



How Your Benefits Work

Your Guide to MyChoice Individual Coverage

MyChoice Individual Health Coverage



BlueChoiceSC.com

Your Benefits at a Glance

If you need to:	The basic answer:	For more information:
Get an overview of your plan	Your plan requires that you use <u>in-network</u> providers (doctors, hospitals, etc.) to get benefits. Also, you will need to choose a primary care physician for each covered member. (PCPs usually specialize in family medicine, internal medicine or pediatrics.) Coverage is provided only for <u>medically necessary</u> services that are listed as covered in your <i>Schedule of Benefits</i> . You should also check your Certificate of Coverage to see any <u>exclusions</u> or limitations of your plan. And remember to show your member ID card whenever you get medical services.	<ul style="list-style-type: none">○ Your Member Guide, p. 6-7
See a doctor	Your <u>primary care physician</u> will provide most of the services you receive. If you receive services from another health care professional, your primary care physician and BlueChoice HealthPlan must approve the services before you receive them in order for them to be paid. The only exceptions are if you require emergency or urgent care.	<ul style="list-style-type: none">○ Your Member Guide, p. 8○ The Doctor and Hospital Finder
Be admitted to the hospital	All inpatient care must be authorized in advance, except for emergency admissions. Your primary care doctor or specialist will coordinate this for you. If you have an emergency and are hospitalized, please call BlueChoice HealthPlan (or have a family member or friend call) within 24 hours or the next business day.	<ul style="list-style-type: none">○ Your Member Guide, p. 8○ The Doctor and Hospital Finder
Get emergency care	If possible, call your primary care physician. If there's no time to do that, call 911 and/or get to the nearest emergency room (ER) for care. It must be a true emergency for you to have coverage at an ER.	<ul style="list-style-type: none">○ Your Member Guide, p. 9○ Your Schedule of Benefits

If you need to:	The basic answer:	For more information:
Get urgent care	Sometimes you may have a need for medical care that can't wait for your physician's normal office hours, but is not an emergency. You can go to a participating urgent care center. See your <i>Schedule of Benefits</i> to find out what copayment applies. (Hint: Urgent care copayments are much less than ER copayments.)	<ul style="list-style-type: none"> ○ Your Member Guide, p. 9-10 ○ The Doctor and Hospital Finder
Get other services	Your plan has coverage for laboratory and X-ray services. You also may have benefits for vision care and behavioral health care.	<ul style="list-style-type: none"> ○ Your Member Guide, p. 10 ○ Your Schedule of Benefits
Get care away from home	With the BlueCard® Network, you have benefits when you are away from home, when you see a provider that participates in the network. The suitcase in the bottom right hand corner of your card means you have this benefit.	<ul style="list-style-type: none"> ○ Your Member Guide, p. 11 ○ Your Schedule of Benefits ○ Doctor and Hospital Finder (choose national search)
Learn about claims and other payment issues	You will receive an Explanation of Benefits (EOB) in the mail about every month, if you have used any of your benefits. EOBs are also available to you in My Health Toolkit on our website.	<ul style="list-style-type: none"> ○ Your Member Guide, p. 11-12
Know how much you'll pay	Each plan has its own copayments, deductibles and coinsurance. There are also cost estimators, contribution calculators and drug cost comparisons on our website.	<ul style="list-style-type: none"> ○ Your Member Guide, p. 11-12 ○ My Health Toolkit
Fill a prescription	You may have prescription benefits with BlueChoice HealthPlan. Please see your <i>Schedule of Benefits</i> to find out. If your plan has drug benefits, your ID card is also your prescription card. Take your ID card and your prescription to any network pharmacy and it will fill up to a 31-day supply. Most drugs, except for "lifestyle" drugs, are covered under your plan. There are typically three levels: generic, preferred and non-preferred. See your <i>Schedule of Benefits</i> to find out your cost (copayment or coinsurance) for each of these drug categories.	<ul style="list-style-type: none"> ○ Your Member Guide, p. 13-14 ○ Prescription Drug Information ○ Network pharmacies ○ Mail service information ○ Prior Authorization, Step Therapy, Specialty Drugs ○ Your Schedule of Benefits

If you need to:	The basic answer:	For more information:
<p>Learn about benefits for preventive care and how to stay healthy</p>	<p>We care about your health and want to encourage and support you in staying healthy. That's why we cover preventive exams and immunizations. We also have great health and disease management programs to help you learn more about chronic conditions, pregnancy and healthy lifestyles.</p>	<ul style="list-style-type: none"> ○ Your Member Guide, p. 15 ○ Great Expectations® programs
<p>Get information on the Web</p>	<p>BlueChoice HealthPlan has one of the most useful websites around! You can search for a network doctor, check your claims status and authorizations, get information about our wellness programs, and so much more.</p>	<ul style="list-style-type: none"> ○ Your Member Guide, p. 15-16
<p>Understand policies and procedures and know your rights and responsibilities</p>	<p>As a BlueChoice HealthPlan member, we want you to understand all the “fine print” in your plan. You are also entitled to certain rights, including privacy and how we protect it, and have certain responsibilities as a member. You also can appeal certain decisions.</p>	<ul style="list-style-type: none"> ○ Your Member Guide, p. 17 ○ Certificate of Coverage
<p>Learn insurance terms</p>	<p>Check out the Glossary for a definition of any words you don't fully understand.</p>	<ul style="list-style-type: none"> ○ Your Member Guide, p. 21 ○ Certificate of Coverage

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Introduction

This is your MyChoice Individual Member Guide, which outlines your benefits and covered services. The first section is **Your Benefits at a Glance**. Please review this section, which provides a brief review of many important issues. If you need more detailed information about a topic, please read expanded information in the back of the guide. Simply run your cursor over the applicable section under For More Information, and you will automatically be taken to the correct place to view more detail.

