



South Carolina

2026 CHAMBER BLUESM PLANS

Group Insurance Plans for Businesses With 51+ Employees



TABLE OF CONTENTS

 1 Overview

 4 Networks

 5 Services

 6 Tools

 7 Value

 13 Benefits and Plans

14 Chamber Blue Portfolio Quickview

16 Chamber Blue High-Deductible Health Plans (HDHPs)

20 Chamber Blue Health Reimbursement Account (HRA) Plans

24 Chamber Blue Preferred Plans

28 Chamber Blue Secure Plans

32 Chamber Dental Plans

 34 Contact Information



Welcome to Chamber Blue

BlueCross BlueShield of South Carolina created Chamber Blue as an extension of our commitment to the state's communities and businesses. We've been a strong community partner and supporter since 1946!

We offer this portfolio of plans exclusively through local chambers of commerce, bringing top-quality health care benefits to chamber businesses and their employees. **What's new for 2026? New Chamber Dental: We offer 16 plans structured to provide simpler quoting and speedier onboarding.**

We appreciate partnering with you for a healthier South Carolina.



OVERVIEW

Here are some key details about Chamber Blue plan benefits:

- ◆ 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.
- ◆ All plans are available as fully insured or level funded.
- ◆ 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.
- ◆ For all plans, urgent care charges are paid the same as a specialist visit.
- ◆ All plans include the \$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.
- ◆ The Enhanced Office Visit Copay includes minor office surgery, diagnostic labs and X-ray services performed in the doctor's office at 100 percent (except MRI, PET and CT scans).
- ◆ Blue CareOnDemandSM Powered by MD LIVE[®] telehealth services are available on all plans.
- ◆ Chiropractic coverage is available on all plans with a per-year maximum of \$500.
- ◆ Members get access to My Health NovelSM, the My Diabetes Discount program and Blue RewardsSM.



THINK BLUE

TRUST

BlueCross BlueShield of South Carolina has earned the trust of South Carolinians for some 80 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 BlueCross 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 — 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 (SQM®), 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: Plans may have different levels of preventive benefits. Also, some common procedures are not covered under the ACA, including:

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

Our Sustained Health Benefit is included in each of our Chamber Blue plans. It offers \$500 toward allowable expenses for preventive services not covered under each member's plan. And the Sustained Health Benefit offers BlueCross' one-of-a-kind discounted pricing on these preventive services. It 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 AccrueHealth 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.

ADDITIONAL BENEFITS OFFERED BY COMPANION LIFE INSURANCE COMPANY

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

- ◆ Life insurance.
- ◆ Dental insurance.
- ◆ Vision insurance.
- ◆ Critical illness insurance.
- ◆ Short-term disability insurance.
- ◆ Long-term disability insurance.

CHAMBER DENTAL

When you choose BlueCross to administer your medical and dental benefits, this integrated approach gives providers a better picture of members' overall health. Chamber Dental is available with a medical plan or as a stand-alone group offering. 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 or Select 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 133,000 dentists nationwide.
- ◆ Optional orthodontic coverage.
- ◆ Plans for all contribution levels and premium pricing for employers that contribute at least 50 percent of the single premium and have at least 50 percent participation.



THINK NETWORKS

PROVIDER NETWORK

Our group plans come with access to our Preferred Blue network (PPO), 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 that 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.)

BLUE CARE ON DEMAND

Have you discovered the convenience and cost savings of telehealth? Lots of BlueCross members have, and we've made Blue CareOnDemand Powered by MD LIVE better than ever.

The MD LIVE clinical network has more than 2,500 providers. They average more than 10 years of experience.

BlueCross members first access Blue CareOnDemand through their My Health Toolkit accounts.

Components of care

Through MD LIVE, Blue CareOnDemand offers three health care components. Providers can even prescribe medications when appropriate:

- ◆ Urgent care: Get care for more than 80 common conditions such as allergies, cold and flu, COVID-19, sore throat, and urinary tract infections (females 18+).
- ◆ Behavioral health: Unlike many other platforms, the experience through Blue CareOnDemand is more like a face-to-face visit with a therapist or psychiatrist for problems such as anxiety and depression.
- ◆ Virtual primary care: Convenient care that includes routine checkups, wellness screenings and health monitoring.
- ◆ Dermatology: Get care for conditions affecting skin, hair and nails, such as acne, rosacea and eczema.



Powered by
MD LIVE®
Virtual Care



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 organization 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

Scroll down to select Members and then select Prescription Drugs. Scroll to select Employer-Based and then BlueMeasure/Chamber Blue.

Retail prescription drug coverage

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 and 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. This specialty pharmacy service is provided by Optum Rx®, an independent company that provides pharmacy benefit management services on behalf of BlueCross.



