

Blue OptionSM

2016 Individual and Family Health Insurance Plans for South Carolinians



Table of Contents

Blue Option Individual and Family Plans.....3

Making the Right Choice5

Value-Added Benefits and Services.....7

Be in Control of Your Health Information9

Can I Afford Health Insurance?.....10

Federal Poverty Line (FPL) Guidelines.....12

Glossary15

Plans16

Statement of Confidentiality.....29

Blue Option Individual and Family Plans



There are many factors to consider when choosing a health plan. What works for one person or family may not be right for another. Rest assured that BlueChoice® HealthPlan is here to help you compare your options and make the best choice.

Blue Option plans provide individual and family coverage. Whether you need a policy for yourself or for all the members of your family, we have a plan that fits.

Why Choose Blue Option?

BlueChoice® has more than 30 years of experience providing South Carolinians like you with health care coverage. Our service, value and quality are evident in our Blue Option plans. We offer a range of plans that meets the requirements of the Affordable Care Act (ACA).

- A variety of plans to fit your budget: 31 plan designs – six Gold, 18 Silver, six Bronze plans and one “Under 30” Catastrophic plan
- Comprehensive statewide doctor and hospital network
- Preventive dental and routine vision for all
- 24/7/365 access to a doctor from any smartphone, telephone, tablet or computer
- Nationally recognized health plan for service and member satisfaction

Blue Option members can save money at Doctors Care if they can't get in to see their regular doctors or need care on the weekends. Members can visit any Doctors Care location across the state for the same price as a primary care physician visit. This includes visits for injuries and illnesses that may be considered as regular doctor's visits, after-hours visits and urgent care visits.

Blue Option members also receive life management services, including legal, financial and self-help. These services are provided by First Sun Employee Assistance Program (EAP). Because First Sun EAP is a separate company from BlueChoice, First Sun EAP will be responsible for all services related to life management services.

Blue Option Network

Our philosophy ... keeping you healthy.

BlueChoice emphasizes preventive medicine, early disease detection and prompt treatment. We base this approach on the personal relationship between you and your doctor. This special relationship helps keep you healthy.

Though it is not required, we encourage you to choose a primary care physician (PCP). Having one doctor who can help you manage your health care is important to your overall health. You do not need referrals to specialists. Your PCP can, however, help coordinate care when you need to visit one of our network specialists.

We work hard to ensure you and your family get quality care and service. And we make it simple — no paperwork, and no surprises. The Blue Option network is an exclusive provider organization and includes:

- Affordable copayments or coinsurance per visit
- No claim forms or referrals needed for specialists
- No charge for certain preventive care, including routine annual exams and screenings
- Freedom to select your own health care providers within our statewide network
- Worldwide coverage for emergency care

Special “Under 30” Plan

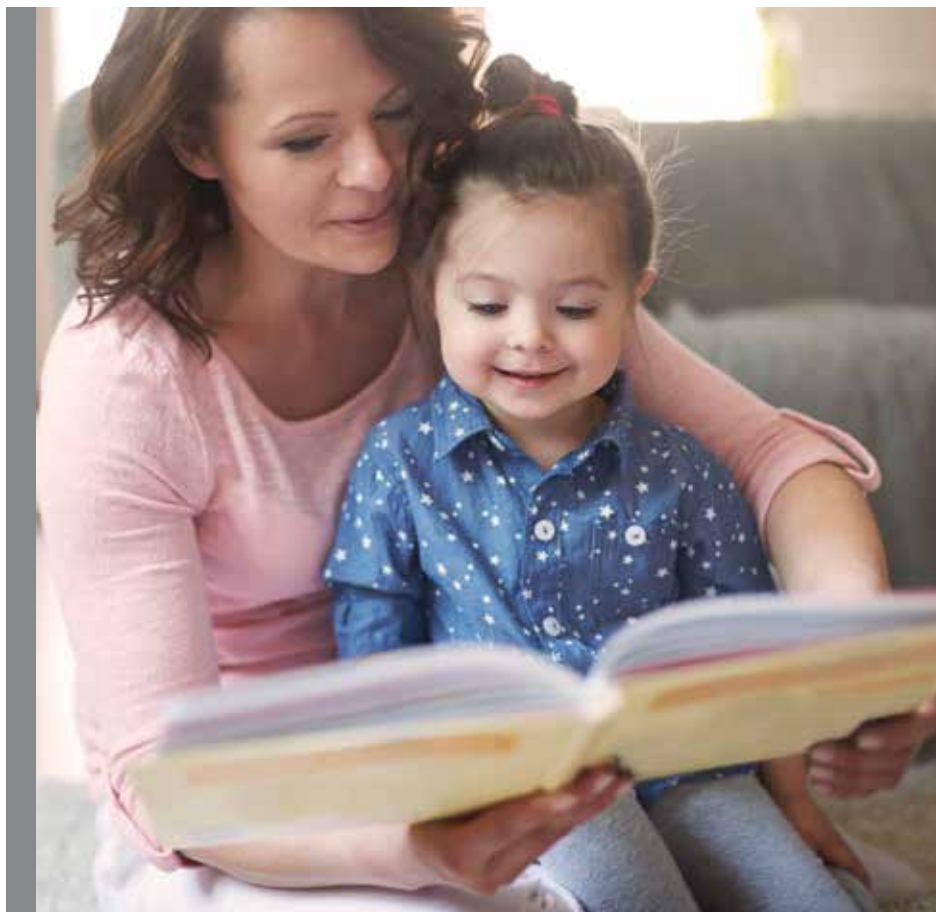
We offer a Catastrophic plan option for adults under 30. It is also available to those eligible for a hardship exemption. These exemptions include events such as a recent family death, a bankruptcy filing in the last six months, or fire or flood damage to your property.

Superior Service and Quality

In today's world, feeling secure is important. With Blue Option health coverage from BlueChoice, you are covered by a company that's been doing business with South Carolinians since 1984.

Our commitment to our members has earned us accreditation from the National Committee for Quality Assurance, a national group that reviews health plans. This means we passed the test in critical areas of health plan operations. We value this award and consistently work to improve our service and maintain this status. Thousands of South Carolinians select us as their health plan.

Making the Right Choice



Why You Need Health Insurance

Health insurance is a service you pay for, but hope you seldom need. Our members value health care coverage. They value the peace of mind they have knowing it's there. It is a safety net for the unpredictable and uncontrollable problems that come up in life. BlueChoice encourages you to consider these factors when purchasing health insurance.

Financial Impact

You may be healthy now, but a sudden or serious illness can leave you with staggering medical bills. The inability to pay high medical bills is one of the most common reasons people file for personal bankruptcy. This can ruin your credit history and set you back financially for years.

Choosing to forgo health insurance means you must pay all of your health care costs. From doctors' visits, health screenings and checkups to ambulance rides and trips to the emergency room, you are responsible. You also won't have any protection against expensive medical bills.

Preventive or Primary Care

The ACA requires coverage for annual checkups and preventive care — mammograms, vaccinations, colonoscopies and prostate cancer screenings — without a copayment. Preventive care helps you stay healthy and catch health problems early. That's when they're easier and less expensive to treat.

We also cover you for essential health benefits, like these:

- Preventive and wellness services
- Ambulatory (outpatient) care services
- Emergency care
- Hospitalization
- Maternity and newborn care
- Pediatric care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services (specialized therapies and medical equipment to help people facing long-term disabilities)
- Laboratory services

Follow-up Care

Hospital emergency rooms traditionally care for patients with urgent needs, regardless of their ability to pay. But necessary follow-up care, rehabilitative care or other services can be very expensive without coverage.



