

Focus on life. Focus on health. *Stay focused.*

2023 Employer Group Coverage (2 – 50)

BusinessADVANTAGESM

BA Primary ChoiceSM



**BlueChoice[®]
HealthPlan[®]**
South Carolina

2023 Employer Group Coverage (2 – 50)

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Section 1: Our Plans



Our Plans

BlueChoice HealthPlan offers a series of plans with options to suit employers with 2 – 50 employees. We can work with you to determine which features and benefits best fit your company and your employees. Our plans include a variety of programs for medical, health and chronic condition management. We have your employees covered regardless of their needs.

BusinessADVANTAGE

BusinessADVANTAGE offers the most comprehensive benefits with our largest network.

We are offering 22 BusinessADVANTAGE plans:

- Six Gold plans
- 10 Silver plans
- Six Bronze plans

Four of these are qualified high-deductible health plans.

BA Primary Choice

BA Primary Choice offers all the same great benefits as BusinessADVANTAGE, but with an exclusive network through Southeastern Health Partners.

Members must select a primary care physician (PCP) within the BA Primary Choice network upon enrolling.

The primary care physician will help manage care by providing referrals to other providers when needed.

To view the BA Primary Choice network, please visit www.BlueChoiceSC.com.

We are offering 13 BA Primary Choice plans:

- Three Gold plans
- Six Silver plans
- Four Bronze plans

Two of these are qualified high-deductible health plans.

You can offer dual options in any combination from any of these plans down to two lives. All plans are health reimbursement arrangement-compatible, and nine plans are health savings account-qualified.

Section 2: Benefits and Services



The Benefits of Employer Group Coverage With BlueChoice®

We have more than 30 years of experience serving members throughout South Carolina. Our plan options provide comprehensive, whole-health solutions to members and their families and help you manage your health care costs.

With BlueChoice, You Get More

All-Inclusive, Comprehensive Office Visit Copayment — One low copayment per in-network office visit covers ALL related diagnostic and treatment services, including labs and X-rays.

The **FOCUS_{fwd} Wellness Incentive Program** is designed to help members lead healthier lifestyles. By completing health-related activities and challenges, members earn up to **\$110 in rewards** and increase their chances of winning one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards** in our **Sweepstakes!** Just look for the running man icon (pictured here) indicating a **FOCUS_{fwd}** initiative and its entry values.



for signing up for
FOCUS_{fwd}

Great Expectations for health — More than 20 wellness, chronic condition management and behavioral health programs focus on the early detection of illness and the prevention of disease.

My Diabetes Discount Program — Qualifying members receive their insulin with a \$0 copayment when they meet the program criteria.

Blue CareOnDemand — Virtual visits with a doctor any time day or night for less than \$35 on most plans.

Specialist Visits — No referral is necessary for BusinessADVANTAGE members! BA Primary Choice members must request and receive a referral from the PCP before seeing a specialist.

Urgent Care Visits at Doctors Care — These cost the same as primary care visits on most plans.

BlueCard Program — Members living or traveling outside of South Carolina can locate participating doctors and hospitals nationwide. When members use a doctor or hospital through BlueCard, they receive the highest level of benefits. For BA Primary Choice members, no benefits are provided for services received out of network unless the service is due to an emergency medical condition and the services are provided in an urgent care center or hospital emergency room.

Lab Choices — We offer lab choices, generating savings and less out-of-pocket costs for our members. All care for a BA Primary Choice member must be provided through or authorized by the member's PCP.

Free-Standing Ambulatory Surgical Centers — Our network of free-standing ambulatory surgical centers can save members money when they need surgery or a procedure that doesn't require an overnight stay. All care for a BA Primary Choice member must be provided through or authorized by the member's PCP.

| EXAMPLE | FACILITY FEE* |
|--|--|
| You use a free-standing ambulatory surgical center. | \$200 |
| You use the hospital or an outpatient facility affiliated with a hospital. | \$400 copayment, then deductible, then 50% |
| *Benefits vary. Groups should check their Schedules of Benefits. | |

Pediatric Vision — All plans cover one eye exam and one pair of glasses or contact lenses each year from a designated selection through the Physicians Eyecare Network. Physicians Eyecare Network is an independent company that administers a vision provider network on behalf of BlueChoice.

Adult Vision — This benefit covers one eye exam each year and one pair of glasses from a designated selection or contact lenses every two years through the Physicians Eyecare Network.

Preventive Dental — This benefit covers an allowed amount per benefit period for preventive exams and cleanings at any South Carolina-licensed dentist.

Employee Assistance Program (EAP) — Our employee assistance program can be used for family counseling, life management, training and more, included at no additional cost through First Sun EAP. Because First Sun EAP is a separate company from BlueChoice, First Sun will be responsible for all services related to this program.



Tiered Prescription Drug Benefits



BlueChoice offers pharmacy benefits programs that provide the highest level of clinical effectiveness and safety for the lowest net spending. Our goal is to help our members get the appropriate drugs they need at the best price. One way we do this is by developing and maintaining a covered drug list.

We continually evaluate our prescription drug formularies and drug management programs to ensure that quality and costs are managed effectively. We work with a group of independent doctors and pharmacists to evaluate our pharmacy programs and get their recommendations. This group also approves decisions about our covered drug list, specialty drug list and drug management programs. They base their decisions on a drug’s effectiveness, safety and value.

To view the covered drug list, visit www.BlueChoiceSC.com, go to the **Member Center** and select either BA Primary Choice or BusinessADVANTAGE.

Six-Tier Drug Program

BlueChoice has a six-tier prescription drug plan. This program offers flexibility in drug treatments. The chart shows the drugs that are typically in each tier.

| MEMBER COST | DRUG TIER | DESCRIPTION |
|----------------|-----------|--|
| Not Applicable | Tier 0 | These drugs are considered preventive medications under the Affordable Care Act (ACA), and we cover them at no cost to the member. |
| \$ | Tier 1 | Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of pocket. |
| \$\$ | Tier 2 | Drugs on this tier are usually generic drugs. They will typically cost less than brand-name drugs. |
| \$\$\$ | Tier 3 | Drugs on this tier are usually preferred brand-name drugs. They typically cost less than other brand-name drugs. |
| \$\$\$\$ | Tier 4 | Drugs on this tier are usually nonpreferred brand-name drugs. They typically cost more than other brand-name drugs and may have generic equivalents. |
| \$\$\$\$\$ | Tier 5 | Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically expensive. |
| \$\$\$\$\$\$ | Tier 6 | Drugs on this tier are usually specialty drugs that are used to treat complex medical conditions. They are typically the most expensive drugs available. |

All-Inclusive Office Visit Copayment

All plans that have a copayment provide members with the convenience of an all-inclusive office visit copayment. What does that mean?