THINK CONTROL

MY HEALTH TOOLKIT OFFERS WAYS TO MAKE INFORMED HEALTH CARE DECISIONS

With My Health Toolkit, you can:

- ◆ 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

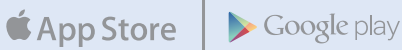
BlueCross' online tools help employers spend less time managing benefits and more time managing their businesses:

- ◆ 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 or more 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.
- ◆ Employee Navigator: Integration with the 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 Create an Account.
- 3 Create your profile by entering your member information found on your insurance card. Follow the remaining steps to complete your profile.

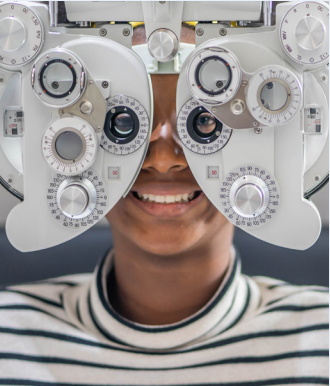
Or, you can download the My Health Toolkit app to your mobile devices for anytime, anywhere access to your health information.



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, wearable fitness devices, home fitness equipment and activewear.

Weight Management

Members enjoy discounts on weight loss programs and services.

Healthy Eating

We have options for nutritious meals, snacks, vitamins and supplements.

Allergy Relief

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

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, fitness, wellness and lifestyle products as well as healthy eating and 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.

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? Members can receive \$1,600 off a single hair restoration procedure cost (with some conditions and restrictions).

OTHER MEMBER PERKS

These include discounts on massage therapy, teeth whitening, travel clubs, vacations and pet care.

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



THINK VALUE (continued)

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
- Men's Health
- Tobacco Cessation
- Weight Management
- Women's Health
- Back Care
- Healthy and Active Kids (childhood obesity)

CONDITION MANAGEMENT

- Recovery Support (alcohol and other substance abuse)
- Maternity
- Migraine (adult and pediatric)
- Healthy Lifestyles (prediabetes)
- Neonatal Intensive Care Unit (NICU) Case Management

CHRONIC CONDITION CARE MANAGEMENT

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes
- Heart Disease
- Heart Failure
- High Cholesterol
- High Blood Pressure (hypertension)
- Heart Failure
- Migraine (adult and pediatric)
- Metabolic Health (prediabetes)

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 AND FEATURES

- My Health NovelSM — This program's "chapters" connect members with personalized help that's convenient because it's all available online. There are three My Health Novel programs, each with a network of apps and digital resources for weight management, musculoskeletal conditions or behavioral health.
- My Diabetes Discount Program — 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.
- My Health PlannerSM — Our care management team and other health care professionals provide support through this mobile app. Members also can set up medication and appointment reminders.
- 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.

Blue RewardsSM
Enjoy the Value of Wellness.



Blue Rewards

Health has its rewards.
We reward our members with up to \$150 each year for completing wellness activities through our Blue Rewards program. Members can use reward dollars toward, copays, deductibles and coinsurance on covered medical services.*

Wellness Activity Reward

Annual Flu Shot	\$60
Annual Wellness Exam	\$60
My Health Toolkit Activity	\$30
Total	\$150
Family of 4 Can Earn Up To	\$600

Once members complete an activity, we load reward dollars on a reloadable, prepaid card. Members are eligible for each reward one time per benefit year.



* Members with an HDHP are ineligible for Blue Rewards.



Access the Blue Rewards program at www.BlueRewardsSC.com

LIVING WELL WITH DIABETES
Get support from a program that helps pay for your insulin.



Do you use insulin to manage your diabetes?
If so, you know it's very important — and very expensive. But your health plan's My Diabetes Discount program can help!

You'll complete actions on a checklist, some of which you're probably doing already. Then you can receive your insulin with no copay.

Managing your diabetes helps you feel better and avoid complications.
Here's how to get started with My Diabetes Discount.

1.

Visit your doctor for a checkup that includes:
 - A comprehensive or basic metabolic panel lab test.
 - An A1C test.
 - A diabetes risk factor of your feet and eyes.

2.

Get an annual flu shot.
3.

Complete a diabetes education session within the last six months.
You will continue to benefit from your \$0 copay by completing similar requirements annually. The diabetes education sessions include options that can be done digitally or by phone.

Get more details on this free program by calling the customer service number on the back of your member ID card.



BLUE CROSS LEVEL FUNDING

Simplicity, savings, surpluses — and a safety net

Level funding is a tried-and-true strategy employers use to control costs and stay flexible with their health benefits. With a BlueCross level funding plan, it could be a smart strategy for your company.



Simplicity
You make a stable monthly payment based on member enrollment. BlueCross helps tailor your coverage to the needs of your workforce.

Savings
Level funding exempts employers from state taxes and from many of the ACA’s health insurance taxes. BlueCross takes care of administrative costs, fees and stop loss coverage.

Surpluses
Did your employees have a particularly healthy year and their claims came in lower than the amount funded? Great! You’ll get back 50 percent of that surplus, assuming you renew for the next year.