Value-Added Benefits and Services

When it comes to covered benefits, health plans now look pretty much the same. That's why you should look beyond the "basic benefits" to find the plan that's best for you. Here are the "extras" you get with Blue Option:

Adult Vision

All Blue Option plans include our routine adult vision coverage using the Physicians Eyecare Network (PEN). PEN is an independent company that offers a vision provider network on behalf of BlueChoice. You are eligible for exams, contacts or glasses and discounts for items that are not part of the standard selection.

See the chart on page 17 for highlights of these benefits.

Pediatric Vision

We offer pediatric vision on all our Blue Option plans through the Vision Service Plan (VSP) Network. VSP is an independent company that offers a vision network on behalf of BlueChoice. Children ages 0-19 are eligible for exams, contacts or glasses.

See the chart on page 17 for highlights of these benefits.

Expenses incurred for the pediatric vision benefit count toward maximum out of pocket expenses. See the glossary on page 15 for a definition of maximum out of pocket and other health insurance terms.

Preventive Dental Care

All plans include a dental allowance for exams and cleanings. This benefit covers an allowed amount per benefit period for exams and cleanings by any South Carolina-licensed dentist.

Telehealth — A Faster, Easier Way to See a Doctor

Telehealth allows you to visit a doctor live over the Internet or telephone rather than going to an office, urgent care facility or emergency room.

You can see a doctor 24/7/365 from any smartphone, telephone, tablet or computer. It's easy to use, private and secure. It's free to enroll. The cost is the same as a visit to your PCP.

When Should You Use Telehealth?

- You need to see a doctor, but can't fit it into your schedule.
- Your doctor's office is closed.
- You feel too sick to leave the house.
- You need care for your children.
- You're traveling and forgot a prescription or need a doctor.

What Can Doctors Treat?

Doctors can treat most common, non-emergency medical issues like colds, flu, ear infections and pinkeye. They can even prescribe medication (when appropriate and available).

Life Management Services

Everyone needs some advice from time to time. First Sun EAP provides a broad array of services designed to help people and encourage success. These services are free to all covered family members. Each member will have a total of three free sessions of their choice per benefit period. Services include:

- Financial counseling
- Adult care resources
- College consultation resources
- Legal services
- Child care resources
- Parenting/Adoption resources

Personal Health Assessment (PHA)

Taking a Personal Health Assessment (PHA) is just one of the many ways you can take steps toward better health. After you complete your confidential PHA through our website, you'll receive a personal wellness score and full summary of your answers, including some guidance on what each section indicates. Your PHA may provide insights on your risk for developing certain chronic conditions, so you can take preventive action.

Fitness & Wellness

Natural BlueSM

- Enjoy Natural Blue discounts at these alternative health specialists:
 - Chiropractors
 - Massage therapists
 - Fitness centers and more!
- Supplements and more
- Access to the ChooseHealthyTM online store discount program

Jenny Craig Weight Loss

FREE 30-day program or 30 percent off membership

My Gym Children's Fitness Center

Special discount just for our members

WalkingWorks[®]

Increase your physical activity and improve your health through walking

Discount Programs

QualSight Lasik & TruHearing Digital Hearing Aids

Discounts on Lasik surgery and hearing aids

Bosley Hair Restoration

Discount on a hair transplantation procedure

Cosmetic Surgery

Savings on a variety of cosmetic procedures

Companion Global Healthcare

Save on some medical procedures at accredited hospitals overseas

Because Companion Global Healthcare is a separate company from BlueChoice HealthPlan, Companion Global Healthcare will be responsible for all services related to this overseas provider network.

Blue365[®]

Discounts on a variety of programs from companies like Reebok, Sprint, Nutrisystem, Seniorlink and Fairmont Hotels and Resorts

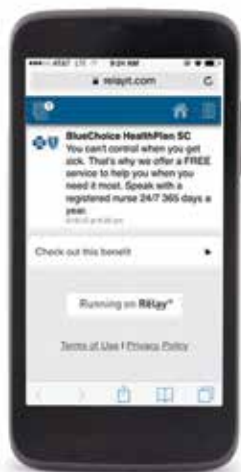
Be in Control of Your Health Information

We understand the importance of making the right health care decisions. We created online tools to help you better manage your benefits, treatment, financial decisions and wellness.

My Health Toolkit®

When you have questions about your Blue Option plan, www.BlueOptionSC.com has the answers. Here, you'll find a wealth of information immediately — on your time. My Health Toolkit is an online resource located on www.BlueOptionSC.com to help you better manage benefits, treatment and wellness. You have access to:

- Claims and health coverage information
- Rate your doctor's office visit
- Contribution calculators
- Use the doctor and hospital finder
- Find prescription drug information
- Take a PHA
- See your personal health record
- Use the health library



BlueChoice HealthPlan WireSM

The BlueChoice HealthPlan Wire is a free text message communication service we offer. It will keep you current on your health insurance information wherever you are! By enrolling in this service, you get important news and updates sent directly to your smartphone, including:

- How to make the most of your coverage
- New features or enhancements
- Health and wellness reminders

Enrolling is quick and easy, and you can control the frequency of the messages and can stop messages at any time.

Can I Afford Health Insurance?

The real question is: Can you afford not to have health care coverage? We realize cost is important, but there is good news. People with moderate and low incomes are eligible for financial assistance. You may be eligible for tax credits or cost-sharing assistance to help offset the cost of premiums and out-of-pocket expenses.

Advance Premium Tax Credits and Cost-Sharing Assistance

An Advance Premium Tax Credit is a tax credit you can apply for to help you pay the monthly premium rate on a Qualified Health Plan. It is based on your household income and the federal poverty level.

Cost-sharing assistance is extra help you can get to help you pay for your coinsurance, copayments or deductible in a qualified Silver plan. Whether you can get this help depends on your family's income level.

Who Is Eligible for Tax Credits?

Individuals and families whose income falls between 100 and 400 percent of the FPL are eligible. Here are some examples:

- Individual \$11,770 to \$47,080 annual income
- Family of four \$24,250 to \$97,000 total household income

You are not eligible for tax credits if you are eligible for Medicare or Medicaid. If your employer offers coverage, you are not eligible for tax credits unless that coverage is inadequate or if it costs more than 9.5 percent of your annual income.

Tax credits are also available to legal immigrants who have incomes below 100 percent of the poverty line, but who are not eligible for Medicaid because they have lived in the United States for less than five years.

How Much Is the Tax Credit?

The tax credit is figured on a sliding scale based on how much you earn. Those with lower incomes receive a bigger credit, and those who make more get a smaller one. The credits ensure you do not have to pay more than a certain percentage of your income to purchase health insurance.

Delay in Getting Coverage

If you wait too long to decide, you may face a delay before getting the coverage you and your family need. Typically, you can only purchase health insurance during Open Enrollment periods. You may also be able to enroll within 60 days of life-altering events, such as marriage, divorce, birth of a child or change in job status. Open Enrollment for coverage effective Jan. 1, 2016, begins Nov. 1, 2015. Open Enrollment ends Jan. 31, 2016. You must enroll by Dec. 15, 2015, to begin coverage by Jan. 1, 2016.

