Welcome to BlueCross BlueShield of South Carolina
Topics of Discussion

- BCBS Furman Medical Plan Highlights
- Medical and Pharmacy Plan Design Review
- Preventative Care & ACA Mandates
- My Diabetes Discount Program
- BCBS Strive Wellness Platform
- My Health TOOLKIT
- Health Plan Tips
- Question & Answer
2023 Highlights

**Plan Overview**
Medical Plan Administrator: BCBS

Pharmacy Benefit Manager (PBM): **Optum Rx**

Fully Insured Plan: **BCBS takes on risk** & **sets premiums** based on claim history

Plan Options: **Plus, Basic, HDHP (High Deductible Health Plan)**

2023 Focus: **Education, Communication, Collaboration**

**Various Resources & Tools**
- “My Health Tool Kit”
- Telemedicine Benefit (for all BCBS Members)
- Access to a free Health Coach
- BCBS Strive Wellness Platform (New)
- My Diabetes Discount Program
- New Health Advocacy Tool
<table>
<thead>
<tr>
<th></th>
<th>Plus Plan</th>
<th>Basic Plan</th>
<th>HDHP Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Visit</strong></td>
<td>$30 Copay</td>
<td>$30 Copay</td>
<td>Subject to Ded</td>
</tr>
<tr>
<td><strong>Specialist Visit</strong></td>
<td>$50 Copay</td>
<td>Subject to Ded</td>
<td>Subject to Ded</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$50 Copay</td>
<td>Subject to Ded</td>
<td>Subject to Ded</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$250 Copay</td>
<td>Subject to Ded</td>
<td>Subject to Ded</td>
</tr>
<tr>
<td><strong>Telemedicine</strong></td>
<td>$30 Copay</td>
<td>Subject to Ded</td>
<td>Subject to Ded</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$800/ $1,600</td>
<td>$1,500/ $3,000</td>
<td>$3,000/ $6,000</td>
</tr>
<tr>
<td><strong>(Individual/Family)</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>OOPM</strong></td>
<td>$4,000/$8,000</td>
<td>$6,000/$12,000</td>
<td>$6,750/$13,500</td>
</tr>
<tr>
<td><strong>(Individual/Family)</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% In Network</td>
<td>80% In Network</td>
<td>80% In Network</td>
</tr>
<tr>
<td>50% Out of Network</td>
<td></td>
<td>50% Out of Network</td>
<td>50% Out of Network</td>
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</table>

- Routine preventive care outside of mandated health care reform under the Affordable Care Act will be covered up to $500 per member per year.
- Chiropractor visits are subject to the deductible and will be covered up to $500 per year.

*Ded = Deductible  OOPM = Out of Pocket Maximum*
# 2023 Pharmacy Plan Design

<table>
<thead>
<tr>
<th></th>
<th>Plus Plan</th>
<th>Basic Plan</th>
<th>HDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail (30 day)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$15 Copay</td>
<td>$15 Copay</td>
<td>Subject to deductible</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$40 Copay</td>
<td>$40 Copay</td>
<td>Subject to deductible</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$70 Copay</td>
<td>$70 Copay</td>
<td>Subject to deductible</td>
</tr>
<tr>
<td>Specialty</td>
<td>$125 Copay</td>
<td>$125 Copay</td>
<td>Subject to deductible</td>
</tr>
<tr>
<td><strong>Retail (90 day)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic*</td>
<td>$45</td>
<td>$45</td>
<td>Subject to deductible</td>
</tr>
<tr>
<td>*90 day refills only available for generics at retail locations. Cost equates to 31 day supply times 3.</td>
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<tr>
<td><strong>Home Delivery (90 day)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$25 Copay</td>
<td>$25 Copay</td>
<td>Subject to deductible</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$90 Copay</td>
<td>$90 Copay</td>
<td>Subject to deductible</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$175 Copay</td>
<td>$175 Copay</td>
<td>Subject to deductible</td>
</tr>
<tr>
<td>Specialty</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Subject to deductible</td>
</tr>
</tbody>
</table>
BCBS Prescription Plan Points

Step Therapy
• New Prescriptions must be prescribed generic lower cost option before moving to a brand/ higher cost drugs.

