

BlueChoice® HealthPlan
South Carolina

2027 BlueChoice HealthPlan Small Group and Individual Coverage

Choice Select

Choice Complete

Choice Core

Palmetto Option℠

Table of Contents

Section 1: Our Plans . . . 1

Palmetto Option, Choice Complete, Choice Core and Choice Select . . . 2

Section 2: Benefits and Services . . . 3

Benefits That Help Members Thrive . . . 4

Tiered Prescription Drug Benefits . . . 6

Our Tiered Drug Program . . . 6

All-Inclusive Office Visit Copayment . . . 7

Value-Added Benefits and Services . . . 8

Employee Assistance Program . . . 8

My Life Consult . . . 8

Preventive Dental Care . . . 8

Discounts . . . 8

Vision . . . 9

Section 3: Health and Wellness . . . 11

FOCUS*fwd*® Wellness Incentive Program . . . 12

Wellness 360® Health Management Programs . . . 13

My Health Novel℠ . . . 13

My Diabetes Discount Program . . . 14

Behavioral Health Resources . . . 15

My Health Planner℠ . . . 16

Section 4: Tools and Resources . . . 17

Find Care . . . 18

Information on the Web . . . 18

Telehealth Visits as Low as $0 . . . 19

Coverage Anywhere in the World! . . . 20

Save Time and Money . . . 21

*Quick*Bill℠ . . . 21

*Quick*Enroll℠ . . . 21

HRA/HSA/FSA/COBRA . . . 21

Section 5: Optional Coverage Enhancements . . . 22

Blue Dental℠ . . . 23

Companion Life . . . 24

Life Insurance . . . 24

Short- and Long-Term Disability Insurance . . . 24

Voluntary Vision Insurance . . . 24

Section 6: Value-Added Benefits Summary . . . 25

Section 7: 2027 Palmetto Option Plans . . . 27

Section 8: 2027 Choice Complete Plans . . . 33

Section 9: 2027 Choice Select Plans . . . 43

Section 10: 2027 Choice Core Plans . . . 50

Statement of Confidentiality . . . 53

Section 1: Our Plans

BlueChoice HealthPlan of South Carolina: Coverage You Can Count On

For more than 40 years, BlueChoice HealthPlan has offered quality health coverage to South Carolinians that balances value, benefits and affordability. With a range of flexible plan options, exceptional customer service and negotiated provider discounts across the state, we make it easier to help manage overall costs.

Palmetto Option

Palmetto Option is a cost-conscious plan designed for individuals seeking dependable coverage with added value. Members continue to benefit from select value-added programs, making it a smart balance of affordability and support.

For 2027 coverage, members can sign up for health insurance during the open enrollment period from November 1, 2026, to January 31, 2027. If they enroll in a plan between November 1, 2026, and December 31, 2026, their coverage will start January 1, 2027. If they enroll in a plan between January 1, 2027, and January 31, 2027, their coverage will start February 1, 2027.

Choice Complete

With Choice Complete, small groups get accessible and affordable small group benefits. Choice Complete provides the most extensive benefits and access to our broadest network.

We are offering 24 Choice Complete plans:

- Nine gold plans
- 10 silver plans
- Five bronze plans

Three of these are qualified high-deductible health plans.



Choice Core

Choice Core is an affordable small group product that gives employees access to our expansive South Carolina network at a lower monthly cost. It provides dependable medical coverage in a streamlined package that does not include adult vision, dental, chiropractic services, employee assistance program or all-inclusive copayment benefits. Coverage through Blue Cross Blue Shield Global® Core and BlueCard® is limited to emergency services only. Choice Core is a strong option for groups seeking essential coverage with budget-friendly premiums.

We are offering two Choice Core plans:

- One silver plan
- One bronze plan

Choice Select

With this small group product, members must select a primary care physician within the Choice Select network, where they will experience a personalized approach to care through concierge-level service with little to no wait.

The Choice Select product requires selection of a Proactive MD PCP (Richland, Lexington, Greenville, and Spartanburg counties). These primary care providers can handle up to 80 percent of the member's medical needs on-site and will be sure to coordinate any specialty care that is needed with in-network providers. As a result, members will be able to experience a lower out-of-pocket cost.

We are offering 12 Choice Select plans:

- Three gold plans
- Five silver plans
- Four bronze plans

Two of these are qualified high-deductible health plans.

Section 2: Benefits and Services



Benefits That Help Members Thrive

Our product portfolio is crafted to provide comprehensive, whole-health solutions that prioritize the well-being of our members. We are committed to improving the health of our community by ensuring that members receive high-quality care through coverage tailored to meet their diverse needs.

All-Inclusive, Comprehensive Office Visit Copayment — One low copayment per in-network office visit covers all related diagnostic and treatment services, including labs and X-rays.Learn more about this benefit on page 7. This benefit is not available for Choice Core plans.

Wellness 360° — More than 20 wellness, chronic condition management and behavioral health programs focus on the early detection of illness and the prevention of disease.

My Diabetes Discount Program — Qualifying members receive their insulin with a $0 copayment when they meet the program criteria.

Telehealth Visits as Low as $0* — Blue CareOnDemand™ Powered by MD Live®, members can visit virtually with a doctor any time, day or night!

Specialist Visits — No referral is necessary for Choice Complete, Choice Core and Palmetto Option members! Choice Select members must request and receive authorization from the PCP before seeing a specialist.

*Members enrolled in the Gold 5225, Silver 8600 and Bronze 4000 Choice Complete and Choice Select plans and Palmetto Option Silver 1 or Palmetto Option Bronze 7600 plans do not have a copayment for Blue CareOnDemand visits.
MD Live is an independent company that provides telehealth services on behalf of BlueChoice®.

BlueCard Program — Members living or traveling outside of South Carolina can locate participating doctors and hospitals nationwide. When members use a doctor or hospital through BlueCard, they receive the highest level of benefits. Please note, BlueCard is only available in emergency situations outside of South Carolina for Choice Select, Choice Core and Palmetto Option members.

Lab Choices — We offer lab choices, generating savings and less out-of-pocket costs for our members. All care for a Choice Select member must be provided through or authorized by the member's PCP.

Freestanding Ambulatory Surgical Centers — Our network of freestanding ambulatory surgical centers can save members money when they need surgery or a procedure that doesn't require an overnight stay. All care for a Choice Select member must be provided through or authorized by the member's PCP.

EXAMPLE	FACILITY FEE*
A member uses a free-standing ambulatory surgical center.	$200
A member uses the hospital or an outpatient facility affiliated with a hospital.	$400 copayment, then deductible, then 50%
*Benefits vary. Groups should check their Schedules of Benefits.	

Adult and Pediatric Vision — Choice Complete, Choice Select and Palmetto Option plans include a $0 copayment for an annual routine eye exam for adults. The copayment for an annual routine eye exam for children is $25 for Choice Complete, Choice Core and Choice Select plans and $15 for Palmetto Option plans. Adult vision is not available for Choice Core plans.

Adult and Pediatric Preventive Dental* — This benefit covers an allowed amount per benefit period for preventive exams and cleanings at any South Carolina-licensed dentist. Dental coverage is not available for Choice Core plans.

Employee Assistance Program (EAP)* — Our employee assistance program can be used for family counseling, life management, training and more for Choice Complete and Choice Select plans. The EAP is included at no additional cost through First Sun EAP. Because First Sun EAP is a separate company from BlueChoice®, First Sun will be responsible for all services related to this program. This benefit is not available for Choice Core plans.

My Life Consult℠ — Palmetto Option members have access to three free mental health sessions and three free life management sessions from First Sun. Because First Sun is a separate company from BlueChoice®, First Sun is solely responsible for all services related to individual assistance programs.

*Any costs incurred related to these programs are not applicable to the member's deductible and/or out-of-pocket expenses



The **FOCUS***fwd* **Wellness Incentive Program** is designed to help members lead healthier lifestyles. By completing health-related activities and challenges, members earn up to **$300 in rewards** and increase their 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 throughout this brochure indicating a **FOCUS***fwd* initiative.



for signing up for
FOCUS*fwd*

Tiered Prescription Drug Benefits

BlueChoice offers pharmacy benefits programs aimed at achieving optimal clinical effectiveness and safety while simultaneously ensuring the lowest net costs. Our goal is to provide access to essential medications for our members at the most favorable prices. To help achieve this goal, we create and maintain an extensive formulary of covered drugs.