Non-Enrollment Tax Implications

If you are required to purchase health insurance and have not done so by Jan. 31, 2016, you will pay a penalty on your 2016 tax return (filed in 2017). The penalty in 2015 is \$325 per adult and \$162.50 per child. The fee is capped at \$975 per family, or 2 percent of household income. Each year, the penalty increases. In 2016, the fine rises to \$695 per adult and will be capped at \$2,085 per family or 2.5 percent of income. There is no penalty for a gap in coverage of less than three months.

What Kind of Health Plan Can Someone Buy With the Credit?

BlueChoice will offer four types of plans in the exchange — Bronze, Silver, Gold and Catastrophic. These plans vary in the level of benefits covered. Bronze plans provide a lower level of coverage and a Gold plans provide the most.

The amount of the tax credit is based on the cost of the second-lowest cost Silver plan available in the county in which the person receiving the subsidy lives. You can purchase a more expensive plan, such as a Gold plan, but will have to pay the difference between the credit amount and the cost of the more expensive plan. You also could purchase a less expensive plan, but you would not receive a credit for more than the cost of the plan.

How Do the Tax Credits Work?

The credits will be paid directly to the insurer, with individuals responsible for the remaining premiums. The credits will be delivered in advance, so people do not have to pay all of their premiums up front and wait for reimbursement. Or they may wait and receive the credit as a refund when they file taxes.

What is Cost-Sharing Assistance?

Cost-sharing assistance is extra help you can get to help pay for your coinsurance, copayments or deductible in a qualified Silver plan. Whether you can get this help depends on your family's income level.

How Does the Cost-Sharing Assistance Work?

A Silver plan covers 70 percent of the costs for covered medical services. The member then pays the other 30 percent, on average. People who receive cost-sharing assistance, however, will not have to pay the full remaining 30 percent of the covered services costs. The cost-sharing assistance lowers the amount of the deductibles, copayments and/or total out-of-pocket costs.

Who Is Eligible for Cost-Sharing Assistance?

People who earn less than 250 percent of the poverty line (\$29,425 for an individual, \$60,625 for a family of four) may be eligible for cost-sharing assistance. These cost-sharing subsidies help ensure that everyone can afford the health care they need.

Federal Poverty Line (FPL) Guidelines

The Federally Facilitated Marketplace will use these guidelines to determine eligibility for tax credits and cost-sharing levels for 2016. Tax credits are available for any plan (except Catastrophic) for those with a household income under 400 percent of the FPL. Cost sharing is only available with Silver plans and for those with a household income below 250 percent of the FPL.

Use the chart to get an idea of where you fall in the FPL guidelines. To determine your exact cost-sharing level, you will need to visit www.BlueOptionSC.com/health-care-reform.

In the left column, find the number of people in your household. Then, run your finger across the line until you locate your annual income. This will provide you with your FPL.

See pages 13-14 for the coinsurance percentage, deductible and out-of-pocket limits for each Blue Option Silver plan.

Household Size	100%	133%	150%	200%	250%	300%	400%
1	\$11,770	\$15,654	\$17,655	\$23,540	\$29,425	\$35,310	\$47,080
2	\$15,930	\$21,187	\$23,895	\$31,860	\$39,825	\$47,790	\$63,720
3	\$20,090	\$26,720	\$30,135	\$40,180	\$50,225	\$60,270	\$80,360
4	\$24,250	\$32,253	\$36,375	\$48,500	\$60,625	\$72,750	\$97,000
5	\$28,410	\$37,785	\$42,615	\$56,820	\$71,025	\$85,230	\$113,640
6	\$32,570	\$43,318	\$48,855	\$65,140	\$81,425	\$97,710	\$130,280
7	\$36,730	\$48,851	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$54,384	\$61,335	\$81,780	\$102,225	\$122,670	\$163,560

Cost-Sharing Plans

See FPL chart on page 12 to determine your cost-sharing level.

Plan Name		Base Plan	Cost Share 1: 200-250% FPL	Cost Share 2: 150-200% FPL	Cost Share 3: 100-150% FPL
Silver 400	Coinsurance Deductible [single/family (s/f)] Maximum out of pocket (s/f) PCP/generic drug copays	50% \$400/\$800 \$6,600/\$13,200 Deductible	50% \$100/\$200 \$5,100/\$10,200 Deductible & Coinsurance	25% \$75/\$150 \$2,250/\$4,500 Deductible & Coinsurance	15% \$75/\$150 \$850/\$1,700 Deductible & Coinsurance
Silver 1250	Coinsurance Deductible (s/f) Maximum out of pocket (s/f) PCP/generic drug copays	50% \$1,250/\$2,500 \$6,000/\$12,000 \$40/\$20	50% \$1,250/\$2,500 \$5,400/\$10,800 \$30/\$20	40% \$750/\$1,500 \$2,000/\$4,000 \$10/\$10	20% \$250/\$500 \$750/\$1,500 \$0/\$0
Silver 1500	Coinsurance Deductible (s/f) Maximum out of pocket (s/f) PCP/generic drug copays	50% \$1,500/\$3,000 \$6,600/\$13,200 \$15/\$15	40% \$1,500/\$3,000 \$5,300/\$10,600 \$15/\$15	20% \$250/\$500 \$2,250/\$4,500 \$15/\$15	10% \$100/\$200 \$750/\$1,500 \$15/\$15
Silver 1750	Coinsurance Deductible (s/f) Maximum out of pocket (s/f) PCP/generic drug copays	30% \$1,750/\$3,500 \$6,600/\$13,200 \$50/\$10	20% \$1,750/\$3,500 \$5,450/\$10,900 \$50/\$10	10% \$250/\$500 \$1,750/\$3,500 \$50/\$10	10% \$100/\$200 \$450/\$900 \$50/\$10
Silver 2000	Coinsurance Deductible (s/f) Maximum out of pocket (s/f) PCP/generic drug copays	50% \$2,000/\$4,000 \$5,000/\$10,000 \$0/\$0	50% \$1,750/\$3,500 \$4,350/\$8,700 \$0/\$0	50% \$500/\$1,000 \$1,500/\$3,000 \$0/\$0	50% \$250/\$500 \$600/\$1,200 \$0/\$0
Silver 2501HD	Coinsurance Deductible (s/f) Maximum out of pocket (s/f) PCP/generic drug copays	15% \$2,500/\$5,000 \$5,650/\$11,300 Deductible & Coinsurance	15% \$1,850/\$3,700 \$5,150/\$10,300 Deductible & Coinsurance	10% \$750/\$1,500 \$1,500/\$3,000 Deductible & Coinsurance	10% \$250/\$500 \$675/\$1,350 Deductible & Coinsurance
Silver 2502	Coinsurance Deductible (s/f) Maximum out of pocket (s/f) PCP/generic drug copays	30% \$2,500/\$5,000 \$6,600/\$13,200 \$25/\$10	30% \$2,000/\$4,000 \$5,200/\$10,400 \$25/\$10	15% \$250/\$500 \$2,250/\$4,500 \$25/\$10	10% \$250/\$500 \$500/\$1,000 \$25/\$10
Silver 3000	Coinsurance Deductible (s/f) Maximum out of pocket (s/f) PCP/generic drug copays	50% \$3,000/\$6,000 \$5,500/\$11,000 \$20/\$10	50% \$3,000/\$6,000 \$5,200/\$10,400 \$0/\$0	50% \$500/\$1,000 \$1,750/\$3,500 \$0/\$0	10% \$300/\$600 \$750/\$1,500 \$0/\$0
Silver 3001	Coinsurance Deductible (s/f) Maximum out of pocket (s/f) PCP/generic drug copays	30% \$3,000/\$6,000 \$6,600/\$13,200 \$30/\$20	30% \$2,500/\$5,000 \$5,450/\$10,900 \$20/\$10	30% \$1,000/\$2,000 \$2,000/\$4,000 \$10/\$0	20% \$250/\$500 \$800/\$1,600 \$0/\$0

Cost Sharing

Cost-Sharing Plans

See FPL chart on page 12 to determine your cost-sharing level.

