

First Sun EAP Now Included!

The Right Choice For Small Groups

Series II Plan Information

Coinsurance	
Deductible	
Coinsurance Maximum	
Office Visits — PCP	
Office Visits — Specialists	
Chiropractic Care	
Vision	
Dental Preventive, one exam, initial/periodic	
Dental Preventive, one cleaning adult/child	
Urgent Care	
Other Services	
ER	
Rx (Retail)	
Mail Order Rx	
Specialty Rx	
Rx Deductible Option	

Series II 80/60 - \$250

<u>IN</u>	<u>OUT</u>
80%	60%
\$250	\$500
\$1,500	\$3,000
\$20	deductible/coinsurance
\$35	deductible/coinsurance
\$35	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$125 + 80% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$100	

Series II 80/60 - \$500

<u>IN</u>	<u>OUT</u>
80%	60%
\$500	\$1,000
\$2,000	\$4,000
\$25	deductible/coinsurance
\$40	deductible/coinsurance
\$40	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$125 + 80% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$100	

Series II 80/60 - \$750

<u>IN</u>	<u>OUT</u>
80%	60%
\$750	\$1,500
\$2,500	\$5,000
\$30	deductible/coinsurance
\$45	deductible/coinsurance
\$45	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$125 + 80% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$100	

Series II Plan Information

Coinsurance	
Deductible	
Coinsurance Maximum	
Office Visits — PCP	
Office Visits — Specialists	
Chiropractic Care	
Vision	
Dental Preventive, one exam, initial/periodic	
Dental Preventive, one cleaning adult/child	
Urgent Care	
Other Services	
ER	
Rx (Retail)	
Mail Order Rx	
Specialty Rx	
Rx Deductible Option	

Series II 80/60 - \$1,000

<u>IN</u>	<u>OUT</u>
80%	60%
\$1,000	\$2,000
\$2,500	\$5,000
\$30	deductible/coinsurance
\$45	deductible/coinsurance
\$45	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$125 + 80% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$150	

Series II 80/60 - \$1,500

<u>IN</u>	<u>OUT</u>
80%	60%
\$1,500	\$3,000
\$3,000	\$6,000
\$30	deductible/coinsurance
\$45	deductible/coinsurance
\$45	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$125 + 80% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$250	

Series II 80/60 - \$2,000

<u>IN</u>	<u>OUT</u>
80%	60%
\$2,000	\$4,000
\$3,500	\$7,000
\$35	deductible/coinsurance
\$50	deductible/coinsurance
\$50	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$125 + 80% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$250	

Series II Plan Information

Coinsurance	
Deductible	
Coinsurance Maximum	
Office Visits — PCP	
Office Visits — Specialists	
Chiropractic Care	
Vision	
Dental Preventive, one exam, initial/periodic	
Dental Preventive, one cleaning adult/child	
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Other Services	
ER	
Rx (Retail)	
Mail Order Rx	
Specialty Rx	
Rx Deductible Option	

Series II 80/60 - \$2,500

<u>IN</u>	<u>OUT</u>
80%	60%
\$2,500	\$5,000
\$4,000	\$8,000
\$35	deductible/coinsurance
\$50	deductible/coinsurance
\$50	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$125 + 80% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$250	

Series II 70/50 - \$750

<u>IN</u>	<u>OUT</u>
70%	50%
\$750	\$1,500
\$2,500	\$5,000
\$30	deductible/coinsurance
\$45	deductible/coinsurance
\$45	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$150 + 70% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$100	

Series II 70/50 - \$1,000

<u>IN</u>	<u>OUT</u>
70%	50%
\$1,000	\$2,000
\$2,500	\$5,000
\$30	deductible/coinsurance
\$45	deductible/coinsurance
\$45	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$150 + 70% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$150	

Series II Plan Information

Coinsurance	
Deductible	
Coinsurance Maximum	
Office Visits — PCP	
Office Visits — Specialists	
Chiropractic Care	
Vision	
Dental Preventive, one exam, initial/periodic	
Dental Preventive, one cleaning adult/child	
Urgent Care	
Other Services	
ER	
Rx (Retail)	
Mail Order Rx	
Specialty Rx	
Rx Deductible Option	

Series II 70/50 - \$1,500

<u>IN</u>	<u>OUT</u>
70%	50%
\$1,500	\$3,000
\$3,000	\$6,000
\$30	deductible/coinsurance
\$45	deductible/coinsurance
\$45	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$150 + 70% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$250	

Series II 70/50 - \$2,000

<u>IN</u>	<u>OUT</u>
70%	50%
\$2,000	\$4,000
\$3,500	\$7,000
\$35	deductible/coinsurance
\$50	deductible/coinsurance
\$50	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$150 + 70% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$250	

Series II 70/50 - \$2,500

<u>IN</u>	<u>OUT</u>
70%	50%
\$2,500	\$5,000
\$4,000	\$8,000
\$35	deductible/coinsurance
\$50	deductible/coinsurance
\$50	deductible/coinsurance
100%	N/A
\$27/\$20	
\$40/\$31	
\$50	deductible/coinsurance
deductible/coinsurance	N/A
\$150 + 70% coinsurance	deductible/coinsurance
\$8/\$15/\$35/\$55	N/A
2.5X	N/A
\$80/\$125	N/A
\$250	

