



2025 BlueMeasureSM Plans

Small Group Level Funded



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*

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.

*Level Funded plans are subject to underwriting.



How Level Funded Plans Work



1

BlueMeasure level funded plans are not guaranteed issued plans like fully insured Affordable Care Act (ACA) plans. Groups must qualify for coverage through a medical underwriting process.

2

Qualified groups receive a quote and determine which plan fits their budget and their employees' needs.

3

BlueMeasure Plans are charged a composite* rate to include the group's claims fund, stop loss insurance** and administrative costs.

4

BlueCross will provide tracking reports for the employer to understand the performance against the group's expected claims fund throughout the plan year.

5

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.

*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.

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 recommends each group consult its attorney or tax adviser for any questions related to how health care coverage is different in the level funded plans.



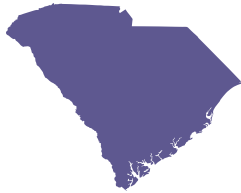
Network Size and Strength



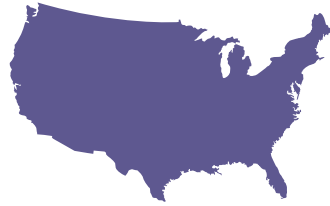
Our BlueMeasure plans come with access to our Preferred Blue network.

Preferred Blue Network

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



**More than 26,000 providers
in South Carolina**



**More than 3 million
doctors and hospitals
across the United States**

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.
- **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.

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.



Search for providers at
www.SouthCarolinaBlues.com/links/2025/providers/preferredblue

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 BlueMeasure plans, employers can provide prescription drug benefits that include a rich formulary and a large pharmacy network.

Prescription Drug Tiers	
TIER 0 DRUGS	These are considered preventive medications under the ACA. They are usually covered at no cost to the member.
TIER 1 DRUGS	Usually generic medications , these will generally cost a member the least amount out of pocket.
TIER 2 DRUGS	Most often brand-name drugs, Tier 2 drugs are sometimes referred to as preferred drugs , as these cost less than other brand-name drugs.
TIER 3 DRUGS	These are 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.
TIER 4 DRUGS	These are usually specialty drugs that treat complex conditions. Members tend to pay more for drugs in this tier.

Members can get up to a 90-day supply of their medications at discounted rates with our mail-order program.

Members can get up to a 31-day supply of specialty medications through our specialty pharmacy providers.

 Specific plans feature a separate drug deductible and coinsurance. These plans are labeled on the grid.



Members can visit
www.southcarolinablues.com/links/2025/pharmacy/bluemeasure
to see the network and covered drug list.

Creditable Coverage

What is creditable drug coverage?

Prescription drug coverage that is “at least as good as” coverage provided by the standard Medicare Part D benefit.

Who needs to know if they have creditable drug coverage?

Your employees that are approaching Medicare or have worked past their Initial Enrollment Period for Medicare need to know.

Why is this important?

If an employee does not have creditable drug coverage, when they transition to Medicare, they face financial penalties for not having met the minimum drug coverage.

How is BlueCross helping?

BlueCross is providing information noting which plans meet the minimum drug requirements based on the size of your business. This chart can help you decide on your plan offerings to your employees or if your employees need to make the transition to Medicare even though they continue to work.

Plan Name	Medicare Secondary (20 and above employees)	Medicare Primary (19 and under employees)
BlueMeasure HD 1	Creditable Coverage	Creditable Coverage
BlueMeasure HD 2	Creditable Coverage	Creditable Coverage
BlueMeasure HD 3	Creditable Coverage	Creditable Coverage
BlueMeasure HD 4	Creditable Coverage	Non-Creditable Coverage
BlueMeasure 5	Creditable Coverage	Creditable Coverage
BlueMeasure 6	Creditable Coverage	Creditable Coverage
BlueMeasure 7	Creditable Coverage	Creditable Coverage
BlueMeasure 8	Creditable Coverage	Creditable Coverage
BlueMeasure 9	Creditable Coverage	Creditable Coverage
BlueMeasure 10	Creditable Coverage	Creditable Coverage
BlueMeasure 11	Creditable Coverage	Creditable Coverage
BlueMeasure 12	Creditable Coverage	Creditable Coverage
BlueMeasure 13	Creditable Coverage	Creditable Coverage
BlueMeasure 14	Creditable Coverage	Creditable Coverage
BlueMeasure 15	Creditable Coverage	Creditable Coverage
BlueMeasure 16	Creditable Coverage	Creditable Coverage
BlueMeasure 17	Creditable Coverage	Creditable Coverage
BlueMeasure HD 18	Creditable Coverage	Creditable Coverage
BlueMeasure HD 19	Creditable Coverage	Non-Creditable Coverage
BlueMeasure HD 20	Creditable Coverage	Non-Creditable Coverage

BlueMeasure HD 1 – 4 Plans

	BlueMeasure HD 1	BlueMeasure HD 2	BlueMeasure HD 3	BlueMeasure HD 4
Medical Benefits				
Deductible	Individual: \$3,300 Family: \$6,600	Individual: \$3,600 Family: \$7,200	Individual: \$4,000 Family: \$8,000	Individual: \$6,200 Family: \$12,400
Coinsurance	0%	0%	0%	0%
Out-of-Pocket Maximum	Individual: \$3,300 Family: \$6,600	Individual: \$3,600 Family: \$7,200	Individual: \$4,000 Family: \$8,000	Individual: \$6,200 Family: \$12,400
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
Blue CareOnDemand powered by MDLIVE	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
Urgent Care	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	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 Hospitalization	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgery Center	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

All plans include a chiropractic benefit. HD plans are subject to deductible and coinsurance. All other plans have a \$25 copay with a with a limit of 20 visits per benefit period.