Safety Net
Because you have stop loss coverage, you’re protected from the financial risk of higher-than-expected claims. You will never have to pay more than the monthly amount you’ve agreed on.



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 the **\$500 Sustained Health Benefit**.

All chamber plans use an **embedded deductible** and **embedded 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 received in network, including well-child visits. 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 covered services for Office visits, Consultations, Medical Supplies, Allergy Injections, Minor Office Surgeries, Second Surgical Opinions, Labs and X-Rays, and Hearing Evaluations. Other covered services are subject to coinsurance with the exception of third-party diagnostic labs and X-Rays, excluding scans, which are paid at 100% (no member cost).

Chiropractic coverage is available on all plans, with a per-year maximum of \$500.

CHAMBER BLUE PORTFOLIO QUICKVIEW

Plan Name	Coinsurance		Deductible				Out-of-Pocket Maximum				PCP*	Specialty* & Urgent Care	Maternity	ER	OP Hospital	IP Hospital	Drug
			In		Out		In		Out								
	In	Out	Single	Family	Single	Family	Single	Family	Single	Family							
High-Deductible Health Plans																	
Chamber Blue HDHP 1*	100	60	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$4,000	\$8,000	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins
Chamber Blue HDHP 2	70	50	\$4,500	\$9,000	\$4,500	\$9,000	\$8,000	\$16,000	\$17,000	\$34,000	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins
Chamber Blue HDHP 3	100	60	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$7,000	\$14,000	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins
Chamber Blue HDHP 4	70	50	\$3,500	\$7,000	\$3,500	\$7,000	\$7,000	\$14,000	\$10,000	\$20,000	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins
Chamber Blue HDHP 5	100	60	\$5,000	\$10,000	\$10,000	\$20,000	\$5,000	\$10,000	\$10,000	\$20,000	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins
Chamber Blue HDHP 6	70	50	\$4,000	\$8,000	\$4,000	\$8,000	\$6,500	\$13,000	\$8,500	\$17,000	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins
Chamber Blue HDHP 7	100	60	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$11,000	\$22,000	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins
Chamber Blue HDHP 8	100	60	\$7,500	\$15,000	\$7,500	\$15,000	\$7,500	\$15,000	\$14,000	\$28,000	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins
Health Reimbursement Account Plans																	
Chamber Blue HRA 1	100	60	\$2,000	\$4,000	\$4,000	\$8,000	\$2,000	\$4,000	\$8,000	\$16,000	\$25	\$50	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$12/\$35/\$70/20% to \$500
Chamber Blue HRA 3	100	60	\$4,000	\$8,000	\$7,000	\$14,000	\$4,000	\$8,000	\$13,000	\$26,000	\$40	\$60	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue HRA 4	100	60	\$0	\$0	\$1,500	\$3,000	\$6,000	\$12,000	\$24,000	\$48,000	\$25	\$70	\$3,000	\$350	\$1,500	\$3,000	\$15/\$40/\$80/20% to \$500
Chamber Blue HRA 5	100	60	\$6,000	\$12,000	\$11,000	\$22,000	\$6,000	\$12,000	\$21,000	\$42,000	\$45	\$90	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue HRA 6	50	50	\$8,500	\$17,000	\$16,500	\$33,000	\$9,200	\$18,400	\$35,000	\$105,000	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins	Ded/coins
