



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

MyChoice
2023 Member Guide



BlueChoice[®]
HealthPlan
South Carolina



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Welcome to BlueChoice HealthPlan

This is your BlueChoice HealthPlan Member Guide, which outlines your benefits and covered services. Please refer to the Benefits Basics section. It contains important topics for you to know. If you need more detailed information, please read the expanded information in the back of the guide.

As your health plan, we're here to help you. If you need more information, assistance or have other questions, please:



Visit our website:
www.BlueChoiceSC.com
and send a secure email
through My Health Toolkit



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



Call Monday – Friday
from 8:30 a.m. – 5 p.m.:
800-868-2528
TTY Services 711 + 800-868-2528

If you need an interpreter, we have free services available for both oral and written assistance. If you have questions about your coverage, please contact Member Services for more information. We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans when we enroll members or provide benefits.

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

Schedule of Benefits: This is a list of your employer's unique coverage and benefits. The Schedule of Benefits includes the benefit categories and what you will pay for each service. You can access this through our website, www.BlueChoiceSC.com. From the homepage, you can log in to **My Health Toolkit**®. If you don't have an account, it just takes a few minutes to create one. Be sure to have your member ID card available.

Once you have created a profile, you will have access to your Schedule of Benefits. Select the **Benefits** tab at the top of the page. Then select **Health Eligibility and Benefits**.

Certificate of Coverage: This is an in-depth description of covered services, exclusions, limitations and eligibility requirements. You can find your Certificate of Coverage by logging into your **My Health Toolkit** account. Once logged in, select the **Benefits** tab at the top of the page. Then select **Health Eligibility and Benefits**. Select **View Benefit Booklet** at the top of the page. You can also request a copy of your Certificate of Coverage from your human resources department.

Our **FOCUS_{fwd} Wellness Incentive Program** is designed to help you lead a healthier lifestyle. By completing health-related activities and challenges, you'll earn up to **\$110** in rewards and increase your 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 point values. See page 11 for more information.



One more thing: We know there are a lot of insurance words that may be confusing. Please refer to the glossary on page 71. Thank you for choosing BlueChoice®.



Benefit Basics

IF YOU NEED TO:	THE BASIC ANSWER:	FOR MORE INFORMATION:
Learn about benefits for preventive care and how to stay healthy	We care about your health and want to encourage and support you in staying healthy. That's why we cover preventive exams and immunizations. We also have great health and chronic condition programs to help you learn more about chronic conditions, pregnancy and healthy lifestyles.	p. 3
Get information online	BlueChoice has one of the most useful websites around! You can search for a network doctor, check your claims status and authorizations, get information about our wellness programs, and so much more.	p. 6
Be admitted to the hospital	All inpatient care must be authorized in advance, except for emergency admissions. Your primary care doctor or specialist will coordinate this for you. If you have an emergency and are hospitalized, please call BlueChoice (or have a family member or friend call) within 24 hours or the next business day. See your Schedule of Benefits to find out more about inpatient deductibles and coinsurance.	p. 20
Get emergency care	If possible, call your primary care physician. If there's no time to do that, call 911 and/or go to the nearest emergency room (ER) for care. It must be a true emergency for you to have coverage at an ER. See your Schedule of Benefits to find your ER copayment.	p. 21
Get other services	Your plan has coverage for laboratory and X-ray services. Your benefit plan includes vision coverage through BlueChoice.	p. 23

IF YOU NEED TO:	THE BASIC ANSWER:	FOR MORE INFORMATION:
Get care away from home	With the BlueCard network, you have access to in-network benefits when you are away from home and see a provider that participates in the network. If your card has a suitcase in the bottom right-hand corner, you have this benefit.	p. 23
Know how much you'll pay	Each plan has its own copayments, deductibles and coinsurance. Your Schedule of Benefits lists what you will pay for services. You can also find cost estimators and drug cost comparisons on our website.	p. 25
See a doctor	Your plan allows you to see any primary care physician you choose. Your primary care physician will help you manage your care by providing referrals to other providers when needed. Inpatient admissions (except emergency admissions) and certain outpatient services require prior approval.	p. 31
Fill a prescription	You have prescription benefits with BlueChoice. Please see your Schedule of Benefits for details. Take your ID card and your prescription to any network pharmacy, and you can fill up to a 31-day supply. Your plan covers most drugs, except for lifestyle drugs. You are covered under a prescription drug list (PDL) that has three tiers (copayment or coinsurance levels): generic, preferred and nonpreferred.	p. 34



Preventive Health Guidelines



Prevention is about staying healthy and free from disease. At BlueChoice, we are here to help you reach these important goals. We want you to have the most current information about prevention. You can find the recommended schedule of preventive health screenings at www.BlueChoiceSC.com. These Preventive Health Guidelines are located in the **Member Center** section under the **Resources** section via the **Keys to Using Your Coverage** tab.

Information on the Web

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

Scan this QR code to learn how to make the most of your coverage with our easy-to-use online resources.



My Health Toolkit

You can use My Health Toolkit to see if your plan covers a specific procedure, get more information about your health benefits, check the status of a claim and more. If you don't have an account, it just takes a few minutes to create one. Once you've created your account, be sure to select your contact preferences under My Profile to tell us how you want to receive our communications.

In the Benefits section, you 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, you can:

- Find care.
- Rate your visit.
- Estimate treatment costs.



Download My Health Toolkit Mobile App Today

Your insurance benefits are with you wherever you go and whenever you need them.

With the app, you can:

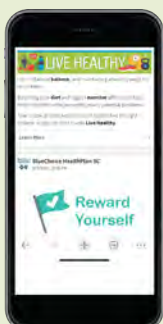
- View and share your digital ID card.
- Quickly check the status of your claims.
- See what's covered by your health plan.
- Find an in-network doctor or hospital.
- Update your contact information.
- Update your other health insurance information.
- Check the status of prior authorizations.

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. Visit the App Store or Google Play and download today.



when you register for My Health Toolkit



Get Our Texts!

Get important information delivered to your smartphone when you sign up for our text messages:

- Keys to using your coverage
- Health and wellness reminders
- Ways you can save ... and more!

To get started, simply call **844-206-0622**. Please have your member ID card ready.



when you sign up to receive text messages

HELP WANTED

BlueChoice HealthPlan needs *your* help!

Everyone gets alerts about unimportant news, so why not get news about the most important topics of all: YOU and YOUR HEALTH!

Get connected today:

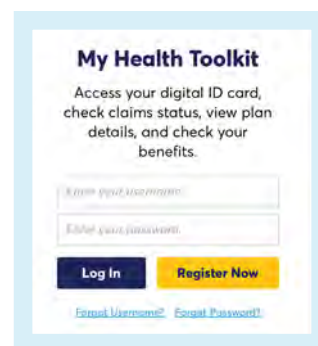
1. Go to www.BlueChoiceSC.com.
2. Sign in to My Health Toolkit*.
3. Select **My Profile**.
4. Then select **My Contact Information**.

Add your contact information under **My Contact Information**, and set your contact preferences under **My Contact Preferences**.

Setting your contact preferences tells us how you want to receive our communications. Once connected, you'll receive all this and more:

- Keys to using your coverage
- Health and wellness reminders
- Updates on program enhancements
- Ways you can save

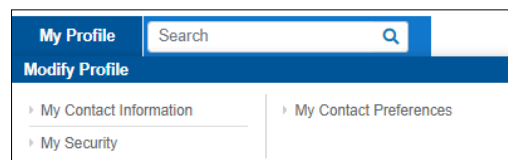
*Don't have a My HealthToolkit account? No problem. It only takes a few minutes to create one.



My Health Toolkit
Access your digital ID card, check claims status, view plan details, and check your benefits.

Log In **Register Now**

[Forgot Username?](#) [Forgot Password?](#)



My Profile	Search <input type="text"/>
Modify Profile	
› My Contact Information	› My Contact Preferences
› My Security	



Have our **My Health Toolkit** app? It allows you to easily adjust your contact settings. If you do not have our My Health Toolkit app, download it today on Google Play or the App Store.



All-Inclusive Office Visit Copayment



If your plan offers an office copayment benefit, you have the convenience of an all-inclusive, comprehensive copayment.

This means if you visit a network provider, you will pay one copayment for all diagnostic and treatment services performed in the office.

Services are not limited to routine and sick visits. They also include in-office surgical procedures, labs and X-rays with no limits or caps. You can get necessary services at a set cost, with no hidden fees.





Value-Added Benefits and Services



My Life Consult

Everyone needs advice from time to time. That's why My Life Consult offers you and those in your household a total of three free life management sessions to help you tackle some of life's most challenging decisions. Here are some of the services that are available:

- Elder and adult care resources
- Child care resources
- College and school services
- Legal services and documents
- Parenting/adoption resources
- Financial counseling and planning



Blue365 Discount Programs

As a BlueChoice member, you get discounts on many items:

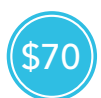
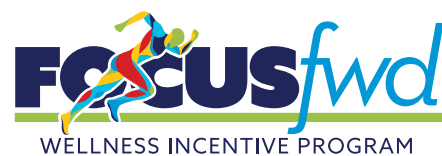
- Blue365 — exclusive access to health and wellness information, discounts, and savings from industry-leading brands
- Hearing aid discounts
- Bosley®
- Discounts at a variety of fitness centers

Bosley is an independent company that offers program discounts to BlueChoice HealthPlan members.



FOCUSfwd Wellness Incentive Program

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



FOCUS Points*

Get a **\$70 reward** and **40 Sweepstakes entries** when you complete the following activities that are important to improving your overall health: Personal Health Assessment, annual wellness exam, and preventive screening or flu vaccine.



GET FIT*

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



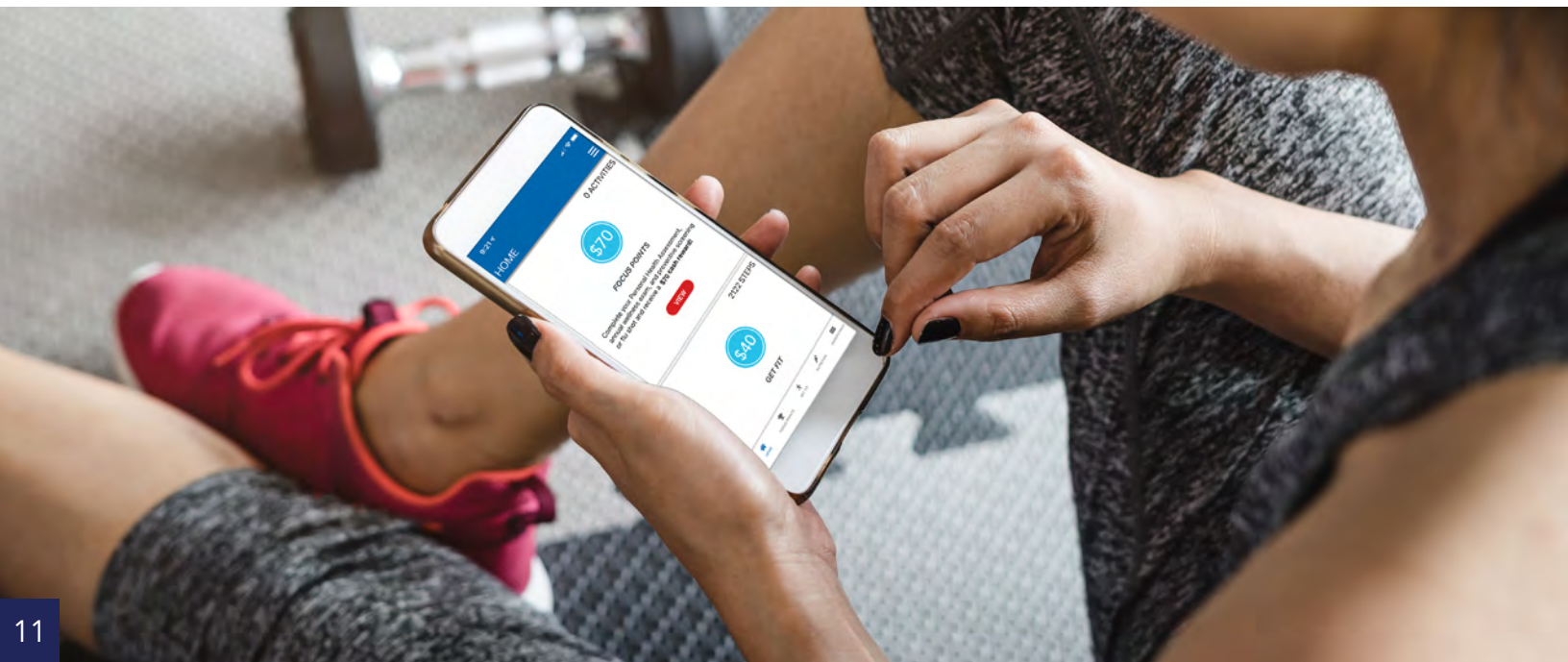
Sweepstakes

You earn **Sweepstakes** entries for every activity you complete in **FOCUSfwd**, increasing your chances to win one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards**. You even earn **10 Sweepstakes entries** by simply signing up for **FOCUSfwd**!