We continually evaluate our prescription drug formularies and drug management programs to ensure that quality and costs are managed effectively. We work with a group of independent doctors and pharmacists to evaluate our pharmacy programs and get their recommendations because every decision related to pharmacy coverage matters. We understand the gravity of those decisions. This group also approves decisions about our covered drug list, specialty drug list and drug management programs. They base their decisions on a drug's effectiveness, safety and value.

To view the covered drug list, visit www.BlueChoiceSC.com, go to the Member Center and select either Choice Complete, Choice Select, Choice Core or Palmetto Option.

Our Tiered Drug Program

BlueChoice has a tiered prescription drug plan. This program offers flexibility in drug treatments. The chart shows the drugs that are typically in each tier.



TIERED MEMBER COST

Tier 0

$0

These drugs are considered preventive medications under the Affordable Care Act (ACA), and we cover them at no cost to the member.

Tier 1

$

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

Tier 2

$$

Drugs on this tier are usually preferred brand-name drugs. They will typically cost less than brand-name drugs.

Tier 3

$$$

Drugs on this tier are usually nonpreferred brand-name drugs.

Tier 4

$$$$

Drugs on this tier are usually generic specialty drugs. They typically cost more than other brand-name drugs and may have generic equivalents.

Tier 5

$$$$$

Drugs on this tier are usually preferred brand-name specialty drugs that are used to treat complex conditions. They are typically expensive.

Tier 6

$$$$$$

Drugs on this tier are usually nonpreferred brand-name specialty drugs that are used to treat complex medical conditions. They are typically the most expensive drugs available.

All-Inclusive Office Visit Copayment

All Choice Complete, Choice Select and Palmetto Option plans that have a copayment give members the convenience of an all-inclusive office visit copayment. What does that mean?

Members who visit an in-network provider will pay one copayment for all covered services performed in the doctor's office for the same date when billed by the doctor. Best of all, there are no dollar maximums!

For example, let's say a member is sick and goes to an in-network doctor. The copayment for this visit is $25. While there, the member ends up needing lab work and an in-office X-ray. With the all-inclusive office visit copayment, the member wouldn't pay any extra for these services. The chart shows how much the member would save.

SERVICE	WITH ALL-INCLUSIVE COPAYMENT	WITHOUT ALL-INCLUSIVE COPAYMENT
Office Visit	$25	$25
Lab Work	$0 (Included)	$247
In-Office X-Ray	$0 (Included)	$189
Total Cost	$25	$461
Total Savings With All-Inclusive Copayment — $436		

Here are a few examples of what is covered under the all-inclusive office visit copayment:

- Office charges, including surgical services or treatment of an illness, accident or injury
- Allergy and tetanus shots
- Annual physicals
- Injections (immunizations)
- Diagnostic lab and X-ray services (Other charges could apply if the provider sends the claim to a hospital for processing.)



Value-Added Benefits and Services

These benefits are nonessential and do not count toward any maximum out-of-pocket (MOOP) expenses unless otherwise indicated.

Employee Assistance Program

First Sun EAP provides a broad array of services designed to help Choice Complete and Choice Select members be at their best. The EAP can help reduce the number of days employees miss, help increase productivity and bring out the best in your employees. These services are free to members and those in their households. This benefit is not available for Choice Core plans.

EAP services include these resources and more:

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

Members and those in their households receive three free mental health sessions and three life management sessions per person per contract year.

My Life Consult

My Life Consult for Palmetto Option members can help with some of life's biggest challenges. My Life Consult services include the same resources as the EAP offered to Choice Complete and Choice Select members.

Preventive Dental Care

All Choice Complete, Choice Select and Palmetto Option plans include a dental allowance per benefit period for exams and cleanings for adults and children by any licensed dentist. Choice Core plans do not include dental coverage.

- Preventive dental, one exam every six months: up to $50
- Preventive dental, one cleaning every six months: up to $50



for getting a dental exam

Members can send a completed dental reimbursement form and the paid receipt to BlueChoice for reimbursement of the allowed amount. If a Choice Complete or Choice Select group would like to offer a comprehensive dental plan, they can choose one of our Blue Dental℠ plans. See page 23 for details.

Discounts

Members can take advantage of great discount programs and special services through Blue365®.* We offer these services and discounts in addition to, but not included in, the services and benefits covered under a BlueChoice policy. Through our value-added services, members have access to special discounts or benefits on services such as these:

- Weight loss programs
- Hearing aid discounts
- Fitness center discounts



for signing up for Blue365

*The Blue365 program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield companies.

Vision

All Choice Complete, Choice Select and Palmetto Option plans include routine pediatric and adult vision coverage. Choice Core plans include pediatric vision coverage only. Vision coverage through an independent company, EyeMed®.

Members have access to the right mix of in-network providers — including independent eye doctors and popular retailers such as LensCrafters®, Target Optical® and Pearle Vision®. Members can even use their benefits online at Glasses.com, ContactsDirect.com, LensCrafters.com, TargetOptical.com, Ray-Ban.com and Oakley.com.



for getting an eye exam

Pediatric Vision Care*

For children (ages 0 – through age 18), this includes:

- $15 copayment for one annual routine eye exam for Palmetto Option plans.
- $25 copayment for one annual routine eye exam for Choice Complete, Choice Select and Choice Core plans.
- Up to $40 for one standard contact lens fitting or 10 percent off the provider's nonstandard contact lens fitting fee per benefit year.
- $25 copayment then 100 percent coverage for provider designated frames once every benefit year for Palmetto Option plans.
- $50 copayment, then 100 percent coverage for provided designated frames, once every benefit year for Choice Complete, Choice Select and Choice Core plans.
- 40 percent discount on complete pair eyeglass purchase and a 15 percent discount on conventional contact lenses once the funded benefit has been used.

Please note for pediatric vision, members must visit a provider in the EyeMed network to receive this benefit. Costs incurred from these services count toward maximum out-of-pocket (MOOP) expenses. These benefits are essential.**

*For dependent children through the age of 18. Adult vision care begins on the first day of the month following their 19th birthday.

**Essential benefit: A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. These include doctors' services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more.



Adult Vision Care

For adults (ages 19 and over), this includes:

- $0 copayment for one annual routine eye exam.
- Up to $40 for one standard contact lens fitting or 10 percent off the provider's nonstandard contact lens fitting fee per benefit year.
- $120 material allowance with $0 copayment every two benefit years for glasses or contacts, with no limits on frame or lens selection for Choice Complete and Choice Select plans.
- $150 material allowance with $0 copayment every benefit year for glasses or contacts that can be spent on frames, lenses and lens upgrades with no limits on frame or lens selection for Palmetto Option plans.
- 40 percent discount on complete pair eyeglass purchase and a 15 percent discount on conventional contact lenses once the funded benefit has been used.

Please note that members must visit a provider in the EyeMed network to receive this benefit. Costs incurred from these services do not count toward MOOP expenses. These benefits are nonessential.*

To locate an in-network eye doctor, please visit **www.BlueChoiceSC.com/FindCare**.

*Nonessential benefit: Any benefit provided that is not considered an essential health benefit is a nonessential benefit.





Section 3: Health and Wellness



FOCUS*fwd* Wellness Incentive Program

The **FOCUS***fwd* Wellness Incentive Program is designed to help members lead healthier lifestyles. By completing health-related activities and challenges, members earn up to **$300 in rewards** and increase their chances of winning one of the **$1,000 quarterly** and **$5,000 annual cash rewards** in our **Sweepstakes**!

FOCUSfwd WELLNESS INCENTIVE PROGRAM

$150 FOCUS Points

Members get a **$150 reward** and **Sweepstakes entries** for completing an individual Personal Health Assessment, annual wellness exam, and preventive screening or flu vaccine.

$100 GET FIT

Members get up to **$100 in rewards** and **Sweepstakes entries** for completing the quarterly step challenges.

$50 Status Level

Members complete activities in **FOCUS***fwd* to increase their status level and earn up to **$50** and additional **Sweepstakes entries.**

Earn entries!

for downloading the **FOCUS***fwd app*

$5K Sweepstakes

Members earn entries into the **Sweepstakes** as they complete activities and increase their status level in **FOCUS***fwd*, increasing their chances to win one of the **$1,000 quarterly** and **$5,000 annual cash rewards.** Members earn **Sweepstakes entries** by simply signing up for **FOCUS***fwd*.

Get the **FOCUS***fwd* App

Download on the App Store | GET IT ON Google Play

Members can stay connected with their health and their rewards with the **FOCUS***fwd* app.

