



For more information, contact:

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Member Services: 1-800-868-2528



**BlueChoice for Young Adults.**  
Coming of age.



**Coming of age.**



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

You are not a kid anymore. You know what you want, and you have a plan to get it. You are a doer, not a spectator. You participate, not just evaluate. You like surfing the Net and surfing the waves. Some call you Generation Y. Others call you iGeneration. But you know there is no label that can capture exactly who you are.

These are the best years of your life. Your youthful exuberance is your best asset. With your active lifestyle and grab-life-by-the-horns personality, you need secure and reliable health coverage now more than ever. That's why BlueChoice HealthPlan offers comprehensive and cost-efficient coverage for young adults ages 19 through 29. With BlueChoice for Young Adults, you have coverage you can count on when life calls.

# Coverage for Young Adults – Following You Where Life Takes You

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



## Following the Leader

Today, you are gaming on the Internet with a friend who lives two states away. Tomorrow, you will be gaming with him face-to-face. You're always on the move. It is a good thing BlueChoice for Young Adults moves with you. While your primary care provider is in your hometown, emergency care is available wherever you go. BlueChoice HealthPlan is a member of the BlueCard® program. So whether you are down the street or across the country, you get the highest level of benefits when you get services from a BlueCard provider. You can log on to our Web site any time to find a provider near you. Taking a day trip with a friend to the beach? Going snow skiing in the mountains? Don't worry – BlueChoice HealthPlan has you covered! You lead the way. We will follow.

## Fitting into Your Lifestyle

When was the last time you opened a piece of mail? Hard to remember? When was the last time you opened your e-mail? Ten minutes ago? At BlueChoice HealthPlan, we know you want information now. You like results now. With our interactive Web site, you can get everything you need, when you want it. On our site, you can do everything from applying for coverage, to selecting a primary care provider, from checking the status of a claim, to gaining access to request a prescription refill. When you don't have access to the Internet, you can always call Member Services at 1-800-868-2528 and get the same assistance that is on the Web. This makes requesting an ID card and checking your authorization status a simple phone call away. BlueChoice for Young Adults is committed to doing business with you in the manner in which you are accustomed.

## Providing Quality

You don't do knock-offs. Neither do we. No other health plan is more committed to providing you with the quality coverage you expect and deserve. BlueChoice HealthPlan offers seven different coverage levels, one of which is just right for you. Regardless of which coverage you select, you will receive unparalleled coverage at rates you can afford. As your needs change, our high quality products can change with you.

## BlueChoice for Kids

Children of all ages need comprehensive health care. BlueChoice for Kids offers excellent coverage and benefits at affordable rates for children age six weeks through age 18. BlueChoice HealthPlan has options that will suit your needs.

## Benefit Plans

BlueChoice for Young Adults	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
Routine Preventive Office Services	\$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).