90 Day (Retail) fill for Generic Drugs Only
• No Longer Mandatory
• Provides Convenience and helps with Compliance

Narcotic Management
• Limits on Narcotic Medications

Dispense as Written
• Regardless if the physician writes “dispense as written” if there is a generic available and the member still chooses the brand name, they will pay their regular cost-sharing PLUS the difference in the cost between the generic and brand name.
Furman University Medical Plans

- **Basic Plan**: $1,500 Ind / $3,000 Family In-Network Deductible & $6,000 Ind / $12,000 Family

- **Plus Plan**: $800 Ind / $1,600 Family In-Network Deductible & $4,000 Ind / $8,000 Family Max Out-of-Pocket

- **Health Savings Account Plan**: $3,000 Ind / $6,000 Family In-Network Deductible & $6,750 Ind / $13,500 Family

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PRIOR COVERAGE</th>
<th>CURRENT COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit Copay</td>
<td>Allergy serum covered at no charge</td>
<td>Include in OV copay</td>
</tr>
<tr>
<td>MH Office Visit Copay</td>
<td>Specialist copay on plans with copay</td>
<td>PCP copay</td>
</tr>
<tr>
<td>PT/OT/ST</td>
<td>90 combined visits for OT/PT/ST</td>
<td>30 combined visits for OT/PT and 20 for ST</td>
</tr>
<tr>
<td>Blue CareOnDemand</td>
<td>$10 Copay or Ded/Coinsurance</td>
<td>$30 Copay</td>
</tr>
<tr>
<td>Infertility</td>
<td>Treatment of underlying condition only</td>
<td>Excluded</td>
</tr>
<tr>
<td>Morbid Obesity Services</td>
<td>Bariatric surgery covered INN</td>
<td>Excluded</td>
</tr>
</tbody>
</table>
PREVENTIVE SERVICES & ACA MANDATES

Everyone
- Wellness exam
- Well-child visits and immunizations
- Colorectal screening (beginning at 45)
- Flu shot

Women
- Pap test
- Mammogram (every 1-2 years beginning at 40)

Men
- Prostate screening (beginning at 50)
- Testicular exam

https://www.healthcare.gov/coverage/preventive-care-benefits/
Furman University Pharmacy Benefits

Go to www.southcarolinablues.com/pharmacy and select Download Drug List

- **Prior authorization:** Prior authorization is a quality and safety program that promotes the proper use of certain medications. If your doctor prescribes a medication that is included in our Prior Authorization program, you must get approval before your plan will cover it.

- **Quantity management:** For drugs in this program, your plan will cover only a set amount within a set time frame. Your doctor can request an override to allow a larger amount, if he or she determines it’s necessary for you.

- **Step therapy:** Step therapy requires you to try an alternative, cost-effective medication before trying (or “stepping up to”) the more expensive brand-name medication. Many people find the alternative medications work just as well for them. If you have not tried the less-expensive medication and you and your doctor want to skip that step, your doctor must request an exception before your plan will cover the more expensive drug.
<table>
<thead>
<tr>
<th></th>
<th>Basic/Plus Plans</th>
<th>Health Savings Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail (31 - Day Supply)</td>
<td>$15 (Generic) / $40 (Preferred) / $70 (Non-Preferred)</td>
<td>Deductible, 80%</td>
</tr>
<tr>
<td>Mail (90-Day Supply)</td>
<td>$25 (Generic) / $90 (Preferred) / $175 (Non-Preferred)</td>
<td>Deductible, 80%</td>
</tr>
<tr>
<td>Specialty (31-Day Supply)</td>
<td>$125 Copay</td>
<td>Deductible, 80%</td>
</tr>
<tr>
<td></td>
<td>Member may purchase a 90-day supply of a generic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>prescription at retail; however, the cost is 3 retail</td>
<td></td>
</tr>
<tr>
<td></td>
<td>generic copays will apply at the time of purchase</td>
<td></td>
</tr>
<tr>
<td>Mandatory Generic</td>
<td></td>
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</tr>
</tbody>
</table>
Enroll now to get all the benefits of medication home delivery.