Wellness 360®

Our **Wellness 360°** health management programs help educate members about their overall health. We support them as they make healthy lifestyle changes. Whether they are already healthy and active, have a chronic condition, are pregnant, or have serious health challenges, we can help them take charge of their health! Best of all, they can participate in these programs at no cost!

We offer these programs for education and support:

Prevention and Wellness

- Back Care
- Healthy and Active Kids and Teens
- Maternity
- Tobacco Cessation
- Weight Management

Behavioral Health

- Anxiety Management
- Adult Attention-Deficit Hyperactivity Disorder
- Bipolar Support
- Depression
- Moms Support Program
- Recovery Support

Condition Support

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Kidney Disease
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- High Cholesterol
- Healthy Lifestyles
- Migraine
- NICU Case Management



Earn entries! for participating in Wellness 360°

Members with a complex health condition may be contacted to participate in our Case Management program. For a complete description of these Wellness 360° programs, visit **www.BlueChoiceSC.com/Wellness 360**.

How the Programs Work

After enrolling, members will receive information welcoming them to the program.

My Health Novel

MY HEALTH NOVEL℠

Lifestyle changes and early intervention can reduce risks for chronic health conditions. Chronic conditions such as diabetes, hypertension, arthritis, and depression are costly in many ways. They pose long-term medical risks and can increase health care costs by thousands of dollars a year. Taking preventive action early can reduce those risks. That's why we are offering My Health Novel.

What Is My Health Novel?

It's a virtual network of resources, with programs designed to address health concerns that can be challenging and costly: weight management, musculoskeletal issues, behavioral health, hypertension, women's health and digestive health.

You can visit **www.BlueChoiceSC.com/MyHealthNovel** or call **866-400-8941** for more information.



My Diabetes Discount Program

It's crucial for people with diabetes to stick to their care plans. But according to our claims data, medication adherence decreases when the copayment for an insulin prescription exceeds $15.

My Diabetes Discount Program enables members to receive insulin with a $0 copayment when they meet the requirements listed below:

- Visit their PCP for a checkup that includes:
  - A comprehensive metabolic panel lab test[1] OR a basic metabolic panel.
  - An A1C test every six months.
  - A diabetes risk factor assessment of their feet and eyes.
- Get a flu vaccine.
- Complete approved diabetes education.[2]

Who Is Eligible?

Members who have Type 1 or Type 2 diabetes and are actively on insulin therapy are eligible for this program.

How It Works:

- BlueChoice will reach out to eligible members each quarter with a detailed checklist of what they need to do to start or continue receiving their $0 copayment.
- After completing all program requirements, members will begin receiving their $0 copayment the following quarter.
- Requirements must be maintained on an annual basis to continually receive the $0 insulin copayment.

[1]Members under the age of 18 require a fasting glucose test instead of a comprehensive metabolic panel test.
[2]For members under the age of 18, the parent/guardian must meet the diabetes education requirement.



Learn About Our Behavioral Health Benefits

Few factors affect our lives as profoundly as our mental health. It plays a crucial role in shaping our self-esteem, influencing our work performance, affecting our family dynamics, and even affecting our physical well-being. If you are facing challenges related to your mental health, you're not alone. BlueChoice HealthPlan of South Carolina provides an extensive array of resources designed to offer support. To explore these behavioral health options, please visit www.BlueChoiceSC.com/BehavioralHealth.

Members Have Their Very Own Care Team

Members can get support from a care management team made up of real nurses and health workers through the **My Health Planner app**. They can:

- Get health support at home.
- Have less frustration about managing their health.
- Understand a daily routine to feel their best.
- Track what they do between doctor visits.

Download on the App Store

GET IT ON Google Play



92%

After completing their My Health Planner program, 92 percent of people felt more in control of their health.

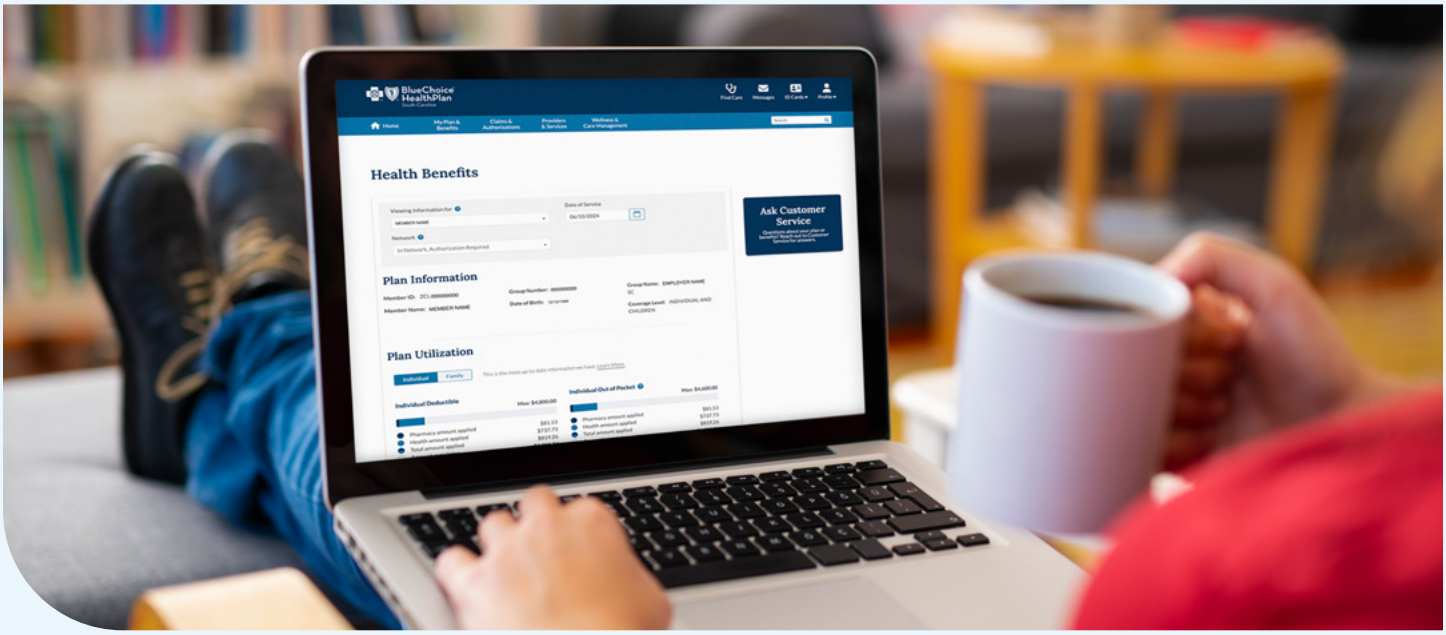
87%

In total, 87 percent of people were satisfied with the My Health Planner program.

Section 4: Tools and Resources

Find Care

Finding a participating provider is quick and easy! Members can download and print customized lists of health care providers and facilities in our network. Members can even create directories based on the types of doctors they may need. To see if a doctor is in the network, visit **www.BlueChoiceSC.com/FindCare.**



Information on the Web

When members need to download forms, learn specifics about our health plans, send us emails, review the Prescription Drug List or read about our wellness programs, they can visit **www.BlueChoiceSC.com**. Our website is a protected, secure and convenient way to access information on their schedules.

My Health Toolkit®

Members can use My Health Toolkit to see if their plan covers a specific procedure, get more information about their health benefits, check the status of a claim and more.

My Health Toolkit Mobile App

With the My Health Toolkit mobile app, our members' insurance benefits are with them wherever they go!



With the app, they can:

- View and share their digital ID cards.
- Quickly check the status of their claims.
- Find an in-network doctor or hospital.
- Update their contact information.
- Update their other health insurance information.
- Check the status of prior authorizations.

Current My Health Toolkit users can log in to the app with their existing usernames and passwords. New My Health Toolkit users can register through the app. The My Health Toolkit app is available on the App Store or Google Play.



Telehealth Visits as Low as $0*

Lots of BlueChoice HealthPlan members have discovered the convenience and cost savings of telehealth. Members can avoid long waits and high costs to get treatment for many health problems with Blue CareOnDemand. In their virtual visits, members see licensed providers who also can send a prescription to their pharmacy if needed.

BLUE CareOnDemand®

Powered by MD Live®

Four Categories of Care:

- **Virtual primary care** for routine checkups, wellness screenings and health monitoring
- **Urgent care** for things like allergies, cold and flu, COVID-19, sore throat, and urinary tract infections
- **Behavioral health** to connect one-on-one with a psychiatrist or therapist on issues like anxiety and depression
- **Dermatology** for consultation on lower-risk conditions affecting skin, hair and nails, such as acne, rosacea and eczema

Members access and register for Blue CareOnDemand through My Health Toolkit.