Members who visit a participating in-network provider will pay one copayment for all covered services performed in the doctor's office for the same date when billed by the physician. Best of all, there are no dollar maximums!

Here are a few examples of what is covered under the all-inclusive office visit copayment:

- Office charges, including surgical services or treatment of an illness, accident or injury
- Allergy and tetanus shots
- Annual physicals
- Injections (immunizations)
- Diagnostic lab and X-ray services (other charges could apply if the provider sends the claim to a hospital for processing)



The all-inclusive office visit copayment benefit encourages members to see a contracting provider of their choice to establish and maintain a relationship, improving their health care experience. It has been a significant feature of BlueChoice HealthPlan products for years and continues to be a primary selling feature with our plans.



Value-Added Benefits and Services

These benefits are nonessential and do not count toward any maximum out-of-pocket (MOOP) expenses unless otherwise indicated.



Employee Assistance Program

First Sun EAP provides a broad array of services designed to help your employees be at their best. The employee assistance program can help reduce the number of days employees miss, help increase productivity and bring out the best in your employees. These services are free to members and those in their households.

EAP services include these resources and more:

- Financial counseling and planning
- Adult care resources
- College consultation resources
- Legal consultations and documents
- Child care resources
- Parenting/adoption resources
- Individual, couples and family counseling

Members and those in their households receive three life management sessions and three counseling sessions at no cost.



Routine Vision Care

All plans include routine vision coverage through the Physicians Eyecare Network:

- **Adults** — One routine eye exam each year with a \$0 copayment and one pair of glasses from a designated selection or contact lenses every two years with a \$0 copayment. Costs incurred do not apply toward maximum out of pocket (MOOP) expenses.
- **Pediatric** (under the age of 19) — One routine eye exam each year with a \$25 copayment and one pair of glasses from a designated selection or contact lenses each year with a \$50 copayment. Costs incurred do apply toward MOOP expenses.

For members outside of the South Carolina service area, we allow \$71 toward the routine eye exam and \$120 toward the purchase of eyewear. The member must file these claims with BlueChoice.



Preventive Dental Care

All plans include a dental allowance per benefit period for exams and cleanings for adults and children by any South Carolina-licensed dentist:

- Preventive dental, one exam every six months: up to \$50
- Preventive dental, one cleaning every six months: up to \$50

Members can send a completed dental reimbursement form and the paid receipt to BlueChoice for reimbursement of the allowed amount. If you would like to offer a comprehensive dental plan, you can choose one of our Blue DentalSM plans. See page 24 for details.



Discounts

At BlueChoice, members can take advantage of great discount programs and special services. We offer these services and discounts to our members in addition to, but not included in, the services and benefits covered under a BlueChoice policy. Through our value-added services, members have access to special discounts or benefits on services such as:

- Blue365®, a program offering nationwide discounts
- Weight loss programs and centers
- Hearing aid discounts
- Fitness center discounts
- Bosley® hair restoration

Bosley is an independent company that provides discounts on hair restoration services for BlueChoice members.



for signing up
for Blue365





Section 3: Health and Wellness

FOCUSfwd Wellness Incentive Program



The **FOCUSfwd** Wellness Incentive Program is designed to help members lead healthier lifestyles. By completing health-related activities and challenges, members earn up to **\$110 in rewards** and increase their chances of winning one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards** in our **Sweepstakes!**



FOCUS Points

Members get a **\$70 reward** and **40 Sweepstakes entries** for completing an individual Personal Health Assessment, annual wellness exam, and preventive screening or flu vaccine.



GET FIT

Members get up to **\$40 in rewards** and **40 Sweepstakes entries** for completing the quarterly step challenges.

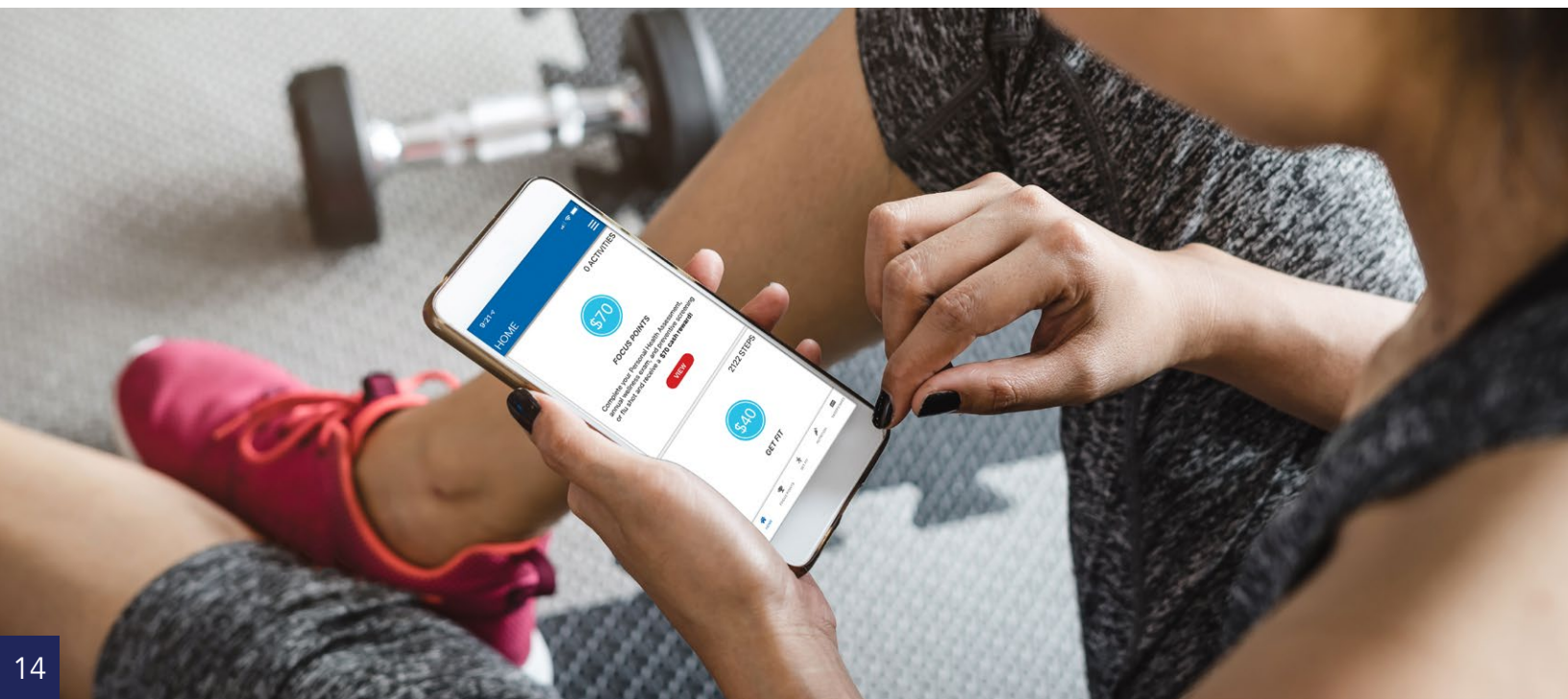


Sweepstakes

Members earn entries into the **Sweepstakes** for every activity they complete in **FOCUSfwd**, increasing their chances to win one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards**. Members earn **10 Sweepstakes entries** by simply signing up for **FOCUSfwd**.

