20 copay
Blue CareOnDemand	\$20 copay	\$20 copay	\$20 copay	\$30 copay	\$20 copay	\$20 copay	\$30 copay	\$20 copay	\$20 copay
Specialist	\$40 copay	\$40 copay	\$40 copay	\$50 copay	\$40 copay	\$40 copay	\$50 copay	\$40 copay	\$40 copay
Urgent Care	\$40 copay	\$40 copay	\$40 copay	\$50 copay	\$40 copay	\$40 copay	\$50 copay	\$40 copay	\$40 copay
Primary Care Physician and Specialist Services									
In Network									
Office Visit Services & Diagnostics Performed Same Day	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay	0% after copay
All Other Physician Services	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Inpatient & Outpatient Physician Charges (other than office)	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Prescription Drugs									
In Network									
Retail Pharmacy	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8	Tier 1: \$8
	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35	Tier 2: \$35
	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70	Tier 3: \$70
	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500	Tier 4: 20% up to \$500
Mail Order	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16	Tier 1: \$16
	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$80.50
	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161	Tier 3: \$161

CHAMBER BLUE PREFERRED PLANS

	PREFERRED 11	PREFERRED 12	PREFERRED 13	PREFERRED 14	PREFERRED 15	PREFERRED 16	PREFERRED 17	PREFERRED 18	PREFERRED 19
Emergency Services									
Hospital Emergency Room									
In Network	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Ambulance, out-of-area (including physician charges)									
In Network	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Inpatient Hospital									
In Network	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Outpatient Hospital									
In Network	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, skilled nursing)									
In Network	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Mental Health/Substance Use									
In Network									
Inpatient Services	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Outpatient Services	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Physician Office Charges (outpatient)	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible
Other Services (includes dental services related to injury, home health, hospice and out-of-country services)									
In Network	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible

CHAMBER BLUE SECURE PLANS

	SECURE 2	SECURE 4	SECURE 6	SECURE 8	SECURE 10	SECURE 12
Coinsurance						
In Network	20%	20%	30%	30%	40%	40%
Out of Network	40%	40%	50%	50%	60%	60%
Deductible						
In Network						
Single	\$2,500	\$3,500	\$1,750	\$1,250	\$2,250	\$1,750
Family	\$5,000	\$7,000	\$5,250	\$3,750	\$6,750	\$5,250
Out of Network						
Single	\$5,000	\$7,000	\$3,500	\$2,500	\$4,500	\$3,500
Family	\$10,000	\$14,000	\$10,500	\$7,500	\$13,500	\$10,500
MOOP						
In Network						
Single	\$7,000	\$7,500	\$5,500	\$3,500	\$6,000	\$5,500
Family	\$14,000	\$15,000	\$11,000	\$7,000	\$12,000	\$11,000
Out of Network						
Single	\$14,000	\$15,000	\$11,000	\$7,000	\$12,000	\$11,000
Family	\$28,000	\$30,000	\$22,000	\$14,000	\$24,000	\$22,000
Office Visits (sick)						
In Network						
PCP	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Blue CareOnDemand	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Specialist	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay
Urgent Care	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay
Physician Services						
In Network						
Primary Care Office Visit	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Specialist Office Visits	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay
Inpatient & Outpatient Physician Charges (other than office)	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Prescription Drugs						
In Network						
Retail Pharmacy	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500
Mail Order	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161

CHAMBER BLUE SECURE PLANS

	SECURE 2	SECURE 4	SECURE 6	SECURE 8	SECURE 10	SECURE 12
Emergency Services						
Hospital Emergency Room						
In Network	\$300 copay, then 20% after deductible	\$300 copay, then 20% after deductible	\$300 copay, then 30% after deductible	\$300 copay, then 30% after deductible	\$300 copay, then 40% after deductible	\$300 copay, then 40% after deductible
Ambulance, out-of-area (including physician charges)						
In Network	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Inpatient Hospital						
In Network	\$500 copay, then 20% after deductible	\$500 copay, then 20% after deductible	\$500 copay, then 30% after deductible	\$500 copay, then 30% after deductible	\$500 copay, then 40% after deductible	\$500 copay, then 40% after deductible
Outpatient Hospital						
In Network	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, skilled nursing)						
In Network	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Mental Health/Substance Use						
In Network						
Inpatient Services	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Outpatient Services	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Physician Office Charges (outpatient)	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Other Services (includes dental services related to injury, home health, hospice and out-of-country services)						
In Network	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Out of Network	40% after deductible	40% after deductible	50% after deductible	50% after deductible	60% after deductible	60% after deductible