We are pleased that you have selected us to be your health plan. Remember, we're here to help you. If you need more information about anything in the Member Guide, or for any reason, please contact Member Services in one of the following ways:

Visit our website:
BlueChoiceSC.com

Write to us:
BlueChoice HealthPlan
Member Services
P.O. Box 6170
Columbia, SC 29260-6170

Or call Monday through Friday between 8:30 a.m. and 8:30 p.m.:
803-786-8476 in Columbia
800-868-2528 outside of Columbia

If you need an interpreter, we have services available for both verbal and written assistance. If you have questions about your coverage, please contact Member Services for more information. If you have a question about utilization management, you can contact Member Services. If they are unable to answer your question, Member Services can transfer your call to utilization management staff or, after normal business hours, to an individual who can triage your call to utilization management staff.

Other documents referred to in this Member Guide will help you better understand your specific coverage and benefits, such as your copayments for prescription drugs and office visits, exclusions, etc. Here's how to access these documents:

Schedule of Benefits: This is a list of your employer's unique coverage and benefits. The *Schedule of Benefits* includes the benefit categories and what you will pay for each service. You can access this through our website at BlueChoiceSC.com. From the Members page, select the My Health Toolkit® link. The first time you go to My Health Toolkit, you will need to create an account. From the sign-in page, select Create a Profile.

Once you have created a profile, you will have access to your *Schedule of Benefits*. Select the Eligibility and Benefits tab at the top of the page. Then select the blue text that reads See your Benefits and Coverage.

Certificate of Coverage: This is an in-depth description of covered services, exclusions, limitations and eligibility requirements. You may find your *Certificate of Coverage* through a link at the top of your *Schedule of Benefits* or request a copy of your group benefits booklet from your Human Resources department or Member Services.

One more thing: We know that there are a lot of insurance words and terms that may be confusing. Any word that you see in blue in "The basic answer" column is defined further in the Glossary on page 21. Thank you for choosing BlueChoice HealthPlan.

Learning About Your Health Plan

Being well informed is one of the best ways to make our services work for you. The information in this guide will help you understand your health plan coverage and how it works before you need to go to the doctor.

What We Pay For

- To receive payment for coverages from us, a service must be medically necessary and listed as a covered service in your Schedule of Benefits or your Certificate of Coverage. We provide payment for covered services you receive while you are enrolled as a member of BlueChoice HealthPlan.
- Your primary care physician can provide most of the services you receive. If you receive services from another health care professional, your primary care physician and BlueChoice HealthPlan must approve the services before you receive them in order for them to be paid. The only exceptions are if you require emergency or urgent care. If your physician refers you to another health care professional participating in the BlueChoice HealthPlan network, he or she will contact us for approval. If you are unsure whether BlueChoice HealthPlan has approved a service, please contact Member Services.

- The benefits we provide may be different from the benefits of another health plan. To see exactly what services are covered under your plan, please check your Schedule of Benefits or your Certificate of Coverage.

What We Do Not Pay For

- You should refer to your Certificate of Coverage for a list of services not covered under your plan. Services not covered are called “exclusions,” while services with restrictions are called “limitations.” If you receive a service that falls under one of these categories, you will be responsible for payment of the resulting charges.
- You are responsible for paying the physician’s bills when you do not receive approval from your primary care physician and BlueChoice HealthPlan before you receive a service. The only exception to this is emergency or urgent care.



Physician Information

Your Primary Care Physician

An important part of your health care experience is building a relationship with a personal primary care physician who will coordinate and oversee your medical care. We encourage you to select a primary care physician early in your membership with BlueChoice HealthPlan.

What they do – BlueChoice HealthPlan’s participating primary care physicians have accepted the responsibility of providing or arranging your health care needs. Because they are trained to have a broad range of medical expertise, they are in the best position to refer you to the appropriate specialists, admit you to the hospital if needed and help coordinate any health care services you may need. Your primary care physician will also file claims for you and ask you to pay only your copayment, deductible or coinsurance amounts for covered services. You may receive a second medical opinion from another participating BlueChoice HealthPlan physician upon request.

Availability – All primary care physicians are required to have 24-hour telephone service and a physician on call if they are unavailable. To obtain services, just call your physician’s office. Even if you get sick or injured after your doctor’s normal office hours, you should still call your primary care physician. By establishing a relationship with your primary care physician, you have the security of knowing a medical professional is ready to help you 24 hours a day, seven days a week.

Choosing a primary care physician – You can choose your primary care physician from BlueChoice HealthPlan’s list of participating physicians. The list is available on our website at BlueChoiceSC.com or by calling Member Services. If you are not currently a patient of the physician you choose, please make sure that physician is accepting new patients.

Changing your primary care physician – If you’d like to change your primary care physician, simply visit our website or contact Member Services. Again, be sure to select a physician from our list of participating primary care physicians and make sure that he or she is accepting new patients. Your change will be effective the same day we receive your request.

When You Need to See a Specialist

If your primary care physician refers you to a specialist, you’ll get an authorization form for that office visit. You will then have approval for benefits that are included in your health plan.