Get the FOCUSfwd App

Members can stay connected with their health and their rewards with the **FOCUSfwd** app. To get started, members should access **FOCUSfwd** from their mobile devices and then select **Learn More** and follow the prompts to download the app and link their accounts.



Great Expectations *for health*



Our Great Expectations® *for health* programs help educate you about your overall health. We support you as you make healthy lifestyle changes. Whether you are already healthy and active, have a chronic condition, are pregnant or have serious health challenges, we can help you take charge of your health.

Best of all, members can participate in these programs at no cost!

We offer these programs for education and support:

Prevention and Wellness

- Back Care
- Healthy and Active Kids and Teens
- Maternity
- Tobacco Cessation

Behavioral Health

- Anxiety Management
- Adult ADHD
- Bipolar Support
- Depression
- Moms Support Program
- Recovery Support

Condition Support

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Kidney Disease
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- High Cholesterol
- Metabolic Health
- Migraine

Members with a complex health condition may be contacted to participate in our Case Management program. For a complete description of these Great Expectations programs, visit www.BlueChoiceSC.com/GreatExpectations.

How the Programs Work

After members enroll, they will receive information welcoming them to the program.



*for participating
in Great Expectations*

Focus on life. Focus on health. *Stay focused.*



My Diabetes Discount Program



It's crucial for people with diabetes to stick to their care plans. But according to our claims data, medication adherence decreases when the copayment for an insulin prescription exceeds \$15.

My Diabetes Discount Program enables members to receive insulin with a \$0 copayment when they meet the requirements listed below.

- Visit their primary care physician for a checkup that includes:
 - A comprehensive metabolic panel lab test¹ OR a basic metabolic panel and liver function panel.
 - An A1C test every six months.
 - A diabetes risk factor assessment of their feet and eyes.
- Get a flu vaccine.
- Complete approved diabetes education.²

Who is eligible?

Members who have Type 1 or Type 2 diabetes and are actively on insulin therapy are eligible for this program.

How it works:

- Eligible members receive outreach from BlueChoice each quarter that includes a detailed checklist of what they need to do to start or continue receiving their \$0 copayment.
- After completing all program requirements, members will begin receiving their \$0 copayment the following quarter.
- Requirements must be maintained on an annual basis to continually receive the \$0 insulin copayment.

¹Members under the age of 18 require a fasting glucose test instead of a comprehensive metabolic panel test.

²For members under the age of 18, the parent/guardian must meet the diabetes education requirement.

My Health Novel



My Health Novel matches members with helpful resources and tools based on their specific health needs. With it, they can access **weight management, behavioral health, and musculoskeletal health** mobile apps at no cost.

To see if they qualify, your employees should:

1. Log in to **My Health Toolkit**.
2. Select **Benefits**, then **My Health Novel**.
3. Take a quick, one-minute assessment.

After taking the brief health quiz, qualifying members will be matched to the program that is best for them.



*for completing
the assessment in
My Health Novel*

Behavioral Health Resources



We know helping members take care of their mental health can help improve their physical health and all aspects of their lives. That's why BlueChoice provides a variety of services for members dealing with depression, anxiety and other behavioral health conditions.

- Members receive three face-to-face counseling sessions through our employee assistance program provided by First Sun EAP.
- Our Great Expectations *for health* behavioral health programs provide support for members with bipolar disorder, depression, substance use disorder, and stress and anxiety. These programs are offered through Companion Benefit Alternatives (CBA). CBA is a separate company that manages behavioral health benefits on behalf of BlueChoice.
- Members have access to mental health services anytime, anywhere with Blue CareOnDemand.
- Members have access to behavioral health management mobile apps at no cost through My Health Novel.





Section 4: Tools and Resources

Find Care



Helping your employees find a participating provider is quick and easy! You can view and print customized lists of health care providers and facilities. Your list will show providers or facilities in your network. You can find providers and facilities located near you. You can even create directories based on the types of doctors your employees may need.

To see if a doctor is in the network, have your employees visit www.BlueChoiceSC.com and select **Find Care**.

Information on the Web

When members need to download forms, learn specifics about our health plans, send us emails, review the Prescription Drug List or read about our wellness programs, they can visit www.BlueChoiceSC.com. Our website is a protected, secure and convenient way to access information on their schedules, not ours.



My Health Toolkit

Members can use My Health Toolkit to see if their plan covers a specific procedure, get more information about their health benefits, check the status of a claim and more.

In the **Benefits** section, members have access to:

- Prescription information.
- Eligibility and benefits.
- My Health NovelSM.

In the **Health and Wellness** section for desktop and tablet users and

Benefits for mobile users, helpful

tools include:

- **FOCUS***fwd* Wellness Incentive Program.
- Health Coaching Activity Center.

In the **Resources** section, members can:

- Find care.
- Rate their visits.
- Estimate treatment costs.



My Health Toolkit Mobile App

With the My Health Toolkit mobile app, our members' insurance benefits are with them wherever they go!

With the app, they can:

- View and share their digital ID cards.
- Quickly check the status of their claims.
- See what's covered by their health plans.
- Find an in-network doctor or hospital.
- Update their contact information.
- Update their other health insurance information.
- Check the status of prior authorizations.

Current My Health Toolkit users can log in to the app with their existing username and password. New My Health Toolkit users can register through the app. The My Health Toolkit app is available on the App Store or Google Play.



*for registering for
My Health Toolkit*



Doctor Visits Anytime, Anywhere for Less Than \$35*



With Blue CareOnDemand, your employees can visit with a doctor via smartphone, tablet or computer rather than visiting an office or urgent care facility.



Services Available with Blue CareOnDemand

Urgent Care: Skip the waiting room for common issues such as cold and flu symptoms, sinus infections, ear infections, and more.

Behavioral Health: Schedule an appointment with a mental health professional to help with life's challenges.

Breastfeeding Support: Meet with a lactation consultant for common questions and issues associated with breastfeeding.