Chamber Blue HRA 7	100	60	\$7,350	\$14,700	\$13,700	\$27,400	\$7,350	\$14,700	\$26,400	\$52,800	\$45	\$90	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue HRA 8	80	0	\$7,000	\$14,000	Unlimited	Unlimited	\$9,200	\$18,400	Unlimited	Unlimited	\$45 In-network only	\$90 In-network only	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue HRA 9	100	60	\$8,000	\$16,000	\$15,000	\$30,000	\$8,000	\$16,000	\$29,000	\$58,000	\$45	\$90	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue HRA 10	100	60	\$8,900	\$17,800	\$16,800	\$33,600	\$8,900	\$17,800	\$32,600	\$65,200	\$45	\$90	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Preferred Plans																	
Chamber Blue Preferred 1	80	60	\$3,500	\$10,500	\$6,500	\$19,500	\$7,000	\$14,000	\$13,000	\$26,000	\$30	\$50	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Preferred 2	80	60	\$2,500	\$7,500	\$4,500	\$13,500	\$5,000	\$10,000	\$9,000	\$18,000	\$30	\$50	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Preferred 4	80	60	\$1,000	\$3,000	\$2,000	\$6,000	\$3,000	\$6,000	\$6,000	\$12,000	\$25	\$50	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$12/\$35/\$70/20% to \$500
Chamber Blue Preferred 7	70	50	\$1,500	\$4,500	\$3,000	\$9,000	\$4,500	\$9,000	\$9,000	\$18,000	\$25	\$50	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$12/\$35/\$70/20% to \$500
Chamber Blue Preferred 9	70	50	\$1,500	\$4,500	\$2,500	\$7,500	\$8,000	\$16,000	\$15,000	\$30,000	\$30	\$50	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Preferred 10	60	40	\$2,500	\$7,500	\$4,500	\$13,500	\$6,000	\$12,000	\$11,000	\$22,000	\$30	\$50	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Preferred 13	60	40	\$2,000	\$6,000	\$3,500	\$10,500	\$5,500	\$11,000	\$10,000	\$20,000	\$30	\$50	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Preferred 14	70	50	\$3,000	\$9,000	\$8,000	\$24,000	\$8,500	\$17,000	\$16,000	\$32,000	\$40	\$60	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Preferred 17	80	60	\$4,500	\$13,500	\$8,500	\$25,500	\$9,200	\$18,400	\$18,000	\$36,000	\$40	\$60	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Preferred 19	70	50	\$4,000	\$12,000	\$7,500	\$22,500	\$7,850	\$15,700	\$14,700	\$29,400	\$30	\$50	Ded/coins	Ded/coins	Ded/coins	Ded/coins	\$15/\$70/\$120/20% to \$500
Secure Plans																	
Chamber Blue Secure 4	80	60	\$4,000	\$8,000	\$7,500	\$15,000	\$8,500	\$17,000	\$16,000	\$32,000	\$60	\$80	Ded/coins	\$300 copay, then Ded/coins	Ded/coins	\$500 copay, then Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Secure 6	70	50	\$2,250	\$6,750	\$4,000	\$12,000	\$6,500	\$13,000	\$12,000	\$24,000	\$60	\$80	Ded/coins	\$300 copay, then Ded/coins	Ded/coins	\$500 copay, then Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Secure 10	60	40	\$3,000	\$9,000	\$6,000	\$18,000	\$7,000	\$14,000	\$14,000	\$28,000	\$60	\$80	Ded/coins	\$300 copay, then Ded/coins	Ded/coins	\$500 copay, then Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Secure 14	70	50	\$5,000	\$10,000	\$10,000	\$20,000	\$9,200	\$18,400	\$20,000	\$40,000	\$60	\$80	Ded/coins	\$300 copay, then Ded/coins	Ded/coins	\$500 copay, then Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Secure 16	50	50	\$4,500	\$9,000	\$8,500	\$17,000	\$8,500	\$17,000	\$16,000	\$32,000	\$60	\$80	Ded/coins	\$300 copay, then Ded/coins	Ded/coins	\$500 copay, then Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Secure 18	50	50	\$5,500	\$11,000	\$10,500	\$21,000	\$8,900	\$17,800	\$16,800	\$33,600	\$60	\$80	Ded/coins	\$300 copay, then Ded/coins	Ded/coins	\$500 copay, then Ded/coins	\$15/\$70/\$120/20% to \$500
Chamber Blue Secure 20	100	50	\$8,900	\$17,800	\$16,800	\$33,600	\$8,900	\$17,800	\$32,600	\$65,200	\$60	\$80	Ded/coins	\$300 copay, then Ded/coins	Ded/coins	\$500 copay, then Ded/coins	\$15/DC/DC/DC
Chamber Blue Secure 22	100	60	\$7,850	\$15,700	\$14,700	\$29,400	\$7,850	\$15,700	\$28,400	\$56,800	\$60	\$80	Ded/coins	\$300 copay, then Ded/coins	Ded/coins	\$500 copay, then Ded/coins	Ded/coins