If you see a specialist without first receiving approval from your primary care physician and BlueChoice HealthPlan, we will not pay for the services you receive, even if they are medically necessary. This is the case even if you were a patient of the specialist before you became a BlueChoice HealthPlan member. In order to ensure payment by BlueChoice HealthPlan, please consult your primary care physician before receiving services.

Other Health Care Providers

There may be times when you need services from another health care provider, such as a physical therapist. In this case, your physician will refer you for a certain number of visits or period of time (e.g., four visits or six months). BlueChoice HealthPlan will only pay for the visits that fall within this approved limit.

Other participating health care providers include physicians, hospitals, skilled nursing facilities, home health agencies, hospices and other providers of medical services and supplies who agree to be a part of the BlueChoice HealthPlan network. To get benefits for services from any of these providers, you’ll need to get a referral from your network physician.

When You Need to be Admitted to the Hospital

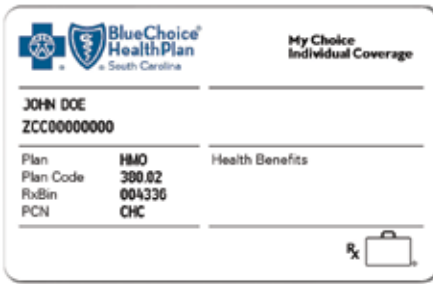
To use benefit coverage for an inpatient admission, you must have authorization for BlueChoice HealthPlan and your primary care physician (or network specialist). Your physician will coordinate this authorization process when you need to be admitted to the hospital.

Gynecologist (GYN)

BlueChoice HealthPlan provides benefits for female members to get regular, preventive care. If you go to a gynecologist who is part of the BlueChoice HealthPlan network of physicians, your routine exam is covered. You won’t even need a referral from your primary care physician. Routine exams from your primary care physician are also covered.

How Your Health Care Coverage Works

Using Your Member ID Card



Whenever you seek medical care, be sure to identify yourself as a BlueChoice HealthPlan member. When you arrive for an appointment, present your

BlueChoice HealthPlan membership ID card to the receptionist.

Your ID card is specific to your health plan. Not all of the information below will apply to you or appear on your card.

The following is an explanation of each field that may appear on your ID card:

- **ID:** Your BlueChoice HealthPlan identification number.
- **Suitcase:** The suitcase logo indicates that you have BlueCard® coverage. If you are traveling and need medical care, the office staff will recognize this suitcase and file your claim.

Routine Visits

Routine appointments are for non-urgent medical needs. These include checkups, follow-up care and camp/school physicals. When making a routine appointment, try to call your primary care physician as far in advance as possible.



Emergency and Urgent Care

Emergency Care: There may be times when you need emergency care. BlueChoice HealthPlan encourages you to call your primary care physician, if possible, before you seek care in an emergency situation. He or she knows your medical history and is available to you 24 hours a day, seven days a week.

If it is not possible to call your personal physician, or delaying medical care would make your condition dangerous, please go to the nearest emergency center. If you can't get there on your own, call 911 for assistance. If your area doesn't have 911 service, dial "0" and tell the operator it is an emergency.

Your plan has guidelines for benefits for emergency care services. If you receive emergency care without direction from your primary care physician, BlueChoice HealthPlan will review your case carefully. Please realize that you may be responsible for payment if you receive emergency services that do not meet the guidelines of your plan.

Please review the following information before an emergency occurs so you'll understand your health plan benefits. You can find more information about coverage for emergency care in your Schedule of Benefits or your contract.

Examples of situations that are **not** considered an emergency include:

- Drug refills
- Removal of stitches
- Work excuses
- Requests for a second opinion
- Requests for screening tests or routine blood work
- Routine follow-up care for chronic conditions, such as high blood pressure or diabetes
- Symptoms that you have had for 24 to 48 hours or longer such as a cough, sore throat, rash or stuffy nose.

You should call your primary care physician concerning these conditions.

Conditions we consider a medical emergency include those that are so severe that a person with an average knowledge of health and medicine could reasonably expect that if he or she does not get immediate medical attention one of these conditions could occur:

- Severe risk to one's health, or with respect to a pregnant woman, the health of her unborn child
- Serious damage to body functions
- Serious damage to any organ or body part
- Severe pain

A condition is considered to be an emergency if symptoms are severe, appear suddenly and need immediate medical attention.

Examples of emergencies include:

- Heart attack
- Stroke
- Poisoning
- Loss of consciousness
- Inability to breathe

Following emergency care, contact your primary care physician so that he or she can coordinate all follow-up care. For example, if you go to the emergency room and get stitches, your primary care physician should remove them when it's time.

If you are admitted to a hospital, please call BlueChoice HealthPlan within 24 hours or the next workday to prevent denial of your claim. If you are not able to call, please have a family member or friend call for you.

Urgent Care: A condition is considered urgent if it is not life threatening, but still needs immediate attention in order to protect your health. Examples of urgent care conditions include:

- Deep cut to the skin
- Severe diarrhea (without bleeding or dehydration)
- Earache
- Sore throat
- Fever
- Acute sinusitis
- Urinary burning, unusual frequency or infection

If you have an illness or injury that requires urgent care, and you cannot get to your doctor or wait until normal office hours,

services provided at a network urgent care center may be available. To find a network urgent care center, refer to the BlueChoice HealthPlan Doctor & Hospital Finder on our website at BlueChoiceSC.com or contact Member Services. (See the Introduction page.) Please keep in mind that your urgent care benefit and the associated copayment only refer to designated urgent care centers, not hospital facilities that advertise urgent care services. Please refer to your *Schedule of Benefits* to find out what your copayment is for urgent care services covered under your plan.