Get Started Now

There are two easy ways for your employees to use Blue CareOnDemand:

- From a mobile phone or tablet, download the **Blue CareOnDemand** app for an Apple or Android device.
- From a computer, go to www.BlueCareOnDemandSC.com.

*Members enrolled in high-deductible health plans must meet any deductible and coinsurance requirements.



for registering for
Blue CareOnDemand

Options That Make Your Life Easier

It's the little extras that make a big difference. Time and money savings can add up with these optional services.



QuickBill

QuickBill is an electronic benefit service that allows you to view and pay your invoices online, 24 hours a day, seven days a week.

Bill Presentation

View your invoices directly via the internet, 24 hours a day, seven days a week. New invoice notifications are sent to you via email. Simply log in to QuickBill to view, print, export or create detailed reports.

Bill Payment

Pay invoices via a one-time electronic funds transfer (EFT), establish a recurring credit card payment, or establish a recurring bank draft from one of your corporate bank accounts. QuickBill offers a quick, easy and secure online payment experience. Reduce the number of lost checks and invoices and decrease postage and check production costs.



Online Eligibility Systems — QuickEnroll and ChoiceEnroll

QuickEnroll is the group online enrollment and benefits administration platform, while ChoiceEnroll is the platform agents use to manage all their BlueChoice small groups.

QuickEnroll replaces time-consuming, expensive and paper-based benefit enrollment with a comprehensive electronic benefit administration and enrollment solution. It's secure, online and paper free! Call your agent or marketing representative to get started.

ChoiceEnroll eliminates paper by allowing enrollments, changes and terminations to be processed securely online. There's no software to download, and best of all, this service is FREE. Agents can manage transactions and requests such as annual enrollments, terminations, qualifying life events and more. All transactions are processed in five minutes or less per event.



HRA/HSA/FSA/COBRA

We have health reimbursement accounts (HRAs), health savings accounts (HSAs), flexible spending accounts (FSAs) and COBRA administration solutions. With BlueChoice, you have the flexibility of choosing the vendor to meet your needs. We can discuss which of our partners can help you accomplish your goals.

Focus on life. Focus on health. *Stay focused.*

Section 5: Optional Coverage Enhancements



Blue Dental



If you would like to offer a comprehensive dental plan to your employees, you can purchase one of our Blue Dental plans. Blue Dental can offer your employees a whole-health approach to their dental care. When you choose BlueChoice for both your medical and dental coverage, your covered employees get an integrated approach that provides a complete picture of their overall health. Proper dental care can help your employees spot issues early, like diabetes, heart disease, osteoporosis, oral cancer and kidney disease.

Our comprehensive dental offerings allow you to choose a dental benefit design that fits the needs of you and your employees. Plus, by offering your medical and dental through BlueChoice, administering your dental benefits becomes easier.

Why Choose Blue Dental?

Orthodontia

For employers with preferred pricing, orthodontia is available for children and adults up to age 19. Preferred pricing is for employers that contribute at least 50 percent or more of the single premium and have a minimum 10 or more contracts or 50 percent participation, whichever is greater. Blue Dental 1 is not available for standard pricing options.

Easy to administer

Single-source placement consolidates billing, eligibility and enrollment through a single account team.

Comprehensive dental networks

Blue Dental gives your covered employees access to one of the industry's largest national dental PPO networks. Your covered employees can choose from more than 4,300 access points in South Carolina and more than 496,000 nationally. Referrals are not required before your covered employee sees a specialist. Visit www.BlueChoiceSC.com for a comprehensive list of dental providers.

Let your BlueChoice representative help you find the best dental plan for your employees.

Companion Life Insurance Company



Companion Life offers an array of innovative and competitive employee benefit plans. Because Companion Life is a separate company from BlueChoice, Companion Life will be responsible for all services related to these insurance products. Companion Life specializes in group life and disability income insurance programs with a variety of features and plan design options. Companion Life's Insurance plans may be offered on a voluntary or group basis.

Life Insurance

Group term life insurance products can be offered as a flat amount or multiple of salaries up to \$500,000, with accidental death and dismemberment included. Guaranteed issue amounts are available.

Short and Long Term Disability Insurance

Short term disability insurance offers a wide selection of benefit percentages, waiting periods, benefit maximums and payment durations up to one year. Partial disability insurance is also available. Companion Life offers small group short term disability insurance benefits down to two lives, with no pre-existing limitations on employer-paid insurance plans.

Long term disability insurance provides choices for benefit payment maximums, elimination periods and benefit duration periods. Companion Life's insurance plans include updated definitions of a disability as well as an amended definition of own occupation.

Voluntary Vision Insurance

Our small group insurance plans include routine vision. If you prefer, you may also offer your employees vision insurance through Companion Life. To offer this service, two participants are required. Your employees will have access to a national network of providers. You have the choice of three plans: exam-only, materials-only, or exam and materials.





Section 6: 2023 Plans

BusinessADVANTAGE Plans

| BENEFIT FEATURE AND DESCRIPTION | GOLD 1001 | GOLD 1502 |
|---|--|--|
| Coinsurance | 30% | 35% |
| Deductible (Single/Family) ¹ | \$1,000/\$2,000 | \$1,500/\$3,000 |
| Maximum Out of Pocket (MOOP) (Single/Family) ¹ | \$6,000/\$12,000 | \$5,000/\$10,000 |
| Annual Dollar Limits/Lifetime Maximum | Unlimited | Unlimited |
| Preventive Care/Screenings/Immunizations, Including Lactation Support ² | \$0 | \$0 |
| Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits | \$20 | \$15 |
| Blue CareOnDemand | \$10 | \$8 |
| Specialists Office Visits | \$50 | \$50 |
| Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition. | \$50 | \$50 |
| Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition. | \$250 copayment, then 30% after deductible | \$250 copayment, then 35% after deductible |
| Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center. | \$200 per visit | \$200 per visit |
| Inpatient Physicians and Surgical Services ⁴ | 30% after deductible | 35% after deductible |
| Inpatient Hospital Services, Including Behavioral Health ⁴ | 30% after deductible | 35% after deductible |
| Outpatient Surgery Physician and Surgical Services | 30% after deductible | 35% after deductible |
| Outpatient Facility Fee, Including Behavioral Health ⁴ | 30% after deductible | 35% after deductible |
| Chiropractic Care ⁵ | 30% after deductible | 35% after deductible |
| Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses. | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses. | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Pharmacy Retail ⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost. | Tier 0: \$0 Tier 1: \$23 Tier 2: \$23 Tier 3: \$38 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250 | Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250 |
| Mail Order ⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program. | Tier 0: \$0 Tier 1: \$46 Tier 2: \$46 Tier 3: \$76 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500 | Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500 |