Get the FOCUSfwd App

Stay connected to your health and rewards with the **FOCUSfwd** app. To get started, access **FOCUSfwd** from your mobile device. Then select **Learn More** and follow the prompts to download the app and link your account.

*These are calendar-year programs and will restart annually.





Personal Health Assessment

Taking a Personal Health Assessment (PHA) is just one of the many ways you can take steps toward better health. Unfortunately, many chronic health conditions show no warning signs. Your PHA may provide insights on your risk for developing certain chronic conditions so you can take preventive action and stay focused on the things that matter most to you.

Your Privacy Is Our Priority

Protecting your personal health information is very important to us. All the answers you give are confidential and protected by federal privacy laws.

You Matter

Choices you make every day can impact your health. The PHA can help you identify personal risk factors related to:

- Nutrition.
- Tobacco use.
- Physical activity.
- Current health.
- Health history.
- Alcohol use.
- Biometrics.
- Stress and depression.

Instant Feedback

After you've completed the assessment, you'll receive:

- 15 entries into the **FOCUS** _{fwd} Wellness Incentive Program Sweepstakes.
- Personalized experiences based on responses to survey questions.
- Tips and resources for lowering risk factors.



*for completing your
Personal Health
Assessment*

Easy Access to Your PHA

You can complete your assessment at www.BlueChoiceSC.com. Access **My Health Toolkit** and follow these steps:

1. Desktop and tablet users: Select the **Health and Wellness** tab. Mobile users: Select **Benefits**.
2. Select the **FOCUS** _{fwd} Incentive Program link.
3. Select the **PHA** tab.
4. Select the **Complete Now** button on the **Complete Your Personal Health Assessment (PHA)** tile.

The assessment takes less than 15 minutes to finish and can be completed in the privacy of your home or office. If you don't have a profile, you must first register for My Health Toolkit. After you complete your PHA, you'll be one step closer to completing our FOCUS Points[®] program. With FOCUS Points, you get a **\$70 cash reward and 40 entries** into the **Sweepstakes** when you complete these activities that are important to improving your overall health: Personal Health Assessment, annual wellness exam, and preventive screening or flu vaccine.

How Can My Spouse Take the PHA?

Your spouse can take the PHA by following the steps above.

*This is a calendar-year program and will restart annually.



Get Moving With GET FIT

The **GET FIT** challenge rewards you for taking steps toward your exercise goals — an average of 5,500 steps per day to be exact. There's a new challenge cycle every three months. You'll receive **\$10 in rewards** and **10 Sweepstakes entries** for each challenge you complete, for a total of **\$40 in rewards** and **40 Sweepstakes entries** each calendar year.



January 1 – March 31



April 1 – June 30



July 1 – September 30



October 1 – December 31

Get Started:

1. Visit www.BlueChoiceSC.com.
2. Log in to **My Health Toolkit®**.
3. Desktop and tablet users: Select the **Health and Wellness** tab. Mobile users: Select **Benefits**.
4. Select the **FOCUS _{fwd}** Incentive Program link.
5. Select **GET FIT**.
6. Select **I Want to GET FIT!**

Connect Your Fitness Activities!

FOCUSfwd offers device integration, an opportunity to earn entries for tracking physical activity through the use of your smartphone or activity tracker.* This feature will allow you to participate in the quarterly **GET FIT** challenge. Once your device is connected, your physical activity is automatically tracked.



If you choose not to participate in the **GET FIT** program, you can still receive entries into the Sweepstakes by **recording your physical activity**. Simply connect your smartphone or activity tracker and walk 5,000 steps three days a week, or manually record your physical activity in **FOCUSfwd** three days per week. Either way, you'll earn one entry each week into the **Sweepstakes**, increasing your chances to win one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards**.

To Get Connected:

1. Visit www.BlueChoiceSC.com.
2. Log in to **My Health Toolkit**.
3. Desktop and tablet users: Select the **Health and Wellness** tab. Mobile users: Select **Benefits**.
4. Select the **FOCUSfwd Incentive Program** link.
5. Select **GET FIT**.
6. Select the **Connect** button on the compatible device (Fitbit®, Garmin® or Misfit). **Apple Health** and **Google Fit** users must connect using the **FOCUSfwd** app.
7. You will be automatically taken to your device account. Select **Allow** to provide **FOCUSfwd** access to your device.
8. Once completed, the **Connect My Device** screen will display as connected.

To Get Connected Using the FOCUSfwd App:

1. Visit www.BlueChoiceSC.com on your mobile device.
2. Log in to **My Health Toolkit**.
3. Select **Benefits**.
4. Select the **FOCUSfwd Incentive Program** link.
5. Select the **Learn more** button.
6. Select the **Link FOCUSfwd Account** button.
7. You will automatically be directed to the App Store or Google Play Store.
8. Download the **FOCUSfwd** app.
9. Open the app and follow the prompts to connect your device.



Once you link your **FOCUSfwd** account in the app, you can access **FOCUSfwd** directly from the app without going through My Health Toolkit. To learn more about device integration, go to www.BlueChoiceSC.com/Integration or scan the QR code to the left.

*If you need to manually record your physical activity, select **Record Here** in the **Record Your Physical Activity** tile in **Sweepstakes**. However, you will not be able to participate in **GET FIT** without an integrated device.





My Diabetes Discount Program

Get support from a program that helps pay for your insulin. My Diabetes Discount Program, a program offered by BlueChoice, can help. Over several months, you'll complete actions on a checklist. Then you'll be able to receive your insulin with a **\$0 copayment**. Take a look at the checklist below, and you'll see there are things you might be doing already ... or know you should be.

Program Checklist

To begin receiving your \$0 copayment, please complete the following requirements:

- ☐ Visit your primary care physician for a checkup that includes:
 - ☐ A comprehensive metabolic panel lab test¹ OR a basic metabolic panel.
 - ☐ An A1C test.
 - ☐ A diabetes risk factor assessment of your feet and eyes.
- ☐ Get a flu vaccine.
- ☐ Complete diabetes education.² You can meet this requirement by completing ONE of the following:
 - ☐ Complete the Diabetes module in My Health PlannerSM.
 - ☐ Complete one call with your care manager OR view one diabetes education article/video.
 - ☐ Complete one digital conversation with a care manager using My Health Planner. Conversations must include at least three interactions in one day.
 - ☐ Complete an approved diabetes education session at an approved independent facility.

You must maintain these requirements, including two semiannual A1C tests, on an annual basis to continually receive discounted benefits.³

You will continue receiving your \$0 copayment by completing the following annually:

- ☐ Visit your primary care physician for a checkup that includes:
 - ☐ A comprehensive metabolic panel lab test¹ or a basic metabolic panel.
 - ☐ A diabetes risk factor assessment of your feet and eyes.
- ☐ Complete two A1C tests (one every six months).
- ☐ Get a flu vaccine.
- ☐ Complete diabetes education.² You can meet this requirement by completing ONE of the following:
 - ☐ Complete the Diabetes module in My Health Planner. If you have already completed the Diabetes module, you may complete the High Blood Pressure, High Cholesterol or Weight Management module.
 - ☐ Complete one call with your care manager or view one online education material **per quarter for four consecutive quarters**.
 - ☐ Complete one digital conversation with a care manager using My Health Planner **per quarter for four consecutive quarters**. Conversations must include at least three interactions in one day.
 - ☐ Complete an approved diabetes education session at an approved independent facility.

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.

³The \$0 insulin copayment will be available for one year from the start date of the benefit — for example, April 1, 2023, through March 31, 2024.

You know how serious diabetes can be when it's not well controlled. Please check out this free program, and get more details by calling the Member Services number on the back of your member ID card.



Health Management Programs

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! We welcome your participation and hope you'll take advantage of these great programs. Best of all, they're included as part of your health insurance benefits.

- Adult Attention-Deficit Hyperactivity Disorder (ADHD)
- Asthma*
- Back Care
- Bipolar Support
- Case Management
- Chronic Kidney Disease*
- Chronic Obstructive Pulmonary Disease (COPD)*
- Depression
- Diabetes*
- Healthy and Active Kids and Teens
- Heart Disease*
- Heart Failure*
- High Blood Pressure*
- High Cholesterol*
- Maternity*
- Metabolic Health*
- Migraine*
- Moms Support Program
- NICU Case Management
- Stress Management
- Substance Use Disorder (Recovery Support Program)
- Tobacco Cessation
- Weight Management*



*for completing your
first call in select
Great Expectations
programs*

For more information or to enroll in a Great Expectations program, you can call us at **855-838-5897** or visit www.BlueChoiceSC.com/GreatExpectations.

*These programs are eligible for **FOCUS**fwl entries. See page 11, or log in to My Health Toolkit to learn more.

Great Expectations for Weight Management

With Great Expectations for Weight Management, you now have access to My Health NovelSM, a personalized program that includes digital tools and support from proven health solutions. Programs include WW (Weight Watchers[®] reimagined), Virgin Pulse^{*} and more. Depending on the program, you may be provided with tools to help you succeed, like a free Fitbit activity tracker^{**} or wireless scale.

To see if you qualify, you should:

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

After taking the brief health quiz, if you qualify, you'll be matched to the program that is best for you.



*for completing
the assessment in
My Health Novel*

*Fitbit, Weight Watchers and Virgin Pulse are independent companies that offer health and wellness programs, products and services to members of your health plan.

**For members who complete program participation requirements. Requirements vary; check with your program for details. Applies to certain Fitbit models.

Limited to one per person. Solera Health reserves the right to substitute an alternate activity tracker. Solera Health is an independent company that offers a health management program on behalf of BlueChoice.

Behavioral Health Resources

If you are living with a mental health condition, you may be struggling to cope with life's challenges effectively. You are not alone. One in 5 adults will need mental health treatment in their lifetime. The good news is that help is available.

Companion Benefit Alternatives (CBA) offers case management to help guide members through the treatment process. CBA is a separate company that manages behavioral health benefits on behalf of BlueChoice. Case management is a free, voluntary program. When you join the program, you will partner with a case manager. Your case manager will help you get the most out of your behavioral health, medical and pharmacy benefits.

Case managers can help with a variety of conditions, including:

- Alcohol or drug use.
- Depression.
- Bipolar disorder.
- Eating disorders.
- Borderline personality disorder.

Your case manager will serve as your personal advocate, working with you to help you reach your goals. For more information, call CBA at **800-868-1032**.

Also, Blue CareOnDemand (see page 19) offers video chat with a licensed counselor, therapist, psychologist or psychiatrist from your home or wherever you feel most comfortable. Support doesn't have to stop after your first consultation. You can schedule follow-up appointments at the time and frequency that are right for you.

Access Blue CareOnDemand at www.BlueCareOnDemandSC.com, or download the Blue CareOnDemand app on your Apple or Android device. Cost of Blue CareOnDemand visits varies by visit type and provider selected and is subject to plan benefits.



Doctor Visits Anytime, Anywhere



With Blue CareOnDemand, you 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 you 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.



*for registering for
Blue CareOnDemand*

How Your Health Care Coverage Works

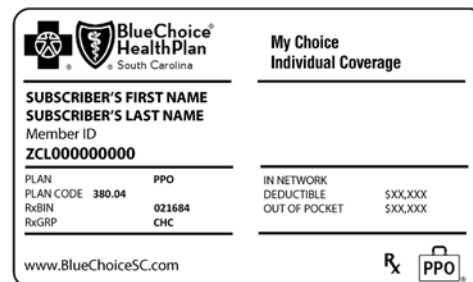
Using Your Member ID Card

Whenever you seek medical care, be sure to identify yourself as a MyChoice member. When you arrive for an appointment, present your ID card to the receptionist.

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

Here is an explanation of two fields that may appear on your ID card:

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



Your ID Card Is Digital, Too

Remember: You can access your digital ID card anytime, anywhere from your computer or mobile device.