*Members enrolled in the Gold 5225, Silver 8600 and Bronze 4000 Choice Complete and Choice Select plans and Palmetto Option Silver 1 or Palmetto Option Bronze 7600 plans do not have a copayment for Blue CareOnDemand visits.
BlueChoice HealthPlan of South Carolina. MD Live is an independent company that provides a telehealth platform on behalf of BlueChoice.
MD Live Inc. MD Live and the MD Live logo are registered trademarks of MD Live Inc.
Blue CareOnDemand is not a replacement for your primary care doctor. You should continue scheduling office visits for regular checkups and preventive care. For true emergencies and life-threatening issues, go to the emergency room or call 911. The cost of Blue CareOnDemand visits varies by visit type and provider selected and is subject to plan benefits.

Coverage Anywhere in the World!

BlueCard

Members living or traveling outside of South Carolina can locate participating doctors and hospitals nationwide. When members use a doctor or hospital through BlueCard, they receive the highest level of benefits. BlueCard is only available in emergency situations outside of South Carolina for Choice Select, Choice Core and Palmetto Option members.

Blue Cross Blue Shield Global Core

Members take their health care benefits with them when they are abroad. Through the Blue Cross Blue Shield Global Core program, they have access to doctors and hospitals around the world. Blue Cross Blue Shield Global Core is only available in emergency situations outside of South Carolina for Choice Select and Choice Core members. Palmetto Option members do not have access to the Blue Cross Blue Shield Global Core benefit.





Save Time and Money

It's the little extras that make a big difference. Check out these optional services.

*Quick*Bill

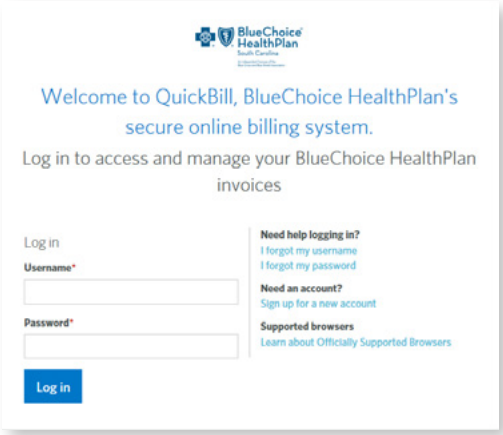
*Quick*Bill is an electronic benefit service that allows groups to view and pay their invoices online 24/7.

Bill Presentation

View invoices directly via the internet 24/7. New invoice notifications are sent via email. Simply log in to *Quick*Bill to view, print, export or create detailed reports.

Bill Payment

Pay invoices via a one-time electronic funds transfer (EFT), establish a recurring credit card payment, or establish a recurring bank draft from one of your corporate bank accounts. *Quick*Bill offers a quick, easy and secure online payment experience. Reduce the number of lost checks and invoices and decrease postage and check production costs.



*Quick*Enroll

*Quick*Enroll is the group online enrollment and benefits administration platform. *Quick*Enroll replaces time-consuming, expensive and paper-based benefit enrollment with a comprehensive electronic benefit administration and enrollment solution. It's secure, online and paper free! Call your agent or marketing representative to get started.

HRA/HSA/FSA/COBRA

We have health reimbursement accounts (HRAs), health savings accounts (HSAs), flexible spending accounts (FSAs) and COBRA administration solutions. BlueChoice offers the flexibility to choose the vendor that best meets individual needs.

Section 5: Optional Coverage Enhancements



Start Smiling!

Blue Dental℠

Taking care of your teeth isn't just about having a nice smile and pleasant breath. Research has found a number of links between oral health and overall health. The condition of your mouth is closely tied to your overall physical health.

With Blue Dental coverage with our Choice Complete and Choice Select plans, members have access to dental locations in South Carolina and nationally.

Using an In-Network Dentist

Members are not required to see an in-network dentist. But if they do, they won't have to pay any additional cost above the agreed-upon fees. In addition, an in-network dentist will file their claims.

Locating a Dentist

To find an in-network dentist, visit www.BlueChoiceSC.com/FindCare.

Members may have to file their own claims with an out-of-network dentist. They can get a claim form at **www.BlueChoiceSC.com** in the **Find a Form** section.

Dental ID Card

When going to the dentist, members should present their dental ID card to make sure the dentist applies their benefits correctly. Their dentist can easily verify coverage by calling the Member Services number on the back of their dental ID card.

Treatment Estimates

We recommend members have their dentist submit a request for a pretreatment estimate for services that are more than $300. The dentist can send an undated claim form and treatment plan to P.O. Box 100300, Columbia, South Carolina 29202, or fax them to **803-264-7629**. We will send a pretreatment estimate to the member and their dentist that details what services their plan will cover and how much it will pay.



For Small Groups: Companion Life Insurance Company

Companion Life offers an array of innovative and competitive employee benefit plans. Because Companion Life is a separate company from BlueChoice, Companion Life will be responsible for all services related to these insurance products. Companion Life specializes in group life and disability income insurance programs with a variety of features and plan design options. Companion Life's insurance plans may be offered on a voluntary or group basis.

Protect Your Workforce. Strengthen Your Benefits Package.

Companion Life provides customizable life, disability, and vision insurance solutions that help employees plan for the unexpected.

Life Insurance

Group term life insurance products can be offered as a flat amount or multiple of salaries up to $500,000, with accidental death and dismemberment included. Guaranteed issue amounts are available.

Short- and Long-Term Disability Insurance

Short-term disability insurance offers a wide selection of benefit percentages, waiting periods, benefit maximums and payment durations up to one year. Partial disability insurance is also available. Companion Life offers small group short-term disability insurance benefits down to two lives, with no pre-existing limitations on employer-paid insurance plans.

Long-term disability insurance provides choices for benefit payment maximums, elimination periods and benefit duration periods. Companion Life's insurance plans include updated definitions of a disability and an amended definition of own occupation.

Voluntary Vision Insurance

Our small group insurance plans include routine vision. If you prefer, you may also offer your employees vision insurance through Companion Life. To offer this service, two participants are required. Your employees will have access to a national network of providers. You have the choice of three plans: exam only, materials only or exam and materials.

Section 6: Value-Added Benefits Summary

Value-Added Benefits Summary

	Palmetto Option	Choice Complete	Choice Select	Choice Core
All-Inclusive, Comprehensive Office Visit Copayment	✓	✓	✓	
Blue CareOnDemand	✓	✓	✓	✓
BlueCard Program	Emergency Only	✓	Emergency Only	Emergency Only
Blue Cross Blue Shield Global Core		✓	Emergency Only	Emergency Only
Blue 365 Discounts	✓	✓	✓	✓
Employee Assistance Program		✓	✓	
My Life Consult	✓			
Preventive Dental- Adult	✓	✓	✓	
Preventive Dental- Pediatric	✓	✓	✓	
FOCUS*fwd* Wellness Incentive Program	✓	✓	✓	✓
My Health Novel	✓	✓	✓	✓
My Diabetes Discount Program	✓	✓	✓	✓
Vision- Adult	✓	✓	✓	
Vision- Pediatric	✓	✓	✓	✓
Wellness 360°	✓	✓	✓	✓

Section 7: 2027 Palmetto Option Plans

Choose Your Individual 2027 Health Coverage

Open Enrollment Period

You can sign up for health insurance during the open enrollment period from November 1, 2026, to January 31, 2027. If you enroll in a plan between November 1, 2026, and December 31, 2026, your coverage will start January 1, 2027. If you enroll in a plan between January 1, 2027, and January 31, 2027, your coverage will start February 1, 2027.

Choosing your coverage is easy:

1. Decide what you need.

Look at your current insurance plan. Are there any changes to your current benefits? Does your plan fit your budget and your medical needs?

2. Choose your plan.

We are here to help you choose a plan. You can call us at **866-280-0766**, or contact your local agent during the open enrollment period to select your 2027 health plan. Or you can visit **www.BlueChoiceSC.com**.

Special Enrollment Period

If you do not sign up during this time, you will have to qualify for a special enrollment period (SEP) to apply for coverage. Typically, you can qualify for special enrollment for 60 days following a qualifying life event. Events that qualify for an SEP include:

- Getting married or divorced.
- Having or adopting a child.
- Losing other qualified health coverage for other than nonpayment of premium.
- Becoming a U.S. citizen.
- Moving to South Carolina.
- You are a victim of domestic abuse.
- You are determined ineligible for Medicaid or the Children's Health Insurance Program (CHIP).
- You gain access to an individual coverage health reimbursement account (HRA) or are newly eligible for a qualified small employer health reimbursement arrangement (QSEHRA).