| GOLD 2000 | GOLD 2503 | GOLD 5225 | SILVER 2500 |
|--|--|--|--|
| 50% | 30% | 0% | 50% |
| \$2,000/\$4,000 | \$2,500/\$5,000 | \$5,225/\$10,450 | \$2,500/\$5,000 |
| \$4,225/\$8,450 | \$4,000/\$8,000 | \$5,225/\$10,450 | \$7,500/\$15,000 |
| Unlimited | Unlimited | Unlimited | Unlimited |
| \$0 | \$0 | \$0 | \$0 |
| \$20 | \$35 | \$0 | \$45 |
| \$10 | \$18 | \$0 | \$23 |
| \$50 | \$60 | \$50 | \$85 |
| \$50 | \$50 | \$50 | \$50 |
| \$250 copayment, then 50% after deductible | \$250 copayment, then 30% after deductible | Deductible | \$250 copayment, then 50% after deductible |
| \$200 per visit | \$200 per visit | \$200 per visit | \$200 per visit |
| 50% after deductible | 30% after deductible | Deductible | 50% after deductible |
| 50% after deductible | 30% after deductible | Deductible | 50% after deductible |
| 50% after deductible | 30% after deductible | Deductible | \$100 copayment, then 50% after deductible |
| 50% after deductible | 30% after deductible | Deductible | 50% after deductible |
| 50% after deductible | 30% after deductible | Deductible | 50% after deductible |
| Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam - \$0 Eyeglasses - \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Tier 0: \$0 Tier 1: \$18 Tier 2: \$18 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250 | Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$38 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250 | Tier 0: \$0 Tier 1: \$10 Tier 2: \$10 Tier 3: \$35 Tier 4: \$65 Tier 5: \$250 Tier 6: \$250 | Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3 – Tier 6: 50% after deductible |
| Tier 0: \$0 Tier 1: \$36 Tier 2: \$36 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500 | Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$76 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500 | Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$70 Tier 4: \$130 Tier 5: \$500 Tier 6: \$500 | Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3 – Tier 6: 50% after deductible |

BusinessADVANTAGE Plans

| BENEFIT FEATURE AND DESCRIPTION | SILVER 2950 | SILVER 3500 |
|---|--|---|
| Coinsurance | 40% | 50% |
| Deductible (Single/Family) ¹ | \$2,950/\$5,900 | \$3,500/\$7,000 |
| Maximum Out of Pocket (MOOP) (Single/Family) ¹ | \$8,700/\$17,400 | \$7,500/\$15,000 |
| Annual Dollar Limits/Lifetime Maximum | Unlimited | Unlimited |
| Preventive Care/Screenings/Immunizations, Including Lactation Support ² | \$0 | \$0 |
| Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits | \$35 | \$45 |
| Blue CareOnDemand | \$18 | \$23 |
| Specialists Office Visits | \$70 | \$85 |
| Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition. | \$50 | \$50 |
| Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition. | \$350 copayment, then 40% after deductible | \$300 copayment, then 50% after deductible |
| Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center. | \$200 per visit | \$200 per visit |
| Inpatient Physicians and Surgical Services ⁴ | 40% after deductible | 50% after deductible |
| Inpatient Hospital Services, Including Behavioral Health ⁴ | 40% after deductible | 50% after deductible |
| Outpatient Surgery Physician and Surgical Services | \$350 copayment, then 40% after deductible | \$300 copayment, then 50% after deductible |
| Outpatient Facility Fee, Including Behavioral Health ⁴ | 40% after deductible | 50% after deductible |
| Chiropractic Care ⁵ | 40% after deductible | 50% after deductible |
| Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses. | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses. | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Pharmacy Retail ⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost. | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$45 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300 | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$50 Tier 4: \$90 Tier 5: \$300 Tier 6: \$300 |
| Mail Order ⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program. | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$90 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600 | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$100 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600 |

| SILVER 5001 | NEW — SILVER 5501 | SILVER 7100 | SILVER 7800 |
|--|---|--|---|
| 35% | 50% | 20% | 0% |
| \$5,000/\$10,000 | \$5,500/\$11,000 | \$7,100/\$14,200 | \$7,800/\$15,600 |
| \$8,000/\$16,000 | \$9,000/\$18,000 | \$8,700/\$17,400 | \$7,800/\$15,600 |
| Unlimited | Unlimited | Unlimited | Unlimited |
| \$0 | \$0 | \$0 | \$0 |
| \$40 | \$35 | \$25 | \$0 |
| \$20 | \$18 | \$13 | \$0 |
| \$80 | \$80 | \$70 | \$80 |
| \$50 | \$50 | \$50 | \$50 |
| \$400 copayment, then 35% after deductible | \$350 copayment, then 50% after deductible | \$300 copayment, then 20% after deductible | \$200 copayment, then deductible |
| \$200 per visit | \$200 per visit | \$200 per visit | \$200 per visit |
| 35% after deductible | 50% after deductible | 20% after deductible | Deductible |
| 35% after deductible | 50% after deductible | 20% after deductible | Deductible |
| \$100 copayment, then 35% after deductible | \$150 copayment, then 50% after deductible | 20% after deductible | Deductible |
| 35% after deductible | 50% after deductible | 20% after deductible | Deductible |
| 35% after deductible | 50% after deductible | 20% after deductible | Deductible |
| Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam - \$0 Eyeglasses - \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$40 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300 | Tier 0: \$0 Tier 1: \$23 Tier 2: \$23 Tier 3: \$50 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300 | Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$35 Tier 4 – Tier 6: 20% after deductible | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$60 Tier 4: \$75 Tier 5: \$300 Tier 6: \$300 |
| Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$80 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600 | Tier 0: \$0 Tier 1: \$46 Tier 2: \$46 Tier 3: \$100 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600 | Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$70 Tier 4 – Tier 6: 20% after deductible | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$120 Tier 4: \$150 Tier 5: \$600 Tier 6: \$600 |