Advantages of Your Digital ID Card

Your digital ID card is identical to your physical card. It contains your member ID number and other coverage details unique to you. Unlike with your physical card, you don't have to worry about losing it or ordering duplicate copies for your family. You can easily:

- View your card on your smartphone, tablet or computer.
- Email your card to your spouse, children, doctor's office or pharmacy.
- Print your card at home from your smartphone or computer. Use the printed card just like your physical card.

How To Access Your Digital ID Card

Visit www.BlueChoiceSC.com and log in to your **My Health Toolkit** account:

- On your computer: **Under the Insurance Card** section on the left, select **View Your Card**.
- On your mobile device: Select **Insurance Card** from the main menu.

Don't discard your physical ID card. Some doctors may still want a copy of it for their records. If you have not received a new ID card, the digital card may not be available.

If You Need To Be Admitted to the Hospital

If you are admitted to an in-network hospital, the hospital and your physician will coordinate this process. To receive out-of-network benefit coverage for an inpatient admission, contact Member Services before your anticipated admission date. We will not cover any services if you do not have an authorization from us.

If You Need Emergency Care

There may be times when you need emergency care. We encourage you to call your doctor, if possible, before you seek care in an emergency situation. If it is not possible to call your personal doctor, or if delaying medical care would make your condition dangerous, please go to the nearest hospital. If you can't get there on your own, call 911 for assistance. If your area doesn't have 911 service, dial "0" and tell the operator it is an emergency.

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

Please review this information before an emergency occurs so you'll understand your health plan benefits.

You can find more information about coverage for emergency care in your Schedule of Benefits and Certificate of Coverage. Both of these can be accessed by logging in to your My Health Toolkit account. Here are some examples of situations that are not considered an emergency:

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

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

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

A condition is considered to be an emergency if symptoms are severe, appear suddenly and need immediate medical attention. Here are some examples of emergencies:

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

One of our network physicians must provide or arrange all follow-up care. For example, if you go to the ER and get stitches, you should have a network physician remove them when it's time. Returning to the ER for stitches removal would result in another copayment if your plan has a copayment for ER care.

If you are **admitted** to a hospital, have a family member call BlueChoice within 24 hours or the next business day.





A condition is considered urgent if it is not life-threatening but still needs immediate attention to protect your health. Examples of urgent care conditions include these:

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

If you have an illness or injury that requires urgent care and you cannot get to your doctor or wait until normal office hours, services provided at a network urgent care center may be available. To find a network urgent care center, refer to the **Find Care** link on our website at www.BlueChoiceSC.com or contact Member Services. See the Welcome page for contact information. Please keep in mind that your urgent care benefit and the associated copayment only refer to designated urgent care centers, not hospital facilities that advertise urgent care services. Please refer to your Schedule of Benefits to find out what your copayment is for urgent care services covered under your plan.

Lab Work, X-rays and Pathology

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

When You Travel

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

What happens if you're outside the BlueChoice service area and need medication? Most major chain pharmacies participate in our pharmacy network. The back of your membership ID card has a telephone number the pharmacist can call to verify your coverage. You have the same benefits when traveling as you have when you visit your local pharmacy. If you are outside our service area and use a nonparticipating pharmacy, we provide benefits only for covered prescription drugs you need following covered emergency or urgent care.

Out-of-Network Benefits

Out-of-network benefits apply when you receive covered services from any licensed provider outside of the BlueChoice network of participating providers. Some services covered by in-network benefits are not covered by out-of-network benefits. Out-of-network benefits generally provide a lower level of coverage, and you are responsible for completing claim forms and submitting itemized bills to receive benefits. You can also be billed for any amount in excess of the allowable charge, except where prohibited by applicable law. Payments you make to an out-of-network provider do not contribute to your deductible, out-of-pocket expenses or any plan maximums, unless otherwise specified.

Continuation of Care

If benefits are no longer covered for a provider due to a change in the provider's terms of participation in the network, such as if the network provider's contract with BlueChoice or CBA is modified, ends or is not renewed for any reason other than fraud or failure to meet specified quality standards, including suspension or revocation of the provider's license, or if the contract is terminated, and you are a continuing care patient of the provider at the time, you may be eligible to receive network benefits for that provider's services for a limited period of time. We will attempt to notify you if and when these situations arise with your providers and explain your right to elect continued network coverage, but such continued network coverage is not automatic. Please contact us or have your provider contact us to receive the continued network coverage.

We recommend you use a form for this request. This form can be found by going to the website at www.BlueChoiceSC.com or calling the Member Services phone number on your BlueChoice ID card. Your treating physician should include a statement on the form confirming you have a serious medical condition. Upon receipt of your request, we will confirm the last date the provider is part of our network and a summary of continuation of care requirements. If additional information is necessary, we may contact you or the provider.

If you qualify for continued in-network status, we will provide in-network benefits for you from that provider, for the course of treatment relating to your status as a continuing care patient, for 90 days or until the date you are no longer a continuing care patient with respect to the provider, whichever occurs earlier. Such continued network status is subject to all other terms and conditions of the contract, including regular benefit limits.

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

Special Out-of-Network Rules

If you receive treatment from an out-of-network provider as described here, your treatment may be covered under the same terms as if the treatment had been received from an in-network provider, and the allowed amount will be the recognized amount. This exception applies only if one of the situations described here applies. You will still be liable for any in-network cost share amounts under all other terms of this coverage. These are the only circumstances in which BlueChoice will allow for out-of-network services without authorization and approval:

- You are treated in the emergency department of a hospital or a free-standing emergency department where the facility or a treating provider is not in-network, including post-stabilization services provided as part of outpatient observation or an inpatient or outpatient stay with respect to the emergency department visit where emergency services were furnished. In emergency situations, no prior authorization is required. For post-stabilization services, the provider or facility may furnish you a notice of treatment by a non-network provider and an opportunity to consent to the treatment, in which case this section will not apply to those post-stabilization services.
- You seek nonemergency treatment at an in-network hospital, hospital outpatient department, critical access hospital or ambulatory surgical center, but during your treatment, you receive services from a non-network provider. An example of this would be if you have surgery performed in a network hospital and your surgeon is in network but the anesthesiologist is out-of-network. Except for certain ancillary services, and other items and services furnished due to unforeseen urgent medical needs, the provider may furnish you a notice of treatment by a non-network provider and an opportunity to consent to the treatment, in which case this section will not apply to those services.
- It is medically necessary for you to be transported by an air ambulance company not in our network.

If you need assistance because one of the above actions has occurred, please contact us using the information on the back of your ID card.

What You Pay

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

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

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



before certain benefits payable by BlueChoice become effective. For instance, if you have a \$200 deductible for each 12-month period, you would be responsible for paying \$200 worth of medical services within the 12 months before BlueChoice would begin payments.

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

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

Explanation of Benefits

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

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

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

If You Receive a Bill

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

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



What We Do Not Pay For

For a complete list of the services your plan doesn't cover, please refer to your Certificate of Coverage on our website, which you can access by logging in to My Health Toolkit. Services we don't cover are called exclusions. Services with restrictions are called limitations. You will be responsible for payment of noncovered services.

You are responsible for paying the provider's bills when you do NOT use a BlueChoice network provider. The only exception to this is emergency or urgent care.

Services and Supplies We Don't Cover

We don't provide benefits for these items unless otherwise specified in the Schedule of Benefits. We will not deny treatment of an injury this policy generally covers if the injury results from being a victim of an act of domestic violence.

Excluded Services

Except as specifically provided in this policy, even if medically necessary, no benefits will be provided for:

- Any services or supplies for which benefits are paid by Workers' Compensation or settlement of a Workers' Compensation claim, occupational disease law or other similar legislation.
- Any loss that results from you committing or attempting to commit a crime, whether felony or misdemeanor, or from engaging in an illegal occupation; treatment of an injury or illness due to voluntary participation in a riot or uprising.
- Services and supplies related to cosmetic surgery, as determined by us, unless otherwise required to be covered by the Certificate of Coverage, the Schedule of Benefits or applicable law. This means any plastic or reconstructive surgery done mainly to improve the appearance of any body part and from which no improvement in physiologic function is reasonably expected, unless performed either to correct functional disorder or as a result of an injury.

Excluded cosmetic surgery includes but is not limited to:

- Surgery for sagging or extra skin.
- Any augmentation, reduction, reshaping or injection procedures.
- Rhinoplasty, abdominoplasty, liposuction and other associated surgery.
- Any procedures using an implant that doesn't alter physiologic function or isn't incidental to a surgical procedure.
- Hearing aids or examinations for the prescription or fitting of hearing aids.
- Services and supplies related to nonsurgical treatment of the feet, except non-U.S. Food and Drug Administration (FDA)-approved technologies for nonsurgical foot treatment related to diabetes.
- Radial keratotomy, myopic keratomileusis, LASIK surgery, INTACS surgery and any surgery which involves corneal tissue for the purpose of altering, modifying or correcting myopia, hyperopia or stigmatic error. This exclusion does not include the treatment and management of keratoconus unresponsive to contact lens therapy.
- Charges for services or supplies from an independent healthcare professional whose services are normally included in facility charges.

For a complete list of exclusions and limitations, please refer to your Certificate of Coverage on our website, which can be found in the **Member Center** section.

Administering Benefits for Appropriate Services

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

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



When Is an Emergency Not an Emergency?

You or a loved one is in pain. How do you know how sick you are? Should you rush to the hospital emergency room? That could cost you \$250 or more. Should you wait to see your primary care doctor? The chart below should help you decide what's best for your ailment and your budget.

TYPE OF VISIT	EXAMPLE OF OUT-OF-POCKET COST*
Primary Care Doctor	\$30 per visit
Urgent Care	\$60 per visit
Emergency Room	\$3,500 deductible, then 40% coinsurance
*Benefits vary. Please consult your Schedule of Benefits.	

HEALTH ISSUE	PRIMARY CARE DOCTOR Out-of-Pocket Cost: \$	URGENT CARE Out-of-Pocket Cost: \$\$	EMERGENCY ROOM Out-of-Pocket Cost: \$\$\$\$
Mild asthma	✓	✓	✗
Sprain, strain or back pain	✓	✓	✗
Needs immediate attention but is not life-threatening	✓	✓	✗
Cuts or wounds, controlled bleeding	✓	✓	✗
Signs of a heart attack, such as chest pains	✗	✓	✓
Routine physical, vaccinations	✓	✗	✗
Head or eye injuries	✗	✗	✓
Uncontrolled bleeding	✗	✗	✓
Signs of stroke: numbness of face, arm and/or leg on one side of the body	✗	✗	✓
Life-threatening injury or symptom	✗	✗	✓

You can also use Blue CareOnDemand to visit with a doctor wherever you are on a smartphone, tablet or computer. Each Blue CareOnDemand visit costs the same amount as an office visit with your primary care doctor. For more information, check out page 19.



If You Need To See a Doctor



Your Personal Physician

MyChoice individual coverage provides peace-of-mind coverage when you need medical care. With your plan, you are not required to select a personal physician to coordinate your care. What's a personal physician? He or she is the main doctor you have, usually a primary care physician. Typically, primary care physicians specialize in family medicine, internal medicine or pediatrics (for children and adolescents). These doctors are trained to diagnose and treat many illnesses and manage chronic conditions, such as diabetes, high blood pressure and asthma. They can also provide preventive care, routine screenings and immunizations. Please refer to your Schedule of Benefits for the specific preventive benefits that are covered.

We encourage you to coordinate your health care through a primary care physician so you have one physician who is up to date and familiar with your medical history and all the care you receive. This may also cut down on unnecessary medical expenses.

When you need medical care, you can decide whether to go to an in-network or out-of-network doctor. You can choose either one. But if you go to an in-network doctor, it will cost significantly less.

We require all primary care physicians in our network to have 24-hour telephone service and another physician on call if they are unavailable. You have the security of knowing a medical professional is ready to help you 24/7. Once you decide on a primary care physician you would like to see, all you have to do is call his or her office. Even if you get sick or injured after normal office hours, you can still call your doctor's office and receive the help you need.

To find a practitioner in our network, you can go to **Find Care** on www.BlueChoiceSC.com. There, you will find practitioners' names, specialties, addresses, telephone numbers, professional qualifications and much more. You can also get this information by contacting Member Services. See the **Welcome** page for contact information. We will give you directory information by telephone, email or in print upon request.

Most plans have one copayment for primary care physician visits and a higher copayment for specialist visits. See your Schedule of Benefits to find out the exact cost of your copayment when you see your doctor. Your Schedule of Benefits can be accessed by logging in to your My Health Toolkit account or by contacting Member Services. See the Welcome page for contact information.

