

BlueChoice® Individual Coverage

Quick Reference Guide Updated February 2009

Contact your BlueChoice HealthPlan Individual Coverage marketing representatives with any questions:

Midlands/Lowcountry: Rhonda Hays (Rhonda.Hays@bluechoicesc.com) — 843-324-6567

Midlands/Upstate: Melissa Gimbel (Melissa.Gimbel@bluechoicesc.com) — 803-382-5249

Or contact the Agent Hotline: 1-866-280-0766

Change Plan Designs				
From	To	Underwriting Required	Documentation Required	Other Information
Plan 1	Plan 2,3,4,5,6,7	No	Mail to Underwriting at AX-410 or fax to 803-735-1934.	<ul style="list-style-type: none"> - Name and individual ID card number. - Type of change requested. - Any other pertinent information.
Plan 2	Plan 3,4,5,6,7	No		
Plan 3	Plan 4,5,6,7	No		
Plan 4	Plan 5,6,7	No		
Plan 5	Plan 6,7	No		
Plan 6	Plan 7	No		
Plan 2	Plan 1	Yes	Submit new application with appropriate payment through www.AppTracSC.com or send to Underwriting at AX-410.	Letter stating: <ul style="list-style-type: none"> - Type of change requested. - Form of payment.
Plan 3	Plan 2, 1	Yes		
Plan 4	Plan 3, 2, 1	Yes		
Plan 5	Plan 4, 3, 2, 1	Yes		
Plan 6	Plan 5,4,3,2,1	Yes		
Plan 7	Plan 6,5,4,3,2,1	Yes		

Change to Payment Form				
Bank Draft	Monthly	No	Mail a letter to Individual Billing at AX-430, fax to 803-382-5157, or e-mail to: Individual.Billing@bluechoicesc.com	<ul style="list-style-type: none"> - Name and individual ID card number. - Type of change requested. - Any other pertinent Information.
Monthly	Bank Draft			
Bank Draft	Monthly			

Change	Documentation Required
Address/Phone #	Send a letter stating the change to Membership at AX-425 or fax to 803-735-9675.

Important Notes

New Individual Application Submission Process

- New applications should be completed online via www.AppTracSC.com.
- This new system ensures faster and more efficient turnaround for your customers.
- All sections must be completed and the first month's payment included. Binder payments may be made by credit card or check. Please make checks payable to: **BlueChoice HealthPlan**. Bank draft payment is available for recurrent payments. If the check option is selected through AppTrac, the check must be received within five business days of application submission.
- There are no discounts for bank draft payments.
- New applicants are only added on the first day of the month. However, bank drafts can be scheduled for the first or 15th of the month.
- A new application is required when an upgrade in policy benefits is requested. The application will be subject to medical underwriting. If approved, the benefit period and policy waiting periods start over as if it were a new policy. Amounts applied to benefit maximums will carry over to the new benefit period.

Learn more about AppTrac – a fast and convenient Web experience for you and your clients!

- Visit www.AppTracSC.com.
- Select "Login" in the upper right corner of the screen.

Under "E-Mail Address," enter your username. Your username is your last name and the six-digit agent code that you use to sell BlueChoice for Individual Coverage. Your password is your username backwards. **Please use all capital letters.**

Example:

Username: last name + agent code (SMITHABC123)

Password: username backwards (321CBAHTIMS)

Once you are logged in, you will be able to create, search and track your prospects. You will also be able to change your password under "My Account."

You can also access AppTrac through our BlueChoice HealthPlan Web site.

- Visit www.BlueChoiceSC.com.
- Select "Agents" and then "Products and Services."
- Select "Applying Online" next to the AppTrac logo.

This will direct you to the AppTrac Web site. Select "Login" in the upper right corner of the screen and then you can enter your Username and Password.

*Submit paper applications to:

- Mailing address: BlueChoice HealthPlan, AX-410, PO Box 6170, Columbia, SC 29260-6170.
- Billing Address: BlueChoice HealthPlan, AX-410, 3060 Alpine Road, Columbia, SC 29223.

2/2009

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the Blue Cross and Blue Shield Association.

BlueChoice Individual Coverage Agent Reference Guide

Automatic Declines (This is a reference tool, not a complete listing.)

- ACL¹
- Acne²
- ADD/ADHD³
- AIDS, AIDS-Related Complex (ARC), HIV
- Alcohol or drug abuse
- Allergies⁴
- Alzheimer's disease
- Anemia (sickle cell)
- Aneurysm (other than congenital or traumatic)
- Angina pectoris
- Ankylosing rheumatoid spondylitis
- Anorexia nervosa
- Asthma
- Build/weight outside our guidelines (will review after one year)
- Bulimia
- Bypass surgery - coronary
- Cancer
- Cardiomyopathy
- Chronic fatigue syndrome (will review after five years)
- Cirrhosis of liver
- Collagen or connective tissue diseases
- Congestive heart failure
- COPD (Chronic Obstructive Pulmonary Disease)
- Crohn's disease
- Cystic fibrosis
- Depression/Anxiety
- Diabetes
- Diverticulosis/itis
- Down's syndrome
- Dysmenorrhea /Irregular Pap smears⁵
- Ear Tubes
- Ear Infections⁶
- Epilepsy
- Epstein-Barr syndrome
- Fibromyalgia
- Gout
- Heart attack/murmur
- Hemophilia
- Herpes
- High blood pressure
- Hodgkin's disease
- Hypercholesterolemia/hyperlipidemia

2/2009

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the Blue Cross and Blue Shield Association.