BusinessADVANTAGE Plans

| BENEFIT FEATURE AND DESCRIPTION | SILVER 8550 | NEW — BRONZE 4000 |
|---|--|--|
| Coinsurance | 0% | 50% |
| Deductible (Single/Family) ¹ | \$8,550/\$17,100 | \$4,000/\$8,000 |
| Maximum Out of Pocket (MOOP) (Single/Family) ¹ | \$8,550/\$17,100 | \$9,000/\$18,000 |
| Annual Dollar Limits/Lifetime Maximum | Unlimited | Unlimited |
| Preventive Care/Screenings/Immunizations, Including Lactation Support ² | \$0 | \$0 |
| Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits | \$35 | 50% after deductible |
| Blue CareOnDemand | \$18 | \$30 |
| Specialists Office Visits | \$65 | 50% after deductible |
| Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition. | \$50 | 50% after deductible |
| Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition. | Deductible | \$300 copayment, then 50% after deductible |
| Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center. | \$200 per visit | \$200 per visit |
| Inpatient Physicians and Surgical Services ⁴ | Deductible | 50% after deductible |
| Inpatient Hospital Services, Including Behavioral Health ⁴ | Deductible | 50% after deductible |
| Outpatient Surgery Physician and Surgical Services | Deductible | \$300 copayment, then 50% after deductible |
| Outpatient Facility Fee, Including Behavioral Health ⁴ | Deductible | 50% after deductible |
| Chiropractic Care ⁵ | Deductible | 50% after deductible |
| Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses. | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses. | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Pharmacy Retail ⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost. | Tier 0: \$0 Tier 1: \$15 Tier 2: \$15 Tier 3: \$40 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300 | Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$45 Tier 4: \$125 Tier 5: \$350 Tier 6: \$350 |
| Mail Order ⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program. | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$80 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600 | Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$90 Tier 4: \$250 Tier 5: \$700 Tier 6: \$700 |

| BRONZE 5550 | BRONZE 6500 | BRONZE 8000 | BRONZE 8800 |
|--|--|--|---|
| 40% | 20% | 50% | 0% |
| \$5,550/\$11,100 | \$6,500/\$13,000 | \$8,000/\$16,000 | \$8,800/\$17,600 |
| \$9,000/\$18,000 | \$8,900/\$17,800 | \$9,000/\$18,000 | \$8,800/\$17,600 |
| Unlimited | Unlimited | Unlimited | Unlimited |
| \$0 | \$0 | \$0 | \$0 |
| \$45 | \$60 | \$55 | \$70 |
| \$23 | \$30 | \$28 | \$35 |
| \$110 | \$100 | \$110 | \$130 |
| \$75 | \$75 | \$75 | \$75 |
| \$400 copayment, then 40% after deductible | \$150 copayment, then 20% after deductible | 50% after deductible | Deductible |
| \$200 per visit | \$200 per visit | \$200 per visit | \$200 per visit |
| 40% after deductible | 20% after deductible | 50% after deductible | Deductible |
| 40% after deductible | 20% after deductible | 50% after deductible | Deductible |
| \$250 copayment, then 40% after deductible | \$150 copayment, then 20% after deductible | 50% after deductible | Deductible |
| 40% after deductible | 20% after deductible | 50% after deductible | Deductible |
| 40% after deductible | 20% after deductible | 50% after deductible | Deductible |
| Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam - \$0 Eyeglasses - \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3 – Tier 6: 40% after deductible | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3 – Tier 6: 20% after deductible | Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3 – Tier 6: 50% after deductible | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$135 Tier 4: \$215 Tier 5: \$350 Tier 6: \$350 |
| Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3 – Tier 6: 40% after deductible | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3 – Tier 6: 20% after deductible | Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3 – Tier 6: 50% after deductible | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$270 Tier 4: \$430 Tier 5: \$700 Tier 6: \$700 |

BusinessADVANTAGE Plans

| BENEFIT FEATURE AND DESCRIPTION | GOLD 3000 HD | SILVER 4800 HD |
|---|---|---|
| Coinsurance | 0% | 0% |
| Deductible (Single/Family) ¹ | \$3,000/\$6,000 | \$4,800/\$9,600 |
| Maximum Out of Pocket (MOOP) (Single/Family) ¹ | \$3,000/\$6,000 | \$4,800/\$9,600 |
| Annual Dollar Limits/Lifetime Maximum | Unlimited | Unlimited |
| Preventive Care/Screenings/Immunizations, Including Lactation Support ² | \$0 | \$0 |
| Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits | Deductible | Deductible |
| Blue CareOnDemand | Deductible | Deductible |
| Specialists Office Visits | Deductible | Deductible |
| Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition. | Deductible | Deductible |
| Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition. | Deductible | Deductible |
| Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center. | Deductible | Deductible |
| Inpatient Physicians and Surgical Services ⁴ | Deductible | Deductible |
| Inpatient Hospital Services, Including Behavioral Health ⁴ | Deductible | Deductible |
| Outpatient Surgery Physician and Surgical Services | Deductible | Deductible |
| Outpatient Facility Fee, Including Behavioral Health ⁴ | Deductible | Deductible |
| Chiropractic Care ⁵ | Deductible | Deductible |
| Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses. | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses. | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Pharmacy Retail ⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost. | Tier 0: \$0 Tier 1 – Tier 6: Deductible | Tier 0: \$0 Tier 1 – Tier 6: Deductible |
| Mail Order ⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program. | Tier 0: \$0 Tier 1 – Tier 6: Deductible | Tier 0: \$0 Tier 1 – Tier 6: Deductible |

| SILVER 5500 HD | BRONZE 7000 HD |
|--|--|
| 0% | 0% |
| \$5,500/\$11,000 | \$7,000/\$14,000 |
| \$5,500/\$11,000 | \$7,000/\$14,000 |
| Unlimited | Unlimited |
| \$0 | \$0 |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Deductible | Deductible |
| Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Tier 0: \$0 Tier 1 – Tier 6: Deductible | Tier 0: \$0 Tier 1 – Tier 6: Deductible |
| Tier 0: \$0 Tier 1 – Tier 6: Deductible | Tier 0: \$0 Tier 1 – Tier 6: Deductible |

Important Notes for 2023:

- These products provide out-of-network coverage at 50 percent with no deductible or maximum out-of-pocket cost, except where noted otherwise.
- Emergency room services received out of network are covered at the same level as in network if emergency room criteria are met.
- Pharmacy benefits and preventive services are only covered at a participating provider.
- All plans include routine vision care, **FOCUS** *fwd*, EAP and Blue CareOnDemand.
- The MOOP for out-of-network services is unlimited.
- All plans include an embedded deductible and MOOP.
- All plans include 30 visits for rehabilitative therapy and 30 visits for habilitative therapy per benefit year.

¹Includes out-of-network air ambulance services, emergency services, and subject to limited provider advance notice and consent requirements, other (nonemergency) services furnished at certain in-network facilities.

²Covered according to the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). It includes prostate screening (PSA). These are independent organizations that offer health information you may find helpful.

³Facility charges only. Providers may bill separately for their services.

⁴Includes post-stabilization services resulting from an emergency, and services rendered by an out-of-network provider at certain in-network facilities, subject to a limited exception where the provider satisfies advance patient notice and consent requirements.

⁵Limited to five visits per benefit period for subluxation under chiropractic care.

⁶If a drug manufacturer provides any form of direct support (cash, reimbursement, coupon, voucher, debit card, etc.) for some or all of the cost sharing on the purchase of prescription and/or specialty drugs, this amount will not be counted toward the member's annual limitation on cost sharing. The drug will still be considered a covered prescription drug.

