



For more information, contact:

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BlueChoice for Kids.  
Keeps *kids* moving.



Celebrating the child.



[www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

You love your kids. From the tender coos, to the terrible twos, from the dreamy tweens, to the moody teens – everything about them is special. You marvel as they change right before your eyes. Her rosy cheeks now have blue eye shadow to match, and his top lip now has hair. You are proud as he walks out the door for his first date. You are protective when she does.

No matter the age or the stage, one thing remains the same – you want the best for your child. BlueChoice for Kids provides comprehensive and cost-efficient coverage for children age six weeks through age 18. With BlueChoice for Kids, you can be sure your child will have the coverage needed, whatever stage they are in.

# Coverage for Kids – Peace of Mind for Parents

BlueChoice for Kids gives you a choice of comprehensive health plans, all with low office visit copayments and lots of extras!



## Benefits You Can Count On

Growing up can hurt. Some things you can expect, like teething, sore throats, even broken arms. Others you don't expect. Remember the experimental pea up the nose? When your child needs care, who will be there? Maybe you can retrieve the pea (try holding black pepper under his nose), but a sore throat may need medical attention. With BlueChoice for Kids, you can choose a personal primary care physician for your child. That doctor becomes your partner in ensuring your child's health is maintained. Whether it's well-child visits, immunizations or something more serious, your child's primary care physician is the first step to good health. When a specialist, urgent care or emergency care is needed, BlueChoice for Kids has you covered. BlueChoice HealthPlan has an impressive network of providers, so the care your child needs is just an office visit away. Yes, growing up can be uncomfortable. BlueChoice for Kids wants to help ease the pain.

## Affordable, Comprehensive Plans

Day care, school supplies, clothes, Friday night football games, cheerleading uniforms. It's hard fitting those expenses into your budget. But they may be necessary for your child to grow up happy, healthy and well-rounded. At BlueChoice HealthPlan, it is our goal to contribute to the well-being of your child, but without breaking the bank. We offer seven comprehensive health plans with affordable premiums, great benefits, and many value-added extras. Low office visit copayments, affordable retail and mail-order prescription drug options, and a lifetime benefit maximum of \$2 million are all a great value so you don't have to choose between health care and soccer camp. BlueChoice for Kids plans also include dental care and a free annual eye exam. Who couldn't use a little extra?

## A Commitment to Quality

Everyone wants the best for their child. And you get it with BlueChoice for Kids. We have earned Excellence Accreditation from the National Committee on Quality Assurance (NCQA), which is a national group that reviews health plans. This means we passed the test in critical areas of health plan operations. With BlueChoice for Kids, you can rest assured you are getting the best coverage available for your child.

## BlueChoice for Young Adults

After your child makes it through the terrible twos and is finally outgrowing the trying teens, you think you can breathe a sigh of relief. Then the thought of college or moving out gives you fright. When your child goes off to face the world beyond your watchful eye, who will be there? BlueChoice HealthPlan. At age 19, your BlueChoice for Kids plan easily rolls over to a BlueChoice for Young Adults plan. BlueChoice HealthPlan has options that will suit your needs.

