

Plan Benefits	2024 BlueCross Total SM (PPO) Plans	2024 BlueCross Total Value SM (PPO) Plans
Premium	\$19 Midlands; \$25 Upstate/Lowcountry	\$0
Copay	In network	In network
Inpatient Hospital	\$300 copay per day (days 1 – 4)	\$350 copay per day (days 1 – 4)
Emergency Care	\$100	\$100
Urgent Care	\$0 – \$55	\$0 – \$55
Primary Care Physician	\$0	\$0
Specialist	\$25	\$30
Physical Therapy, Occupational Therapy, Speech and Language	\$30 Upstate \$35 Midlands/Lowcountry	\$25
Outpatient Surgery	\$0 – \$295 (i.e., \$0 for polyp removal during colorectal screening)	\$0 – \$350 (i.e., \$0 for polyp removal during colorectal screening)
Ambulatory Surgical Center	Ambulatory surgical center (\$0 – \$250)	Ambulatory surgical center (\$0 – \$310)
Lab	\$0	\$0
X-ray	\$10	\$10-\$20 (office-OP facility) (20% Lowcountry)
Diagnostic Radiological Service (CT, MRI, etc.)	\$0 – \$150 (\$0 mammography and ultrasound; \$150 for all other)	\$0 – \$150 (\$0 mammography and ultrasound; up to \$150 for all other)
Diagnostic Procedure/Test	\$0 – \$275 (\$0 for EKG and diagnostic colorectal screenings)	\$0 – \$295 (\$0 for EKG and diagnostic colorectal screenings)
Diabetic Testing Supplies	\$0 (test strips, lancets, monitor)	\$0 (test strips, lancets, monitor)
Meal Program	\$0	\$0
Home Health/Provider Visit	\$0	\$0
Home Infusion Part B Drugs	15% coinsurance	15% coinsurance
Telehealth	\$0 (\$40 mental health/psychiatric)	\$0 (\$40 mental health/psychiatric)
Over-the-Counter Items	\$0 (\$70 per quarter); with healthy food	\$0 (\$30 per quarter) with healthy food
Transportation	\$0 (24 one-way trips per year)	N/A
Fitness (Gym Membership)	\$0	\$0
Dental — Preventive	\$0 (2 visits per year)	\$0 (2 visits per year)
Dental — Comprehensive	\$3,500	\$2,000
Eyewear	\$0 VSP [®] Genesis [™] brand only VSP is an independent organization that administers vision benefits on behalf of BlueCross BlueShield of South Carolina.	\$0 VSP Genesis brand only
Eye Exam	\$0 VSP	\$0 VSP
Hearing Aid	\$699 – \$999 (TruHearing [®]) TruHearing is an independent company that offers program discounts to BlueCross members.	\$699 – \$999 (TruHearing)
Hearing Exam	\$45	\$45
Prescription Deductible	\$0	\$95 (tiers 3 – 5)
Tier 1 (Preferred) 30-Day Fill	\$0 (retail, mail-order 30/60/90-day fill)	\$0 (retail, mail-order 30/60/90-day fill)
Tier 2 (Preferred) 30-Day Fill	\$10 retail/\$0 mail-order 90-day fill	\$10 retail/\$0 mail-order 90-day fill
Tier 3 (Preferred) 30-Day Fill	\$42	\$42
Tier 4 (Preferred) 30-Day Fill	\$100	\$100
Tier 5 30-Day Fill	33%	31%
Tier 6 30-Day Fill	\$0	\$0
Maximum Out-of-Pocket	\$6,900 in; \$10,000 combined in/out	\$7,900 in; \$11,300 combined in/out

BlueCross BlueShield of South Carolina is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in BlueCross BlueShield of South Carolina depends on contract renewal. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.