Lab Work, X-rays and Pathology

It is important to know that where lab work, X-rays and pathology are performed can affect the amount of your copayment. If your physician recommends that you receive one of these services, remind him or her that you are a BlueChoice HealthPlan member and there is a BlueChoice HealthPlan approved facility you should use.

Vision Care

Your benefit plan includes vision coverage through BlueChoice HealthPlan.

To use your vision benefits, select a participating vision care provider. Schedule an appointment for an eye exam, making sure you identify yourself as a BlueChoice HealthPlan member. If you are going for a routine eye exam, you do not need a referral from your primary care physician.

One complete eye exam for glasses per Benefit Period is covered for services provided by a doctor in the Physicians Eye Network (PEN).

Behavioral Health

On behalf of BlueChoice HealthPlan, Companion Benefit Alternatives (CBA) manages behavioral health and substance abuse benefits for most of our members and their dependents. CBA is a separate company. The CBA network includes a variety of mental health professionals, including psychiatrists, psychologists, licensed social workers and counselors.

To receive services from a mental health or substance abuse professional, you can contact CBA at 800-868-1032. If you are currently seeing a physician, the physician can refer you to a mental health or substance abuse professional. He or she will handle

all referrals and coordinate your care directly with CBA. Please refer to your Schedule of Benefits or your Certificate of Coverage to find out more information about covered behavioral health services.

When You Travel

If you are traveling outside of the BlueChoice HealthPlan network service area and need treatment, BlueChoice HealthPlan will cover initial treatment of emergency and urgent care. Please call 800-810-2583 and ask for a referral to the nearest physician or urgent care center. Refer to the Emergency and Urgent Care section in this guide for more information.

Any time you will be away for at least 90 days, you can become a guest member of an affiliated Blue Cross and Blue Shield health plan near your destination. Just call BlueChoice HealthPlan and explain your situation. We'll find the health plan near your travel location and have you complete a guest membership application. When you arrive at your destination, all you have to do is call the number we've provided to contact the health plan. A customer service representative will provide you with the information you need, including a list of doctors and benefits available to you.

What happens if you're outside the BlueChoice HealthPlan service area and need medication? Most major chain pharmacies participate in our pharmacy network. The back of your membership ID card has a telephone number that the pharmacist can call to

verify your coverage. You have the same benefits when traveling as you have when you visit your local pharmacy. If you are outside of our service area and use a non-participating pharmacy, we provide benefits only for covered prescription drugs that you need following covered emergency or urgent care.

What You Pay

Your financial responsibility depends on your individual health plan. You can find the amount you pay for services in your Schedule of Benefits. Below are the different payment categories for which you may be responsible.

Take a minute to look over these terms so that you will understand the information as it is listed on your Schedule of Benefits. Remember, all of these payment categories may not apply to you.

- **Copayment:** The fixed dollar amount that you must pay for an office visit, prescription or particular medical service. For example, if you have a \$15 copayment for an office visit, you would be responsible for paying \$15 every time you visit the doctor.
- **Coinsurance:** The percentage of covered expenses that you must pay. For example, if your physician charges \$100 for a service and you have a 20 percent coinsurance payment, you would be responsible for paying \$20 and we would pay \$80.



- **Deductible:** The amount of medical expenses that you must pay during a particular period of time (usually a year) before certain benefits payable by BlueChoice HealthPlan become effective. For instance, if you have a \$200 deductible for each 12-month period, you would be responsible for paying \$200 worth of medical services within the 12 months before BlueChoice HealthPlan would begin payments.

Please note: Your benefits are subject to all limitations, copayments, deductibles, coinsurance, maximum payment amounts and exclusions in your benefit plan.

Your physician may recommend that you receive a service that BlueChoice HealthPlan does not cover. If you agree to receive this service, your physician may ask you to sign a waiver. By signing the waiver, you agree to pay the additional charges for the non-covered service.

Explanation of Benefits

After you visit the doctor and we process your claim, you will receive an Explanation of Benefits (EOB) from BlueChoice HealthPlan. This EOB is an important document, and you should save it for future reference.

The EOB will show a breakdown of the charges and payments for your visit. It will also indicate how much of the charges you are responsible for paying. Your physician should not bill you for more than the amount shown in the “What you owe the provider” box on your EOB.

Note: You will not receive an EOB after visiting your primary care physician. If you would like to print a copy of an EOB resulting from a visit to your primary care physician, just go to My Health Toolkit® at BlueChoiceSC.com.

If You Receive a Bill

If you receive what looks like a bill and you followed BlueChoice HealthPlan’s referral and approval process, check first to see if it really is a bill. Many times, you will receive a summary of services. Somewhere on the document it will say, “This is NOT a bill.”



If you do receive a bill, it should only be for the amount shown on the Explanation of Benefits that we sent you. If the bill is for more than this amount, please contact BlueChoice HealthPlan immediately. We will check to make sure that you saw a BlueChoice HealthPlan participating provider, address the situation if necessary and notify you of the outcome.

If You Need a Prescription Drug

If your benefit plan includes prescription drug coverage through us (check your *Schedule of Benefits*):

- Most prescription drugs are covered, including insulin and related diabetic supplies.