Routine Care

Routine appointments are for nonurgent medical needs. These include checkups, follow-up care and camp/school physicals. When making a routine appointment, try to call your primary care physician as far in advance as possible. Remember, we only cover preventive care, such as annual physicals, well-child exams and well-woman exams, if you use an in-network physician. Please refer to your Schedule of Benefits for the specific preventive benefits that are covered.



Gynecologist

We provide benefits for women to receive regular preventive care. If you go to a gynecologist (GYN) who is part of our network of doctors, we cover your routine exam at the in-network benefit level. We also cover routine exams from your primary care physician. Be sure to confirm coverage levels in your Schedule of Benefits.

When You Need To See a Specialist

If you need to see a specialist, you can contact the specialist to make an appointment. Please be aware that some specialists only accept patients referred by a primary care doctor. If you receive care from one of our participating network specialists, you will have in-network benefits for services covered under your plan. If you choose to see an out-of-network specialist, please refer to your Schedule of Benefits to ensure the specialist's services are covered under your plan. Most plans have a specific copayment for office visits to a specialist. See your Schedule of Benefits to find out the exact cost.

Other Health Care Providers

Other network health care providers include hospitals, skilled nursing facilities, home health agencies, hospices, and other providers of medical services and supplies. Please see your Schedule of Benefits for a complete list of your covered benefits. Remember, you can access your Schedule of Benefits by logging in to **My Health Toolkit**. If you need one of these services (other than inpatient admissions), your plan allows you to self-refer to the provider of your choice.

What We Pay For

We cover services that are medically necessary and that your plan lists as covered. See your Schedule of Benefits and Certificate of Coverage, which can be accessed by logging in to My Health Toolkit or by contacting Member Services (see the Welcome page). We pay for covered services you receive only while you are a member of BlueChoice.

Remember, BlueChoice must approve in advance all inpatient admissions to the hospital other than emergency admissions. You must notify us of nonemergency inpatient admissions at least two business days before the admission date. If you are uncertain whether we have approved a service, please contact Member Services or check the website.

What We Do Not Pay For

Please see page 27 for an overview of what we do not pay for. For a complete list of the limitations and services not covered under your plan, please refer to your Certificate of Coverage. Access your Certificate of Coverage by logging in to your **My Health Toolkit** account. Services not covered are called exclusions. Services with restrictions are called limitations. You will be responsible for payment of noncovered services.



If You Need a Prescription Drug



Certain prescription drug coverage services are administered by Optum Rx®, an independent company that provides pharmacy benefit management on behalf of our members.

Your benefit plan includes prescription drug coverage through us:

- We cover most prescription drugs, including insulin and related diabetic supplies. You must visit a network pharmacy and show your ID card to receive your prescription drug benefits.
- Please check your Schedule of Benefits for details on your copayments and any other restrictions of your health plan benefits. Remember, a copayment is the set amount or set percentage you pay each time you fill a prescription. See the Prescription Drug List for information related to covered drugs. The Prescription Drug List can be found at www.BlueChoiceSC.com.

Your health plan benefits cover prescription drugs at three levels: generic, preferred and nonpreferred.

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

- **Value generics** are available for the very lowest copayment. These are generic drugs that cost less than \$15 per month.
- **Standard generics** are available for a low copayment that is somewhat higher than the value generic level, but much less than the preferred copayment. The standard generic category includes most generic drugs that cost \$15 or more.

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

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

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

Note: If you are covered by a high-deductible health plan (HDHP), then 100 percent of drug costs go toward the deductible until the deductible has been met, no matter which tier your drug may be in.

To view a copy of your Prescription Drug List, go to www.BlueChoiceSC.com, select **Member Center**, then your network, then **Pharmacy & Prescription Drug List Information**. You can also contact Member Services (see the Welcome page) and request a copy.

We also have a discount program for certain prescription drugs not covered under your policy. These “lifestyle” drugs include those for hair loss, obesity, erectile dysfunction, etc. For a complete list, visit the Prescription Drug Information section within the **Member Center** of our website.



Special Circumstances — Quantity Limits, Step Therapy and Prior Authorization

Some drugs have limits on the amount of medication your drug plan covers. Other drugs have certain requirements before you can buy them under your pharmacy coverage. These restrictions are based on published clinical guidelines from the FDA and prescribing recommendations from the drug manufacturer. Our pharmacy decisions are based on the recommendations of an advisory committee of doctors and pharmacists in the community.

To find out if a particular medication has any special circumstances associated with it, please see our Prescription Drug List. To view a copy, visit the **Member Center** section of our website or contact Member Services. See the Welcome page for contact information.

Quantity Limits and Step Therapy Requirements

Some drugs your doctor prescribes may have quantity limits associated with them. There is a limit on the number of tablets, doses, etc., that your plan will pay for each month. Other drugs may have a step therapy requirement. This simply means that before you can buy a drug listed on the step therapy drug list, you must first have tried one or more prerequisite drugs that are also appropriate to treat your condition. If you believe there is justification for us to forgo a particular quantity limit or step therapy requirement, you or your doctor can submit a request by calling our Health Care Services department at [800-950-5387](tel:800-950-5387). We will review your request and make a decision within two business days after receiving all the necessary medical information. We will notify you of our decision by mail.

Prescriptions Requiring Prior Authorization

Some medications your doctor prescribes may require prior approval from us before your plan will cover them. To get prior approval, your physician must contact our pharmacy benefit manager at [855-811-2218](tel:855-811-2218). A drug must meet the FDA prescribing guidelines for prior authorization to be approved. If your physician is prescribing a medication for an off-label indication — for example, one the FDA has not officially approved for use — we will deny prior authorization. If your doctor would like us to reconsider a prior authorization our pharmacy benefit manager denied, he or she can submit a request by calling Health Care Services at [800-950-5387](tel:800-950-5387). We will review the request and make a decision within two business days after receiving all the necessary medical information. We will notify you of our decision by mail.



Specialty Pharmacy

Specialty prescription drugs treat complex or chronic medical conditions. They are often oral or self-injected and usually require patient-specific dosing and careful clinical monitoring. Your plan requires you to have specialty drug prescriptions filled through a specialty pharmacy. If you have a prescription for one of these medications, please call [877-259-9428](tel:877-259-9428). Specialty drugs are available for a 30-day supply. Your benefit may require certain specialty drugs be administered/given in a specific site of service.

Self-administered specialty drugs — those taken by mouth and those you inject yourself — must be purchased through the preferred specialty pharmacy vendor. Oral and self-injectable drugs may have a monthly specialty pharmacy copayment.*

Specialty drugs administered in the doctor's office do not have to be purchased from the preferred specialty pharmacy vendor. Specialty drugs given in the doctor's office may have a specialty pharmacy copayment for each administration.*

You may use a prescription drug coupon or discount card unless a generic drug is available. If you do not use the generic drug **when available**, your costs may not be covered. **If 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.**

To see the drugs listed on the Specialty Drug List, go to our website at www.BlueChoiceSC.com, select **Member Center**, then your network, then **Pharmacy Benefits**, or you can contact Member Services. See the Welcome page for contact information and request a copy. Please see your Schedule of Benefits to find your copayment amount for specialty drugs. You can find this by logging in to your **My Health Toolkit** account.

Additional Pharmacy Considerations

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

*If enrolled in a HDHP or other select plans, you will not have a copayment. If applicable, the service will apply to your deductible and coinsurance. For additional information, please refer to your Schedule of Benefits.

Our Commitment to You

Covering New Technology

With so many advances in medical technology and services, a policy may not be in place for a procedure or treatment made available by new technology. In this situation, we consider coverage based on a review of these types of resources:

- Recommendations from the Blue Cross Blue Shield Association's Technology Evaluation Center
- Results from the FDA and other government regulatory review panels
- Reviews of studies published in peer-reviewed medical journals
- Clinical reviews performed by same-specialty physicians from medical review boards external to BlueChoice

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

Privacy Practices

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

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

Please visit www.BlueChoiceSC.com to view our Notice of Privacy Practices, which covers our policies for use and disclosure of PHI; your right to authorize, restrict or deny the release of PHI; your right to access or request amendment to PHI; and protection of information disclosed to plan sponsors.

Authorization To Disclose Protected Health Information

We will not discuss anything about you with anyone else without your permission. If you would like for us to be able to speak with someone else, please complete the Authorization To Disclose Protected Health Information to a Third Party, found on page 42, and send it to the address on the form. Having this form on file will allow us to discuss your coverage with the person you list without you having to give permission each time you want that person to contact us on your behalf.

Questions and Concerns

If you have any questions, concerns, complaints, compliments or suggestions, please contact Member Services. If you have a question about an authorization, you must notify us within six months from the date we approved or denied the authorization. If you have any concerns about the quality of care you received, we will start a formal investigation through our Quality Improvement department.

Subrogation


BlueChoice is subrogated to your rights against a liable third party causing you injury for not more than the amount BlueChoice has paid previously in relation to your injury by the liable third party. This means if a liable third party causes you to be injured and the company pays your medical bills, it has the right to get the money back from the liable third party responsible for your injury or from you if he or she has paid it to you. If you sue the liable third party or if you accept a settlement from the liable third party, the company still has the right to get the money back. As a member of BlueChoice, you should help the company recover this money at no expense to you. Attorney fees and costs will be paid by the company from the amounts recovered. The director of the Department of Insurance or his designee, upon being petitioned by the policyholder, may determine that the exercise of subrogation by the company is inequitable and commits an injustice; if this determination is made, subrogation is not allowed. This determination by the director or his designee may be appealed to the Administrative Law Judge Division as provided by law.

Rights and Responsibilities

At BlueChoice, we are dedicated to being your partner in health care. We want to ensure you receive the information you need about your health plan, the people providing your care and the services they provide. Knowing this information allows you to be an active participant in your own care. As part of this process, you need to understand your rights and responsibilities as a BlueChoice member.

Member Rights:

1. Members have the right to be treated with respect and recognition of their dignity and right to privacy.
2. Members have the right to choose their own personal doctor from our list of health care professionals. If members are not happy with their first choice, they have the right to choose another primary care physician from our network.
3. Members have the right to expect their primary care physicians and their teams to coordinate all the care they need.

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4. Members have the right to participate with their doctors in decision making to help take charge of their own health.
 5. Members have the right to get the information they need to make a thoughtful choices before they take any treatment their doctors suggest. This includes information about the appropriateness or medical necessity of treatment options, regardless of cost or benefit coverage.
 6. Members have the right to learn about their conditions and treatments in words they understand and to be a part of decisions about their own care.
 7. Members have the right to constructively share their opinions, concerns or complaints.
 8. Members have the right to receive information about BlueChoice, our services, practitioners, providers, and members' rights and responsibilities.
 9. Members have the right to complain or make appeals about BlueChoice or the care they receive.
 10. Members have the right to make recommendations regarding BlueChoice members' rights and responsibilities.

Member Responsibilities

1. Members have the responsibility to treat all medical staff with respect and courtesy as their partners in good health.
2. Members have the responsibility to work with their doctors to form a good relationship based on trust and teamwork.
3. Members have the main responsibility of keeping up their good health and preventing illness.
4. Members have the responsibility to ask questions and make sure they understand the information they receive.
5. Members have the responsibility to give BlueChoice and their doctors as much information as they can so it can be used to help them get well.
6. Members have the responsibility to work with their health care professionals to understand their health problems, participate in developing a mutually agreed-upon treatment plan and to follow the directions agreed on.
7. Members have the responsibility to think about what might happen if they don't follow their doctors' treatment plans or suggestions.
8. Members have the responsibility to keep appointments they schedule. In cases where they may have to cancel or may be running late, members have the responsibility to call the office and let someone there know.
9. Members have the responsibility to read all our materials carefully as soon as they sign up for BlueChoice.
10. Members have the responsibility to follow the rules of their membership.

Policies and Procedures

Appeals and External Review Procedures

You have the right to appeal decisions we make about your coverage, benefits or relationship with us. For example, you can appeal if we deny benefits for a health care service and you don't agree with the decision. We are committed to providing you a quick resolution of your concerns. You must appeal the decision within 180 days of receiving the denial. You can appeal a decision by calling Member Services (see the Welcome page for contact information) or by faxing your appeal to [803-714-6443](tel:803-714-6443). Your appeal must include:

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

Once we receive the information, our Appeals department will conduct a complete investigation. You will be notified of our decision in writing within 30 days if a denial is being given before a service occurs or within 4 months if a service has already occurred.

