

**I need a plan
that lets me
control my costs.**



South Carolina

This is my plan.

Personal BlueSM High Deductible Health Plan (HDHP)

PLAN FEATURES ■ Just choose the deductible, benefit and out-of-pocket level you want, and we'll take care of the rest.

- Ten plan designs to choose from with four deductible levels
- Three benefit levels and seven out-of-pocket maximum options
- Prescription drug coverage standard
- Lifetime benefit maximum of \$2 million
- Access to the largest preferred provider network in South Carolina

PLAN OPTIONS ■ Want to add extra benefits to your plan? Enhance your plan with additional options.

- Health Savings Accounts
- Maternity coverage



These are the details.

You need health care coverage that puts you in control of your health care expenses. Personal Blue High Deductible Health Plans keep your costs down, while providing great benefits and options to make your health care dollars go further.

BlueCross BlueShield of South Carolina has been a trusted name in health care coverage for more than 60 years. Our flexible plan designs, outstanding network value and commitment to member service make Personal Blue HDHP the right choice for you.

- Multiple choices available
- Core benefits
- Additional coverage options

Choose my plan

Select one plan from the list of options below.

	Deductible		Benefit Percentages	Out-of-Pocket	
	Single In-Network/ Out-of-Network	Family In-Network/ Out-of-Network	In-Network/ Out-of-Network	Single In-Network/ Out-of-Network	Family In-Network/ Out-of-Network
☐ HD1	\$1,500/1,500	\$3,000/3,000	100/60	\$1,500/3,000	\$3,000/6,000
☐ HD 2	\$1,500/1,500	\$3,000/3,000	80/60	\$3,000/4,500	\$6,000/9,000
☐ HD 3	\$1,500/1,500	\$3,000/3,000	70/50	\$3,000/4,500	\$6,000/9,000
☐ HD 4	\$2,600/2,600	\$5,200/5,200	100/60	\$2,600/5,200	\$5,200/10,400
☐ HD 5	\$2,600/2,600	\$5,200/5,200	80/60	\$5,200/7,800	\$10,400/15,600
☐ HD 6	\$2,600/2,600	\$5,200/5,200	70/50	\$5,200/7,800	\$10,400/15,600
☐ HD 7	\$3,500/3,500	\$7,000/7,000	100/60	\$3,500/5,500	\$7,000/11,000
☐ HD 8	\$3,500/3,500	\$7,000/7,000	80/60	\$5,500/7,500	\$11,000/15,000
☐ HD 9	\$3,500/3,500	\$7,000/7,000	70/50	\$5,500/7,500	\$11,000/15,000
☐ HD 10	\$5,000/5,000	\$10,000/10,000	100/60	\$5,000/10,000	\$10,000/20,000

Physician Services

After the member meets the deductible, we pay the applicable benefit percentage for covered physician services. 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

Preventive Services

Preventive services are covered at 100 percent and are not subject to the deductible. All services must be obtained from an in-network provider and are subject to a benefit period maximum of \$300 per member. Includes services such as:

- Well-child checkups and immunizations
- Routine physical examinations

In addition, the following preventive services are provided subject to guidelines of the American Cancer Society and do not count toward the member's \$300 benefit period maximum:

- Routine OB/GYN services
- Pap smear
- Prostate screening and lab work
- Routine mammogram

We also pay the applicable benefit percentage for colorectal screenings after the member meets their deductible.

Drug Coverage

Blue Rx™ Express — Before meeting the deductible, the member obtains prescription drugs at the BlueCross discounted rate when they fill prescriptions at a pharmacy. After the member meets their deductible, we pay the applicable benefit percentage on allowable prescription drug charges.

Outpatient Hospital Services

After the member meets the benefit period deductible, we pay allowable charges for covered outpatient hospital services at the applicable benefit percentage. 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

Inpatient Hospital Services

After meeting the deductible, we pay for services at the benefit percentage for allowable charges. Covered services include:

- Semi-private room and board, or special care unit
- All other covered hospital services, including surgical services and anesthesia
- Inpatient rehabilitation, with a \$100,000 lifetime benefit per member

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

Transplant Services

We pay allowable charges for covered services for human organ and tissue transplants, subject to transplant and lifetime maximums; services must be pre-authorized. Benefits are subject to member's deductible and coinsurance.

Lifetime Benefit Maximum

\$2,000,000 per member.

Durable Medical Equipment

We pay allowable charges subject to the member's deductible and coinsurance. Members must obtain pre-authorization for any benefit of \$100 or more. Includes ostomy supplies and orthotics.

Short-Term Physical and Speech Therapy

We pay allowable charges, subject to the member's deductible and coinsurance, up to \$1,000 per member, per benefit period.

Skilled Nursing Facility

We pay allowable charges subject to the member's deductible and coinsurance. Admission must be within 14 days of release from hospital stay. Preapproval is required.

Home Health and Hospice

We pay allowable charges subject to the member's deductible and coinsurance. Must receive preapproval.

Mental Health and Substance Abuse Services

We pay allowable charges up to \$10,000 during each member's lifetime for combined inpatient and outpatient facilities, and physician services. All benefits are subject to the member's deductible and coinsurance.



Here are the options.

❑ **Optional Maternity Endorsement**

We pay allowable charges at the percent shown based on the length of time maternity coverage is in effect, only for a member or a covered spouse. Includes maternity services, surgery, anesthesia, lab work and X-rays in a hospital or at a hospital outpatient department, ambulatory surgical center, clinic or doctor's office.

Routine nursery care for newborn is covered if this option is selected.

During the first 12 months – we pay allowable charges at 5 percent

13th month through the 24th month – we pay allowable charges at 60 percent

25th month through the 36th month – we pay allowable charges at 80 percent

37th month and after – we pay allowable charges at 100 percent

❑ **Health Savings Accounts**

Adding a health savings account (HSA) to your Personal Blue HDHP allows you to take control of your health care dollars. Your contributions to this account can offer significant tax savings.

Use these tax-advantaged dollars to pay for eligible medical expenses. You also can use the HSA funds to pay deductibles, coinsurance amounts and other medical expenses that your plan may not cover. Unused amounts roll over at the end of the year.

Ask how BlueCross can make adding an HSA easy for you.

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 www.SouthCarolinaBlues.com.

My Health Toolkit also features a physician finder, hospital comparison tool, treatment and drug cost estimators, and access to a health library. Members can also manage their health reimbursement accounts, flexible spending accounts or health savings accounts.

Out-of-Area Coverage

The 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 www.SouthCarolinaBlues.com.

Exclusions for Personal Blue High Deductible Health Plan

- Any services or benefits which are not specifically covered under the terms of this policy, or which were received before this 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, except as provided when the Optional Maternity Endorsement is purchased.
 - 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.
 - Dental care or treatment.
 - 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 temporomandibular joint disorders (TMJ), including office visits, splints, braces, guards, etc.
 - Treatment for injuries resulting from intoxication over the legal limit 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 (a condition not revealed on your application and for which you had symptoms or had previously received medical advice or treatment).
- The following benefits are paid only to the extent described in the policy:
- Routine and preventive care, prescription drugs, eyeglasses, contact lenses (except after cataract surgery) or refractive care, including related examination, hospital or physician charges, human organ and tissue transplants, and transportation.
- 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