You must visit a network pharmacy and show your ID card to receive your prescription drug benefits.

- Please check your *Schedule of Benefits* for details on your copayments and any other restrictions of your health plan benefits. Remember, a copayment is the set amount you pay each time you fill a prescription. Also, your *Certificate of Coverage* will list any excluded drugs.

Your health plan benefits cover prescription drugs at three levels – generic, preferred and non-preferred.*

Generic: Your plan has a two-level generic benefit.

Value Generics are available for the very lowest copayment. These are generic drugs that cost less than \$15 per month. Covered over-the-counter drugs are also included in the Value Generic category.

Standard Generics are available for a low copayment which is somewhat higher than the Value Generic Level, but much less than the Preferred copayment. The Standard Generic category includes most generic drugs that cost \$15 or more.

Preferred: This copayment level covers select brand drugs at the middle copayment.

Non-preferred medications are available at the highest copayment. These are select brand drugs and occasionally, some high-priced generic drugs.

* 3250 plan has 80% coinsurance.

If you fill a prescription for a brand-name drug **that has a generic option**, but you use a brand-name drug instead, you will pay the appropriate brand-name drug copayment **and** the price difference between the generic drug and the brand-name drug. You will not be charged more than the retail price of the medication.

Note: If you are covered on a High Deductible Health Plan, then 100 percent of drug costs go toward deductible.

To view a copy of our Prescription Drug List, go to our website at BlueChoiceSC.com, select **Members** then **Prescription Drug Information**, then BlueChoice HealthPlan **Prescription Drug List** or you can contact Member Services (see the Introduction page) and request a copy.

In addition to those listed above, we have a discount program for certain prescription drugs not covered under your policy. These “lifestyle” drugs include those for hair loss, obesity, erectile dysfunction, etc. For a complete list, visit the Prescription Drug Information section of our website.

Specialty Injectable Medications

Some prescription drugs are covered under the Specialty Injectable Pharmaceutical benefit. These are drugs that treat complex medical conditions. They include – but are not limited to – intravenous (IV) drugs for chronic disease, injectables and self-injectable drugs for acute and chronic diseases, and oral specialty drugs.

If you need a drug included in the Specialty Injectable Pharmaceutical benefit, your doctor will arrange for you to get it in one of two ways. Your physician will either administer the drug while you are in the office, or will contact our Specialty Pharmacy vendor to get the medication for you to use at home. These drugs are not covered through your local pharmacy.

When you receive one of these drugs at the doctor’s office, you will pay a specialty pharmacy copayment for each administration. If the injectable medication is sent to your home for self-administration, you will pay a specialty pharmacy copayment for each 31-day supply.

Please note: Certain injectable medications are covered under BlueChoice HealthPlan’s pharmacy benefit under the copayments listed above. These drugs are Byetta, epinephrine, glucagon, insulin, Lovenox, sumatriptan and Symlin.

Oral Specialty Medications

Some oral drugs, particularly those that are used to treat complex medical conditions, are covered under the prescription drug benefit, if you have this benefit through us. They are available at network pharmacies for a specialty pharmaceutical copayment, for each 31-day supply. These medications are not available through a mail-service benefit.

Please see your *Schedule of Benefits* to find your copayment amount for injectable specialty pharmacy drugs and oral specialty pharmacy drugs. If you have any questions, please contact Member Services or visit our website. (See the Introduction on page 7.)

Special Circumstances – Quantity Limits, Step Therapy and Prior Authorization

Some drugs have limits on the amount of medication that is covered under your drug plan. Other drugs have certain requirements before you can fill them under your pharmacy coverage. These restrictions are based on published clinical guidelines from the Food and Drug Administration (FDA) and prescribing recommendations from the drug manufacturer. Our pharmacy decisions are made with the recommendations of an advisory committee of doctors and pharmacists in the community.

To find out if a particular medication has any special circumstances associated with it, please see our Prescription Drug List. To view a copy, go to our website or contact Member Services. (See the Introduction on page 7.)

Quantity Limits And Step Therapy Requirements

Some drugs that your doctor prescribes may have quantity limits associated with them. There is a limit on the number of tablets, doses, etc. that your plan will pay for each month. Other drugs may have a step therapy requirement. This simply means that before you can fill a drug listed on the step therapy drug list, you must first have tried one or more prerequisite drugs that are also appropriate to treat your condition. If you believe that there

is justification for us to forgo a particular quantity limit or step therapy requirement, you or your doctor can submit a request by calling our Health Care Services department at 800-950-5387. We will review your request and make a decision within two business days after receiving all of the necessary medical information. You will be notified of our decision by mail.

Prescriptions Requiring Prior Authorization

Some medications that your doctor prescribes may require prior approval from us before they will be covered by the plan. In order to get prior approval, your physician must contact our pharmacy benefit manager at 800-294-5979. A drug must meet the FDA prescribing guidelines in order for prior authorization to be approved. If your physician is prescribing a medication for an “off-label” indication, for example one that the FDA has not officially approved for use, prior authorization will be denied. If your doctor would like for us to reconsider a prior authorization that was denied by our pharmacy benefit manager, he or she can submit a request by calling Health Care Services at 800-950-5387. We will review the request and make a decision within two business days after receiving all of the necessary medical information. You will be notified of our decision by mail.