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

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

Submitting Claims

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

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

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





Authorization To Disclose Protected Health Information (PHI) to a Third Party

PLEASE RETURN THIS FORM TO: BlueChoice HealthPlan of South Carolina, Inc., Attn: Privacy Official (AX-400), P.O. Box 6170, Columbia, SC 29260-6170. Fax number: 803-714-6443

SECTION 1. MEMBER INFORMATION. (INDIVIDUAL WHOSE INFORMATION MAY BE DISCLOSED)

Name: _____ Date of Birth: _____ Telephone: _____
 Address: _____
 Primary Member's ID Number or Social Security Number: _____
 Spouse's Name: (if included in authorization) _____ Date of Birth: _____
 Dependent's Name, **Age 16 or Older:** (if included in authorization) _____ Dependent's Name, **Under Age 16:** (if included in authorization) _____

SECTION 2. AUTHORIZED INDIVIDUAL/ENTITY. (PERSON OR ORGANIZATION RECEIVING YOUR INFORMATION)

I authorize BlueChoice HealthPlan to disclose my PHI to:

Name: _____ Relationship: _____
 Address: _____ Telephone: _____
 Name: _____ Relationship: _____
 Address: _____ Telephone: _____

SECTION 3. DESCRIPTION OF INFORMATION TO BE RELEASED. (TYPE OF INFORMATION THAT WILL BE USED OR DISCLOSED.)

Please check **only one**:

☐ I authorize BlueChoice HealthPlan to disclose **any** of my PHI (except psychotherapy notes) that the above-named individual/entity may request. I understand the information may include information pertaining to chronic diseases, behavioral health conditions and communicable diseases, including HIV or AIDS and/or genetic information.

_____ Also include any alcohol and substance abuse records, if applicable. (Indicate by initialing)

This authorization will not apply to alcohol or substance abuse information unless specifically authorized.

☐ I authorize BlueChoice HealthPlan to disclose **ONLY** the following PHI: _____

This authorization is made at my request or for this purpose(s): _____

SECTION 4. EXPIRATION AND REVOCATION. (WHEN THIS AUTHORIZATION WILL END)

Expiration: This authorization will expire (Choose one):

☐ On ____/____/____. ☐ 12 months after termination of my coverage with BlueChoice HealthPlan.

Revocation: I understand that I may revoke this authorization by sending written notice of my revocation to the address shown above. I understand that revocation of this authorization will not affect any action taken by BlueChoice HealthPlan on this authorization before my written notice of revocation was received.

SECTION 5. SIGNATURE.

I am making this authorization voluntarily and have had full opportunity to read and consider the contents of this authorization. I understand that BlueChoice HealthPlan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims upon my signing this authorization. I further understand the Authorized Individual/Entity may not be subject to federal/state privacy laws and they may further release my PHI.

Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Dependent Age 16 or Older Signature: _____ Date: _____

Dependent Age 16 or Older Signature: _____ Date: _____

If the individual's legal Personal Representative is completing this authorization, the Personal Representative must sign below and attach legal documentation that establishes his or her authority to act on the individual's behalf.

Personal Representative's Printed Name/Signature: _____

You should keep a copy of this signed authorization for your records; however, we will provide you a copy upon your request.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Privacy Promise

We understand the importance of handling your medical information with care. We are committed to protecting the privacy of your medical information. State and federal laws require us to make sure that your medical information is kept private. Federal law requires that we provide you with this Notice of Privacy Practices, which describes our legal duties and privacy practices with respect to your medical information and your legal rights with respect to our use and disclosure of your medical information. We are required by law to follow the terms of the Notice currently in effect. This Notice is effective September 23, 2013, and will remain in effect until it is changed or replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as the law allows. These changes will be effective for all medical information that we keep, including medical information we created or received before we made the changes. When we make a material change to our privacy practices, we will provide a copy of a new notice (or information about the changes to our privacy practices and how to obtain a new notice) in a mailing to members who are covered under our health plans at that time.

Uses and Disclosures of Medical Information

Treatment, Payment, Health Care Operations

We may use and disclose your medical information for purposes of treatment, payment and health care operations.

Treatment: We may disclose your medical information to a physician or other health care professional to help him or her provide your treatment.

Payment: We may use or disclose your medical information for activities related to payment such as:

- Paying claims from physicians, hospitals and other health care providers
- Obtaining premiums
- Issuing explanations of benefits to the named insured
- Providing information to health care professionals or other entities that are bound by the federal Privacy Rules for their payment activities

Health Care Operations: We may use or disclose your medical information in the normal course of conducting health care operations, including such activities as:

- Quality assessment and improvement activities.
- Reviewing the qualifications of health care professionals.
- Compliance and detection of fraud and abuse.



- Underwriting, enrollment and other activities related to creating, renewing or replacing a plan of benefits. We may not, however, use or disclose genetic information for underwriting purposes.
- Providing information to another entity bound by the federal Privacy Rules for its health care operations, in limited circumstances.

You and Your Family and Friends

We may use and disclose your medical information to communicate with you for purposes of customer service or to provide you with information you request. We may disclose your medical information to a family member, friend or other person to the extent necessary for him or her to assist with your health care or payment for your health care. Before we disclose your medical information to that person, we will give you a chance to object to us doing so. If you are not available, or if you are incapacitated or in an emergency situation, we may, in the exercise of our professional judgment, determine whether the disclosure would be in your best interest. We may also use or disclose your medical information to notify (or help notify, including identifying and locating) a family member, a personal representative or other person responsible for your care of your location, general condition or death.

Your Employer or Organization Sponsoring Your Group Health Plan

We may disclose summary information and enrollment information to your employer (or other plan sponsor). Summary information is a summary of the claims history, claims expenses or types of claims that members of your group health plan have filed. The summary information will not include demographic information about you or others in the group health plan, but your employer or plan sponsor may be able to identify individuals from the summary information provided.

Disaster Relief

We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit

We may use or disclose our members' medical information as authorized by law for the following purposes that are in the public interest or benefit:

- As required by law
- For public health activities, including disease and vital statistics reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury
- To report adult abuse, neglect or domestic violence
- To health oversight agencies
- In response to court and administrative orders and other lawful processes
- To law enforcement officials in response to subpoenas and other lawful processes concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and to identify or locate a suspect or other person
- To coroners, medical examiners and funeral directors
- To organ procurement organizations
- To avert a serious threat to health or safety
- In connection with certain research activities
- To the military and to federal officials for lawful intelligence, counterintelligence and national security activities
- To correctional institutions regarding inmates
- As authorized by state workers' compensation laws



Your Authorization

We may not use or disclose your medical information without your written authorization, except as described in this notice. You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by the authorization while it was in effect. We need your written authorization to use or disclose psychotherapy notes, except in limited circumstances such as when a disclosure is required by law. We also must obtain your written authorization to sell your medical information to a third party or, in most circumstances, to send you communications about products and services. We do not need your written authorization, however, to send you communications about health-related products or services, as long as the products or services are associated with your coverage or are offered by us.

Individual Rights

You have certain rights with respect to the medical information we maintain about you. To exercise any of these rights or to obtain more information about these rights (including any applicable fees), contact us using the information listed at the end of this notice.

Access

You have the right to inspect or receive a paper or electronic copy of your medical information, with some exceptions. To inspect or receive your medical information, you must submit the request in writing. If you request to receive a copy of your records, we are allowed to charge a reasonable, cost-based fee.

Disclosure Accounting

You have the right to request, in writing, a record of instances in which we (or our business associates) disclosed your medical information for purposes other than treatment, payment, health care operations, and as allowed by law. We will provide you with a record of such disclosures for up to the previous six years. If you request a record of disclosures more than once in a 12-month period, we may charge you a reasonable, cost-based fee for each additional request.

Restriction

You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your medical information. By law, we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions will be made in writing and signed by a person authorized to make such an agreement for us.

Confidential Communications

You have the right to request, in writing, that we communicate with you about your medical information by other means, or to another location. We are not required to agree to your request unless you state that you could be in danger if we do not communicate to you in confidence. In that case, we must accommodate your request if it is reasonable, if it specifies the other means or location, and if it permits us to continue to collect premiums and pay claims under your health plan. We will not be bound to your request unless our agreement is in writing.



Even if we agree to communicate with you in confidence, an Explanation of Benefits we issue to the named insured for health care services the named insured (or others covered by the health plan) received might contain sufficient information (such as deductible and out-of-pocket amounts) to reveal that you obtained health care services for which we paid.

Amendment

You have the right to request, in writing, that we amend your medical information. Your request must explain why we should amend the information. We may deny your request if we did not create the information you want amended and the person or entity that did create it is available, or we may deny your request for certain other reasons. If we deny your request, we will send you a written explanation.

Notice of Breach

We are required to notify affected individuals following a breach of unsecured medical information.

Electronic Notice

You may request a written copy of this notice at any time or download it from our website.

Questions and Complaints

If you want more information about our privacy practices, or if you have questions or concerns, please contact us using the information below.

If you believe we may have violated your privacy rights, you may submit a complaint to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with that address upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Attn: Privacy Officer
I-20 East @ Alpine Road (AC-200) Columbia, SC 29219

803-264-7258 (telephone)
803-264-7257 (fax)



MyChoice Health Coverage From BlueChoice

Open Access Benefits

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

BENEFIT	\$500/\$1,500 — 80%/60% PLAN 1		\$750/\$2,250 — 80%/60% PLAN 2	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible¹	\$500 — Individual \$1,500 — Family	\$1,000 — Individual \$2,000 — Family	\$750 — Individual \$2,250 — Family	\$1,500 — Individual \$3,000 — Family
Coinsurance Maximum¹	\$2,000 — Individual \$4,000 — Family	\$4,000 — Individual \$8,000 — Family	\$2,500 — Individual \$5,000 — Family	\$5,000 — Individual \$10,000 — Family
Primary Care Physician Services (Including Behavioral Health)	\$15 copayment per visit	60% — Subject to deductible	\$15 copayment per visit	60% — Subject to deductible
Mandated Preventive Services	\$0 copayment per visit	Not covered	\$0 copayment per visit	Not covered
Specialist Visit	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Inpatient Hospital Services² (Including Behavioral Health)	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Outpatient Hospital Services³ (Including Behavioral Health)	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Skilled Nursing Facility and Residential Treatment Facility	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Long-term Acute Care Facility	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Urgent Care	\$35 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	60% — Subject to deductible	\$35 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	60% — Subject to deductible
Emergency Room (To be covered, emergency room care must be for an emergency medical condition.)	80% — Subject to deductible	80% — Subject to in-network deductible (member is not required to pay the balance of provider's charge)	80% — Subject to deductible	80% — Subject to in-network deductible (member is not required to pay the balance of provider's charge)
Ambulance	80% — Subject to deductible (includes in-network and out-of-network air ambulance)	60% — Subject to deductible	80% — Subject to deductible (includes in-network and out-of-network air ambulance)	60% — Subject to deductible



BENEFIT	\$500/\$1,500 — 80%/60% PLAN 1		\$750/\$2,250 — 80%/60% PLAN 2	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Prescription Deductible	None	None	\$500 — brand only	None
Prescription Drugs	\$8 value generic \$15 generic \$35 preferred brand \$55 non-preferred copayment, then 100%	N/A	\$8 value generic \$15 generic \$35 preferred brand \$55 non-preferred copayment, then 100%	N/A
Specialty Pharmaceuticals	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered
Vision Care	Free annual eye exam from PEN provider	Not covered	Free annual eye exam from PEN provider	Not covered
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	80% — Subject to deductible	Not covered	80% — Subject to deductible	Not covered
Physical Therapy, Speech Therapy and Occupational Therapy	80% — Subject to deductible, up to 20 visits per therapy per benefit period	60% — Subject to deductible, up to 20 visits per therapy per benefit period	80% — Subject to deductible, up to 20 visits per therapy per benefit period	60% — Subject to deductible, up to 20 visits per therapy per benefit period
Transplants	Blue Distinction® Centers of Excellence network only	Not covered	Blue Distinction Centers of Excellence network only	Not covered
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited

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

²Includes out-of-network emergency services and, unless provider advance notice and consent requirements are met, inpatient post-stabilization services resulting from an emergency, and inpatient services rendered by an out-of-network provider at certain in-network facilities.

³Includes outpatient services provided by an out-of-network provider at certain in-network facilities unless provider advance notice and consent requirements are met.