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The Advantages of Carolina ADVANTAGE

Office Visit Copayments

Covers all diagnostic and treatment services (including labs and X-rays) provided at a medical office of a participating primary care physician and other places as authorized by BlueChoice HealthPlan (diagnostic services, specialty providers, etc.) including therapeutic procedures, surgical procedures, medical supplies, consultation and treatment

**OB-GYN doctors are considered primary care physicians and would fall under the lower copayment*

Mandated Preventive Services

Covered at 100%

Includes routine health screenings, well-baby and well-child care provided by in-network doctors with no dollar maximums or age limits

Prescription Drugs

\$8 Value Generic and qualified OTC

\$15 Generic

\$35 Preferred Brand

\$55 Non-preferred Brand

**Value generic drugs are the lowest cost generic drugs in the market and also include the OTC drugs currently covered by prescription.*

Value generic and generic drug copayments are not subject to the drug deductible

Full mail order with copayments 2.5x the retail copayment on all plans for a 90-day supply Rx deductibles (optional)

Specialty Pharmaceutical

A copayment of \$80 on select specialty drugs and \$125 on all other specialty drugs that treat complex medical conditions.

Chiropractic Care

Automatically included and covered under the specialist copayment up to \$1,000 maximum per person per benefit period

Occupational/Physical/Speech Therapy

20 visits per member per benefit period for each service

Private Duty Nursing

Up to 60 days per benefit period

Annual Benefit Maximum

\$2,000,000

Highest Rating The National Committee for Quality Assurance has awarded BlueChoice HealthPlan "Excellent Accreditation" status — the highest level awarded. BlueChoice HealthPlan has received six consecutive accreditations at the highest level and 100 percent compliance in all categories. NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care.



Rev 10-2010

Preventive Dental

Automatically included and covers an allowed amount per benefit period for exams and cleanings at any licensed dentist

Comprehensive Dental **Optional*

\$1,000 Maximum per benefit period
Class I — covered at 100 percent of the allowable charge

- Diagnostic and preventive oral exam (one every six months)
- X-rays and emergency office visits

Class II — covered at 80 percent of the allowable charge

- Basic dental
- Oral surgery and periodontic benefits (fillings, endodontics)

Class III — covered at 50 percent of the allowable charge

- Prosthodontic benefits (crowns and bridges)
- Deductible — \$50 (x3)

Accidental Dental Services

\$500 maximum per benefit period

Vision

Automatically included and covers one eye exam each year and one pair of glasses or contact lenses every two years (PEN providers only)

Routine Screening Mammogram

Covered at 100 percent at mammography network provider

Routine Screening Colonoscopy

Covered at 100 percent at network provider

Behavioral Health Services

Inpatient – 20 days per member per benefit period

Outpatient – 20 visits per member per benefit period

Health Management Programs

Great Expectations[®] for health are programs available for targeting many specific health issues to help members practice prevention, make lifestyle choices and engage in self-care behaviors that may improve their health. Included are programs for:

- Asthma
- Back Care
- Case Management
- Children's Health
- COPD
- Depression
- Diabetes
- Healthy and Active Kids
- Heart Disease
- Heart Failure
- Maternity
- Men's Health
- Migraine
- Quit Smoking
- Weight Management
- Women's Health

QuickEnrollSM

A comprehensive online electronic benefit administration tool. New hire processing and enrollment transactions are quick, painless and paper free. This is available to employee groups with 20 or more employees

QuickBillSM

An electronic benefit service that allows groups to view their invoices online via the Internet, 24 hours a day, seven days a week. Groups can pay invoices via an electronic funds transfer and receive immediate invoice corrections.

Employee Assistance Program (EAP)

First Sun EAP provides a broad array of services designed to help people and encourage success at all levels in an organization. EAP services are aimed at HR, managers, workers and their family members. As part of their CarolinaADVANTAGE coverage, employees can get up to three sessions at no charge of assessments or short-term problem resolution. They can also receive up to three free sessions of life management services that include:

- Financial Counseling
- Legal Assistance
- Elder Care Assistance
- Child Care Assistance
- College and School Assistance
- Adoption Assistance
- Pet Care Assistance

HR, managers and supervisors can get assistance with:

- Consultation on and coordination with behavioral health policies
- 24/7/365 access to professional consultation on risk management and workplace performance issues
- Manager referral services for work performance issues

**Optional services prices per project include on-site orientations, educational workshops, supervisory training or critical incident stress management*

The BlueCard[®] Program

The BlueCard program is a national Blue Cross and Blue Shield Association program in which BlueChoice HealthPlan participates. BlueCard enables BlueChoice HealthPlan members living or traveling outside of South Carolina to receive the highest level of benefits when they obtain services from any physician or hospital designated as a BlueCard PPO provider. Doctors and hospitals in the BlueCard program are considered participating providers.

For more information, contact your Small Group marketing representative:

Melissa Gimbel — Midlands/Upstate
(800) 327-3183 ext. 25249
Melissa.Gimbel@bluechoicesc.com

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

First Sun EAP Now Included!