Plan Name		Base Plan	Cost Share 1: 200-250% FPL	Cost Share 2: 150-200% FPL	Cost Share 3: 100-150% FPL
Silver 3400HD	Coinsurance	100%	100%	100%	100%
	Deductible (s/f)	\$3,400/\$6,800	\$3,000/\$6,000	\$1,150/\$2,300	\$475/\$950
	Maximum out of pocket (s/f)	\$3,400/\$6,800	\$3,000/\$6,000	\$1,150/\$2,300	\$475/\$950
	PCP/generic drug copays	Deductible	Deductible	Deductible	Deductible
Silver 3500	Coinsurance	30%	30%	20%	10%
	Deductible (s/f)	\$3,500/\$7,000	\$3,500/\$7,000	\$750/\$1,500	\$500/\$1,000
	Maximum out of pocket (s/f)	\$5,000/\$10,000	\$4,350/\$8,700	\$2,000/\$4,000	\$750/\$1,500
	PCP/generic drug copays	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Silver 3650HD	Coinsurance	100%	100%	100%	100%
	Deductible (s/f)	\$3,650/\$7,300	\$3,100/\$6,200	\$1,150/\$2,300	\$475/\$950
	Maximum out of pocket (s/f)	\$3,650/\$7,300	\$3,100/\$6,200	\$1,150/\$2,300	\$475/\$950
	PCP/generic drug copays	Deductible	Deductible	Deductible	Deductible
Silver 4000	Coinsurance	30%	30%	30%	30%
	Deductible (s/f)	\$4,000/\$8,000	\$4,000/\$8,000	\$1,000/\$2,000	\$300/\$600
	Maximum out of pocket (s/f)	\$5,000/\$10,000	\$5,000/\$10,000	\$1,750/\$3,500	\$600/\$1,200
	PCP/generic drug copays	\$15/\$15	\$0/\$0	\$0/\$0	\$0/\$0
Silver 5001	Coinsurance	30%	30%	30%	20%
	Deductible (s/f)	\$5,000/\$10,000	\$3,000/\$6,000	\$800/\$1,600	\$250/\$500
	Maximum out of pocket (s/f)	\$6,600/\$13,200	\$4,800/\$9,600	\$1,200/\$2,400	\$500/\$1,000
	PCP/generic drug copays	\$35/\$10	\$35/\$10	\$35/\$10	\$35/\$10
Silver 6000	Coinsurance	10%	10%	10%	10%
	Deductible (s/f)	\$6,000/\$12,000	\$5,000/\$10,000	\$1,000/\$2,000	\$300/\$600
	Maximum out of pocket (s/f)	\$6,600/\$13,200	\$5,450/\$10,900	\$2,250/\$4,500	\$600/\$1,200
	PCP/generic drug copays	\$0/\$10	\$0/\$10	\$0/\$0	\$0/\$0
Silver 6001	Coinsurance	100%	100%	100%	100%
	Deductible (s/f)	\$6,000/\$12,000	\$4,300/\$8,600	\$1,500/\$3,000	\$500/\$1,000
	Maximum out of pocket (s/f)	\$6,000/\$12,000	\$4,300/\$8,600	\$1,500/\$3,000	\$500/\$1,000
	PCP/generic drug copays	\$40/\$10	\$40/\$10	\$40/\$10	\$40/\$10
Silver 6002	Coinsurance	10%	10%	10%	10%
	Deductible (s/f)	\$6,000/\$12,000	\$5,000/\$10,000	\$1,000/\$2,000	\$300/\$600
	Maximum out of pocket (s/f)	\$6,850/\$13,700	\$5,450/\$10,900	\$2,250/\$4,500	\$600/\$1,200
	PCP/generic drug copays	\$0/\$10	\$0/\$10	\$0/\$0	\$0/\$0
Silver 6850	Coinsurance	100%	100%	100%	100%
	Deductible (s/f)	\$6,850/\$13,700	\$4,800/\$9,600	\$1,750/\$3,500	\$500/\$1,000
	Maximum out of pocket (s/f)	\$6,850/\$13,700	\$4,800/\$9,600	\$1,750/\$3,500	\$500/\$1,000
	PCP/generic drug copays	\$25/\$10	\$25/\$10	\$25/\$10	\$25/\$10

Glossary

Advance Premium Tax Credit — You can apply for an advance premium tax credit to help you pay the monthly premium rate on a qualified health plan, starting in 2014. It is based on your household income and the FPL. Also called a premium subsidy.

Coinsurance — The dollar amount or percentage you pay for your covered health care services. For example, if you have an “80/20” plan, your health plan would pay 80 percent of the bill, and you would pay 20 percent. The 20 percent you pay is your coinsurance.

Copayment — A set dollar amount you pay each time you receive a health care service. For example, your health plan may have a \$20 copayment for a doctor’s office visit. You will pay this amount each time you go to the doctor.

Cost-Sharing Assistance — Under health care reform, this is extra help you can get to help you pay for your coinsurance, copayments or deductible in a qualified Silver plan. Whether you can get this help depends on your family’s income level.