## Benefit Plans

BlueChoice for Kids	Plan 1 - \$250 deductible/80% coinsurance	Plan 2 - \$500 deductible/80% coinsurance	Plan 3 - \$750 deductible/80% coinsurance	Plan 4 - \$1,500 deductible/70% coinsurance	Plan 5 - \$2,500 deductible/70% coinsurance	Plan 6 - \$3,000 deductible/100% coinsurance	Plan 7 - \$5,000 deductible/100% coinsurance
Benefit	Coverage	Coverage	Coverage	Coverage	Coverage	Coverage	Coverage
Primary Care Physician Services	\$10 copayment per visit	\$15 copayment per visit	\$15 copayment per visit	\$25 copayment per visit	\$35 copayment per visit	100% - Subject to deductible	100% - Subject to deductible
Well-Child Visits and Immunizations	\$10 copayment per visit	\$15 copayment per visit	\$15 copayment per visit	\$25 copayment per visit	\$35 copayment per visit	\$35 copayment per visit	\$35 copayment per visit
Specialist Visit	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	70% - Subject to deductible	70% - Subject to deductible	100% - Subject to deductible	100% - Subject to deductible
Deductible	\$250 per member per benefit period	\$500 per member per benefit period	\$750 per member per benefit period	\$1,500 per member per benefit period	\$2,500 per member per benefit period	\$3,000 per member per benefit period	\$5,000 per member per benefit period
Coinsurance Maximum	\$1,500 per member per benefit period	\$2,000 per member per benefit period	\$2,500 per member per benefit period	\$5,000 per member per benefit period	\$5,000 per member per benefit period	N/A	N/A
Inpatient Hospital Services	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	70% - Subject to deductible	70% - Subject to deductible	100% - Subject to deductible	100% - Subject to deductible
Outpatient Hospital Services	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	70% - Subject to deductible	70% - Subject to deductible	100% - Subject to deductible	100% - Subject to deductible
Urgent Care	\$35 per visit, then 100% coverage	\$35 per visit, then 100% coverage	\$35 per visit, then 100% coverage	\$50 per visit, then 100% coverage	\$50 per visit, then 100% coverage	100% - Subject to deductible	100% - Subject to deductible
Mental Health (office services only)	100% after \$25 copayment per visit; up to 20 visits per benefit period	100% after \$25 copayment per visit; up to 20 visits per benefit period	100% after \$25 copayment per visit; up to 20 visits per benefit period	100% after \$25 copayment per visit; up to 20 visits per benefit period	100% after \$25 copayment per visit; up to 20 visits per benefit period	100% - Subject to deductible	100% - Subject to deductible
Prescription Drugs*	\$7/\$15/\$30 copayment, then 100%	\$7/\$30/\$50 copayment, then 100%	\$7/\$30/\$50 copayment, then 100%	\$8/\$30/\$60 copayment, then 100%	\$8/\$30/\$60 copayment, then 100%	100% - Subject to deductible	100% - Subject to deductible
Specialty Pharmaceuticals	100% after \$100 copayment	100% after \$100 copayment	100% after \$100 copayment	100% after \$100 copayment	100% after \$100 copayment	100% - Subject to deductible	100% - Subject to deductible
Maximum for Prescription Drugs	\$1,000 per benefit period	No maximum per benefit period	\$3,000 per benefit period	\$2,000 per benefit period	\$2,000 per benefit period	No maximum per benefit period	No maximum per benefit period
Vision Care	Free annual eye exam	Free annual eye exam	Free annual eye exam	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	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 \$5,000 max per benefit period	80% - Subject to deductible \$5,000 max per benefit period	80% - Subject to deductible \$5,000 max per benefit period	70% - Subject to deductible \$5,000 max per benefit period	70% - Subject to deductible \$5,000 max per benefit period	100% - Subject to deductible \$5,000 max per benefit period	100% - Subject to deductible \$5,000 max per benefit period
Physical Therapy, Speech Therapy and Occupational Therapy	80% - Subject to deductible \$5,000 max per benefit period	80% - Subject to deductible \$5,000 max per benefit period	80% - Subject to deductible \$5,000 max per benefit period	70% - Subject to deductible \$5,000 max per benefit period	70% - Subject to deductible \$5,000 max per benefit period	100% - Subject to deductible \$5,000 max per benefit period	100% - Subject to deductible \$5,000 max per benefit period
Lifetime Benefit Maximum	\$2 million per member	\$2 million per member	\$2 million per member	\$2 million per member	\$2 million per member	\$2 million per member	\$2 million per member

\* Mail-order pharmacy is also available. Prescription medications are each subject to two copayments for up to a 90-day supply. Not all medications are available from the mail-order pharmacy.

The benefit period is 12 consecutive months from the effective date of coverage. This is only a brief summary of benefits. For more information, visit our Web site at [BlueChoiceSC.com](http://BlueChoiceSC.com).