2023 BA Primary Choice Plans

| BENEFIT FEATURE AND DESCRIPTION | GOLD 1001 | GOLD 1502 |
|---|--|--|
| Coinsurance | 30% | 35% |
| Deductible (Single/Family) ¹ | \$1,000/\$2,000 | \$1,500/\$3,000 |
| Maximum Out of Pocket (MOOP) (Single/Family) ¹ | \$6,000/\$12,000 | \$5,000/\$10,000 |
| Annual Dollar Limits/Lifetime Maximum | Unlimited | Unlimited |
| Preventive Care/Screenings/Immunizations, Including Lactation Support ² | \$0 | \$0 |
| Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits | \$20 | \$15 |
| Blue CareOnDemand | \$10 | \$8 |
| Specialists Office Visits | \$50 | \$50 |
| Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition. | \$50 | \$50 |
| Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition. | \$250 copayment, then 30% after deductible | \$250 copayment, then 35% after deductible |
| Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center. | \$200 per visit | \$200 per visit |
| Inpatient Physicians and Surgical Services ⁴ | 30% after deductible | 35% after deductible |
| Inpatient Hospital Services, Including Behavioral Health ⁴ | 30% after deductible | 35% after deductible |
| Outpatient Surgery Physician and Surgical Services | 30% after deductible | 35% after deductible |
| Outpatient Facility Fee, Including Behavioral Health ⁴ | 30% after deductible | 35% after deductible |
| Chiropractic Care ⁵ | 30% after deductible | 35% after deductible |
| Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses. | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses. | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Pharmacy Retail ⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost. | Tier 0: \$0 Tier 1: \$23 Tier 2: \$23 Tier 3: \$38 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250 | Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250 |
| Mail Order ⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program. | Tier 0: \$0 Tier 1: \$46 Tier 2: \$46 Tier 3: \$76 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500 | Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500 |

| GOLD 5225 | SILVER 2950 | SILVER 3500 | NEW — SILVER 5501 |
|--|--|---|---|
| 0% | 40% | 50% | 50% |
| \$5,225/\$10,450 | \$2,950/\$5,900 | \$3,500/\$7,000 | \$5,500/\$11,000 |
| \$5,225/\$10,450 | \$8,700/\$17,400 | \$7,500/\$15,000 | \$9,000/\$18,000 |
| Unlimited | Unlimited | Unlimited | Unlimited |
| \$0 | \$0 | \$0 | \$0 |
| \$0 | \$35 | \$45 | \$35 |
| \$0 | \$18 | \$23 | \$18 |
| \$50 | \$70 | \$85 | \$80 |
| \$50 | \$50 | \$50 | \$50 |
| Deductible | \$350 copayment, then 40% after deductible | \$300 copayment, then 50% after deductible | \$350 copayment, then 50% after deductible |
| \$200 per visit | \$200 per visit | \$200 per visit | \$200 per visit |
| Deductible | 40% after deductible | 50% after deductible | 50% after deductible |
| Deductible | 40% after deductible | 50% after deductible | 50% after deductible |
| Deductible | \$350 copayment, then 40% after deductible | \$300 copayment, then 50% after deductible | \$150 copayment, then 50% after deductible |
| Deductible | 40% after deductible | 50% after deductible | 50% after deductible |
| Deductible | 40% after deductible | 50% after deductible | 50% after deductible |
| Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam - \$0 Eyeglasses - \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Tier 0: \$0 Tier 1: \$10 Tier 2: \$10 Tier 3: \$35 Tier 4: \$65 Tier 5: \$250 Tier 6: \$250 | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$45 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300 | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$50 Tier 4: \$90 Tier 5: \$300 Tier 6: \$300 | Tier 0: \$0 Tier 1: \$23 Tier 2: \$23 Tier 3: \$50 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300 |
| Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$70 Tier 4: \$130 Tier 5: \$500 Tier 6: \$500 | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$90 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600 | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$100 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600 | Tier 0: \$0 Tier 1: \$46 Tier 2: \$46 Tier 3: \$100 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600 |

2023 BA Primary Choice Plans

| BENEFIT FEATURE AND DESCRIPTION | SILVER 7100 | SILVER 7800 |
|---|--|---|
| Coinsurance | 20% | 0% |
| Deductible (Single/Family) ¹ | \$7,100/\$14,200 | \$7,800/\$15,600 |
| Maximum Out of Pocket (MOOP) (Single/Family) ¹ | \$8,700/\$17,400 | \$7,800/\$15,600 |
| Annual Dollar Limits/Lifetime Maximum | Unlimited | Unlimited |
| Preventive Care/Screenings/Immunizations, Including Lactation Support ² | \$0 | \$0 |
| Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits | \$25 | \$0 |
| Blue CareOnDemand | \$13 | \$0 |
| Specialists Office Visits | \$70 | \$80 |
| Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition. | \$50 | \$50 |
| Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition. | \$300 copayment, then 20% after deductible | \$200 copayment, then deductible |
| Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center. | \$200 per visit | \$200 per visit |
| Inpatient Physicians and Surgical Services ⁴ | 20% after deductible | Deductible |
| Inpatient Hospital Services, Including Behavioral Health ⁴ | 20% after deductible | Deductible |
| Outpatient Surgery Physician and Surgical Services | 20% after deductible | Deductible |
| Outpatient Facility Fee, Including Behavioral Health ⁴ | 20% after deductible | Deductible |
| Chiropractic Care ⁵ | 20% after deductible | Deductible |
| Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses. | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses. | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Pharmacy Retail ⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost. | Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$35 Tier 4 – Tier 6: 20% after deductible | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$60 Tier 4: \$75 Tier 5: \$300 Tier 6: \$300 |
| Mail Order ⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program. | Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$70 Tier 4 – Tier 6: 20% after deductible | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$120 Tier 4: \$150 Tier 5: \$600 Tier 6: \$600 |

