

I want a health care plan with all the options.

PERSONAL BLUEPLANS SE



South Carolina

These are my plans.

Personal BluePlansSM SE

PLAN FEATURES ■ Personal Blue BluePlans SE let you build the plan that works for you. The choice is yours.

- Choice of seven deductible levels, ranging from \$250 to \$5,000
- Four benefit levels and four out-of-pocket maximum options
- Prescription drug coverage
- Unlimited lifetime benefits
- Access to the largest preferred provider network in South Carolina

PLAN OPTIONS ■ Want to add some extra coverage? Here are some more great options.

- Office visit copayment
- Dental coverage

Children under age 19 may only be included as a dependant member of a family plan.






These are the details.

If you want more complete coverage, these are the plans for you. You can choose to have an office visit copayment or cover those services under your coinsurance — it's up to you.

Whatever you decide, you'll be covered by the largest statewide network of providers. Our BlueCard® and BlueCard Worldwide® programs keep you covered across the country and around the world. And, if you should ever need assistance, our team of member service representatives is here for you.

Affordable plan designs, outstanding network value and commitment to member service make Blue the right choice for you.

-  Multiple choices available
-  Core benefits
-  Additional coverage options

Deductible Choices (per member per benefit period)

Choose one deductible level

- ☐ \$250
- ☐ \$500
- ☐ \$1,000
- ☐ \$1,500
- ☐ \$2,000
- ☐ \$3,000
- ☐ \$5,000 (Available on Plan 2 only)

Benefit Options

Choose one coverage level

In-Network/Out-of-Network

- ☐ 90/70%
- ☐ 80/60%
- ☐ 70/50%
- ☐ 60/40%

Out-of-Pocket Maximums

Choose one

In-Network/Out-of-Network

- ☐ \$1,500/\$3,000
- ☐ \$2,500/\$5,000
- ☐ \$3,000/\$6,000
- ☐ \$5,000/\$8,000

Copayment Options

Choose one

- ☐ Plan 1 – \$35 for primary care physician / \$60 for specialists
- ☐ Plan 2 – No copayment

When the office visit copayment option is selected, the following services in the physician's office are covered after the applicable copayment: treatment of illness, accident or injury; injections for allergy, tetanus or antibiotics; diagnostic lab and diagnostic X-rays (chest and plain film), when performed in the doctor's office on the same date and billed by the doctor.

Copayments do not apply to mental health services or substance abuse care. All other services are subject to the deductible and coinsurance.

Drug Coverage

Allowable charges are paid at the copayment percentage shown:

- Generic Drugs – 20 percent (\$8 minimum)
- Preferred Drugs – 30 percent
- Non-Preferred and Specialty Drugs – 60 percent

When you receive your prescription medications at one of our network locations, you have no forms to file — just pay your copayment and BlueCross does the rest. With more than 57,000 network pharmacies across the country, there's always one close by.

No benefits are paid at non-network pharmacies. Specialty drugs are only covered at specialty drug network providers.

Physician Services

After members meet their benefit period deductible, we pay covered physician services at the plan's in- or out-of-network benefit percentages. Covered services include:

- Daily medical visits and consultations in a hospital or facility
- Medical, lab work, X-rays and other diagnostic services at a hospital outpatient department, clinic or doctor's office
- Surgery
- Second surgical opinions
- All other covered physician services

Outpatient Hospital Services

After members meet their benefit period deductible, we pay allowable charges for covered outpatient hospital services at the plan's in- or out-of-network benefit percentages. Covered services include:

- Hospital, ambulatory surgical center or clinic charges
- Medical and surgical services
- Preadmission testing, lab work, X-rays and other diagnostic services
- All other covered outpatient services

All benefits are subject to any applicable deductible and coinsurance, unless otherwise noted.

Preventive Screenings

We cover a wide variety of preventive screenings as recommended by the United States Preventive Services Task Force to help promote better health and monitoring, and to improve early detection. Screenings vary based on member age, sex and family history. Your doctor will recommend appropriate screenings.

Some common screenings are:

- Breast, uterine and cervical cancer, and associated conditions
- PSA test for prostate cancer
- Colorectal screenings
- High blood pressure
- Heart disease
- Osteoporosis
- Depression
- Recommendations for iron, folic acid and other vitamins

We cover child immunizations recommended by the Centers for Disease Control and Prevention and the American Academy of Pediatrics. Other vaccinations recommended for people at risk of certain diseases are covered at 100 percent.

All approved preventive services are paid at 100 percent and must be obtained from an in-network provider.

Inpatient Hospital Services

We pay allowable charges, subject to coinsurance at in-network facilities. If members use an out-of-network facility, there is also an inpatient copayment, and the members must meet their deductible both in- and out-of-network.

- Semi-private room and board, or special care unit
- All other covered hospital services, including surgical services and anesthesia
- Inpatient rehabilitation

We require preadmission review, emergency admission review and continued stay review for medically necessary treatment for all hospital admissions.

Transplant Services

Human organ and tissue transplants; services must be pre-authorized and performed at a designated provider. Subject to all applicable copayments, deductible and coinsurance.