BlueChoice Individual Coverage Agent Reference Guide

Automatic Declines (This is a reference tool, not a complete listing.)

- Hypertension
- Hypothyroidism
- IBS (Irritable Bowel Syndrome)
- Kidney dialysis
- Kidney transplant recipient
- Lazy Eye (will review if surgery has been completed with no further problems)
- Leukemia
- Lupus
- Lyme disease (will review after two years)
- Malignant melanoma
- Manic depressive
- Meniere disease
- Mental Retardation
- Migraine headaches
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia Gravis
- Open heart surgery
- Osteoporosis
- Pacemaker
- Pancreatitis - chronic
- Parkinson's disease
- Pins/Rods/Screws in appendages⁷
- Pituitary disorders
- Polycystic kidney
- Premature ventricular contractions (PVCs)
- Premature Pregnancy (under 40 weeks; if the birth weight is under five pounds and they have been in NICU/on a ventilator)
- Pyloric stenosis - unoperated
- Psoriasis
- Reflux⁸
- Rheumatoid arthritis
- Schizophrenia
- Scoliosis (if rods inserted in back and still in, will be automatically declined)
- Stroke
- Thalassemia - beta major or beta intermedia
- Ulcerative colitis
- Ventricular fibrillation

2/2009

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the Blue Cross and Blue Shield Association.

¹ ACL — If the corrective surgery was completed a year prior, we may accept the applicant.

² ACNE — If the applicant has cystic acne we automatically decline. If the applicant is only using a cream or wash we may accept. If the applicant has taken Accutane within the preceding six months, we automatically decline.

³ ADD/ADHD — We accept these applicants, but we do not pay for any services or medications related to these diagnoses.

⁴ Allergies — We may accept applicants with seasonal allergies. If the applicant has more serious allergies or is taking shots we automatically decline.

⁵ Ear Tubes — If the tubes have been in at least three months and there have been no major problems, we may accept the applicant.

⁶ Ear Infections — If the applicant has had no more than three ear infections during the preceding October through March, we may accept the applicant. If the applicant has had five or more during a 12-month period, we will automatically decline the applicant.

⁷ Pins/Rods/Screws/Plates — If the hardware/device has been permanently embedded within the year prior we may accept the applicant.

⁸ Reflux — If the applicant is a newborn and the problem was due to formula/milk but has since changed and been corrected, we may accept the applicant. Any other issues would need Underwriting review (for example, if the applicant has IBS and is taking medications, we would automatically decline the applicant).

Eligibility

To be eligible for coverage, an individual must be:

- A resident of South Carolina.
- Age 6 weeks through 29 years.

Coverage can be purchased by:

- Parent
- Grandparent
- Legal Guardian
- Individual at least age 18 years.

Effective Date

The effective date of coverage is the first day of the month after BlueChoice HealthPlan approves the application. We do not offer a 15th of the month effective date.

Underwriting Review

We either accept or decline. We do **not** offer riders.

Conditions subject to a six-month waiting period:

- Adenoids
- Appendix (emergency situations are covered)
- Disorders of the reproductive system
- Hemorrhoids
- Hernia
- Tonsils

When Coverage Ends

Members are no longer eligible for coverage under BlueChoice HealthPlan when they reach age 30 or move outside South Carolina. They can, however, convert their coverage to a BlueCross BlueShield of South Carolina Personal BlueSM Plan. Members must request the conversion in writing within 31 days of the qualifying event. They must submit a new application to BlueCross BlueShield of South Carolina with a check for the first month's premium. Please note on the request that the applicant is converting from BlueChoice Individual Coverage to Personal Blue Plan. If the requested deductible/coinsurance maximum is the same or higher, there will be no additional underwriting or pre-existing condition limitations.

If Coverage is Declined:

If BlueChoice HealthPlan declines an applicant for coverage, we recommend that you apply for BlueCross BlueShield of South Carolina's Personal Blue Plan because, unlike BlueChoice for Individual Coverage, it may be issued with riders. BlueCross BlueShield of South Carolina will conduct its own medical underwriting.

Contact your BlueChoice Individual Coverage marketing representatives with questions:

Midlands/Lowcountry: Rhonda Hays (Rhonda.Hays@bluechoicesc.com) — 843-324-6567

Midlands/Upstate: Melissa Gimbel (Melissa.Gimbel@bluechoicesc.com) — 803-382-5249

Or contact the Agent Hotline: 1-866-280-0766