CHAMBER BLUE SECURE PLANS

	SECURE 14	SECURE 16	SECURE 18	SECURE 20	SECURE 22
Coinsurance					
In Network	50%	50%	50%	0%	0%
Out of Network	50%	50%	50%	50%	40%
Deductible					
In Network					
Single	\$2,250	\$4,000	\$5,000	\$7,900	\$6,850
Family	\$6,750	\$8,000	\$10,000	\$15,800	\$13,700
Out of Network					
Single	\$4,500	\$8,000	\$10,000	\$15,800	\$13,700
Family	\$13,500	\$16,000	\$20,000	\$31,600	\$27,400
MOOP					
In Network					
Single	\$7,500	\$7,500	\$7,900	\$7,900	\$6,850
Family	\$15,000	\$15,000	\$15,800	\$15,800	\$13,700
Out of Network					
Single	\$15,000	\$15,000	\$15,800	\$31,600	\$27,400
Family	\$30,000	\$30,000	\$31,600	\$63,200	\$54,800
Office Visits (sick)					
In Network					
PCP	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Blue CareOnDemand	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Specialist	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay
Urgent Care	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay
Physician Services					
In Network					
Primary Care Office Visit	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Specialist Office Visits	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay
All Other Physician Services	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Inpatient & Outpatient Physician Charges (other than office)	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Prescription Drugs					
In Network					
Retail Pharmacy	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: \$35 Tier 3: \$70 Tier 4: 20% up to \$500	Tier 1: \$8 Tier 2: Deductible & coinsurance Tier 3: Deductible & coinsurance Tier 4: deductible & coinsurance	0% after deductible
Mail Order	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: \$80.50 Tier 3: \$161	Tier 1: \$16 Tier 2: Deductible & coinsurance Tier 3: Deductible & coinsurance	0% after deductible

CHAMBER BLUE SECURE PLANS

	SECURE 14	SECURE 16	SECURE 18	SECURE 20	SECURE 22
Emergency Services					
Hospital Emergency Room					
In Network	\$300 copay, then 50% after deductible	\$300 copay, then 50% after deductible	\$300 copay, then 50% after deductible	\$300 copay, then 0% after deductible	\$300 copay, then 0% after deductible
Ambulance, out-of-area (including physician charges)					
In Network	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Inpatient Hospital					
In Network	\$500 copay, then 50% after deductible	\$500 copay, then 50% after deductible	\$500 copay, then 50% after deductible	\$500 copay, then 0% after deductible	\$500 copay then 0% after deductible
Outpatient Hospital					
In Network	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, skilled nursing)					
In Network	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Mental Health/Substance Use					
In Network					
Inpatient Services	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient Services	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Physician Office Charges (outpatient)	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
In Network	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible

CONTACT INFORMATION

Membership Customer Service:

800-868-2500, ext. 41010
803-264-1010
803-264-0143 (Fax)
group.membership@bcbssc.com

Claims:

BlueCross BlueShield of South Carolina Attn: Group Claims
Mail Code: AX-F25
P.O. Box 100300
Columbia, SC 29202-3300
group.claims@bcbssc.com

Formal appeals must be sent in writing to BlueCross BlueShield of South Carolina, Member Service Center, P.O. Box 100300, Columbia, SC 29202. The appeal must state that you are requesting a formal appeal and include all pertinent information regarding the claim in question that you wish to be considered in the appeal. Requests to cover services and supplies that are specifically excluded in the contract will be treated as appeals; however, such requests aren't eligible for external review.

Optum:*

General Pharmacy Questions: 855-819-0955
Speciality Pharmacy Questions: 877-259-9428
Mail Service Questions: 855-811-2218

Dental:

800-868-2500, ext. 42254
803-264-2254

*Optum is an independent company that manages prescription drug benefits on behalf of BlueCross.

**Companion Benefit Alternatives is a separate company that manages behavioral health and substance benefits on behalf of BlueCross.

Payments:

BlueCross BlueShield of South Carolina
Cashier's Office, AX-A31
P.O. Box 6000
Columbia, SC 29260

Claims Customer Service:

800-868-2500, ext. 43475
803-264-3475

Companion Benefit Alternatives:**

(Mental Health):
800-868-2500, ext. 25037
800-868-1032

Precertification:

800-868-2500, ext. 41904
803-264-1904

AGENT SERVICES



Your BlueCross account representative offers support as you provide clients with a high level of service. The team will help you:

- ◆ Get answers to questions about onboarding, benefit changes, renewals, billing and more.
- ◆ Monitor your groups with status updates.
- ◆ Use self-service tools, such as Blue e-Bill.
- ◆ Welcome new clients with information they need for a seamless enrollment process.



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.



www.SouthCarolinaBlues.com