Multi-Option Guidelines:
- Maximum of three plans for groups with 150 or more enrolled employees; two plans maximum for groups with fewer than 150 enrolled employees
- Rates above apply for multiplan offerings with a maximum benefit differential under 20 percent; multioption charge applies for differentials exceeding 20 percent

* Copay includes covered services for Office visits, Consultations, Medical Supplies, Allergy Injections, Minor Office Surgeries, Second Surgical Opinions, Labs and X-Rays, and Hearing Evaluations. Other covered services are subject to coinsurance with the exception of third-party diagnostic labs and X-Rays, excluding scans, which are paid at 100% (no member cost).

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	\$2,500	\$4,500	\$4,000	\$3,500	\$5,000	\$4,000	\$6,000	\$7,500
Family	\$5,000	\$9,000	\$8,000	\$7,000	\$10,000	\$8,000	\$12,000	\$15,000
Out of Network								
Single	\$2,500	\$4,500	\$4,000	\$3,500	\$10,000	\$4,000	\$6,000	\$7,500
Family	\$5,000	\$9,000	\$8,000	\$7,000	\$20,000	\$8,000	\$12,000	\$15,000
MOOP								
In Network								
Single	\$2,500	\$8,000	\$4,000	\$7,000	\$5,000	\$6,500	\$6,000	\$7,500
Family	\$5,000	\$16,000	\$8,000	\$14,000	\$10,000	\$13,000	\$12,000	\$15,000
Out of Network								
Single	\$4,000	\$17,000	\$7,000	\$10,000	\$15,000	\$8,500	\$11,000	\$14,000
Family	\$8,000	\$34,000	\$14,000	\$20,000	\$30,000	\$17,000	\$22,000	\$28,000
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 and 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, and 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 3	HRA 4	HRA 5	HRA 6	HRA 7	HRA 8	HRA 9	HRA 10
Coinsurance									
In Network	0%	0%	0%	0%	50%	0%	20%	0%	0%
Out of Network	40%	40%	40%	40%	50%	40%	100%	40%	40%
Deductible									
In Network									
Single	\$2,000	\$4,000	\$0	\$6,000	\$8,500	\$7,350	\$7,000	\$8,000	\$8,900
Family	\$4,000	\$8,000	\$0	\$12,000	\$17,000	\$14,700	\$14,000	\$16,000	\$17,800
Out of Network									
Single	\$4,000	\$7,000	\$1,500	\$11,000	\$16,500	\$13,700	Unlimited	\$15,000	\$16,800
Family	\$8,000	\$14,000	\$3,000	\$22,000	\$33,000	\$27,400	Unlimited	\$30,000	\$33,600
MOOP									
In Network									
Single	\$2,000	\$4,000	\$6,000	\$6,000	\$9,200	\$7,350	\$9,200	\$8,000	\$8,900
Family	\$4,000	\$8,000	\$12,000	\$12,000	\$18,400	\$14,700	\$18,400	\$16,000	\$17,800
Out of Network									
Single	\$8,000	\$13,000	\$24,000	\$21,000	\$35,000	\$26,400	Unlimited	\$29,000	\$32,600
Family	\$16,000	\$26,000	\$48,000	\$42,000	\$105,000	\$52,800	Unlimited	\$58,000	\$65,200
Office Visits (sick)									
In Network									
PCP	\$25 copay	\$40 copay	\$25 copay	\$45 copay	50% after deductible	\$45 copay	\$45 copay (in network only)	\$45 copay	\$45 copay
Blue CareOnDemand	Variable	Variable	Variable	Variable	50% after deductible	Variable	Variable	Variable	Variable
Specialist	\$50 copay	\$60 copay	\$70 copay	\$90 copay	50% after deductible	\$90 copay	\$90 copay (in network only)	\$90 copay	\$90 copay
Urgent Care	\$50 copay	\$60 copay	\$70 copay	\$90 copay	50% after deductible	\$90 copay	\$90 copay (in network only)	\$90 copay	\$90 copay
Primary Care Physician* and Specialist Services*									
In Network									
Office Visit Services and Diagnostics Performed Same Day	0% after copay	0% after copay	0% after 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	0% after deductible	0% after copay	0% after deductible	50% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Inpatient and Outpatient Physician Charges (other than office)	0% after deductible	0% after deductible	Based on place of service	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: \$12	Tier 1: \$15	Tier 1: \$15	Tier 1: \$15	50% after deductible	Tier 1: \$15	Tier 1: \$15	Tier 1: \$15	Tier 1: \$15
	Tier 2: \$35	Tier 2: \$70	Tier 2: \$40	Tier 2: \$70		Tier 2: \$70	Tier 2: \$70	Tier 2: \$70	Tier 2: \$70
	Tier 3: \$70	Tier 3: \$120	Tier 3: \$80	Tier 3: \$120		Tier 3: \$120	Tier 3: \$120	Tier 3: \$120	Tier 3: \$120
	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: \$24	Tier 1: \$30	Tier 1: \$30	Tier 1: \$30	50% after deductible	Tier 1: \$30	Tier 1: \$30	Tier 1: \$30	Tier 1: \$30
	Tier 2: \$81	Tier 2: \$161	Tier 2: \$92	Tier 2: \$161		Tier 2: \$161	Tier 2: \$161	Tier 2: \$161	Tier 2: \$161
	Tier 3: \$161	Tier 3: \$276	Tier 3: \$184	Tier 3: \$276		Tier 3: \$276	Tier 3: \$276	Tier 3: \$276	Tier 3: \$276

* Copay includes covered services for Office visits, Consultations, Medical Supplies, Allergy Injections, Minor Office Surgeries, Second Surgical Opinions, Labs and X-Rays, and Hearing Evaluations. Other covered services are subject to coinsurance with the exception of third-party diagnostic labs and X-Rays, excluding scans, which are paid at 100% (no member cost).