MyChoice Health Coverage From BlueChoice

Open Access Benefits

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

BENEFIT	\$1,000/\$3,000 — 80%/60% PLAN 3		\$3,250/\$9,750 — 80%/60% PLAN 8	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible¹	\$1,000 — Individual \$3,000 — Family	\$2,000 — Individual \$4,000 — Family	\$3,250 — Individual \$9,750 — Family	\$6,500 — Individual \$13,000 — Family
Coinsurance Maximum¹	\$3,000 — Individual \$6,000 — Family	\$6,000 — Individual \$12,000 — Family	\$3,250 — Individual \$6,500 — Family	\$6,500 — Individual \$13,000 — Family
Primary Care Physician Services (Including Behavioral Health)	\$20 copayment per visit	60% — Subject to deductible	\$35 copayment per visit	60% — Subject to deductible
Mandated Preventive Services	\$0 copayment per visit	Not covered	\$0 copayment per visit	Not covered
Specialist Visit	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Inpatient Hospital Services² (Including Behavioral Health)	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Outpatient Hospital Services³ (Including Behavioral Health)	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Skilled Nursing Facility and Residential Treatment Facility	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Long-term Acute Care Facility	80% — Subject to deductible	60% — Subject to deductible	80% — Subject to deductible	60% — Subject to deductible
Urgent Care	\$35 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	60% — Subject to deductible	\$35 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	60% — Subject to deductible
Emergency Room (To be covered, emergency room care must be for an emergency medical condition.)	80% — Subject to deductible	80% — Subject to deductible (member is not required to pay the balance of provider's charge)	80% — Subject to deductible	80% — Subject to deductible (member is not required to pay the balance of provider's charge)
Ambulance	80% — Subject to deductible (includes in-network and out-of-network air ambulance)	60% — Subject to deductible	80% — Subject to deductible (includes in-network and out-of-network air ambulance)	60% — Subject to deductible
Prescription Deductible	None	None	\$500 — brand only	None



BENEFIT	\$1,000/\$3,000 — 80%/60% PLAN 3		\$3,250/\$9,750 — 80%/60% PLAN 8	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Prescription Drugs	\$8 value generic \$15 generic \$35 preferred brand \$55 non-preferred copayment, then 100%	N/A	\$8 value generic \$15 generic \$35 preferred brand \$55 non-preferred copayment, then 100%	N/A
Specialty Pharmaceuticals	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered	\$350 per administration for up to a 31-day supply	Not covered
Vision Care	Free annual eye exam from PEN provider	Not covered	Free annual eye exam from PEN provider	Not covered
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	80% — Subject to deductible	Not covered	80% — Subject to deductible	Not covered
Physical Therapy, Speech Therapy and Occupational Therapy	80% — Subject to deductible, up to 20 visits per therapy per benefit period	60% — Subject to deductible, up to 20 visits per therapy per benefit period	80% — Subject to deductible, up to 20 visits per therapy per benefit period	60% — Subject to deductible, up to 20 visits per therapy per benefit period
Transplants	Blue Distinction Centers of Excellence network only	Not covered	Blue Distinction Centers of Excellence network only	Not covered
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited

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

²Includes out-of-network emergency services and, unless provider advance notice and consent requirements are met, inpatient post-stabilization services resulting from an emergency, and inpatient services rendered by an out-of-network provider at certain in-network facilities.

³Includes outpatient services provided by an out-of-network provider at certain in-network facilities unless provider advance notice and consent requirements are met.

MyChoice Health Coverage From BlueChoice

Open Access Benefits

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

BENEFIT	\$1,500/\$4,500 — 70%/50% PLAN 4		\$2,500/\$7,500 — 70%/50% PLAN 5	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible¹	\$1,500 — Individual \$4,500 — Family	\$3,000 — Individual \$6,000 — Family	\$2,500 — Individual \$7,500 — Family	\$5,000 — Individual \$10,000 — Family
Coinsurance Maximum¹	\$5,000 — Individual \$10,000 — Family	\$10,000 — Individual \$20,000 — Family	\$5,000 — Individual \$10,000 — Family	\$10,000 — Individual \$20,000 — Family
Primary Care Physician Services (Including Behavioral Health)	\$25 copayment per visit	50% — Subject to deductible	\$35 copayment per visit	50% — Subject to deductible
Mandated Preventive Services	\$0 copayment per visit	Not covered	\$0 copayment per visit	Not covered
Specialist Visit	70% — Subject to deductible	50% — Subject to deductible	70% — Subject to deductible	50% — Subject to deductible
Inpatient Hospital Services² (Including Behavioral Health)	70% — Subject to deductible	50% — Subject to deductible	70% — Subject to deductible	50% — Subject to deductible
Outpatient Hospital Services³ (Including Behavioral Health)	70% — Subject to deductible	50% — Subject to deductible	70% — Subject to deductible	50% — Subject to deductible
Skilled Nursing Facility and Residential Treatment Facility	100% — Subject to deductible	60% — Subject to deductible	100% — Subject to deductible	60% — Subject to deductible
Long-term Acute Care Facility	70% — Subject to deductible	50% — Subject to deductible	70% — Subject to deductible	50% — Subject to deductible
Urgent Care	\$50 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	50% — Subject to deductible	\$50 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	50% — Subject to deductible
Emergency Room (To be covered, emergency room care must be for an emergency medical condition.)	70% — Subject to deductible	70% — Subject to deductible (member is not required to pay the balance of provider's charge)	70% — Subject to deductible	70% — Subject to deductible (member is not required to pay the balance of provider's charge)
Ambulance	70% — Subject to deductible (includes in-network and out-of-network air ambulance)	50% — Subject to deductible	70% — Subject to deductible (includes in-network and out-of-network air ambulance)	50% — Subject to deductible
Prescription Deductible	\$500 — brand only	None	\$500 — brand only	None



BENEFIT	\$1,500/\$4,500 — 70%/50% PLAN 4		\$2,500/\$7,500 — 70%/50% PLAN 5	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Prescription Drugs	\$8 value generic \$15 generic \$35 preferred brand \$55 non-preferred copayment, then 100%	N/A	\$8 value generic \$15 generic \$35 preferred brand \$55 non-preferred copayment, then 100%	N/A
Specialty Pharmaceuticals	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered
Vision Care	Free annual eye exam from PEN provider	Not covered	Free annual eye exam from PEN provider	Not covered
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	80% — Subject to deductible	Not covered	80% — Subject to deductible	Not covered
Physical Therapy, Speech Therapy and Occupational Therapy	80% — Subject to deductible, up to 20 visits per therapy per benefit period	60% — Subject to deductible, up to 20 visits per therapy per benefit period	80% — Subject to deductible, up to 20 visits per therapy per benefit period	60% — Subject to deductible, up to 20 visits per therapy per benefit period
Transplants	Blue Distinction Centers of Excellence network only	Not covered	Blue Distinction Centers of Excellence network only	Not covered
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited

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

²Includes out-of-network emergency services and, unless provider advance notice and consent requirements are met, inpatient post-stabilization services resulting from an emergency, and inpatient services rendered by an out-of-network provider at certain in-network facilities.

³Includes outpatient services provided by an out-of-network provider at certain in-network facilities unless provider advance notice and consent requirements are met.

MyChoice Health Coverage From BlueChoice

Open Access Benefits

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

BENEFIT	\$3,000/\$6,000 PLAN 6 HDHP		\$5,000/\$10,000 PLAN 7 HDHP	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible¹	\$1,500 — Individual \$4,500 — Family	\$3,000 — Individual \$6,000 — Family	\$2,500 — Individual \$7,500 — Family	\$5,000 — Individual \$10,000 — Family
Coinsurance Maximum¹	\$5,000 — Individual \$10,000 — Family	\$10,000 — Individual \$20,000 — Family	\$5,000 — Individual \$10,000 — Family	\$10,000 — Individual \$20,000 — Family
Primary Care Physician Services (Including Behavioral Health)	N/A — Individual N/A — Family	\$10,000 — Individual \$20,000 — Family	N/A — Individual N/A — Family	\$10,000 — Individual \$20,000 — Family
Mandated Preventive Services	\$0	Not covered	\$0	Not covered
Specialist Visit	\$0	Not covered	\$0	Not covered
Inpatient Hospital Services² (Including Behavioral Health)	100% — Subject to deductible	60% — Subject to deductible	100% — Subject to deductible	60% — Subject to deductible
Outpatient Hospital Services³ (Including Behavioral Health)	70% — Subject to deductible	50% — Subject to deductible	70% — Subject to deductible	50% — Subject to deductible
Skilled Nursing Facility and Residential Treatment Facility	100% — Subject to deductible	60% — Subject to deductible	100% — Subject to deductible	60% — Subject to deductible
Long-term Acute Care Facility	100% — Subject to deductible	60% — Subject to deductible	100% — Subject to deductible	60% — Subject to deductible
Urgent Care	100% — Subject to deductible (includes in-network and out-of-network emergency services for an emergency medical condition)	100% — Subject to deductible	100% — Subject to deductible (includes in-network and out-of-network emergency services for an emergency medical condition)	100% — Subject to deductible
Emergency Room (To be covered, emergency room care must be for an emergency medical condition.)	100% — Subject to deductible	100% — Subject to in-network deductible (member is not required to pay the balance of provider's charge)	100% — Subject to deductible	60% — Subject to in-network deductible (member is not required to pay the balance of provider's charge)
Ambulance	70% — Subject to deductible (includes in-network and out-of-network air ambulance)	50% — Subject to deductible	70% — Subject to deductible (includes in-network and out-of-network air ambulance)	50% — Subject to deductible



BENEFIT	\$3,000/\$6,000 PLAN 6 HDHP		\$5,000/\$10,000 PLAN 7 HDHP	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Prescription Deductible	None	None	None	None
Prescription Drugs	100% — Subject to deductible	N/A	100% — Subject to deductible	N/A
Specialty Pharmaceuticals	100% — Subject to deductible	Not covered	100% — Subject to deductible	Not covered
Vision Care	Free annual eye exam from PEN provider	Not covered	Free annual eye exam from PEN provider	Not covered
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	100% — Subject to deductible	Not covered	100% — Subject to deductible	Not covered
Physical Therapy, Speech Therapy and Occupational Therapy	100% — Subject to deductible, up to 20 visits per therapy per benefit period	60% — Subject to deductible, up to 20 visits per therapy per benefit period	100% — Subject to deductible, up to 20 visits per therapy per benefit period	60% — Subject to deductible, up to 20 visits per therapy per benefit period
Transplants	Blue Distinction Centers of Excellence network only	Not covered	Blue Distinction Centers of Excellence network only	Not covered
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited

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

²Includes out-of-network emergency services and, unless provider advance notice and consent requirements are met, inpatient post-stabilization services resulting from an emergency, and inpatient services rendered by an out-of-network provider at certain in-network facilities.

³Includes outpatient services provided by an out-of-network provider at certain in-network facilities unless provider advance notice and consent requirements are met.

MyChoice Health Coverage From BlueChoice

Value Plan Benefits

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

BENEFIT	\$1,000/\$3,000 — 80%/60% VALUE PLAN		\$1,500/\$4,500 — 70%/50% VALUE PLAN	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible¹	\$1,000 — Individual \$3,000 — Family	\$3,000 — Individual \$9,000 — Family	\$1,500 — Individual \$4,500 — Family	\$4,500 — Individual \$9,000 — Family
Coinsurance Maximum¹	\$5,000 — Individual \$10,000 — Family	\$10,000 — Individual \$20,000 — Family	\$6,000 — Individual \$12,000 — Family	\$12,000 — Individual \$18,000 — Family
Doctors Care Physician Services	\$5 copayment per visit	N/A	\$5 copayment per visit	N/A
Primary Care Physician Services (Including Behavioral Health)	\$40 copayment per visit	60% — Subject to deductible	\$40 copayment per visit	50% — Subject to deductible
Mandated Preventive Services	\$0 copayment per visit	N/A	\$0 copayment per visit	N/A
Specialist Visit	80% — Subject to deductible	60% — Subject to deductible	70% — Subject to deductible	50% — Subject to deductible
Inpatient Hospital Services² (Including Behavioral Health)	\$300 copayment, followed by deductible, then 20%	60% — Subject to deductible	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible
Outpatient Hospital Services³ (Including Behavioral Health)	\$200 copayment, followed by deductible, then 20%	60% — Subject to deductible	\$200 copayment, followed by deductible, then 30%	50% — Subject to deductible
Skilled Nursing Facility and Residential Treatment Facility	\$300 copayment, followed by deductible, then 20%	60% — Subject to deductible	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible
Long-term Acute Care Facility	\$300 copayment, followed by deductible, then 20%	60% — Subject to deductible	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible
Urgent Care (not Doctors Care)	\$50 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	60% — Subject to deductible	\$50 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	50% — Subject to deductible
Emergency Room (To be covered, emergency room care must be for an emergency medical condition.)	\$100 copayment, followed by deductible, then 20%	\$100 copayment, followed by in-network deductible, then 20% (member is not required to pay the balance of provider's charge)	\$100 copayment, followed by deductible, then 30%	\$100 copayment, followed by in-network deductible, then 30% (member is not required to pay the balance of provider's charge)

BENEFIT	\$1,000/\$3,000 — 80%/60% VALUE PLAN		\$1,500/\$4,500 — 70%/50% VALUE PLAN	
Ambulance	80% — Subject to deductible (includes in-network and out-of-network air ambulance)	60% — Subject to deductible	70% — Subject to deductible (includes in-network and out-of-network air ambulance)	50% — Subject to deductible
Prescription Deductible	\$500 — brand only	None	\$500 — brand only	None
Prescription Drugs	\$8 value generic \$15 generic 30% brand 60% non-preferred	N/A	\$8 value generic \$15 generic 30% brand 60% non-preferred	N/A
Specialty Pharmaceuticals	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered
Vision Care	Free annual eye exam from PEN provider	Not covered	Free annual eye exam from PEN provider	Not covered
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	70% — Subject to deductible	Not covered	70% — Subject to deductible	Not covered
Physical Therapy, Speech Therapy and Occupational Therapy	70% — Subject to deductible, up to 20 visits per therapy per benefit period	50% — Subject to deductible, up to 20 visits per therapy per benefit period	70% — Subject to deductible, up to 20 visits per therapy per benefit period	50% — Subject to deductible, up to 20 visits per therapy per benefit period
Transplants	Blue Distinction Centers of Excellence network only	Not covered	Blue Distinction Centers of Excellence network only	Not covered
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited

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

²Includes out-of-network emergency services and, unless provider advance notice and consent requirements are met, inpatient post-stabilization services resulting from an emergency, and inpatient services rendered by an out-of-network provider at certain in-network facilities.