The Right Choice For Small Groups

Series III Plan Information	Series III 70/50 – \$1,000		Series III 70/50 – \$1,500	
	<u>IN</u>	<u>OUT</u>	<u>IN</u>	<u>OUT</u>
Coinsurance	70%	50%	70%	50%
Deductible	\$1,000	\$2,000	\$1,500	\$3,000
Coinsurance Maximum	\$3,000	\$6,000	\$3,500	\$7,000
Office Visits — PCP	\$30	deductible/coinsurance	\$30	deductible/coinsurance
Office Visits — Specialists	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance
Chiropractic Care	deductible/coinsurance	N/A	deductible/coinsurance	N/A
Vision	100%	N/A	100%	N/A
Urgent Care	\$50	deductible/coinsurance	\$50	deductible/coinsurance
ER	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance
Dental Preventive, one exam, initial/periodic	\$27/\$20		\$27/\$20	
Dental Preventive, one cleaning, adult/child	\$40/\$31		\$40/\$31	
Rx (Retail)	\$8/\$15/\$35/\$55	N/A	\$8/\$15/\$35/\$55	N/A
Mail Order Rx	2.5X	N/A	2.5X	N/A
Specialty Rx	\$80/\$125	N/A	\$80/\$125	N/A
Rx Deductible Option	\$250		\$250	
Series III Plan Information	Series III 70/50 – \$2,000		Series III 70/50 – \$2,500	
	<u>IN</u>	<u>OUT</u>	<u>IN</u>	<u>OUT</u>
Coinsurance	70%	50%	70%	50%
Deductible	\$2,000	\$4,000	\$2,500	\$5,000
Coinsurance Maximum	\$4,000	\$8,000	\$5,000	\$10,000
Office Visits — PCP	\$35	deductible/coinsurance	\$35	deductible/coinsurance
Office Visits — Specialists	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance
Chiropractic Care	deductible/coinsurance	N/A	deductible/coinsurance	N/A
Vision	100%	N/A	100%	N/A
Urgent Care	\$50	deductible/coinsurance	\$50	deductible/coinsurance
ER	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance
Dental Preventive, one exam, initial/periodic	\$27/\$20		\$27/\$20	
Dental Preventive, one cleaning, adult/child	\$40/\$31		\$40/\$31	
Rx (Retail)	\$8/\$15/\$35/\$55	N/A	\$8/\$15/\$35/\$55	N/A
Mail Order Rx	2.5X	N/A	2.5X	N/A
Specialty Rx	\$80/\$125	N/A	\$80/\$125	N/A
Rx Deductible Option	\$250		\$250	
Series III Plan Information	Series III 70/50 – \$3,000		Series III 70/50 – \$4,000	
	<u>IN</u>	<u>OUT</u>	<u>IN</u>	<u>OUT</u>
Coinsurance	70%	50%	70%	50%
Deductible	\$3,000	\$6,000	\$4,000	\$8,000
Coinsurance Maximum	\$6,000	\$12,000	\$8,000	\$16,000
Office Visits — PCP	\$35	deductible/coinsurance	\$35	deductible/coinsurance
Office Visits — Specialists	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance
Chiropractic Care	deductible/coinsurance	N/A	deductible/coinsurance	N/A
Vision	100%	N/A	100%	N/A
Urgent Care	\$50	deductible/coinsurance	\$50	deductible/coinsurance
ER	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance
Dental Preventive, one exam, initial/periodic	\$27/\$20		\$27/\$20	
Dental Preventive, one cleaning, adult/child	\$40/\$31		\$40/\$31	
Rx (Retail)	\$8/\$15/\$35/\$55	N/A	\$8/\$15/\$35/\$55	N/A
Mail Order Rx	2.5X	N/A	2.5X	N/A
Specialty Rx	\$80/\$125	N/A	\$80/\$125	N/A
Rx Deductible Option	\$250		\$250	
Series III Plan Information	Series III 70/50 – \$5,000		Small Group Contacts	
	<u>IN</u>	<u>OUT</u>		
Coinsurance	70%	50%		
Deductible	\$5,000	\$10,000		
Coinsurance Maximum	\$10,000	\$20,000		
Office Visits — PCP	\$35	deductible/coinsurance		
Office Visits — Specialists	deductible/coinsurance	deductible/coinsurance		
Chiropractic Care	deductible/coinsurance	N/A		
Vision	100%	N/A		
Urgent Care	\$50	deductible/coinsurance		
ER	deductible/coinsurance	deductible/coinsurance		
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Rhonda Hays
Midlands/Lowcountry Region
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Rhonda.Hays@bluechoicesc.com

Visit us online at
BlueChoiceSC.com

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20 visits per member per benefit period for each service

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Up to 60 days per benefit period

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\$500 maximum per benefit period

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Routine Screening Colonoscopy

Covered at 100 percent at network provider

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- Depression
- Diabetes
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- Heart Disease
- Heart Failure
- Maternity
- Men's Health
- Migraine
- Quit Smoking
- Weight Management
- Women's Health

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