Additional Pharmacy Considerations

It is important to remember that we only allow prescriptions to be filled at a retail pharmacy for a one-month supply at a time. In addition, we will only pay for a one-month supply to be dispensed every 25 days. If you should need to refill a prescription early because of travel or some other emergency situation, please contact Member Services (see the Introduction page) and a one-time exception may be made. You may also be eligible for mail-service benefits, which allow you to purchase up to a 90-day supply at one time.

Your Health Is Important to Us

Preventive Health Guidelines

Prevention is about staying healthy and free from disease. At BlueChoice HealthPlan, we are here to help you reach these important goals. We want you to have the most current information about prevention. You can find the recommended schedule of preventive health screenings at BlueChoiceSC.com. These Preventive Health Guidelines are located in the Health & Wellness section of our website, or you can contact Member Services to get a copy.



Great Expectations® for health

BlueChoice HealthPlan is more than just a health benefits plan. We have programs targeting many specific health concerns. We designed these programs to help you make lifestyle choices that can improve your health. Offered only to BlueChoice HealthPlan members, the programs are either free of charge or have a small, one-time fee. Here is a list of our programs:

- Alcohol Management
- Asthma
- Back Care
- Case Management
- Children's Health
- Childhood Obesity
- COPD
- Chronic Kidney Disease
- Depression
- Diabetes
- Heart Disease
- Heart Failure
- Blood Pressure and Cholesterol
- Maternity
- Men's Health
- Migraine
- Pre-diabetes
- Quit Smoking
- Weight Management
- Women's Health
- *WalkingWorks*™ for South Carolina schools

For more information about any of these programs, please call 800-327-3183, ext. 25541, or visit the Health & Wellness section of our website at BlueChoiceSC.com.

Information on the Web

When you need to download forms, learn specifics about their health plans, send us e-mails, review the prescription drug list, or read about our wellness programs, you can visit BlueChoiceSC.com. Our website is a protected, secure and convenient way for you to access information on your own schedule – not ours.

My Health Toolkit®

You can:

- Review the status of claims
- View and print a copy of their Explanation of Benefits
- See how much they have paid toward your deductibles or out-of-pocket limits
- Ask Member Services a question through secure e-mail
- Request a new ID card

In the **Benefits** section, you can access these features:

- *Find a Doctor* – Find a network health care professional or hospital within South Carolina, outside South Carolina or around the world

○ *My Pharmacy Manager*™

- View prescription history
- Find information about medications they are taking or have taken
- Learn about potential therapeutic options to discuss with a physician
- Compare drug costs
- Get up-to-date information about drug benefits

Note: If your health plan does not have pharmacy benefits, access to My Pharmacy Manager may be limited.

In the **Health and Wellness** section, you can use these helpful tools:

- **Personal Health Record** – Track medical history, appointments, doctors, prescriptions and more
- **Great Expectations** – Enroll in one of our many programs to help you manage a disease or condition ... just live a healthier life!
- **Health Library** – Browse health topics from A to Z, explore a variety of tools and calculators, or find articles on first aid, common illnesses, symptoms and more
- **Check Drug Interactions** – Check for possible interactions with other prescriptions, food, alcohol, caffeine and more

In the **Money** section, you have access to:

- **Contribution Calculators** – Use these handy tools to help determine health savings account (HSA) and flexible spending account (FSA) contributions
- **Drug Costs** – Look up costs and consumer information about a prescription drug
- **Treatment Costs** – Research the average costs and days of treatment for specific medical conditions and procedures



Our Commitment to You

Administering Benefits for Appropriate Services

At BlueChoice HealthPlan, we are committed to offering the best available plan of benefits to you. As part of this commitment, BlueChoice HealthPlan:

- Makes decisions about approving services based on the appropriateness of care and in agreement with your plan of benefits
- Does not compensate any decision makers for denying coverage of care or services
- Does not offer any incentives to encourage the denying of services
- Monitors the use of services to identify any potential problems of underutilization

Covering New Technology

With so many advances in medical technology and services, have you ever wondered how coverage for a new service is decided? Sometimes a policy may not be in place for a procedure or treatment made available by new technology. In this situation, coverage is considered based on a review of these types of resources:

- Recommendations from the Blue Cross and Blue Shield Association's Technology Evaluation Center
- Results from the Food and Drug Administration (FDA) and other government regulatory review panels
- Review of studies published in peer-reviewed medical journals
- Clinical reviews performed by some specialty physicians from medical review boards external to BlueChoice HealthPlan

BlueChoice HealthPlan's medical director can also seek input from our Clinical Quality Improvement Committee, which is made up of practicing physicians from BlueChoice HealthPlan's network. After reviewing the scientific evidence related to the procedure and its effectiveness, the medical director determines if the procedure or treatment is considered investigational. BlueChoice HealthPlan does not cover investigational procedures or treatments.

Quality Improvement

At BlueChoice HealthPlan, we are proud of the quality service we provide to you. To maintain our high standards, we have an active quality improvement program that oversees quality improvement studies, member satisfaction surveys and member complaints. BlueChoice HealthPlan continuously monitors clinical and service quality issues. We document this process in our annual Quality Improvement Evaluation and Action Plan. If you would like to receive more information about our quality improvement program or the annual evaluation, please call 800-327-3183.

Rights and Responsibilities

At BlueChoice HealthPlan, we are dedicated to being your partner in health care. We want to ensure that you receive the information you need about your health plan, the people providing your care and the services they provide. Knowing this information allows you to be an active participant in your own care. As part of this process, you need to understand your rights and responsibilities as a BlueChoice HealthPlan member. To view a listing of these rights and responsibilities, please visit Resources in the Members section on our website at BlueChoiceSC.com. If you would like to get a copy, you can contact Member Services.