³Includes outpatient services provided by an out-of-network provider at certain in-network facilities unless provider advance notice and consent requirements are met.



MyChoice Health Coverage From BlueChoice

Value Plan Benefits

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

BENEFIT	\$2,500/\$5,000 — 70%/50% VALUE PLAN		\$3,500/\$7,000 — 70%/50% VALUE PLAN	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible¹	\$2,500 — Individual \$5,000 — Family	\$5,000 — Individual \$10,000 — Family	\$3,500 — Individual \$7,000 — Family	\$7,000 — Individual \$14,000 — Family
Coinsurance Maximum¹	\$7,500 — Individual \$15,000 — Family	\$15,000 — Individual \$30,000 — Family	\$10,500 — Individual \$21,000 — Family	\$21,000 — Individual \$30,000 — Family
Doctors Care Physician Services	\$5 copayment per visit	N/A	\$5 copayment per visit	N/A
Primary Care Physician Services (Including Behavioral Health)	\$40 copayment per visit	50% — Subject to deductible	\$40 copayment per visit	50% — Subject to deductible
Mandated Preventive Services	\$0 copayment per visit	N/A	\$0 copayment per visit	N/A
Specialist Visit	70% — Subject to deductible	50% — Subject to deductible	70% — Subject to deductible	50% — Subject to deductible
Inpatient Hospital Services² (Including Behavioral Health)	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible
Outpatient Hospital Services³ (Including Behavioral Health)	\$200 copayment, followed by deductible, then 30%	50% — Subject to deductible	\$200 copayment, followed by deductible, then 30%	50% — Subject to deductible
Skilled Nursing Facility and Residential Treatment Facility	\$300 copayment, followed by deductible, then 20%	50% — Subject to deductible	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible
Long-term Acute Care Facility	\$300 copayment, followed by deductible, then 20%	50% — Subject to deductible	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible
Urgent Care (not Doctors Care)	\$50 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	50% — Subject to deductible	\$50 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	50% — Subject to deductible
Emergency Room (To be covered, emergency room care must be for an emergency medical condition.)	\$100 copayment, followed by deductible, then 30%	\$100 copayment, followed by in-network deductible, then 30% (member is not required to pay the balance of provider's charge)	\$100 copayment, followed by deductible, then 30%	\$100 copayment, followed by in-network deductible, then 30% (member is not required to pay the balance of provider's charge)

BENEFIT	\$2,500/\$5,000 — 70%/50% VALUE PLAN		\$3,500/\$7,000 — 70%/50% VALUE PLAN	
Ambulance	70% — Subject to deductible (includes in-network and out-of-network air ambulance)	50% — Subject to deductible	70% — Subject to deductible	50% — Subject to deductible
Prescription Deductible	\$500 — brand only	None	\$500 — brand only	None
Prescription Drugs	\$8 value generic \$15 generic 30% brand 60% non-preferred	N/A	\$8 value generic \$15 generic 30% brand 60% non-preferred	N/A
Specialty Pharmaceuticals	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered
Vision Care	Free annual eye exam from PEN provider	Not covered	Free annual eye exam from PEN provider	Not covered
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	70% — Subject to deductible	Not covered	70% — Subject to deductible	Not covered
Physical Therapy, Speech Therapy and Occupational Therapy	70% — Subject to deductible, up to 20 visits per therapy per benefit period	50% — Subject to deductible, up to 20 visits per therapy per benefit period	70% — Subject to deductible, up to 20 visits per therapy per benefit period	50% — Subject to deductible, up to 20 visits per therapy per benefit period
Transplants	Blue Distinction Centers of Excellence network only	Not covered	Blue Distinction Centers of Excellence network only	Not covered
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited

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

²Includes out-of-network emergency services and, unless provider advance notice and consent requirements are met, inpatient post-stabilization services resulting from an emergency, and inpatient services rendered by an out-of-network provider at certain in-network facilities.

³Includes outpatient services provided by an out-of-network provider at certain in-network facilities unless provider advance notice and consent requirements are met.



MyChoice Health Coverage From BlueChoice

Value Plan Benefits

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

BENEFIT	\$5,000/\$10,000 — 70%/50% VALUE PLAN	
	IN NETWORK	OUT OF NETWORK
Deductible¹	\$5,000 — Individual \$10,000 — Family	\$10,000 — Individual \$20,000 — Family
Coinsurance Maximum¹	Unlimited — Individual Unlimited — Family	Unlimited — Individual Unlimited — Family
Doctors Care Physician Services	\$5 copayment per visit	N/A
Primary Care Physician Services (Including Behavioral Health)	\$40 copayment per visit	50% — Subject to deductible
Mandated Preventive Services	\$0 copayment per visit	Not covered
Specialist Visit	70% — Subject to deductible	50% — Subject to deductible
Inpatient Hospital Services² (Including Behavioral Health)	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible
Outpatient Hospital Services³ (Including Behavioral Health)	\$200 copayment, followed by deductible, then 30%	50% — Subject to deductible
Skilled Nursing Facility and Residential Treatment Facility	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible
Long-term Acute Care Facility	\$300 copayment, followed by deductible, then 30%	50% — Subject to deductible
Ambulatory Surgical Center	\$200 copayment, followed by deductible, then 30% ⁴	50% — Subject to deductible
Urgent Care (not Doctors Care)	\$50 copayment per visit (includes in-network and out-of-network emergency services for an emergency medical condition)	50% — Subject to deductible
Emergency Room (To be covered, emergency room care must be for an emergency medical condition.)	\$100 copayment, followed by in-network deductible, then 30% (member is not required to pay the balance of provider's charge)	\$100 copayment, followed by in-network deductible, then 30% (member is not required to pay the balance of provider's charge)
Ambulance	70% — Subject to deductible (includes in-network and out-of-network air ambulance)	50% — Subject to deductible
Prescription Deductible	\$500 — brand only	N/A

BENEFIT	\$5,000/\$10,000 — 70%/50% VALUE PLAN	
Prescription Drugs	\$8 value generic \$15 generic 30% brand 60% non-preferred	N/A
Specialty Pharmaceuticals	\$80 for select injectables; \$125 for oral and injectables; \$125 per episode for infusion	Not covered
Vision Care	Free annual eye exam from PEN provider	Not covered
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
Durable Medical Equipment	70% — Subject to deductible	Not covered
Physical Therapy, Speech Therapy and Occupational Therapy	70% — Subject to deductible, up to 20 visits per therapy per benefit period	50% — Subject to deductible, up to 20 visits per therapy per benefit period
Transplants	Blue Distinction Centers of Excellence network only	Not covered
Lifetime Benefit Maximum	Unlimited	Unlimited

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

²Includes out-of-network emergency services and, unless provider advance notice and consent requirements are met, inpatient post-stabilization services resulting from an emergency, and inpatient services rendered by an out-of-network provider at certain in-network facilities.

³Includes outpatient services provided by an out-of-network provider at certain in-network facilities unless provider advance notice and consent requirements are met.

⁴Includes services provided by an out-of-network provider at an in-network facility unless provider advance notice and consent requirements are met.

For the plans outlined on the previous pages, these benefit details apply:

- In-network deductible and coinsurance include out-of-network air ambulance services, emergency services, and are subject to limited provider advance notice and consent requirements, other (nonemergency) provider services furnished at certain in-network facilities.
- Inpatient hospital services include out-of-network inpatient emergency services, and unless provider advance notice and consent requirements are met, inpatient post-stabilization services resulting from an emergency, and inpatient services rendered by an out-of-network provider at certain in-network facilities.
- Outpatient hospital services include outpatient services provided by an out-of-network provider at certain in-network facilities, unless provider advance notice and consent requirements are met.
- Urgent care coverage includes in-network and out-of-network emergency services for an emergency medical condition.
- For out-of-network emergency services, the member is not required to pay balance of provider's charge.
- Ambulance coverage includes in-network and out-of-network air ambulance.

MyChoice Open Access Plans Health Coverage

Individual (ages 19 – 64.5) and Family Rates – *Effective April 1, 2023*

INDIVIDUAL/FAMILY DEDUCTIBLE								
BASE RATES*	\$500/\$1,500 80%/60% PLAN		\$750/\$2,250 80%/60% PLAN		\$1,000/\$3,000 80%/60% PLAN		\$3,250/\$9,750 80%/60% PLAN	
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0 – 4	\$506.06	\$506.06	\$462.83	\$462.83	\$472.07	\$472.07	\$296.08	\$296.08
5 – 18	\$397.53	\$397.53	\$363.56	\$363.56	\$370.80	\$370.80	\$232.61	\$232.61
19 – 24	\$457.23	\$614.42	\$418.19	\$561.97	\$426.51	\$573.19	\$267.52	\$359.52
25 – 29	\$501.80	\$752.15	\$458.94	\$687.92	\$468.12	\$701.64	\$293.62	\$440.11
30 – 34	\$608.39	\$945.70	\$556.40	\$864.93	\$567.50	\$882.21	\$355.96	\$553.34
35 – 39	\$711.80	\$1087.86	\$651.01	\$994.98	\$664.01	\$1014.82	\$416.50	\$636.53
40 – 44	\$880.60	\$1274.47	\$805.40	\$1165.63	\$821.46	\$1188.85	\$515.25	\$745.70
45 – 49	\$1121.49	\$1581.12	\$1025.71	\$1446.08	\$1046.12	\$1474.92	\$656.19	\$925.12
50 – 54	\$1453.86	\$1688.92	\$1329.68	\$1544.72	\$1356.18	\$1575.52	\$850.65	\$988.25
55 – 59	\$1874.17	\$1843.30	\$1714.12	\$1685.90	\$1748.30	\$1719.50	\$1096.63	\$1078.54
60 – 64	\$2452.89	\$2093.00	\$2243.41	\$1914.23	\$2288.17	\$1952.42	\$1435.24	\$1224.66
65+	\$2723.24	\$2281.80	\$2490.66	\$2086.94	\$2540.32	\$2128.54	\$1593.39	\$1335.14