Decide What You Need

First, you need to figure out what kind of plan you need. Anyone is eligible to buy a metallic plan.
Here's a simple breakdown to choosing a plan category:



Gold plans — Gold plans typically offer the best benefits, and you will pay less out of pocket when you need care.



Silver plans — Silver plans are our most popular metallic level. The plans balance monthly premiums with out-of-pocket costs for care. Silver plans are well rounded and provide the best value.



Bronze plans — Bronze plans typically offer the lowest monthly premiums, but you will pay more out of pocket when you need care. These plans are best for those who don't go to the doctor often and don't take many prescription medications.

All bronze plans are health savings account-compatible.

What Is Included in Each Plan?

Each plan must cover the same set of minimum essential health benefits. We cover your mandated, routine preventive care services, such as mammograms and colonoscopies, at no cost to you. Plus, you get value-added services, such as life management services, vision and more!

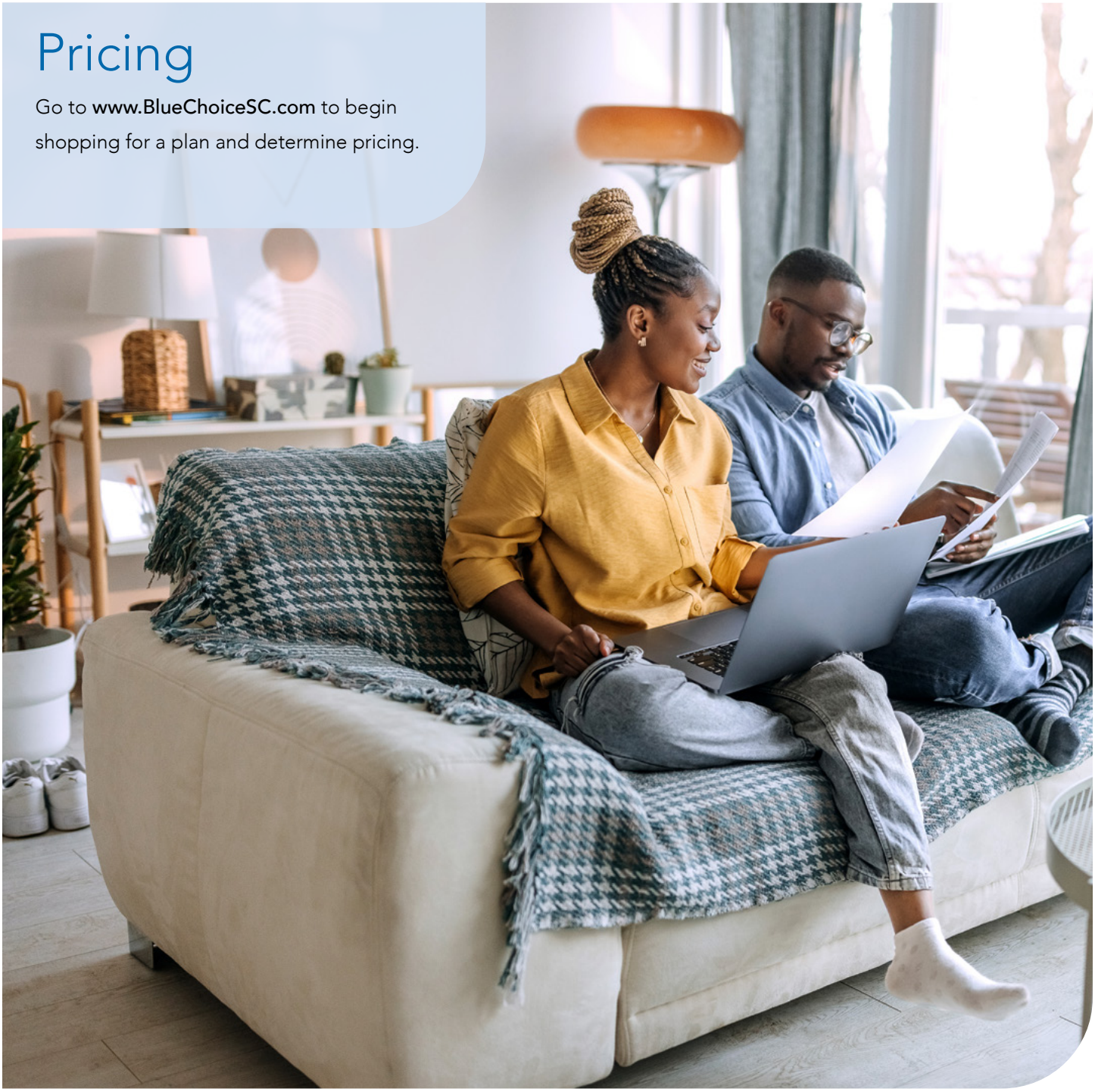
All plans include emergency care, maternity and newborn care, pediatric care, prescription drugs, laboratory services, and preventive and wellness services.

What Is the Difference?

The difference between the categories is the amount you pay, such as copayments, coinsurance percentage, deductibles and maximum out-of-pocket expenses.

Pricing

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





These benefits apply to all plans.

BENEFIT	ALL PLANS
Gynecological Exam (two per benefit year)	$0 copayment
Routine Screening Mammogram	$0 copayment
Routine Screening Colonoscopy	$0 copayment
Pediatric Vision Care *For children ages 0 – 18.*	• $15 copayment for one annual routine eye exam. • Up to $40 for one standard contact lens fitting or 10 percent discount off the provider's nonstandard contact lens fitting fee per benefit year. • $25 copayment then 100 percent coverage for provider designated frames once every benefit year. • 40 percent discount on complete pair eyeglass purchase and a 15 percent discount on conventional contact lenses once the funded benefit has been used.
Adult Vision*	• $0 copayment for one annual routine eye exam. • Up to $40 for one standard contact lens fitting or 10 percent discount off the provider's nonstandard contact lens fitting fee per benefit year. • $150 material allowance with $0 copayment every benefit year for glasses and contacts that can be spent on frames, lenses and lens upgrades with no limits on frame or lens selection. • 40 percent discount on complete pair eyeglass purchase and a 15 percent discount on conventional contact lenses once the funded benefit has been used.
Preventive Dental Care* *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.* *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 $100 once we receive your reimbursement form.*	• One exam every six months, up to a $50 allowance • One cleaning every six months, up to a $50 allowance
Behavioral Health Services	These services are covered the same as medical benefits.
Transplants	Blue Distinction® Centers for Transplant Designation must provide services.

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

BENEFIT FEATURE AND DESCRIPTION	PALMETTO OPTION GOLD 1	PALMETTO OPTION SILVER 1
Coinsurance	30%	50%
Deductible (Single/Family)[1]	$0/$0	$750/$1,500
Maximum Out of Pocket (MOOP) (Single/Family)[1]	$12,000/$24,000	$10,500/$21,000
Preventive Care/Screenings/Immunizations, Including Lactation Support[2]	$0	$0
Primary Care Physician (PCP) Office Visits	$50	50% after deductible
Blue CareOnDemand Powered by MD Live	$25	$0
Specialists Office Visits	$80	50% after deductible
Maternity Care	0% (Deductible does not apply.)	0% (Deductible does not apply.)
Urgent Care This includes in-network and out-of-network emergency services for an emergency medical condition.	$50	$50
Emergency Room In-Network and Out-of-Network For emergency room care to be covered, care must be for an emergency medical condition.	30% after deductible	50% after deductible
Freestanding Ambulatory Surgical Center[3] This includes services provided by an out-of-network provider at an in-network freestanding ambulatory surgical center.	$200 per visit	$200 per visit
Inpatient Hospital Services, Including Behavioral Health[4]	30%	50% after deductible
Outpatient Surgery Services	30%	50% after deductible
Ambulance	30% after deductible	50% after deductible
Durable Medical Equipment	30% after deductible	50% after deductible
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation All plans include 30 visits for rehabilitative therapy and 30 visits for habilitative therapy per benefit year.	30% after deductible	50% after deductible
Chiropractic Care	30% after deductible	50% after deductible
Pharmacy Retail[5] Copayments reflect a 31-day supply. You can purchase a 90-day supply for three times the cost.	Tier 0: $0 Tier 1: $25 Tier 2: $70 Tier 3: $150 Tiers 4 – 6: 30%	Tier 0: $0 Tier 1: $40 Tiers 2 – 6: 50% after deductible
Mail Order[5] Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: $0 Tier 1: $50 Tier 2: $140 Tier 3: $300 Tiers 4 – 6: 30%	Tier 1: $80 Tiers 2 – 6: 50% after deductible