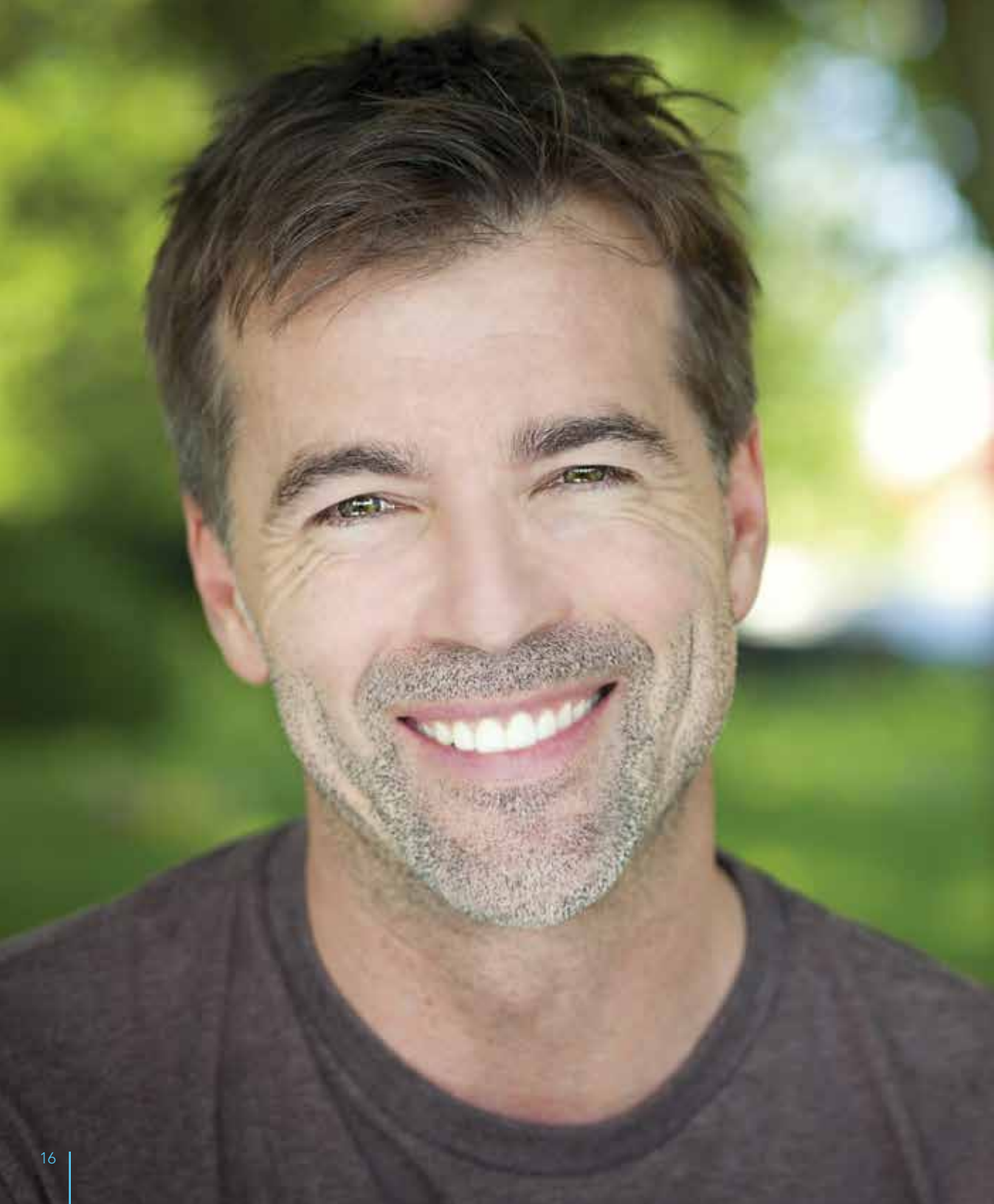
Deductible — The amount you must pay for covered services before your health plan starts to pay. For example, your plan has a \$500 deductible. You must pay the first \$500 of allowable charges for covered services before your plan starts to pay benefits. Your health plan may pay some benefits before you meet your deductible. For example, your plan may pay some preventive services at 100 percent, even if you have not met your deductible.

Embedded Deductible — Your plan contains two components — an individual deductible and a family deductible. Once a family member meets his or her individual deductible, the plan will cover that family member’s covered medical expenses. Once family members have reached the family deductible, the plan will pay for covered expenses for all family members. The individual deductible is embedded in the family deductible.

Maximum Out of Pocket (MOOP) — The maximum out of pocket is the most you pay during a policy period (usually one year) before BlueChoice starts to pay 100 percent for covered essential health benefits that in-network providers provide. This limit must include deductibles, coinsurance, copayments and/or similar charges. It also includes any other expenditure that is a qualified medical expense for the essential health benefits. This limit does not have to count premiums, balance billing amounts for non-network providers and other out-of-network cost sharing, or spending for non-essential health benefits.

Out-of-Pocket Costs — Your costs for health care that your health plan doesn’t pay. Depending on your plan, this may include your deductible, coinsurance and copayments for covered services.

Referral — When your doctor sends you to a specialist or health care facility to get certain health care services. Some health plans require you to get this from your primary care physician to see a specialist.



Plans

Plan	Page
Benefits for all plans	17
Gold 800	18
Gold 1000	18
Gold 1004	18
Gold 1100	19
Gold 2000HD	19
Gold 2001	19
Silver 400	20
Silver 1250	20
Silver 1500	20
Silver 1750	21
Silver 2000	21
Silver 2501HD	21
Silver 2502	22
Silver 3000	22
Silver 3001	22
Silver 3400HD	23
Silver 3500	23
Silver 3650HD	23
Silver 4000	24
Silver 5001	24
Silver 6000	24
Silver 6001	25
Silver 6002	25
Silver 6850	25
Bronze 4500	26
Bronze 5001	26
Bronze 6250HD	26
Bronze 6500	27
Bronze 6750	27
Bronze 6850	27
Catastrophic	28

Pricing

Go to www.BlueOptionSC.com to begin shopping for a plan and determine pricing.

These benefits are applicable to all plans:

Benefit	All Plans
Gynecological Exam (one per benefit year)	\$0 copayment
Routine Screening Mammogram	\$0 copayment
Routine Screening Colonoscopy	\$0 copayment
Pediatric Vision Care (VSP Network) <i>Please note that you must visit an in-network provider to receive this benefit. To locate an in-network vision care provider, please visit www.BlueOptionSC.com.</i>	<p>\$25 copayment for one comprehensive vision exam every calendar year \$50 copayment for one pair of glasses (lenses and frames) per calendar year</p> <ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal or lenticular lenses covered in full (after materials copayment) • Frames from the Otis & Pieper Eyewear Collection are covered in full (after materials copayment) <p>In lieu of eyeglasses, elective contact lens services and materials are covered with a minimum three-months' supply for any of these modalities:</p> <ul style="list-style-type: none"> • Standard (one pair annually) • Monthly (six-month supply) • Bi-weekly (three-month supply) • Dailies (three-month supply) <p>We cover necessary contact lenses in full for members who have specific conditions for which contact lenses provide better visual correction.</p>
Adult Vision (PEN Network)* <i>To locate an in-network vision care provider, visit www.BlueOptionSC.com. Please note that you must visit an in-network provider to receive this benefit.</i>	<p>For adult vision care (ages 20 and over), this includes:</p> <p>\$0 copayment for one routine eye exam or one exam for contacts lenses per benefit period \$45 copayment for one standard contact lens fitting per benefit period</p> <p>\$0 copayment for one pair of eyewear from a designated selection every other benefit period</p> <p>For members outside the South Carolina service area, \$71 will be allowed toward the routine eye exam, and a \$120 credit will apply to the purchase of eyewear. The member must file claims.</p>
Preventive Dental Care* <i>Members will be responsible for paying any additional balance above what we cover. They will need to submit a dental reimbursement form to BlueChoice for reimbursement.</i> <i>For example, if your dentist charges you \$130 for an initial cleaning and exam, you will pay your dentist \$130 at the time of service. We will reimburse you \$67 once we receive your reimbursement form.</i>	<p>For Adults:</p> <ul style="list-style-type: none"> • One exam every six months: \$27 allowance for initial/\$20 allowance for periodic • One cleaning every six months: \$40 allowance <p>For Children:</p> <ul style="list-style-type: none"> • One exam every six months: \$27 allowance for initial/\$20 allowance for periodic • One cleaning every six months: \$31 allowance
Mental Health/Substance Abuse	Covered as any other medical benefit
Transplants	A BlueChoice-participating facility must provide services, and we will treat covered transplants the same as any other medical condition

* Costs incurred from these services do not count toward MOOP expenses.