| NEW — BRONZE 4000 | BRONZE 5550 | BRONZE 6500 | SILVER 4800 HD |
|--|--|--|---|
| 50% | 40% | 20% | 0% |
| \$4,000/\$8,000 | \$5,550/\$11,100 | \$6,500/\$13,000 | \$4,800/\$9,600 |
| \$9,000/\$18,000 | \$9,000/\$18,000 | \$8,900/\$17,800 | \$4,800/\$9,600 |
| Unlimited | Unlimited | Unlimited | Unlimited |
| \$0 | \$0 | \$0 | \$0 |
| 50% after deductible | \$45 | \$60 | Deductible |
| \$30 | \$23 | \$30 | Deductible |
| 50% after deductible | \$110 | \$100 | Deductible |
| 50% after deductible | \$75 | \$75 | Deductible |
| \$300 copayment, then 50% after deductible | \$400 copayment, then 40% after deductible | \$150 copayment, then 20% after deductible | Deductible |
| \$200 per visit | \$200 per visit | \$200 per visit | Deductible |
| 50% after deductible | 40% after deductible | 20% after deductible | Deductible |
| 50% after deductible | 40% after deductible | 20% after deductible | Deductible |
| \$300 copayment, then 50% after deductible | \$250 copayment, then 40% after deductible | \$150 copayment, then 20% after deductible | Deductible |
| 50% after deductible | 40% after deductible | 20% after deductible | Deductible |
| 50% after deductible | 40% after deductible | 20% after deductible | Deductible |
| Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam - \$0 Eyeglasses - \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$45 Tier 4: \$125 Tier 5: \$350 Tier 6: \$350 | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3 – Tier 6: 40% after deductible | Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3 – Tier 6: 20% after deductible | Tier 0: \$0 Tier 1 – Tier 6: Deductible |
| Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$90 Tier 4: \$250 Tier 5: \$700 Tier 6: \$700 | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3 – Tier 6: 40% after deductible | Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3 – Tier 6: 20% after deductible | Tier 0: \$0 Tier 1 – Tier 6: Deductible |

2023 BA Primary Choice Plans

| BENEFIT FEATURE AND DESCRIPTION | BRONZE 7000 HD |
|---|---|
| Coinsurance | 0% |
| Deductible (Single/Family) ¹ | \$7,000/\$14,000 |
| Maximum Out of Pocket (MOOP) (Single/Family) ¹ | \$7,000/\$14,000 |
| Annual Dollar Limits/Lifetime Maximum | Unlimited |
| Preventive Care/Screenings/Immunizations, Including Lactation Support ² | \$0 |
| Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits | Deductible |
| Blue CareOnDemand | Deductible |
| Specialists Office Visits | Deductible |
| Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition. | Deductible |
| Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition. | Deductible |
| Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center. | Deductible |
| Inpatient Physicians and Surgical Services ⁴ | Deductible |
| Inpatient Hospital Services, Including Behavioral Health ⁴ | Deductible |
| Outpatient Surgery Physician and Surgical Services | Deductible |
| Outpatient Facility Fee, Including Behavioral Health ⁴ | Deductible |
| Chiropractic Care ⁵ | Deductible |
| Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses. | Exam — \$25 Eyeglasses — \$50, from a standard selection |
| Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses. | Exam — \$0 Eyeglasses — \$0, from a standard selection |
| Pharmacy Retail ⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost. | Tier 0: \$0 Tier 1 – Tier 6: Deductible |
| Mail Order ⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program. | Tier 0: \$0 Tier 1 – Tier 6: Deductible |

Important Notes for 2023:

- These products provide out-of-network coverage at 50 percent with no deductible or maximum out-of-pocket cost, except where noted otherwise.
- Emergency room services received out of network are covered at the same level as in network if emergency room criteria are met.
- Pharmacy benefits and preventive services are only covered at a participating provider.
- All plans include routine vision care, **FOCUS** *fwd*, EAP and Blue CareOnDemand.
- The MOOP for out-of-network services is unlimited.
- All plans include an embedded deductible and MOOP.
- All plans include 30 visits for rehabilitative therapy and 30 visits for habilitative therapy per benefit year.

¹Includes out-of-network air ambulance services, emergency services, and subject to limited provider advance notice and consent requirements, other (nonemergency) services furnished at certain in-network facilities.

²Covered according to the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). It includes prostate screening (PSA). These are independent organizations that offer health information you may find helpful.

³Facility charges only. Providers may bill separately for their services.

⁴Includes post-stabilization services resulting from an emergency, and services rendered by an out-of-network provider at certain in-network facilities, subject to a limited exception where the provider satisfies advance patient notice and consent requirements.

⁵Limited to five visits per benefit period for subluxation under chiropractic care.

⁶If a drug manufacturer provides any form of direct support (cash, reimbursement, coupon, voucher, debit card, etc.) for some or all of the cost sharing on the purchase of prescription and/or specialty drugs, this amount will not be counted toward the member's annual limitation on cost sharing. The drug will still be considered a covered prescription drug.





Statement of Confidentiality



BlueChoice knows how important it is to protect the privacy of each member's confidential medical information. Here are the efforts we make to protect the privacy of our members.

Protection of Privacy

BlueChoice keeps all medical information about a member strictly confidential. BlueChoice has administrative, technical and physical safeguards in place to protect the privacy of members' personal health information. Our information systems have advanced security that limits access to personal health information to authorized personnel only. We require all staff to keep confidential any personal health information they learn in performing their jobs. Additionally, staff is required to limit requests to external entities for a member's personal health information to the minimum necessary for their intended purpose.

BlueChoice requires all physicians and other health care professionals in our provider network to maintain the confidentiality of their patients' health information, and they must guard against unauthorized or inadvertent disclosure of this confidential information. Through on-site visits, BlueChoice reviews each provider's privacy policies and methods for storing and protecting patients' medical records.

BlueChoice requires all business associates, consultants and other entities with whom we contract for clinical 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 entities must sign an agreement attesting to the fact that they are compliant with federal privacy regulations.

Collection, Use and Disclosure of Medical Information

BlueChoice may use and disclose medical information about your employee for the purposes of treatment, payment and health care operations. Examples of these routine activities that involve the collection, use and disclosure of health information include getting information from health care providers to determine medical necessity, processing claims, issuing Explanations of Benefits to policyholders and conducting quality improvement activities.

If there is a need to release member-identifiable information for purposes other than those approved by law for treatment, payment and health care operations, BlueChoice must first get a written authorization form signed by the member. The authorization form allows the member to specify what information BlueChoice is authorized to release, to whom it may be released and for what purpose.

Focus on life. Focus on health. *Stay focused.*

Our Commitment to Keeping Your Employees Healthy

BlueChoice has a commitment to offer quality comprehensive health coverage. We participate in these quality-focused programs:

- Health Employer Data and Information Set (HEDIS®) — a set of measures health plans use to uniformly collect data and report on their performance
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) — standardized surveys of patients' experiences
- Touchpoints — a quality assurance program that measures performance of all Blue® Plans on established criteria the Blue Cross Blue Shield Association sets

In each of these programs, we consistently meet or exceed national averages on measures that most other carriers don't even track. From our 98 percent score on timeliness of prenatal care to an average claim processing time of less than two days, BlueChoice is focused on providing exceptional quality and superior service.

Your representative can provide you with the most updated operational performance statistics.



BlueChoice HealthPlan is an independent licensee
of the Blue Cross Blue Shield Association.

www.BlueChoiceSC.com