PALMETTO OPTION SILVER 6100 HD	PALMETTO OPTION BRONZE 7600
0%	50%
$6,100/$12,200	$7,600/$15,200
$6,100/$12,200	$12,000/$24,000
$0	$0
Deductible	$60
Deductible does not apply	$0
Deductible	$110
Deductible	0% (Deductible does not apply.)
Deductible	$75
Deductible	50% after deductible
Deductible	$200 per visit
Deductible	50% after deductible
Deductible	50% after deductible
Deductible	50% after deductible
Deductible	50% after deductible
Deductible	50% after deductible
Deductible	50% after deductible
Tier 0: $0 Tiers 1 – 6: Deductible	Tier 0: $0 Tier 1: $30 Tier 2: $70 Tiers 3 – 6: 50% after deductible
Tier 0: $0 Tier 1 – Tier 6: Deductible	Tier 1: $60 Tier 2: $140 Tiers 3 – 6: 50% after deductible

Important Notes for 2027

- Emergency room services received out of network are covered at the same level as in network if emergency room criteria are met.
- Pharmacy benefits and preventive services are only covered at a participating provider.
- All plans include routine vision care, **FOCUS***fwd*, My Life Consult and Blue CareOnDemand.
- All plans include an embedded deductible and MOOP.

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

[2]Covered according to the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). It includes prostate screening (PSA). These are independent organizations that offer health information you may find helpful.

[3]Facility charges only. Providers may bill separately for their services.

[4]Includes post-stabilization services resulting from an emergency, and services rendered by an out-of-network provider at certain in-network facilities, subject to a limited exception where the provider satisfies advance patient notice and consent requirements.

[5]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.

Section 8: 2027 Choice Complete Plans

2027 Choice Complete

BENEFIT FEATURE AND DESCRIPTION	GOLD 1	GOLD 1001	GOLD 1500
Coinsurance	20%	30%	25%
Deductible (Single/Family)[1]	$0/$0	$1,000/$2,000	$1,500/$3,000
Maximum Out of Pocket (MOOP) (Single/Family)[1]	$11,500/$23,000	$7,000/$14,000	$8,000/$16,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support[2]	$0	$0	$0
Primary Care Physician (PCP) Office Visits	$45	$20	$20
Blue CareOnDemand Powered by MD Live	$20	$10	$10
Specialists Office Visits	$80	$50	$80
Urgent Care This includes in-network and out-of-network emergency services for an emergency medical condition.	$50	$50	$50
Emergency Room — In-Network and Out-of-Network For emergency room care to be covered, care must be for an emergency medical condition.	$1,000	$100 copayment, then 30% after deductible	25% after deductible
Freestanding Ambulatory Surgical Center[3] This includes services provided by an out-of-network provider at an in-network freestanding ambulatory surgical center.	$200 per visit	$200 per visit	$200 per visit
Inpatient Physicians and Surgical Services[4]	20%	30% after deductible	25% after deductible
Inpatient Hospital Services, Including Behavioral Health[4]	20%	30% after deductible	25% after deductible
Outpatient Surgery Services	$250	30% after deductible	25% after deductible
Outpatient Facility Fee, Including Behavioral Health[4]	20%	30% after deductible	25% after deductible
Chiropractic Care[5]	20%	30% after deductible	25% after deductible
Pharmacy Retail[6] Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: $0 Tier 1: $20 Tier 2: $100 Tier 3: $150 Tiers 4 – 6: $350	Tier 0: $0 Tier 1: $25 Tier 2: $40 Tier 3: $70 Tier 4: 30% after deductible Tier 5: 30% after deductible Tier 6: 30% after deductible	Tier 0: $0 Tier 1: $15 Tier 2: $40 Tier 3: $70 Tiers 4 – 6: $350
Mail Order[6] Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: $0 Tier 1: $40 Tier 2: $200 Tier 3: $300 Tiers 4 – 6: $700	Tier 0: $0 Tier 1: $50 Tier 2: $80 Tier 3: $140 Tier 4: 30% after deductible Tier 5: 30% after deductible Tier 6: 30% after deductible	Tier 0: $0 Tier 1: $30 Tier 2: $80 Tier 3: $140 Tiers 4 – 6: $700

GOLD 2000	GOLD 2503	GOLD 3000	GOLD 3500	GOLD 5225
35%	30%	40%	40%	0%
$2,000/$4,000	$2,500/$5,000	$3,000/$6,000	$3,500/$7,000	$5,225/$10,450
$6,500/$13,000	$6,000/$12,000	$7,500/$15,000	$7,000/$14,000	$5,225/$10,450
Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
$0	$0	$0	$0	$0
$25	$35	$15	$20	$20
$15	$15	$10	$10	$0
$50	$60	$70	$70	$70
$50	$50	$50	$50	$50
$250 copayment, then 35% after deductible	$250 copayment, then 30% after deductible	40% after deductible	$100 copayment, then 40% after deductible	Deductible
$200 per visit	$200 per visit	$200 per visit	$200 per visit	$200 per visit
35% after deductible	30% after deductible	40% after deductible	40% after deductible	Deductible
35% after deductible	30% after deductible	40% after deductible	40% after deductible	Deductible
35% after deductible	30% after deductible	40% after deductible	40% after deductible	Deductible
35% after deductible	30% after deductible	40% after deductible	40% after deductible	Deductible
35% after deductible	30% after deductible	40% after deductible	40% after deductible	Deductible
Tier 0: $0 Tier 1: $18 Tier 2: $35 Tier 3: $70 Tier 4: $250 Tier 5: $250 Tier 6: $250	Tier 0: $0 Tier 1: $35 Tier 2: $70 Tier 3: $100 Tiers 4 – 6: $350	Tier 0: $0 Tier 1: $10 Tier 2: $30 Tier 3: $65 Tiers 4 – 6: 40% after deductible	Tier 0: $0 Tier 1: $15 Tier 2: $50 Tier 3: $80 Tiers 4 – 6: $300	Tier 0: $0 Tier 1: $20 Tier 2: $45 Tier 3: $75 Tier 4: $250 Tier 5: $250 Tier 6: $250
Tier 0: $0 Tier 1: $36 Tier 2: $70 Tier 3: $140 Tier 4: $500 Tier 5: $500 Tier 6: $500	Tier 0: $0 Tier 1: $70 Tier 2: $140 Tier 3: $200 Tiers 4 – 6: $700	Tier 0: $0 Tier 1: $20 Tier 2: $60 Tier 3: $130 Tiers 4 – 6: 40% after deductible	Tier 0: $0 Tier 1: $30 Tier 2: $100 Tier 3: $160 Tiers 4 – 6: $600	Tier 0: $0 Tier 1: $40 Tier 2: $90 Tier 3: $150 Tier 4: $500 Tier 5: $500 Tier 6: $500

2027 Choice Complete

BENEFIT FEATURE AND DESCRIPTION	SILVER 1	SILVER 2500	SILVER 2950
Coinsurance	40%	50%	35%
Deductible (Single/Family)[1]	$750/$1500	$2,500/$5,000	$2,950/$5,900
Maximum Out of Pocket (MOOP) (Single/Family)[1]	$11,500/$23,000	$8,500/$17,000	$9,500/$19,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support[2]	$0	$0	$0
Primary Care Physician (PCP) Office Visits	$70	$45	$40
Blue CareOnDemand Powered by MD Live	$35	$20	$20
Specialists Office Visits	$100	$90	$90
Urgent Care This includes in-network and out-of-network emergency services for an emergency medical condition.	$50	$50	$50
Emergency Room — In-Network and Out-of-Network For emergency room care to be covered, care must be for an emergency medical condition.	$400 copayment, then 40% after deductible	$250 copayment, then 50% after deductible	$350 copayment, then 35% after deductible
Freestanding Ambulatory Surgical Center[3] This includes services provided by an out-of-network provider at an in-network freestanding ambulatory surgical center.	$200 per visit	$200 per visit	$200 per visit
Inpatient Physicians and Surgical Services[4]	40% after deductible	50% after deductible	35% after deductible
Inpatient Hospital Services, Including Behavioral Health[4]	40% after deductible	50% after deductible	35% after deductible
Outpatient Surgery Services	$250 copayment, then 40% after deductible	$150 copayment, then 50% after deductible	$350 copayment, then 35% after deductible
Outpatient Facility Fee, Including Behavioral Health[4]	40% after deductible	50% after deductible	35% after deductible
Chiropractic Care[5]	40% after deductible	50% after deductible	35% after deductible
Pharmacy Retail[6] Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: $0 Tier 1: $25 Tier 2: $60 Tier 3: $100 Tiers 4 – 6: $350	Tier 0: $0 Tier 1: $25 Tiers 2 – 6: 50% after deductible	Tier 0: $0 Tier 1: $40 Tier 2: $60 Tier 3: $90 Tiers 4 – 6: $350
Mail Order[6] Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: $0 Tier 1: $50 Tier 2: $120 Tier 3: $200 Tiers 4 – 6: $700	Tier 0: $0 Tier 1: $50 Tiers 2 – 6: 50% after deductible	Tier 0: 0 Tier 1: $80 Tier 2: $120 Tier 3: $180 Tiers 4 – 6: $700

