

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

Stay Covered

Short-Term Choice Health Coverage



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

Coverage When You Need It

There are times when you need a health plan to fill in the gap:

- If you're waiting for coverage at a new job
- If you're no longer covered by your parents' plan
- If you're between jobs
- If you're temporarily without health insurance for any reason

No matter what the reason — Short-Term Choice is just what you need.

Here's how it works. You choose the plan length and your deductible. When you visit one of the providers in our extensive network, we pay 50 or 80 percent of eligible charges once you meet your deductible and any copayments. Once you've met the out-of-pocket maximum, we pay 100 percent of eligible charges. You must obtain services through one of our contracting providers within the Standard PPO network.

Pre-Existing Conditions

There is no coverage for pre-existing conditions, as defined in the policy. Benefits will not be provided during the term of this policy for any pre-existing condition.

A pre-existing condition is a condition for which: a) symptoms existed that would cause a reasonable person to seek diagnosis, care or treatment within a one-year period preceding the effective date of coverage; or b) medical advice or treatment was recommended by or received from a physician within a five-year period preceding the effective date of coverage.

Renewability and Premiums

This is a non-renewable policy. You may prepay the entire policy premium in advance or pay the premium monthly.

Extension of Benefits

If you are in the hospital, skilled nursing facility or are totally disabled on the day coverage ends, coverage may be extended under this policy.

Your coverage will continue while you remain totally disabled from the same or related cause until one of these occurs:

1. The date the hospitalization ends or the date of recovery from the total disability, whichever is later, or
2. The policy maximums are met, or
3. A period of time no longer than this policy term following the termination date of coverage. We will pay benefits only for covered services as listed in this policy that are related to the treatment of the disabling medical condition.

The terms totally disabled/total disability mean you are unable to perform the duties of your occupation and are under the care of a physician. A child who is totally disabled is receiving ongoing medical care by a physician and unable to perform the normal activities of a child in good health of the same age and sex.

Members Can Build Their Plan from These Options

Plan Length	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> 11 months	This is not qualifying health coverage ("minimum essential coverage") that satisfies the health coverage requirement of the Affordable Care Act. If you don't have minimum essential coverage, you may owe an additional payment with your taxes.
Policy Term Benefit Maximum	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000	
Coinsurance Percentage	<input type="checkbox"/> 20 percent	
Deductible	<input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,500	
Out-of-Pocket Maximum (after deductible is met)	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$4,000	
50 Percent Coinsurance Plan	<input type="checkbox"/> 50 percent coinsurance percentage with a \$5,000 deductible and out-of-pocket maximum.	
The plan length and policy term benefit maximum options apply to all plans. The deductible and out-of-pocket maximum vary based on the coinsurance amount chosen.		

Additional Services

Physician Services	Deductible/Coinsurance
Preventive Care	Mammogram screening, Pap smear, prostate and colorectal cancer screening are covered once per policy term, subject to deductible and coinsurance, then covered at 80 percent or 50 percent, depending on the plan chosen. The member must see a contracting provider.
Emergency Room	\$150 copayment, then eligible charges, subject to coinsurance and deductible
Outpatient Laboratory and X-Ray	Deductible/Coinsurance
Outpatient Surgery	Deductible/Coinsurance
Inpatient Hospitalization	\$250 copayment, then eligible charges, subject to coinsurance and deductible
Inpatient Rehabilitation and Outpatient Physical Therapy	Eligible charges up to \$5,000 for rehabilitation and \$500 on short-term physical therapy
Ambulance	\$500 policy term limit to nearest hospital
Durable Medical Equipment (DME)	\$500 policy term limit on DME, prosthetics and orthotics
Preventive Dental Care (any licensed dentist)	One dental exam is covered every six months and one dental cleaning is covered every six months. The member is responsible for any balance over \$50.
Blue CareOnDemand SM	\$75 copayment With Blue CareOnDemand, members can visit a doctor anytime, anywhere via their smartphone, tablet or computer.

For a complete Summary of Benefits, please refer to the Covered Services section of the Short-Term Medical Policy.

Exclusions and Limitations of the Policy

Except as specifically provided in the policy, no benefits will be provided for:

1. Treatment provided in a government hospital that you are not legally responsible for; or for which benefits are provided under Medicare or other governmental programs (except Medicaid).
2. Any charges for services or supplies for which you are entitled to payment for benefits (whether or not you have applied for such payment or benefits) under any motor vehicle no-fault law.
3. Injuries or diseases paid by Workers' Compensation or settlement of a Workers' Compensation claim.
4. Separate charges for services provided by employees of hospitals, laboratories or other institutions; for services or supplies performed or furnished by a member of the member's immediate family; and for services for which a charge is normally not made in the absence of insurance.
5. Cosmetic surgery, except that cosmetic surgery does not include reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part.
6. Illness contracted or injury sustained as the result of: war or act of war (whether declared or undeclared); committing or attempting to commit a felony; participation in a riot or insurrection; service in the armed forces or an auxiliary unit; or engaging in an illegal occupation.
7. Rest cures and custodial care.
8. Transportation, except as shown in Covered Services.
9. Routine physical examinations, except as shown in Covered Services.
10. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. This exclusion does not include corrective surgery or treatment for metabolic or peripheral vascular disease.
11. Dental care or treatment, except as shown in Covered Services.
12. Eyeglasses, except as shown in the Schedule of Benefits; contact lenses (except after cataract surgery); and hearing aids and examination for their prescribing or fitting.
13. Normal pregnancy or childbirth.
14. Treatment, services or supplies received as a result of suicide, attempted suicide or intentionally self-inflicted injuries, whether the patient was sane or insane.
15. Services, care or supplies used to detect and correct, by manual or mechanical means, structural imbalance, distortion or subluxation in your body for purpose of removing nerve interference and its effects when this interference is the result of or related to distortion, misalignment or subluxation of, or in, the spinal column.
16. Treatment, services or supplies received as a result of substance use.

Eligibility Requirements

To be eligible, you must be a South Carolina resident and U.S. citizen older than 12-months and younger than 65-years-old throughout the term of the policy. Coverage can be accepted or rejected by the company and can be rescinded for inaccurate responses.



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

TCC Benefits Administrator

866-450-7191 | www.ShortTermChoice.com

TCC is a separate company providing benefits administration services for your health plan.