Blue Option

Benefit	Gold 800 (In Network Only)		Gold 1000 (In Network Only)		Gold 1004 (In Network Only)	
Deductible (single/family)	\$800/\$1,600		\$1,000/\$2,000		\$1,000/\$2,000	
Maximum Out of Pocket (single/family)	\$3,500/\$7,000		\$6,600/\$13,200		\$3,500/\$7,000	
Primary Care Physician Services/Doctors Care	\$20 copayment per visit		\$30 copayment per visit		\$20 copayment per visit	
Maternity Care (prenatal and postnatal)	\$50 copayment first visit		\$60 copayment first visit		\$40 copayment first visit	
Specialist Visit	\$50 copayment per visit		\$60 copayment per visit		\$40 copayment per visit	
Inpatient Hospital Services	\$300, then deductible, then 30%		Deductible, then 10%		Deductible, then 20%	
Outpatient Hospital Services	Deductible, then 30%		Deductible, then 10%		Deductible, then 20%	
Urgent Care	\$50 copayment per visit		\$50 copayment per visit		\$50 copayment per visit	
Emergency Room	\$300, then deductible, then 30%		Deductible, then 10%		Deductible, then 20%	
Ambulance	Deductible, then 30%		Deductible, then 10%		Deductible, then 20%	
Prescription Drugs**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	\$10	\$20	\$20	\$40	\$10	\$20
Tier 2	\$10	\$20	\$20	\$40	\$10	\$20
Tier 3	\$35	\$70	\$40	\$80	\$30	\$60
Tier 4	Deductible, then 30%	Deductible, then 30%	10% coinsurance	10% coinsurance	\$55	\$110
Tier 5	\$250, then deductible, then 30%	\$500, then deductible, then 30%	10% coinsurance	10% coinsurance	Deductible, then 20%	Deductible, then 20%
Tier 6	\$250, then deductible, then 30%	\$500, then deductible, then 30%	10% coinsurance	10% coinsurance	Deductible, then 20%	Deductible, then 20%
Durable Medical Equipment	Deductible, then 30%		Deductible, then 10%		Deductible, then 20%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 30%		Deductible, then 10%		Deductible, then 20%	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Benefit	Gold 1100 (In Network Only)		Gold 2000HD (In Network Only)		Gold 2001 (In Network Only)	
Deductible (single/family)	\$1,100/\$2,200		\$2,000/\$4,000		\$2,000/\$4,000	
Maximum Out of Pocket (single/family)	\$3,000/\$6,000		\$2,000/\$4,000		\$4,000/\$8,000	
Primary Care Physician Services/Doctors Care	\$30 copayment per visit		Deductible		\$15 copayment per visit	
Maternity Care (prenatal and postnatal)	\$60 copayment first visit		Deductible		\$40 copayment first visit	
Specialist Visit	\$60 copayment per visit		Deductible		\$40 copayment per visit	
Inpatient Hospital Services	\$300, then deductible, then 20%		Deductible		Deductible, then 20%	
Outpatient Hospital Services	Deductible, then 20%		Deductible		Deductible, then 20%	
Urgent Care	\$50 copayment per visit		Deductible		\$50 copayment per visit	
Emergency Room	\$300, then deductible, then 20%		Deductible		Deductible, then 20%	
Ambulance	Deductible, then 20%		Deductible		Deductible, then 20%	
Prescription Drugs**	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	\$20	\$40	Deductible	Deductible	\$10	\$20
Tier 2	\$20	\$40	Deductible	Deductible	\$10	\$20
Tier 3	\$40	\$80	Deductible	Deductible	\$30	\$60
Tier 4	Deductible, then 20%	Deductible, then 20%	Deductible	Deductible	\$55	\$110
Tier 5	\$250, then deductible, then 20%	Deductible, then 20%	Deductible	Deductible	Deductible, then 20%	Deductible, then 20%
Tier 6	\$250, then deductible, then 20%	Deductible, then 20%	Deductible	Deductible	Deductible, then 20%	Deductible, then 20%
Durable Medical Equipment	Deductible, then 20%		Deductible		Deductible, then 20%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 20%		Deductible		Deductible, then 20%	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Blue Option

Benefit	Silver 400 (In Network Only)		Silver 1250 (In Network Only)		Silver 1500 (In Network Only)	
Deductible (single/family)	\$400/\$800		\$1,250/\$2,500		\$1,500/\$3,000	
Maximum Out of Pocket (single/family)	\$6,600/\$13,200		\$6,000/\$12,000		\$6,600/\$13,200	
Primary Care Physician Services/Doctors Care	Deductible, then 50%		\$40 copayment per visit		\$15 copayment per visit	
Maternity Care (prenatal and postnatal)	Deductible, then 50%		\$80 copayment first visit		Deductible, then 50%	
Specialist Visit	Deductible, then 50%		\$80 copayment per visit		Deductible, then 50%	
Inpatient Hospital Services	Deductible, then 50%		Deductible, then 50%		Deductible, then 50%	
Outpatient Hospital Services	Deductible, then 50%		Deductible, then 50%		Deductible, then 50%	
Urgent Care	Deductible, then 50%		\$50 copayment per visit		\$50 copayment per visit	
Emergency Room	Deductible, then 50%		\$750, then deductible, then 50%		\$250, then deductible, then 50%	
Ambulance	Deductible, then 50%		Deductible, then 50%		Deductible, then 50%	
Prescription Drugs**	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	Deductible, then 50%	Deductible, then 50%	\$20	\$40	\$15	\$30
Tier 2	Deductible, then 50%	Deductible, then 50%	\$20	\$40	\$15	\$30
Tier 3	Deductible, then 50%	Deductible, then 50%	\$60	\$120	50% coinsurance	50% coinsurance
Tier 4	Deductible, then 50%	Deductible, then 50%	\$80	\$160	50% coinsurance	50% coinsurance
Tier 5	Deductible, then 50%	Deductible, then 50%	50% coinsurance	50% coinsurance	\$250, then 50%	\$250, then 50%
Tier 6	Deductible, then 50%	Deductible, then 50%	50% coinsurance	50% coinsurance	\$250, then 50%	\$250, then 50%
Durable Medical Equipment	Deductible, then 50%		Deductible, then 50%		Deductible, then 50%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 50%		Deductible, then 50%		Deductible, then 50%	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

**Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Benefit	Silver 1750 (In Network Only)		Silver 2000 (In Network Only)		Silver 2501HD (In Network Only)	
Deductible (single/family)	\$1,750/\$3,500		\$2,000/\$4,000		\$2,500/\$5,000	
Maximum Out of Pocket (single/family)	\$6,600/\$13,200		\$5,000/\$10,000		\$5,650/\$11,300	
Primary Care Physician Services/Doctors Care	\$50 copayment per visit		\$0 copayment per visit		Deductible, then 15%	
Maternity Care (prenatal and postnatal)	\$100 copayment first visit		Deductible, then 50%		Deductible, then 15%	
Specialist Visit	\$100 copayment per visit		Deductible, then 50%		Deductible, then 15%	
Inpatient Hospital Services	\$250, then deductible, then 30%		\$300, then deductible, then 50%		Deductible, then 15%	
Outpatient Hospital Services	\$250, then deductible, then 30%		Deductible, then 50%		Deductible, then 15%	
Urgent Care	\$50 copayment per visit		\$50 copayment per visit		Deductible, then 15%	
Emergency Room	\$250, then deductible, then 30%		\$300, then deductible, then 50%		Deductible, then 15%	
Ambulance	\$250, then deductible, then 30%		Deductible, then 50%		Deductible, then 15%	
Prescription Drugs**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	\$10	\$20	\$0	\$0	Deductible, then 15%	Deductible, then 15%
Tier 2	\$10	\$20	\$0	\$0	Deductible, then 15%	Deductible, then 15%
Tier 3	30% coinsurance	30% coinsurance	Deductible, then 50%	Deductible, then 50%	Deductible, then 15%	Deductible, then 15%
Tier 4	30% coinsurance	30% coinsurance	Deductible, then 50%	Deductible, then 50%	Deductible, then 15%	Deductible, then 15%
Tier 5	30% coinsurance	30% coinsurance	\$250, then deductible, then 50%	\$250, then deductible, then 50%	Deductible, then 15%	Deductible, then 15%
Tier 6	30% coinsurance	30% coinsurance	\$250, then deductible, then 50%	\$250, then deductible, then 50%	Deductible, then 15%	Deductible, then 15%
Durable Medical Equipment	\$250, then deductible, then 30%		Deductible, then 50%		Deductible, then 15%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	\$250, then deductible, then 30%		Deductible, then 50%		Deductible, then 15%	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Blue Option