SILVER 3500	SILVER 4000	SILVER 4800	SILVER 6500
40%	40%	40%	40%
$3,500/$7,000	$4,000/$8,000	$4,800/$9,600	$6,500/$13,000
$10,000/$20,000	$10,200/$20,400	$9,900/$19,800	$11,000/$22,000
Unlimited	Unlimited	Unlimited	Unlimited
$0	$0	$0	$0
$30	$50	$45	$45
$15	$25	$20	$20
$70	$90	$90	$90
$50	$50	$50	$50
$300 copayment, then 40% after deductible	$300 copayment, then 40% after deductible	$350 copayment, then 40% after deductible	$400 copayment, then 40% after deductible
$200 per visit	$200 per visit	$200 per visit	$200 per visit
40% after deductible	40% after deductible	40% after deductible	40% after deductible
40% after deductible	40% after deductible	40% after deductible	40% after deductible
$300 copayment, then 40% after deductible	$200 copayment, then 40% after deductible	$100 copayment, then 40% after deductible	$200 copayment, then 40% after deductible
40% after deductible	40% after deductible	40% after deductible	40% after deductible
40% after deductible	40% after deductible	40% after deductible	40% after deductible
Tier 0: $0 Tier 1: $40 Tier 2: $60 Tiers 3 – 6: 40% after deductible	Tier 0: $0 Tier 1: $30 Tier 2: $70 Tier 3: $100 Tier 4: $300 Tier 5: $300 Tier 6: $300	Tier 0: $0 Tier 1: $25 Tier 2: $40 Tiers 3 – 6: 40% after deductible	Tier 0: $0 Tier 1: $25 Tier 2: $50 Tier 3: $150 Tiers 4 – 6: $300
Tier 0: $0 Tier 1: $80 Tier 2: $120 Tiers 3 – 6: 40% after deductible	Tier 0: $0 Tier 1: $60 Tier 2: $140 Tier 3: $200 Tier 4: $600 Tier 5: $600 Tier 6: $600	Tier 0: $0 Tier 1: $50 Tier 2: $80 Tiers 3 – 6: 40% after deductible	Tier 0: $0 Tier 1: $50 Tier 2: $100 Tier 3: $300 Tiers 4 – 6: $600

2027 Choice Complete

BENEFIT FEATURE AND DESCRIPTION	SILVER 7100	SILVER 8600
Coinsurance	35%	50%
Deductible (Single/Family)[1]	$7,100/$14,200	$8,600/$17,200
Maximum Out of Pocket (MOOP) (Single/Family)[1]	$11,800/$23,600	$12,000/$24,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support[2]	$0	$0
Primary Care Physician (PCP) Office Visits	$25	$20
Blue CareOnDemand Powered by MD Live	$20	$0
Specialists Office Visits	$70	$85
Urgent Care This includes in-network and out-of-network emergency services for an emergency medical condition.	$50	$50
Emergency Room — In-Network and Out-of-Network For emergency room care to be covered, care must be for an emergency medical condition.	$300 copayment, then 35% after deductible	$200 copayment, then 50% after deductible
Freestanding Ambulatory Surgical Center[3] This includes services provided by an out-of-network provider at an in-network freestanding ambulatory surgical center.	$200 per visit	$200 per visit
Inpatient Physicians and Surgical Services[4]	35% after deductible	50% after deductible
Inpatient Hospital Services, Including Behavioral Health[4]	35% after deductible	50% after deductible
Outpatient Surgery Services	35% after deductible	50% after deductible
Outpatient Facility Fee, Including Behavioral Health[4]	35% after deductible	50% after deductible
Chiropractic Care[5]	35% after deductible	50% after deductible
Pharmacy Retail[6] Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: $0 Tier 1: $20 Tier 2: $60 Tier 3: $100 Tiers 4 – 6: 35% after deductible	Tier 0: $0 Tier 1: $30 Tier 2: $65 Tier 3: $120 Tiers 4 – 6: 50% after deductible
Mail Order[6] Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: $0 Tier 1: $40 Tier 2: $120 Tier 3: $200 Tiers 4 – 6: 35% after deductible	Tier 0: $0 Tier 1: $60 Tier 2: $130 Tier 3: $240 Tiers 4 – 6: 50% after deductible

BRONZE 4000	BRONZE 5400	BRONZE 7000	BRONZE 10150
50%	50%	40%	40%
$4,000/$8,000	$5,400/$10,800	$7,000/$14,000	$10,150/$20,300
$9,800/$19,600	$10,500/$21,000	$11,500/$23,000	$12,000/$24,000
Unlimited	Unlimited	Unlimited	Unlimited
$0	$0	$0	$0
50% after deductible	$70	$70	$60
$0	$35	$35	$30
50% after deductible	$120	$110	$120
$75	$75	$75	$75
$300 copayment, then 50% after deductible	50% after deductible	$300 copayment, then 40% after deductible	$400 copayment, then 40% after deductible
$200 per visit	$200 per visit	$200 per visit	$200 per visit
50% after deductible	50% after deductible	40% after deductible	40% after deductible
50% after deductible	50% after deductible	40% after deductible	40% after deductible
$300 copayment, then 50% after deductible	$150 copayment, then 50% after deductible	$200 copayment, then 40% after deductible	40% after deductible
50% after deductible	50% after deductible	40% after deductible	40% after deductible
50% after deductible	50% after deductible	40% after deductible	40% after deductible
Tier 0: $0 Tier 1: $25 Tiers 2 – 6: 50% after deductible	Tier 0: $0 Tier 1: $40 Tiers 2 – 6: 50% after deductible	Tier 0: $0 Tier 1: $40 Tiers 2 – 6: 40% after deductible	Tier 0: $0 Tier 1: $40 Tier 2: $120 Tier 3: $250 Tiers 4 – 6: $340
Tier 0: $0 Tier 1: $50 Tiers 2 – 6: 50% after deductible	Tier 0: $0 Tier 1: $80 Tiers 2 – 6: 50% after deductible	Tier 0: $0 Tier 1: $80 Tiers 2 – 6: 40% after deductible	Tier 0: $0 Tier 1: $80 Tier 2: $240 Tier 3: $500 Tiers 4 – 6: $680

2027 Choice Complete

BENEFIT FEATURE AND DESCRIPTION	GOLD 3600 HD	SILVER 6500 HD
Coinsurance	0%	0%
Deductible (Single/Family)[1]	$3,600/$7,200	$6,500/$13,000
Maximum Out of Pocket (MOOP) (Single/Family)[1]	$3,600/$7,200	$6,500/$13,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support[2]	$0	$0
Primary Care Physician (PCP) Office Visits	Deductible	Deductible
Blue CareOnDemand Powered by MD Live	Deductible does not apply	Deductible does not apply
Specialists Office Visits	Deductible	Deductible
Urgent Care This includes in-network and out-of-network emergency services for an emergency medical condition.	Deductible	Deductible
Emergency Room — In-Network and Out-of-Network For emergency room care to be covered, care must be for an emergency medical condition.	Deductible	Deductible
Freestanding Ambulatory Surgical Center[3] This includes services provided by an out-of-network provider at an in-network freestanding ambulatory surgical center.	Deductible	Deductible
Inpatient Physicians and Surgical Services[4]	Deductible	Deductible
Inpatient Hospital Services, Including Behavioral Health[4]	Deductible	Deductible
Outpatient Surgery Services	Deductible	Deductible
Outpatient Facility Fee, Including Behavioral Health[4]	Deductible	Deductible
Chiropractic Care[5]	Deductible	Deductible
Pharmacy Retail[6] Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: $0 Tiers 1 – 6: Deductible	Tier 0: $0 Tiers 1 – 6: Deductible
Mail Order[6] Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: $0 Tiers 1 – 6: Deductible	Tier 0: $0 Tiers 1 – 6: Deductible

BRONZE 8700 HD
0%
$8,700/$17,400
$8,700/$17,400
Unlimited
$0
Deductible
Deductible does not apply
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Tier 0: $0 Tiers 1 – 6: Deductible
Tier 0: $0 Tiers 1 – 6: Deductible

Important Notes for 2027:

- These products provide out-of-network coverage at 50 percent with no deductible or maximum out-of-pocket cost, except for HDHP plans. HDHP plans are subject to the in-network deductible amounts.
- Emergency room services received out of network are covered at the same level as in network if emergency room criteria are met.
- Pharmacy benefits and preventive services are only covered at a participating provider.
- All plans include routine vision care, **FOCUS***fwd*, EAP and Blue CareOnDemand.
- All plans include an embedded deductible and MOOP.
- All plans include 30 visits for rehabilitative therapy and 30 visits for habilitative therapy per benefit year.