OptumRx® home delivery is convenient and reliable.

Savings
You may pay less for your medication with a 3-month supply.

Convenience
Medications are delivered to your mailbox—with free standard shipping.

24/7 pharmacist support
Speak to a pharmacist any time, from the privacy of your own home.

Personalized drug pricing tool and reminders
Use the drug pricing tool for cost-saving opportunities. Set up texts and email reminders to help you remember to take or refill your medications.¹

Need your medication right away?
Ask your doctor for a 1-month supply that can be filled at a participating retail pharmacy.

Here's how to get started with home delivery:

• ePrescribe: Ask your doctor to send an electronic prescription to OptumRx.²
• optumrx.com: Easily find your medications and set up home delivery in just a few steps.
• Phone: Call the toll-free number on your member ID card.

Prescriptions should arrive within 5 business days after your complete order is received. You can check the status of your orders online.
• Members diagnosed with diabetes and prescribed insulin therapy

• Complete lab tests and checkups aimed at supporting their health and quality of life

• 30 day copay for insulin is no more than $20

• It's a claims based program and there is no admin fee
Who’s Eligible

- Diagnosis of Type 1 or Type 2 diabetes *within past 12 months*
- Filled a prescription for insulin therapy* *within past 6 months*
- Carve-in pharmacy benefit*
- Enrolled in a diabetes management or broader case management programs

*Pharmacy claims lookback will be 6 months, medical claims lookback 12 months*
How Members Qualify

Primary care physician visit with risk factor assessment (foot & eye exam)

Comprehensive metabolic panel (CMP) lab test, and
A1C test twice a year to check average blood sugar levels, and

Annual Flu shot, and

One session of diabetes education (per quarter for two consecutive quarters)

a. Diabetes management program
b. Educational resources
c. Online educational session
d. Intensive behavioral counseling with a care manager

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What’s the Benefit

✓ Once members qualify, they will be engaged by a care manager to chaperone them through the program

✓ Members receive notification of subsidized cost share (not to exceed $20) for insulin prescriptions

  • CDHP: Member pays $0
  • Non CDHP: Member pays generic tier cost share not to exceed a $20 copay for a 30-day supply

✓ There are no additional charges incurred by the member

✓ It’s a claims-based program, so there are no additional charges to the employer – just the claim charges
Introducing Strive
A well-being platform for meaningful change, measurable outcomes

Strive combines members preferences and interests with daily content, challenges and rewards to motivate positive health changes.

https://bcbs.widen.net/s/xk8nbsnmwx/strive-video-4-2022
Getting Started

Step One
To join Strive, log into your My Health Toolkit account and select Wellness, then Strive to enroll.

Step Two
We’re committed to keeping your health and wellness data private. Read and accept our Member Privacy Notice, Membership Agreement and Data Consent Notice.

Step Three
Enter your preferred email address, Create a password, and provide a few additional details to help us give you the best experience. Then select CREATE MY ACCOUNT.
MY HEALTH TOOLKIT®

✓ View and share digital ID card
✓ Check Medical claim status
✓ Confirm coverage
✓ Check status for Prior Authorizations
✓ Update Other Health Insurance Information
✓ View member discounts

www.southcarolinablues.com/GetStarted
HEALTH PLAN TIPS

- Save the customer care line, 1-855-819-0960, on your phone for medical & pharmacy questions.
- Keep us and your employer informed of any address changes.
- Let your employer know ASAP if you have a qualifying life event and need to make plan changes.
- Create a My Health Toolkit account by going southcarolinablues.com and download the app.
- Use web tools located at southcarolinablues.com to find a provider, check cost, ask a question, etc.
- Use the Emergency Room for emergency situations only.
- Always choose an in-network physician.
- Request provider to prescribe a generic drug to save money.
- Always carry your ID card with you.
QUESTIONS?