Benefit	Silver 2502 (In Network Only)		Silver 3000 (In Network Only)		Silver 3001 (In Network Only)	
Deductible (single/family)	\$2,500/\$5,000		\$3,000/\$6,000		\$3,000/\$6,000	
Maximum Out of Pocket (single/family)	\$6,600/\$13,200		\$5,500/\$11,000		\$6,600/\$13,200	
Primary Care Physician Services/Doctors Care	\$25 copayment per visit		\$20 copayment per visit		\$30 copayment per visit	
Maternity Care (prenatal and postnatal)	\$50 copayment first visit		\$60 copayment first visit		\$80 copayment first visit	
Specialist Visit	\$50 copayment per visit		\$60 copayment per visit		\$80 copayment per visit	
Inpatient Hospital Services	\$250, then deductible, then 30%		\$300, then deductible, then 50%		Deductible, then 30%	
Outpatient Hospital Services	\$250, then deductible, then 30%		Deductible, then 50%		Deductible, then 30%	
Urgent Care	\$50 copayment per visit		\$50 copayment per visit		\$50 copayment per visit	
Emergency Room	\$250, then deductible, then 30%		\$300, then deductible, then 50%		\$750 copayment per visit	
Ambulance	\$250, then deductible, then 30%		Deductible, then 50%		Deductible, then 30%	
Prescription Drugs**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	\$10	\$20	\$10	\$20	\$20	\$40
Tier 2	\$10	\$20	\$10	\$20	\$20	\$40
Tier 3	30% coinsurance	30% coinsurance	\$40	\$80	\$50	\$100
Tier 4	30% coinsurance	30% coinsurance	Deductible, then 50%	Deductible, then 50%	\$70	\$140
Tier 5	30% coinsurance	30% coinsurance	\$250, then deductible, then 50%	\$250, then deductible, then 50%	30% coinsurance	30% coinsurance
Tier 6	30% coinsurance	30% coinsurance	\$250, then deductible, then 50%	\$250, then deductible, then 50%	30% coinsurance	30% coinsurance
Durable Medical Equipment	\$250, then deductible, then 30%		Deductible, then 50%		Deductible, then 30%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	\$250, then deductible, then 30%		Deductible, then 50%		Deductible, then 30%	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Benefit	Silver 3400HD (In Network Only)		Silver 3500 (In Network Only)		Silver 3650HD (In Network Only)	
Deductible (single/family)	\$3,400/\$6,800		\$3,500/\$7,000		\$3,650/\$7,300	
Maximum Out of Pocket (single/family)	\$3,400/\$6,800		\$5,000/\$10,000		\$3,650/\$7,300	
Primary Care Physician Services/Doctors Care	Deductible		\$0 copayment per visit		Deductible	
Maternity Care (prenatal and postnatal)	Deductible		\$60 copayment first visit		Deductible	
Specialist Visit	Deductible		\$60 copayment per visit		Deductible	
Inpatient Hospital Services	Deductible		Deductible, then 30%		Deductible	
Outpatient Hospital Services	Deductible		Deductible, then 30%		Deductible	
Urgent Care	Deductible		\$50 copayment per visit		Deductible	
Emergency Room	Deductible		Deductible, then 30%		Deductible	
Ambulance	Deductible		Deductible, then 30%		Deductible	
Prescription Drugs**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	Deductible	Deductible	\$0	\$0	Deductible	Deductible
Tier 2	Deductible	Deductible	\$0	\$0	Deductible	Deductible
Tier 3	Deductible	Deductible	Deductible, then 30%	Deductible, then 30%	Deductible	Deductible
Tier 4	Deductible	Deductible	Deductible, then 30%	Deductible, then 30%	Deductible	Deductible
Tier 5	Deductible	Deductible	Deductible, then 30%	Deductible, then 30%	Deductible	Deductible
Tier 6	Deductible	Deductible	Deductible, then 30%	Deductible, then 30%	Deductible	Deductible
Durable Medical Equipment	Deductible		Deductible, then 30%		Deductible	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible		Deductible, then 30%		Deductible	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Blue Option

Benefit	Silver 4000 (In Network Only)		Silver 5001 (In Network Only)		Silver 6000 (In Network Only)	
Deductible (single/family)	\$4,000/\$8,000		\$5,000/\$10,000		\$6,000/\$12,000	
Maximum Out of Pocket (single/family)	\$5,000/\$10,000		\$6,600/\$13,700		\$6,600/\$13,200	
Primary Care Physician Services/Doctors Care	\$15 copayment per visit		\$35 copayment per visit		\$0 copayment per visit	
Maternity Care (prenatal and postnatal)	\$40 copayment first visit		\$75 copayment first visit		\$30 copayment first visit	
Specialist Visit	\$40 copayment per visit		\$75 copayment per visit		\$30 copayment per visit	
Inpatient Hospital Services	\$300, then deductible, then 30%		Deductible, then 30%		\$300, then deductible, then 10%	
Outpatient Hospital Services	Deductible, then 30%		Deductible, then 30%		Deductible, then 10%	
Urgent Care	\$50 copayment per visit		\$50 copayment per visit		\$50 copayment per visit	
Emergency Room	\$300, then deductible, then 30%		\$300, then deductible, then 30%		\$300, then deductible, then 10%	
Ambulance	Deductible, then 30%		Deductible, then 30%		Deductible, then 10%	
Prescription Drugs**	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	\$15	\$30	\$10	\$20	\$10	\$20
Tier 2	\$15	\$30	\$10	\$20	\$10	\$20
Tier 3	\$50	\$100	\$30	\$60	\$30	\$60
Tier 4	Deductible, then 30%	Deductible, then 30%	\$55	\$110	\$75	\$150
Tier 5	\$250, then deductible, then 30%	\$250, then deductible, then 30%	Deductible, then 30%	Deductible, then 30%	\$250, then deductible, then 10%	\$250, then deductible, then 10%
Tier 6	\$250, then deductible, then 30%	\$250, then deductible, then 30%	Deductible, then 30%	Deductible, then 30%	\$250, then deductible, then 10%	\$250, then deductible, then 10%
Durable Medical Equipment	Deductible, then 30%		Deductible, then 30%		Deductible, then 10%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 30%		Deductible, then 30%		Deductible, then 10%	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Benefit	Silver 6001 (In Network Only)		Silver 6002 (In Network Only)		Silver 6850 (In Network Only)	
Deductible (single/family)	\$6,000/\$12,000		\$6,000/\$12,000		\$6,850/\$13,700	
Maximum Out of Pocket (single/family)	\$6,000/\$12,000		\$6,850/\$13,700		\$6,850/\$13,700	
Primary Care Physician Services/Doctors Care	\$40 copayment per visit		\$0 copayment per visit		\$25 copayment per visit	
Maternity Care (prenatal and postnatal)	\$80 copayment first visit		\$30 copayment first visit		\$60 copayment first visit	
Specialist Visit	\$80 copayment per visit		\$30 copayment per visit		\$60 copayment per visit	
Inpatient Hospital Services	\$300, then deductible		\$300, then deductible, then 10%		Deductible	
Outpatient Hospital Services	\$300, then deductible		Deductible, then 10%		Deductible	
Urgent Care	\$50 copayment per visit		\$50 copayment per visit		\$50 copayment per visit	
Emergency Room	\$300, then deductible		\$300, then deductible, then 10%		Deductible	
Ambulance	\$300, then deductible		Deductible, then 10%		Deductible	
Prescription Drugs**	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	\$10	\$20	\$10	\$20	\$10	\$20
Tier 2	\$10	\$20	\$10	\$20	\$10	\$20
Tier 3	\$30	\$60	\$30	\$60	\$30	\$60
Tier 4	\$55	\$110	\$75	\$150	Deductible	Deductible
Tier 5	Deductible	Deductible	\$250, then deductible, then 10%	\$250, then deductible, then 10%	Deductible	Deductible
Tier 6	Deductible	Deductible	\$250, then deductible, then 10%	\$250, then deductible, then 10%	Deductible	Deductible
Durable Medical Equipment	\$300, then deductible		Deductible, then 10%		Deductible	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	\$300, then deductible		Deductible, then 10%		Deductible	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Blue Option