CHAMBER BLUE HEALTH REIMBURSEMENT ACCOUNT (HRA) PLANS

	HRA 1	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	0% after deductible	\$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	0% after deductible	\$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	0% after deductible	\$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	0% after deductible	\$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, and skilled nursing)									
In Network	0% after deductible	0% after deductible	Based on place of service	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	0% after deductible	\$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	0% after deductible	\$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
Autism Spectrum Disorder	0% after deductible	0% after deductible	Based on place of service	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	0% after deductible	Based on place of service	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 4	PREFERRED 7	PREFERRED 9	PREFERRED 10	PREFERRED 13	PREFERRED 14	PREFERRED 17	PREFERRED 19
Coinsurance										
In Network	20%	20%	20%	30%	30%	40%	40%	30%	20%	30%
Out of Network	40%	40%	40%	50%	50%	60%	60%	50%	40%	50%
Deductible										
In Network										
Single	\$3,500	\$2,500	\$1,000	\$1,500	\$1,500	\$2,500	\$2,000	\$3,000	\$4,500	\$4,000
Family	\$10,500	\$7,500	\$3,000	\$4,500	\$4,500	\$7,500	\$6,000	\$9,000	\$13,500	\$12,000
Out of Network										
Single	\$6,500	\$4,500	\$2,000	\$3,000	\$2,500	\$4,500	\$3,500	\$8,000	\$8,500	\$7,500
Family	\$19,500	\$13,500	\$6,000	\$9,000	\$7,500	\$13,500	\$10,500	\$24,000	\$25,500	\$22,500
MOOP										
In Network										
Single	\$7,000	\$5,000	\$3,000	\$4,500	\$8,000	\$6,000	\$5,500	\$8,500	\$9,200	\$7,850
Family	\$14,000	\$10,000	\$6,000	\$9,000	\$16,000	\$12,000	\$11,000	\$17,000	\$18,400	\$15,700
Out of Network										
Single	\$13,000	\$9,000	\$6,000	\$9,000	\$15,000	\$11,000	\$10,000	\$16,000	\$18,000	\$14,700
Family	\$26,000	\$18,000	\$12,000	\$18,000	\$30,000	\$22,000	\$20,000	\$32,000	\$36,000	\$29,400
Office Visits (sick)										
In Network										
PCP*	\$30 copay	\$30 copay	\$25 copay	\$25 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$40 copay	\$30 copay
Blue CareOnDemand	Variable	Variable	Variable	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Specialist*	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50copay	\$50 copay	\$60 copay	\$60 copay	\$50 copay
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50copay	\$50 copay	\$60 copay	\$60 copay	\$50 copay
Primary Care Physician* and Specialist Services										
In Network										
Office Visit Services and 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	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Inpatient and Outpatient Physician Charges (other than office)	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Prescription Drugs										
In Network										
Retail Pharmacy	Tier 1: \$15	Tier 1: \$15	Tier 1: \$12	Tier 1: \$12	Tier 1: \$15	Tier 1 \$15	Tier 1: \$15	Tier 1: \$15	Tier 1: \$15	Tier 1: \$15
	Tier 2: \$70	Tier 2: \$70	Tier 2: \$35	Tier 2: \$35	Tier 2: \$70	Tier2 \$70	Tier 2: \$70	Tier 2: \$70	Tier 2: \$70	Tier 2: \$70
	Tier 3: \$120	Tier 3: \$120	Tier 3: \$70	Tier 3: \$70	Tier 3: \$120	Tier 3 \$120	Tier 3: \$120	Tier 3: \$120	Tier 3: \$120	Tier 3: \$120
	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: \$ 30	Tier 1: \$ 30	Tier 1: \$ 24	Tier 1: \$ 24	Tier 1: \$ 30	Tier 1: \$ 30	Tier 1: \$30	Tier 1: \$30	Tier 1: \$ 30	Tier 1: \$30
	Tier 2: \$161	Tier 2: \$161	Tier 2: \$80.50	Tier 2: \$80.50	Tier 2: \$161	Tier 2: \$161	Tier 2: \$161	Tier 2: \$161	Tier 2: \$161	Tier 2: \$161
	Tier 3: \$276	Tier 3: \$276	Tier 3: \$276	Tier 3: \$276	Tier 3: \$276	Tier 3: \$276	Tier 3: \$276	Tier 3: \$276	Tier 3: \$276	Tier 3: \$276

* Copay includes covered services for Office visits, Consultations, Medical Supplies, Allergy Injections, Minor Office Surgeries, Second Surgical Opinions, Labs and X-Rays, and Hearing Evaluations. Other covered services are subject to coinsurance with the exception of third-party diagnostic labs and X-Rays, excluding scans, which are paid at 100% (no member cost).