INDIVIDUAL/FAMILY DEDUCTIBLE												
BASE RATES*	\$1,500/\$4,500 70%/50% PLAN		\$2,500/\$7,500 70%/50% PLAN		\$3,000/\$6,000 100% HDHP PLAN				\$5,000/\$10,000 100% HDHP PLAN			
AGE	MALE	FEMALE	MALE	FEMALE	MALE		FEMALE		MALE		FEMALE	
					Individual	Family	Individual	Family	Individual	Family	Individual	Family
0 – 4	\$381.29	\$381.29	\$333.57	\$333.57		\$291.74		\$291.74		\$214.56		\$214.56
5 – 18	\$299.55	\$299.55	\$262.04	\$262.04		\$229.18		\$229.18		\$168.53		\$168.53
19 – 24	\$344.52	\$462.95	\$301.38	\$404.99	\$303.35	\$263.61	\$407.62	\$354.23	\$233.25	\$193.85	\$313.42	\$260.48
25 – 29	\$378.11	\$566.75	\$330.76	\$495.80	\$332.91	\$289.27	\$498.99	\$433.61	\$255.98	\$212.74	\$383.72	\$318.87
30 – 34	\$458.41	\$712.56	\$401.01	\$623.41	\$403.61	\$350.70	\$627.42	\$545.21	\$310.38	\$257.93	\$482.47	\$400.96
35 – 39	\$536.34	\$819.67	\$469.21	\$717.08	\$472.23	\$410.36	\$721.71	\$627.15	\$363.12	\$301.77	\$554.98	\$461.20
40 – 44	\$663.52	\$960.28	\$580.47	\$840.09	\$584.21	\$507.65	\$845.52	\$734.73	\$449.24	\$373.31	\$650.20	\$540.34
45 – 49	\$845.00	\$1191.31	\$739.23	\$1042.21	\$744.00	\$646.52	\$1048.98	\$911.49	\$572.15	\$475.48	\$806.64	\$670.32
50 – 54	\$1,095.42	\$1272.59	\$958.33	\$1113.28	\$964.51	\$838.12	\$1120.48	\$973.67	\$741.69	\$616.36	\$861.63	\$716.03
55 – 59	\$1412.15	\$1388.90	\$1235.41	\$1215.04	\$1243.40	\$1080.46	\$1222.88	\$1062.66	\$956.14	\$794.57	\$940.37	\$781.48
60 – 64	\$1848.22	\$1577.04	\$1616.89	\$1379.65	\$1627.28	\$1414.07	\$1388.50	\$1206.60	\$1251.37	\$1039.91	\$1067.75	\$887.32
65+	\$2051.87	\$1719.30	\$1795.08	\$1504.11	\$1806.62	\$1569.91	\$1513.80	\$1315.46	\$1389.27	\$1154.53	\$1164.09	\$967.40

*These base rates are subject to health underwriting. Rates for ages 0 – 18 are for family plans only.

Individuals applying for HDHP coverage must use the individual HDHP rate. HDHP family rates for adults ages 19 – 64.5 include a discount for a family deductible.

Rates can be reduced 2.5 percent with recurring bank draft or credit card payment.



MyChoice Value Plans Health Coverage

Individual (ages 19 – 64.5) and Family Rates – *Effective April 1, 2023*

INDIVIDUAL/FAMILY DEDUCTIBLE						
BASE RATES*	\$1,000/\$3,000 80%/60% PLAN		\$1,500/\$4,500 70%/50% PLAN		\$2,500/\$5,000 70%/50% PLAN	
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0 – 4	\$410.35	\$410.35	\$354.31	\$354.41	\$310.19	\$310.19
5 – 18	\$322.34	\$322.34	\$278.34	\$278.34	\$243.66	\$243.66
19 – 24	\$370.76	\$498.21	\$320.15	\$430.17	\$280.26	\$376.61
25 – 29	\$406.90	\$609.90	\$351.32	\$526.61	\$307.59	\$461.04
30 – 34	\$493.30	\$766.86	\$425.95	\$662.13	\$372.91	\$579.66
35 – 39	\$577.17	\$882.06	\$498.37	\$761.65	\$436.29	\$666.79
40 – 44	\$714.01	\$1033.42	\$616.55	\$892.31	\$539.76	\$781.16
45 – 49	\$909.36	\$1282.03	\$785.17	\$1106.99	\$687.38	\$969.11
50 – 54	\$1178.84	\$1369.46	\$1017.88	\$1182.48	\$891.12	\$1035.20
55 – 59	\$1519.67	\$1494.65	\$1312.20	\$1290.57	\$1148.74	\$1129.83
60 – 64.5	\$1988.92	\$1697.08	\$1717.37	\$1465.37	\$1503.49	\$1282.87
65+	\$2208.10	\$1850.22	\$1906.63	\$1597.60	\$1669.17	\$1398.61

INDIVIDUAL/FAMILY DEDUCTIBLE				
BASE RATES*	\$3,500/\$7,000 70%/50% PLAN		\$5,000/\$10,000 70%/50% PLAN	
AGE	MALE	FEMALE	MALE	FEMALE
0 – 4	\$289.86	\$289.87	\$239.37	\$239.37
5 – 18	\$227.69	\$227.69	\$188.03	\$188.03
19 – 24	\$261.90	\$351.92	\$216.27	\$290.60
25 – 29	\$287.42	\$430.79	\$237.33	\$355.74
30 – 34	\$348.46	\$541.70	\$287.73	\$447.29
35 – 39	\$407.72	\$623.11	\$336.67	\$514.53
40 – 44	\$504.39	\$730.01	\$416.49	\$602.79
45 – 49	\$642.36	\$905.61	\$530.41	\$747.80
50 – 54	\$832.73	\$967.40	\$687.62	\$798.78
55 – 59	\$1073.49	\$1055.80	\$886.43	\$871.82
60 – 64.5	\$1404.96	\$1198.83	\$1160.11	\$989.88
65+	\$1559.82	\$1306.98	\$1287.97	\$1079.19

*These base rates are subject to health underwriting. Rates for ages 0 – 18 are for family plans only. Rates can be reduced 2.5 percent with recurring bank draft or credit card payment.

Calculating Family Rates

To calculate the family rates for MyChoice, simply add the individual rate for each member of the family. Here are some examples:

Individual Policy	Family Policy	Family Policy
Male 36	Male 42/Female 39	Male 28/Female 29/Child 3
\$1,000 80/60 Plan	\$1,500 80/60 Family Plan Deductible	\$6,000 HDHP Family Plan Deductible
\$664.01		
	\$880.60 — Male Rate	\$289.27 — Male Family Rate
	+\$1087.86 — Female Rate	+\$433.61 — Female Family Rate
	\$1968.46 — Total Family Rate	+\$291.74 — Child Family Rate
		\$1,014.62 — Total Family Rate

How the Family Deductible Works

When you purchase a family policy, the family deductible is an aggregate deductible for all family members who are on the coverage. For example, if a family of three has a \$3,000 80/60 MyChoice Open Access Plan, the family deductible is \$3,000. One, two or all three family members can contribute to that deductible amount during the one-year benefit period in any dollar amount for each person until that \$3,000 deductible amount is reached.



Summary of the South Carolina Life and Accident and Health Insurance Guaranty Association Act and Notice Concerning Coverage Limitations and Exclusions

Residents of South Carolina who hold life insurance, annuities, or health insurance policies should know that the insurance companies and health maintenance organizations (HMOs) licensed in this state to write these types of insurance are required by law to be members of the South Carolina Life and Accident and Health Insurance Guaranty Association (SCLAHIGA). The purpose of SCLAHIGA is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this happens, SCLAHIGA will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through SCLAHIGA is limited. Consumers should shop around for insurance coverage and exercise care and diligence when selecting insurance coverage.

Disclaimer

Under South Carolina law, the South Carolina Life and Accident and Health Insurance Guaranty Association (SCLAHIGA) may provide coverage of certain direct life insurance policies, accident and health insurance policies, annuity contracts and contracts supplemental to life, accident and health insurance policies and annuity contract claims (covered claims) if the insurer becomes impaired or insolvent. South Carolina law does not require the SCLAHIGA to provide coverage for every policy. **COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY.**

Coverage is generally conditioned upon residence in this state. Other conditions that may preclude or exclude coverage are described in this notice. Even if coverage is provided, there are significant limits and exclusions. Please read the entire notice for further details on limitations and exclusions.

Insurance companies and insurance agents are prohibited by law from using the existence of the SCLAHIGA or its coverage to sell you an insurance policy. You should not rely on the availability of coverage under SCLAHIGA when selecting an insurer. The South Carolina Life and Accident and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

If you think the law has been violated, you may file a written complaint with the SCLAHIGA or the South Carolina Department of Insurance at the addresses listed below

South Carolina Life and Accident and Health Insurance Guaranty Association	South Carolina Department of Insurance
Attention: Executive Director	Attention: Office of Consumer Services
P.O. Box 8625	1201 Main Street, Suite 1000
Columbia, SC 29202	Columbia, SC 29201
	Electronic complaint submission via
	www.doi.sc.gov/complaint

Please attach copies of all pertinent documentation. You may submit a written complaint or a complaint electronically to the Department through submission of the electronic form on the Department's website at www.doi.sc.gov/complaint. You should receive a response to your complaint within 10 days.

This safety-net coverage is provided for in the South Carolina Life and Accident and Health Insurance Guaranty Association Act (the Act). The following summary of the Act's coverages, exclusions and limits does not cover all provisions of the Act; nor does it in any way change any person's rights or obligations under the Act or the rights or obligations of the SCLAHIGA.

COVERAGE

Generally, individuals will be protected by the SCLAHIGA if they live in this state and hold a covered life, accident, health or annuity policy, plan or contract issued by an insurer (including a health maintenance organization) authorized to conduct business in South Carolina. The beneficiaries, payees or assignees of insured persons may also be protected if they live in another state unless circumstances described under the Act exclude coverage.

EXCLUSIONS FROM COVERAGE

Persons who hold a covered life, accident, health or annuity policy, plan or contract are not protected by SCLAHIGA if:

- They are eligible for protection under the laws of another state (This may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state.);
- The insurer was not authorized to do business in this state; or
- They acquired rights to receive payments through a structured settlement factoring agreement.

SCLAHIGA also does not provide coverage for:

- A portion of a policy or contract or part thereof not guaranteed by the member insurer, or under which the risk is borne by the policy or contract owner;
- A policy or contract of reinsurance, unless assumption certificates have been issued;
- Interest rate or crediting rate yields or similar factor employed in calculating value changes that exceed an average rate;
- Any policy or contract issued by assessment mutuals, fraternal, and nonprofit hospital and medical service plans;
- Benefits payable by an employer, association or other person under: (a) a multiple employer welfare arrangement; (b) a minimum premium group insurance plan; (c) a stop-loss group insurance plan; or (d) an administrative services contract;
- A portion of a policy or contract to the extent that it provides for (a) dividends or experience rating credits; (b) voting rights; or (c) payment of any fees or allowances to any person, including the policy or contract owner, in connection with the service to or administration of the policy or contract;
- A portion of a policy or contract to the extent that the assessments required by Section 38-29-80 with respect to the policy or contract are preempted by federal or state law;
- An obligation that does not arise under the express written terms of the policy or contract issued by the member insurer to the enrollee, certificate holder, contract owner or policy owner, including without limitation: (a) Claims based on marketing materials; (b) Claims based on side letters, riders or other documents that were issued by the member insurer without meeting applicable policy or contract form filing or approval requirements; (c) Misrepresentations of or regarding policy or contract benefits; (d) Extra-contractual claims; or (e) A claim for penalties or consequential or incidental damages;
- An unallocated annuity contract;
- A policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to Medicare Part C or D or Medicaid; or
- Interest or other changes in value to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes impaired or insolvent insurer, whichever is earlier.

LIMITS ON AMOUNTS OF COVERAGE

The South Carolina Life and Accident and Health Insurance Guaranty Association Act also limits the amount that SCLAHIGA is obligated to pay for covered claims. The benefits for which SCLAHIGA may become liable shall in no event exceed the lesser of the following:

- With respect to one life, regardless of the number of policies or contracts: \$300,000 in life insurance death benefits, or not more than \$300,000 in net cash surrender and net cash withdrawal values for life insurance;
- For health insurance benefits: (a) \$300,000 for coverages not defined as disability income insurance or health benefit plans or long-term care insurance, including any net cash surrender and net cash withdrawal values; (b) \$300,000 for disability income insurance; (c) \$300,000 for long-term care insurance; (d) \$500,000 for health benefit plans; or
- \$300,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values.

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188. (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída biká'aná nílwo'ígíí díí Béeso Ách'ááh naa'nílígi háá'ída yí na' ídít kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdizih nínízingo, koji' béesh bee hółne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

As your health plan, we're here to help you. If you need more information, assistance or have other questions, please:



Visit our website:
www.BlueChoiceSC.com
and send a secure email
through My Health Toolkit



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



Call Monday – Friday
from 8:30 a.m. – 5 p.m.
800-868-2528
TTY Services 711 + 800-868-2528

If you need an interpreter, we have free services available for both oral and written assistance.
If you have questions about your coverage, please contact Member Services for more information.
We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.



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

www.BlueChoiceSC.com