Benefit	Bronze 4500 (In Network Only)		Bronze 5001 (In Network Only)		Bronze 6250HD (In Network Only)	
Deductible (single/family)	\$4,500/\$9,000		\$5,000/\$10,000		\$6,250/\$12,500	
Maximum Out of Pocket (single/family)	\$6,850/\$13,700		\$6,600/\$13,200		\$6,250/\$12,500	
Primary Care Physician Services/Doctors Care	\$45 copayment per visit		Deductible, then 50%		Deductible	
Maternity Care (prenatal and postnatal)	Deductible, then 50%		Deductible, then 50%		Deductible	
Specialist Visit	Deductible, then 50%		Deductible, then 50%		Deductible	
Inpatient Hospital Services	\$300, then deductible, then 50%		Deductible, then 50%		Deductible	
Outpatient Hospital Services	Deductible, then 50%		Deductible, then 50%		Deductible	
Urgent Care	\$50 copayment per visit		Deductible, then 50%		Deductible	
Emergency Room	\$300, then deductible, then 50%		Deductible, then 50%		Deductible	
Ambulance	Deductible, then 50%		Deductible, then 50%		Deductible	
Prescription Drugs**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible
Tier 2	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible
Tier 3	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible
Tier 4	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible
Tier 5	\$250, then deductible, then 50%	\$500, then deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible
Tier 6	\$250, then deductible, then 50%	\$500, then deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible
Durable Medical Equipment	Deductible, then 50%		Deductible, then 50%		Deductible	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 50%		Deductible, then 50%		Deductible	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Benefit	Bronze 6500 (In Network Only)		Bronze 6750 (In Network Only)		Bronze 6850 (In Network Only)	
Deductible (single/family)	\$6,500/\$13,000		\$6,750/\$13,500		\$6,850/\$13,700	
Maximum Out of Pocket (single/family)	\$6,850/\$13,700		\$6,750/\$13,500		\$6,850/\$13,700	
Primary Care Physician Services/Doctors Care	Deductible, then 50%		\$50 copayment per visit		\$30 copayment per visit	
Maternity Care (prenatal and postnatal)	Deductible, then 50%		Deductible		Deductible	
Specialist Visit	Deductible, then 50%		Deductible		Deductible	
Inpatient Hospital Services	Deductible, then 50%		Deductible		\$300, then deductible	
Outpatient Hospital Services	Deductible, then 50%		Deductible		Deductible	
Urgent Care	Deductible, then 50%		\$50 copayment per visit		\$50 copayment per visit	
Emergency Room	\$300, then deductible, then 50%		Deductible		\$300, then deductible	
Ambulance	Deductible, then 50%		Deductible		Deductible	
Prescription Drugs**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	\$30	\$60
Tier 2	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	\$30	\$60
Tier 3	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	Deductible	Deductible
Tier 4	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	Deductible	Deductible
Tier 5	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	\$250, then deductible	\$500, then deductible
Tier 6	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	\$250, then deductible	\$500, then deductible
Durable Medical Equipment	Deductible, then 50%		Deductible		Deductible	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 50%		Deductible		Deductible	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Blue Option

Benefit	Catastrophic (In Network Only)	
Deductible (single/family)	\$6,850/\$13,700	
Maximum Out of Pocket (single/family)	\$6,850/\$13,700	
Primary Care Physician Services/Doctors Care	\$25 copayment per visit for first three visits. Visits four and up, deductible.	
Maternity Care (prenatal and postnatal)	Deductible	
Specialist Visit	Deductible	
Inpatient Hospital Services	Deductible	
Outpatient Hospital Services	Deductible	
Urgent Care	\$50 copayment per visit	
Emergency Room	Deductible	
Ambulance	Deductible	
Prescription Drugs**	<i>Retail</i>	<i>Mail Order</i>
Tier 0	\$0	\$0
Tier 1	Deductible	Deductible
Tier 2	Deductible	Deductible
Tier 3	Deductible	Deductible
Tier 4	Deductible	Deductible
Tier 5	Deductible	Deductible
Tier 6	Deductible	Deductible
Durable Medical Equipment	Deductible	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible	

NOTE: Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.

** Tier 0: These drugs are considered preventive medications under the ACA and we cover them at no cost to you.

Tier 1: Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of your pocket.

Tier 2: Drugs on this tier are usually generic drugs. They will typically cost less than brand drugs.

Tier 3: Drugs on this tier are usually preferred brand drugs. They typically cost less than other brand drugs.

Tier 4: Drugs on this tier are usually non-preferred brand drugs. They typically cost more than other brand drugs and may have generic equivalents.

Tier 5: Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically very expensive.

Tier 6: Drugs on this tier are usually specialty drugs that are used to treat complex conditions. They are typically the most expensive drugs available.

*** 30 combined visits per benefit year (all plans).

Statement of Confidentiality

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

Protection of Privacy

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

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

BlueChoice requires all business associates, consultants and other entities with whom we contract for clinical or administrative services to maintain such confidentiality and to have a privacy policy in place that protects against unauthorized use or disclosure of confidential information. All such entities must sign an agreement attesting to the fact that they are compliant with federal privacy regulations.

Collection, Use and Disclosure of Medical Information

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

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

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.

BlueChoice HealthPlan's goal is to help keep you healthy. We look forward to helping you decide which Blue Option plan is best for you and your family.

For more information on Blue Option plans, you can:

1. Visit www.BlueOptionSC.com, our private exchange, where you can get product information and instructions on how to check if you qualify for a subsidy or apply for coverage.
2. Call our Blue Option Call Center at 855-433-2132. Assistance is available Monday–Friday, 8:30 a.m.–5 p.m.
3. Contact a local insurance agent.