BlueMeasure plans 1 – 17 and 19 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.

BlueMeasure 5 – 8 Plans

	BlueMeasure 5	BlueMeasure 6	BlueMeasure 7	BlueMeasure 8
Medical Benefits				
Deductible	Individual: \$1,000 Family: \$2,000	Individual: \$1,500 Family: \$3,000	Individual: \$2,000 Family: \$4,000	Individual: \$2,500 Family: \$5,000
Coinsurance	20%	20%	30%	30%
Out-of-Pocket Maximum	Individual: \$2,500 Family: \$5,000	Individual: \$3,500 Family: \$7,000	Individual: \$4,000 Family: \$8,000	Individual: \$5,000 Family: \$10,000
Primary Care Physician (PCP) Office Visits	\$20 copay	\$25 copay	\$30 copay	\$40 copay
Blue CareOnDemand powered by MDLIVE	\$0 first 12 visits, thereafter \$10	\$0 first 12 visits, thereafter \$10	\$0 first 12 visits, thereafter \$10	\$0 first 12 visits, thereafter \$10
Specialist Office Visits	\$40 copay	\$50 copay	\$50 copay	\$60 copay
Urgent Care	\$40 copay	\$50 copay	\$50 copay	\$60 copay
Emergency Room Services	\$500, then 20% coinsurance after deductible is met	\$500, then 20% coinsurance after deductible is met	\$500, then 30% coinsurance after deductible is met	\$500, then 30% coinsurance after deductible is met
Inpatient Hospitalization	\$1,000, then 20% coinsurance after deductible is met	\$1,000, then 20% coinsurance after deductible is met	\$1,000, then 30% coinsurance after deductible is met	\$1,000, then 30% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Mental and Behavioral Health Services				
Office Visit	\$20 copay	\$25 copay	\$30 copay	\$40 copay
Inpatient Services	\$1,000, then 20% coinsurance after deductible is met	\$1,000, then 20% coinsurance after deductible is met	\$1,000, then 30% coinsurance after deductible is met	\$1,000, then 30% coinsurance after deductible is met
Outpatient Services	20% coinsurance after deductible is met	20% coinsurance after deductible is met	30% coinsurance after deductible is met	30% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs (up to 31-day supply maximum)	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
Mail Order (up to 90-day supply maximum)	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

BlueMeasure 9 – 12 Plans

	BlueMeasure 9	BlueMeasure 10	BlueMeasure 11	BlueMeasure 12
	Medical Benefits			
Deductible	Individual: \$3,000 Family: \$6,000	Individual: \$3,500 Family: \$7,000	Individual: \$4,000 Family: \$8,000	Individual: \$5,000 Family: \$10,000
Coinsurance	40%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$5,500 Family: \$11,000	Individual: \$7,000 Family: \$14,000	Individual: \$7,000 Family: \$14,000	Individual: \$8,000 Family: \$16,000
Primary Care Physician (PCP) Office Visits	\$40 copay	\$35 copay	\$35 copay	\$50 copay
Blue CareOnDemand powered by MDLIVE	\$0 first 12 visits, thereafter \$10	\$0 first 12 visits, thereafter \$10	\$0 first 8 visits, thereafter \$10	\$0 first 8 visits, thereafter \$10
Specialist Office Visits	\$40 copay	\$60 copay	\$60 copay	\$50 copay
Urgent Care	\$40 copay	\$60 copay	\$60 copay	\$50 copay
Emergency Room Services	\$500, then 40% coinsurance after deductible is met	\$500, then 30% coinsurance after deductible is met	\$500, then 40% coinsurance after deductible is met	\$500, then 40% coinsurance after deductible is met
Inpatient Hospitalization	\$1,000, then 40% coinsurance after deductible is met	\$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
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
	Mental and Behavioral Health Services			
Office Visit	\$40 copay	\$35 copay	\$35 copay	\$50 copay
Inpatient Services	\$1,000, then 40% coinsurance after deductible is met	\$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
Outpatient Services	40% coinsurance after deductible is met	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% 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: \$15 Tier 2: \$50 Tier 3: \$150 Tier 4: \$400
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: \$21 Tier 2: \$135 Tier 3: \$405

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.