Lifetime Benefit Maximum	Unlimited
Dental Accident Coverage	Benefits to cover dental services related to an accident, if provided within 12 months of accident. Subject to all required copayments, deductible and coinsurance.
Durable Medical Equipment	We pay allowable charges subject to deductible and coinsurance; pre-authorization must be obtained for any benefit of \$100 or more. Includes ostomy supplies and orthotics.
Diabetic Supplies and Dialysis	Allowable charges are paid subject to deductible and coinsurance.
Short-Term Therapy	Includes occupational, physical and speech therapy. Allowable charges, subject to deductible and coinsurance, up to the annual limit per member, per benefit period.
Skilled Nursing Facility	We pay allowable charges subject to deductible and coinsurance; admission must be within 14 days from hospital discharge. Preapproval is required.
Home Health and Hospice	We pay allowable charges subject to deductible and coinsurance; must receive preapproval.
Mental Health and Substance Abuse Services	Allowable charges per member, per benefit period for all mental health and substance abuse services, including inpatient, outpatient, physician services and prescription medications. All benefits are subject to any applicable copayment, deductible and coinsurance.

All benefits are subject to any applicable deductible and coinsurance, unless otherwise noted.

Add optional coverage.

□ Dental Coverage

Did you know that good oral health is linked to good overall health and wellness? Dental coverage from BlueCross gives you access to important care that you need for good oral health. Here's how it works:

Preventive Care (Class I)

We pay 80 percent of allowable charges. Services include:

- Checkups
- Cleanings
- Fluoride treatments
- Space maintainers
- Emergency treatment for pain
- X-rays

Restorative Care (Class II)

We pay 60 percent of allowable charges. Services include:

- Simple and surgical teeth removal
- Oral surgery
- Anesthesia
- Filings
- Treatments involving the bones, tissues and gums surrounding and supporting a tooth

Major Restorative Care (Class III)

We pay 40 percent of allowable charges. Services include:

- Crowns
- Bridges
- Dentures (removable)
- Inlays
- Denture and bridge repair

Class II and Class III are subject to a \$25 deductible per benefit period. All dental services are limited to \$500 per benefit period. A 12-month waiting period applies to Class III services.

Plus...

My Health Toolkit

Our members enjoy the convenience of 24-hour access to information on benefits, claims and personal health information by using My Health Toolkit, located at SouthCarolinaBlues.com. My Health Toolkit also features a physician finder, hospital comparison tool, treatment and drug cost estimators, and access to a health library.

Out-of-Area Coverage

BlueCard and BlueCard Worldwide give members access to participating doctors and hospitals across the country and around the world. You have peace of mind knowing you're covered if you get sick or injured while traveling outside of South Carolina. It's as easy as showing your BlueCross ID card to a participating provider. No matter where you travel, your BlueCross coverage goes with you.

Money Saving Network

Our statewide network includes more than 9,000 doctors, more than 4,000 other providers and all of South Carolina's acute care hospitals. The combination of access and discount value is unbeatable. Members also have access to every Blue Cross and Blue Shield plan's provider network in the country. Finding a doctor or hospital in our network is simple and saves money.

Discount and Value-Added Programs

We are always looking for ways to make your health care dollars go further. Our members enjoy discounts on non-covered services such as fitness and weight loss programs, cosmetic surgery, vision correction, healthy reading materials and much more.

Learn more about our discount and value-added programs at SouthCarolinaBlues.com.

Exclusions for Personal BluePlans SE

- Any services or benefits which are not specifically covered under the terms of the policy, or which were received before the policy went into effect or after it terminates.
- Services or charges for which the member is entitled to payment or benefits from other sources (workers' compensation or auto insurance), or for which the member is not legally obligated to pay, including treatment provided in a government hospital or benefits provided under Medicare or other governmental programs (except Medicaid).
- Separate charges for services provided by employees of hospitals, laboratories or other institutions; services or supplies performed or furnished by a member of the covered person's immediate family; and services for which a charge is normally not made in the absence of insurance.
- Normal pregnancy or childbirth and routine nursery charges.
- Cosmetic surgery, or surgery or treatment for the purpose of weight reduction, including any complications from or reversal of these procedures, or reconstructive procedures made necessary by weight loss.
- Illness contracted or injury sustained as the result of war or act of war (whether declared or undeclared), or participation in a felony, riot or insurrection.
- Admissions for sanitarium care or rest cures, long-term residential psychiatric care, custodial care and nursing homes.
- Refractive care, such as radial keratotomy, laser eye surgery or LASIK.
- Services or treatments that are not medically necessary.
- Sterilization, reversal of sterilization, infertility or impotency treatment, or treatment of sexual dysfunction for the enhancement of sexual performance or transsexual procedures.
- Dental care or treatment, except as provided in the policy and shown on the Schedule of Benefits.
- Hearing aids and examinations for their prescribing or fitting.
- Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.
- Treatment, services or supplies received as a result of suicide, attempted suicide or intentionally self-inflicted injuries.
- Spinal subluxation.
- Treatment for injuries resulting from intoxication as specified by state law or resulting from the influence of any narcotic or drug, unless taken on the advice of a physician.
- Services or benefits for any pre-existing condition. Pre-existing conditions are physical or mental conditions (regardless of the cause) for which medical advice, diagnosis, care or treatment was received or recommended within a 12-month period ending on the policy effective date.

This is a list of some of our exclusions. For a full list of excluded services and supplies, or for all limitations, please refer to your policy.



This is where I go if I have a question.

If you have a question or need help, contact your local BlueCross BlueShield of South Carolina agent, call us at 800-451-4275 or visit us online at SouthCarolinaBlues.com.

SouthCarolinaBlues.com

VISIT US ONLINE AT SouthCarolinaBlues.com