Questions and Concerns

If you have any questions or concerns, please contact Member Services. You can find the address and phone numbers on page 6. If you have a question about an authorization, you must notify us within six months from the date we approved or denied the authorization. If you have any concerns about the quality of care you received, we will start a formal investigation through our Quality Improvement department.

Policies and Procedures

Appeals and External Review Procedures

You have the right to appeal decisions we make about your coverage, benefits or relationship with us. For example, you can appeal if benefits for a health care service are denied and you don't agree with the decision. We are committed to providing you a quick resolution of your concerns. You must appeal the decision within six months of receiving the denial. You can appeal a decision by calling Member Services (see the Introduction page) or by faxing your appeal to 803-714-6443. Your appeal must include:

- Your name and identification number (as written on your ID card)
- Information about the denial you are appealing
- Information and comments that support a review of the denial

Once we receive the information, our Appeals department will conduct a complete investigation. You will be notified of our decision in writing, within 30 days, if a denial is being given before a service occurs, or within 60 days if a service has already occurred.

There are state and federal laws that allow you to ask for an external review, in some cases, when we deny a service or payment for a claim. After you follow our standards appeals process, you may be entitled to another review at our expense - this time from someone who does not work for BlueChoice HealthPlan. You may ask for an external review if your request was denied based on medical necessity or benefit structure.

If you qualify for an external review, we will inform you in writing and explain the process to follow. You should file the request for external review within 60 days of receiving our notice.

Submitting Claims

With referred care, you should not have to file claims. Your personal physician or other participating provider will file your claims for you. However, if you receive self-referred care or medical care outside of the BlueChoice HealthPlan service area, you may need to file a claim to ask for reimbursement. All you have to do is send a copy of the doctor's claim or statement and any supporting information to:

BlueChoice HealthPlan
Member Services
P.O. Box 6170
Columbia, SC 29260-6170

We will review the claim as quickly as possible to determine if the service is covered under your benefit plan.

Privacy Practices

We know it is important to protect the privacy of your oral, written and electronic confidential medical information. The following are some of the steps we take to protect your privacy:

- We require all staff, consultants and business associates to keep any personal health information they acquire confidential. We also require all physicians and other health care providers to protect the confidentiality of this information. They must guard against unauthorized or accidental disclosure of all confidential information.
- We require any organization with which we contract for medical or administrative services to maintain such confidentiality and to have a privacy policy in place that protects against unauthorized use or disclosure of confidential information. All such organizations must sign an agreement attesting that they are compliant with federal privacy regulations.
- We have advanced security systems to limit unauthorized access to information in our computer files.
- We keep all medical information we receive from physicians and other health care providers in a secure area, and we limit access to authorized staff. We also require physicians and other health care providers to keep medical records in a secure area, and we monitor this by conducting on-site visits to their offices.

Please visit www.BlueChoiceSC.com to view our Notice of Privacy Practices. If you'd like a written copy of our privacy practices, you can contact Member Services and request that one be sent to you.

MyChoice Individual Health Coverage from BlueChoice HealthPlan

Benefits

(The benefit period is 12 consecutive months from the effective date of coverage.)

Benefit	\$500 80% HMO Plan	\$750 80% HMO Plan	\$1,000 80% HMO Plan	\$3,250 80% HMO Plan
Deductible	\$500	\$750	\$1,000	\$3,250
Coinsurance Maximum	\$2,000	\$2,500	\$3,000	\$3,250
Primary Care Physician Services	\$15 copayment per visit	\$15 copayment per visit	\$20 copayment per visit	\$35 copayment per visit
Mandated Preventive Services	\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit
Specialist Visit	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible
Inpatient Hospital Services	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible
Outpatient Hospital Services	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible
Urgent Care	\$35 per visit, then 100%	\$35 per visit, then 100%	\$35 per visit, then 100%	80% - Subject to deductible
Mental Health and Substance Abuse (office services only)	80% - Subject to deductible, up to 20 visits per benefit period	80% - Subject to deductible, up to 20 visits per benefit period	80% - Subject to deductible up to 20 visits per benefit period	80% - Subject to deductible up to 20 visits per benefit period
Prescription Deductible	None	\$500 - Brand only	None	None
Prescription Drugs	\$8/\$15/\$35/\$55 copayment, then 100%	\$8/\$15/\$35/\$55 copayment, then 100%	\$8/\$15/\$35/\$55 copayment, then 100%	80% - Subject to deductible
Specialty Pharmaceuticals	100% after \$125 copayment	100% after \$125 copayment	100% after \$125 copayment	\$350 copayment per 31-day supply or per episode
Vision Care	Free annual eye exam	Free annual eye exam	Free annual eye exam	Free annual eye exam
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible
Physical Therapy, Speech Therapy and Occupational Therapy	80% - Subject to deductible Up to 20 visits per therapy per benefit period	80% - Subject to deductible Up to 20 visits per therapy per benefit period	80% - Subject to deductible Up to 20 visits per therapy per benefit period	80% - Subject to deductible Up to 20 visits per therapy per benefit period
Transplants	Blue Distinction® Centers of Excellence network only	Blue Distinction Centers of Excellence network only	Blue Distinction Centers of Excellence network only	Blue Distinction Centers of Excellence network only
Annual Benefit Maximum	\$750,000	\$750,000	\$750,000	\$750,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited

MyChoice Individual Health Coverage from BlueChoice HealthPlan

Benefits

(The benefit period is 12 consecutive months from the effective date of coverage.)