CHAMBER BLUE PREFERRED PLANS

	PREFERRED 1	PREFERRED 2	PREFERRED 4	PREFERRED 7	PREFERRED 9	PREFERRED 10	PREFERRED 13	PREFERRED 14	PREFERRED 17	PREFERRED 19
Emergency Services										
Hospital Emergency Room										
In Network	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Ambulance, Out of Area (including physician charges)										
In Network	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Inpatient Hospital										
In Network	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Hospital										
In Network	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Rehabilitative Services (includes physical therapy [PT], occupational therapy [OT], speech, respiratory, cardiac and pulmonary rehab, and skilled nursing)										
In Network	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental Health/Substance Use										
In Network										
Inpatient Services	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Services	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% 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	Paid same as PCP
Autism Spectrum Disorder	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% 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	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	20% after deductible	30% after deductible

CHAMBER BLUE SECURE PLANS

	SECURE 4	SECURE 6	SECURE 10	SECURE 14	SECURE 16	SECURE 18	SECURE 20	SECURE 22
Coinsurance								
In Network	20%	30%	40%	30%	50%	50%	0%	0%
Out of Network	40%	50%	60%	50%	50%	50%	50%	40%
Deductible								
In Network								
Single	\$4,000	\$2,250	\$3,000	\$5,000	\$4,500	\$5,500	\$8,900	\$7,850
Family	\$8,000	\$6,750	\$9,000	\$10,000	\$9,000	\$11,000	\$17,800	\$15,700
Out of Network								
Single	\$7,500	\$4,000	\$6,000	\$10,000	\$8,500	\$10,500	\$16,800	\$14,700
Family	\$15,000	\$12,000	\$18,000	\$20,000	\$17,000	\$21,000	\$33,600	\$29,400
MOOP								
In Network								
Single	\$8,500	\$6,500	\$7,000	\$9,200	\$8,500	\$8,900	\$8,900	\$7,850
Family	\$17,000	\$13,000	\$14,000	\$18,400	\$17,000	\$17,800	\$17,800	\$15,700
Out of Network								
Single	\$16,000	\$12,000	\$14,000	\$20,000	\$16,000	\$16,800	\$32,600	\$28,400
Family	\$32,000	\$24,000	\$28,000	\$40,000	\$32,000	\$33,600	\$65,200	\$56,800
Office Visits (sick)								
In Network								
PCP*	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Blue CareOnDemand	Variable	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Specialist*	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay
Urgent Care	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay
Physician Services								
In Network								
Inpatient and Outpatient Physician Charges (other than office)	20% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Prescription Drugs								
In Network								
Retail Pharmacy	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: \$70 Tier 3: \$120 Tier 4: 20% up to \$500	Tier 1: \$15 Tier 2: Deductible & coinsurance Tier 3: Deductible & coinsurance Tier 4: Deductible & coinsurance	0% after deductible
Mail Order	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$ 30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: \$161 Tier 3: \$276	Tier 1: \$30 Tier 2: Deductible & coinsurance Tier 3: Deductible & coinsurance	0% after deductible

* Copay includes covered services for Office visits, Consultations, Medical Supplies, Allergy Injections, Minor Office Surgeries, Second Surgical Opinions, Labs and X-Rays, and Hearing Evaluations. Other covered services are subject to coinsurance with the exception of third-party diagnostic labs and X-Rays, excluding scans, which are paid at 100% (no member cost).

CHAMBER BLUE SECURE PLANS

	SECURE 4	SECURE 6	SECURE 10	SECURE 14	SECURE 16	SECURE 18	SECURE 20	SECURE 22
Emergency Services								
Hospital Emergency Room								
In Network	\$300 copay, then 20% after deductible	\$300 copay, then 30% after deductible	\$300 copay, then 40% after deductible	\$300 copay, then 30% 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	20% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Inpatient Hospital								
In Network	\$500 copay, then 20% after deductible	\$500 copay, then 30% after deductible	\$500 copay, then 40% after deductible	\$500 copay, then 30% 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	20% after deductible	30% after deductible	40% after deductible	30% 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, and skilled nursing)								
In Network	20% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Mental Health/Substance Use								
In Network								
Inpatient Services	20% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient Services	20% after deductible	30% after deductible	40% after deductible	30% 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	Paid same as PCP	Paid same as PCP	Paid same as PCP
Autism Spectrum Disorder	20% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible	50% 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	20% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible

CHAMBER DENTAL PLANS

Chamber BlueSM

Delivering Value for Our Community Partners in 2026

Chambers of commerce are a vital part of our state’s DNA. BlueCross BlueShield of South Carolina is proud to partner with the chambers of commerce across South Carolina to offer plans providing innovative, well-designed health benefits serving chamber businesses and their employees. **Chamber Blue** plans are available to groups with 51 or more eligible employees. (Actual enrollment may be less than 51 lives.)

Plan features include:

- ◆ Preventive health benefits that pay 100 percent for certain recommended screenings from in-network providers, including well-child visits. All plans include an additional \$500 Sustained Health Benefit.
- ◆ Handy access to benefit information via My Health Toolkit.
- ◆ Telehealth services through Blue CareOnDemandSM
- ◆ Blue DataConnectSM analytics for employers with 100 or more enrolled employees.
- ◆ Chiropractic coverage included with a per-year maximum of \$500.
- ◆ All plans are available as fully insured or level funded.

For 2026, we’ve enhanced the dental benefits that are so important to members and their families. The 16 **Chamber Dental** plans outlined here are structured to provide simpler quoting and speedier onboarding so members can easily access the best in whole-health dental care.