BlueMeasure 13 – 16 Plans

	BlueMeasure 13	BlueMeasure 14	BlueMeasure 15	BlueMeasure 16
Medical Benefits				
Deductible	Individual: \$7,000 Family: \$14,000	Individual: \$6,500 Family: \$13,000	Individual: \$3,000 Family: \$6,000	Individual: \$500 Family: \$1,000
Coinsurance	20%	40%	30%	50%
Out-of-Pocket Maximum	Individual: \$8,000 Family: \$16,000	Individual: \$8,500 Family: \$17,000	Individual: \$6,000 Family: \$12,000	Individual: \$8,700 Family: \$17,400
Primary Care Physician (PCP) Office Visits	\$40 copay	\$25 copay	\$30 copay	\$20 copay
Blue CareOnDemand powered by MDLIVE	\$0 first 8 visits, thereafter \$10	\$0 first 8 visits, thereafter \$10	\$0 first 8 visits, thereafter \$10	\$0 first 12 visits, thereafter \$10
Specialist Office Visits	\$80 copay	\$75 copay	\$60 copay	\$40 copay
Urgent Care	\$80 copay	\$75 copay	\$40 copay	\$40 copay
Emergency Room Services	\$500, then 20% coinsurance after deductible is met	\$500, then 40% coinsurance after deductible is met	\$500, then 30% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	\$1,000, then 20% coinsurance after deductible is met	\$1,000, then 40% coinsurance after deductible is met	\$1,000, then 30% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	50% coinsurance after deductible is met
Mental and Behavioral Health Services				
Office Visit	\$40 copay	\$25 copay	\$30 copay	\$20 copay
Inpatient Services	\$1,000, then 20% coinsurance after deductible is met	\$1,000, then 40% coinsurance after deductible is met	\$1,000, then 30% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	20% coinsurance after deductible is met	40% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs (up to 31-day supply maximum)	Tier 0: \$0 Tier 1: \$25 Tier 2: \$75 Tier 3: \$200 Tier 4: \$500	Tier 0: \$0 Tier 1: \$30 Tier 2: \$75 Tier 3: \$200 Tier 4: \$500	Tier 0: \$0 Tier 1: \$15 Tier 2: \$60 Tier 3: \$150 Tier 4: \$400	Tier 0: \$0 Tier 1: \$10 Tier 2: \$40 Tier 3: \$300 Tier 4: \$500
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$35 Tier 2: \$203 Tier 3: \$540	Tier 0: \$0 Tier 1: \$42 Tier 2: \$203 Tier 3: \$540	Tier 0: \$0 Tier 1: \$21 Tier 2: \$162 Tier 3: \$405	Tier 0: \$0 Tier 1: \$14 Tier 2: \$108 Tier 3: \$810

BlueMeasure 17 – 20 Plans

	BlueMeasure 17	BlueMeasure HD 18	BlueMeasure HD 19	BlueMeasure HD 20
Medical Benefits				
Deductible	Individual: \$8,000 Family: \$16,000	Individual: \$2,600 Family: \$5,200	Individual: \$5,000 Family: \$10,000	Individual: \$4,400 Family: \$8,800
Coinsurance	50%	0%	0%	20%
Out-of-Pocket Maximum	Individual: \$9,000 Family: \$18,000	Individual: \$2,600 Family: \$5,200	Individual: \$5,000 Family: \$10,000	Individual: \$7,050 Family: \$14,100
Primary Care Physician (PCP) Office Visits	\$45 copay	0% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Blue CareOnDemand powered by MDLIVE	\$0 first 8 visits, thereafter \$10	0% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Specialist Office Visits	\$90 copay	0% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Urgent Care	\$90 copay	0% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Emergency Room Services	50% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Inpatient Hospitalization	50% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	0% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Mental and Behavioral Health Services				
Office Visit	\$45 copay	0% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Inpatient Services	50% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Outpatient Services	50% coinsurance after deductible is met	0% coinsurance after deductible is met	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 Tier 1: \$10 Tier 2: \$50 Tier 3: \$150 Tier 4: \$400	Tier 0: \$0 Tier 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: 20% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$14 Tier 2: \$135 Tier 3: \$405	Tier 0: \$0 Tier 1 – 3 : 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1 – 3 : 0% coinsurance after deductible is met	Tier 0: \$0 Tier 1 – 3 : 20% coinsurance after deductible is met

*BlueMeasure plans 18 and 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 Powered by MDLIVE



Small groups can give their employees another option for seeking cost-effective care.

That's because each plan includes Blue CareOnDemand powered by MDLIVE. This service allows members to connect with doctors using their computers, smartphones or tablets through My Health Toolkit. 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.



Powered by **MDLIVE**

MDLIVE is an independent company that provides telehealth services on behalf of BlueCross BlueShield of South Carolina.



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.

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.
- Telehealth services.



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.





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, and much more.
- **Blue e-BillSM:** Group leaders can access and manage their accounts and pay their bills 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 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
- 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



Jenny Craig, Vision One and TruHearing are independent companies that provide health care services, programs and discounts on behalf of BlueCross. 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.



Visit www.Blue365Deals.com/BCBSSC/ for more information.

Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

YOU DON'T HAVE TO LEAVE US AT 65!

My **Blue**
Medicare



South Carolina

**Make the move to Medicare
with ease with the help of
BlueCross BlueShield
of South Carolina.**





South Carolina

Have Questions?

Contact your agent today.



BCBSSC



BCBSSC



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