Benefit	\$1,500 70% HMO Plan	\$2,500 70% HMO Plan	\$3,000 100% HDHP	\$5,000 100% HDHP
Deductible	\$1,500	\$2,500	\$3,000	\$5,000
Coinsurance Maximum	\$5,000	\$5,000	N/A	N/A
Primary Care Physician Services	\$25 copayment per visit	\$35 copayment per visit	100% - Subject to deductible	100% - Subject to deductible
Mandated Preventive Services	\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit
Specialist Visit	70% - Subject to deductible	70% - Subject to deductible	100% - Subject to deductible	100% - Subject to deductible
Inpatient Hospital Services	70% - Subject to deductible	70% - Subject to deductible	100% - Subject to deductible	100% - Subject to deductible
Outpatient Hospital Services	70% - Subject to deductible	70% - Subject to deductible	100% - Subject to deductible	100% - Subject to deductible
Urgent Care	\$50 per visit, then 100%	\$50 per visit, then 100%	100% - Subject to deductible	100% - Subject to deductible
Mental Health and Substance Abuse (office services only)	70% - Subject to deductible, up to 20 visits per benefit period	70% - Subject to deductible, up to 20 visits per benefit period	100% - Subject to deductible	100% - Subject to deductible
Prescription Deductible	\$500 - Brand only	\$500 - Brand only	None	None
Prescription Drugs	\$8/\$15/\$35/\$55 copayment, then 100%	\$8/\$15/\$35/\$55 copayment, then 100%	100% - Subject to deductible	100% - Subject to deductible
Specialty Pharmaceuticals	100% after \$125 copayment	100% after \$125 copayment	100% - Subject to deductible	100% - Subject to deductible
Vision Care	Free annual eye exam	Free annual eye exam	Free annual eye exam	Free annual eye exam
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	70% - Subject to deductible	70% - Subject to deductible	100% - Subject to deductible	100% - Subject to deductible
Physical Therapy, Speech Therapy and Occupational Therapy	70% - Subject to deductible Up to 20 visits per therapy per benefit period	70% - Subject to deductible Up to 20 visits per therapy per benefit period	100% - Subject to deductible Up to 20 visits per therapy per benefit period	100% - Subject to deductible Up to 20 visits per therapy per benefit period
Transplants	Blue Distinction Centers of Excellence network only	Blue Distinction Centers of Excellence network only	Blue Distinction Centers of Excellence network only	Blue Distinction Centers of Excellence network only
Annual Benefit Maximum	\$750,000	\$750,000	\$750,000	\$750,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited

Glossary

Allowed Amount - The dollar amount that we determine is appropriate for a covered service. BlueChoice HealthPlan network health care providers have agreed to accept the allowed amount as full payment, which means you pay less for your care.

Authorization - The approval of medically necessary care by a managed care or insurance company for its member.

Benefit - Payment provided for covered services under the terms of the policy. The benefit may be paid to you or to others on your behalf.

Coinsurance - Percentage of covered expenses that you must pay. For example, if your physician charges \$100 for a service and you have a 20 percent coinsurance payment, you would be responsible for paying \$20 of the charges and your health plan would pay \$80.

Copayment - Fixed dollar amount that you must pay for an office visit, prescription or particular medical service. For example, if you have a \$15 copayment for an office visit, you would be responsible for paying \$15 every time you visit the doctor.

Covered Service - Medical service that we will pay for. Covered services are outlined in your Schedule of Benefits or your contract.

Deductible - The amount of medical expenses that you must pay during a particular period (usually a year) before certain benefits payable by BlueChoice HealthPlan become effective. For instance, if you have a \$200 deductible for each 12-month period, you would be responsible for paying \$200 worth of medical services within the 12 months before BlueChoice HealthPlan would begin payments.

Exclusions - Specific conditions or circumstances that are not covered under the contract.

Medically Necessary - Health care services and supplies that are appropriate and necessary based on diagnosis and cost-effectiveness, and that are consistent with national medical practice guidelines as to type, frequency and length of treatment.

Network - The hospitals, physicians and other medical professionals who contract with BlueChoice HealthPlan to provide care for its members. Also referred to as participating or in-network providers.

Participating Providers - Physicians, hospitals, skilled nursing facilities, home health agencies, hospices and other providers of medical services and supplies who agree to participate in the BlueChoice HealthPlan provider network.

Primary Care Physician - Personal physician you select from the BlueChoice HealthPlan network of participating providers to provide or arrange for your health care needs.

Referred Care - Medical care that you receive from, or that is referred by, your primary care physician.

Self-Referred Care - Medical care that you receive without an authorization. Self-referred care must be both medically necessary and listed as a covered service in your Schedule of Benefits in order to receive benefits.



Your Important Health Care Information

Name: _____ Member ID Number: _____

Primary Care Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

Name: _____ Member ID Number: _____

Primary Care Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

Name: _____ Member ID Number: _____

Primary Care Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

Hospital: _____ Phone: _____

Poison Control: _____ Phone: _____

Other Emergency Information: _____

BlueChoice[®]
HealthPlan
South Carolina



An independent licensee of the
Blue Cross and Blue Shield Association