Chamber Dental Options																				
PLAN	VOLUNTARY/ CONTRIBUTORY	PREVENTIVE — CLASS I		BASIC — CLASS II		EPO	MAJOR — CLASS III*		ORTHODONTIA — CLASS IV*		DEDUCTIBLE — OON & MAJOR		ANNUAL	ORTHO	MONTHLY PREMIUM RATES BY TIER					
		IN	OUT	IN	Out		IN	OUT	IN	OUT	SINGLE	FAMILY			Employee	Family	EE/CH	EE/SP		
Open Access															Employee	Family	EE/CH	EE/SP		
1	C – OPEN	100%	100%	80%	80%	Class 2	50%	50%	0%	0%			\$50	\$150	\$1,500	0	\$36.28	\$116.11	\$76.19	\$72.57
2	V – OPEN	100%	100%	80%	80%	Class 2	50%	50%	0%	0%			\$50	\$150	\$1,500	0	\$37.74	\$120.77	\$79.26	\$75.48
5	C – OPEN	100%	100%	80%	80%	Class 2	50%	50%	50%	50%			\$50	\$150	\$1,500	\$1,500	\$36.28	\$128.99	\$87.21	\$72.57
7	C – OPEN	100%	100%	80%	80%	Class 2	50%	50%	0%	0%			\$50	\$150	\$1,000	0	\$30.62	\$97.98	\$64.30	\$61.24
8	C – OPEN	100%	100%	80%	80%	Class 2	50%	50%	50%	50%			\$50	\$150	\$1,000	\$1,000	\$30.62	\$105.96	\$71.13	\$61.24
9	C – OPEN	100%	100%	80%	80%	Class 2	50%	50%	0%	0%			\$50	\$150	\$2,000	0	\$40.69	\$130.21	\$85.45	\$81.38
10	C – OPEN	100%	100%	80%	80%	Class 2	50%	50%	50%	50%			\$50	\$150	\$2,000	\$2,000	\$40.69	\$149.73	\$102.15	\$81.38
11	C – OPEN	100%	100%	80%	80%	Class 3	50%	50%	0%	0%			\$50	\$150	\$1,500	0	\$35.19	\$112.61	\$73.90	\$70.38
12	V – OPEN	100%	100%	80%	80%	Class 3	50%	50%	0%	0%			\$50	\$150	\$1,500	0	\$36.16	\$115.71	\$75.94	\$72.32
Select																				
3	C – SELECT	100%	80%	80%	60%	Class 2	50%	40%	0%	0%			\$50	\$150	\$1,500	0	\$32.77	\$104.85	\$68.81	\$65.53
4	V – SELECT	100%	80%	80%	60%	Class 2	50%	50%	0%	0%			\$50	\$150	\$1,500	0	\$35.19	\$112.61	\$73.89	\$70.37
6	C – SELECT	100%	80%	80%	60%	Class 2	50%	40%	50%	50%			\$50	\$150	\$1,500	\$1,500	\$33.68	\$120.66	\$81.75	\$67.36
13	C – SELECT	100%	80%	80%	60%	Class 3	50%	40%	0%	0%			\$50	\$150	\$1,500	0	\$32.59	\$104.29	\$68.44	\$65.18
14	V – SELECT	100%	80%	80%	60%	Class 3	50%	50%	0%	0%			\$50	\$150	\$1,500	0	\$33.81	\$108.18	\$70.99	\$67.61
15	V – SELECT	100%	80%	90%	60%	Class 3	60%	40%	50%	40%			\$50	\$150	\$1,000	\$1,000	\$29.60	\$102.04	\$68.42	\$59.19
16	C – SELECT	100%	80%	80%	60%	Class 3	50%	40%	0%	0%			\$50	\$150	\$1,000	0	\$28.13	\$90.03	\$59.08	\$56.27

*When the employer contribution is less than 50 percent of the employee premium, the plan is considered a Voluntary Plan and the participation requirement is 20 percent. There is a 12-month waiting period on major and orthodontia services for members who did not have prior dental coverage with the employer..

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

PO Box 100300

Columbia, SC 29202-3300

Group.Claims@bcbssc.com

Payments:

BlueCross BlueShield of South Carolina

Cashier's Office, AX-A31

PO Box 6000

Columbia, SC 29260

Claims Customer Service:

800-868-2500, ext. 43475

803-264-3475

Formal appeals must be sent in writing to BlueCross BlueShield of South Carolina, Member Service Center, PO 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

Specialty Pharmacy Questions: 877-259-9428

Mail Service Questions: 855-811-2218

Companion Benefit Alternatives:*

(Mental Health)

800-868-2500, ext. 25037

800-868-1032

Dental:

800-868-2500, ext. 42254

803-264-2254

Prior Authorization:

800-868-2500, ext. 41904

803-264-1904

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



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