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

[2]Covered according to the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). It includes prostate screening (PSA). These are independent organizations that offer health information you may find helpful.

[3]Facility charges only. Providers may bill separately for their services.

[4]Includes post-stabilization services resulting from an emergency, and services rendered by an out-of-network provider at certain in-network facilities, subject to a limited exception where the provider satisfies advance patient notice and consent requirements.

[5]Limited to five visits per benefit period for subluxation under chiropractic care.

[6]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.



Section 9: 2027 Choice Select Plans

2027 Choice Select

BENEFIT FEATURE AND DESCRIPTION	GOLD 1001	GOLD 1500
Coinsurance	30%	25%
Deductible (Single/Family)[1]	$1,000/$2,000	$1,500/$3,000
Maximum Out of Pocket (MOOP) (Single/Family)[1]	$7,000/$14,000	$8,000/$16,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support[2]	$0	$0
Primary Care Physician (PCP) Office Visits	$20	$20
Blue CareOnDemand Powered by MD Live	$10	$10
Specialists Office Visits	$50	$80
Urgent Care This includes in-network and out-of-network emergency services for an emergency medical condition.	$50	$50
Emergency Room — In-Network and Out-of-Network For emergency room care to be covered, care must be for an emergency medical condition.	$100 copayment, then 30% after deductible	25% after deductible
Freestanding Ambulatory Surgical Center[3] This includes services provided by an out-of-network provider at an in-network freestanding ambulatory surgical center.	$200 per visit	$200 per visit
Inpatient Physicians and Surgical Services[4]	30% after deductible	25% after deductible
Inpatient Hospital Services, Including Behavioral Health[4]	30% after deductible	25% after deductible
Outpatient Surgery Services	30% after deductible	25% after deductible
Outpatient Facility Fee, Including Behavioral Health[4]	30% after deductible	25% after deductible
Chiropractic Care[5]	30% after deductible	25% after deductible
Pharmacy Retail[6] Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: $0 Tier 1: $25 Tier 2: $40 Tier 3: $70 Tiers 4 – 6: 30% after deductible	Tier 0: $0 Tier 1: $15 Tier 2: $40 Tier 3: $70 Tiers 4 – 6: $350
Mail Order[6] Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program.	Tier 0: $0 Tier 1: $50 Tier 2: $80 Tier 3: $140 Tiers 4 – 6: 30% after deductible	Tier 0: $0 Tier 1: 30 Tier 2: $80 Tier 3: $140 Tiers 4 – 6: $700

GOLD 5225	SILVER 2950	SILVER 3500
0%	35%	40%
$5,225/$10,450	$2,950/$5,900	$3,500/$7,000
$5,225/$10,450	$9,500/$19,000	$10,000/$20,000
Unlimited	Unlimited	Unlimited
$0	$0	$0
$20	$40	$30
$0	$20	$15
$70	$90	$70
$50	$50	$50
Deductible	$350 copayment, then 35% after deductible	$300 copayment, then 40% after deductible
$200 per visit	$200 per visit	$200 per visit
Deductible	35% after deductible	40% after deductible
Deductible	35% after deductible	40% after deductible
Deductible	$350 copayment, then 35% after deductible	$300 copayment, then 40% after deductible
Deductible	35% after deductible	40% after deductible
Deductible	35% after deductible	40% after deductible
Tier 0: $0 Tier 1: $20 Tier 2: $45 Tier 3: $75 Tier 4: $250 Tier 5: $250 Tier 6: $250	Tier 0: $0 Tier 1: $40 Tier 2: $60 Tier 3: $90 Tiers 4 – 6: $350	Tier 0: $0 Tier 1: $40 Tier 2: $60 Tiers 3 – 6: 40% after deductible
Tier 0: $0 Tier 1: $40 Tier 2: $90 Tier 3: $150 Tier 4: $500 Tier 5: $500 Tier 6: $500	Tier 0: $0 Tier 1: $80 Tier 2: $120 Tier 3: $180 Tiers 4 – 6: $700	Tier 0: $0 Tier 1: $80 Tier 2: $120 Tier 3-6: 40% after deductible

2027 Choice Select

BENEFIT FEATURE AND DESCRIPTION	SILVER 7100	SILVER 8600
Coinsurance	35%	50%
Deductible (Single/Family)[1]	$7,100/$14,200	$8,600/$17,200
Maximum Out of Pocket (MOOP) (Single/Family)[1]	$11,800/$23,600	$12,000/$24,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support[2]	$0	$0
Primary Care Physician (PCP) Office Visits	$25	$20
Blue CareOnDemand Powered by MD Live	$20	$0
Specialists Office Visits	$70	$85
Urgent Care This includes in-network and out-of-network emergency services for an emergency medical condition.	$50	$50
Emergency Room — In-Network and Out-of-Network For emergency room care to be covered, care must be for an emergency medical condition.	$300 copayment, then 35% after deductible	$200 copayment, then 50% after deductible
Freestanding Ambulatory Surgical Center[3] This includes services provided by an out-of-network provider at an in-network freestanding ambulatory surgical center.	$200 per visit	$200 per visit
Inpatient Physicians and Surgical Services[4]	35% after deductible	50% after deductible
Inpatient Hospital Services, Including Behavioral Health[4]	35% after deductible	50% after deductible
Outpatient Surgery Services	35% after deductible	50% after deductible
Outpatient Facility Fee, Including Behavioral Health[4]	35% after deductible	50% after deductible
Chiropractic Care[5]	35% after deductible	50% after deductible
Pharmacy Retail[6] Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: $0 Tier 1: $20 Tier 2: $60 Tier 3: $100 Tiers 4 – 6: 35% after deductible	Tier 0: $0 Tier 1: $30 Tier 2: $65 Tier 3: $120 Tiers 4 – 6: 50% after deductible
Mail Order[6] Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program.	Tier 0: $0 Tier 1: $40 Tier 2: $120 Tier 3: $200 Tiers 4 – 6: 35% after deductible	Tier 0: $0 Tier 1: $60 Tier 2: $130 Tier 3: $240 Tier 4-6: 50% after deductible

BRONZE 4000	BRONZE 5400	BRONZE 7000
50%	50%	40%
$4,000/$8,000	$5,400/$10,800	$7,000/$14,000
$9,800/$19,600	$10,500/$21,000	$11,500/$23,000
Unlimited	Unlimited	Unlimited
$0	$0	$0
50% after deductible	$70	$70
$0	$35	$35
50% after deductible	$120	$110
$75	$75	$75
$300 copayment, then 50% after deductible	50% after deductible	$300 copayment, then 40% after deductible
$200 per visit	$200 per visit	$200 per visit
50% after deductible	50% after deductible	40% after deductible
50% after deductible	50% after deductible	40% after deductible
$300 copayment, then 50% after deductible	$150 copayment, then 50% after deductible	$200 copayment, then 40% after deductible
50% after deductible	50% after deductible	40% after deductible
50% after deductible	50% after deductible	40% after deductible
Tier 0: $0 Tier 1: $25 Tiers 2 – 6: 50% after deductible	Tier 0: $0 Tier 1: $40 Tiers 2 – 6: 50% after deductible	Tier 0: $0 Tier 1: $40 Tiers 2 – 6: 40% after deductible
Tier 0: $0 Tier 1: $50 Tiers 2 – 6: 50% after deductible	Tier 0: $0 Tier 1: $80 Tiers 2 – 6: 50% after deductible	Tier 0: $0 Tier 1: $80 Tiers 2 – 6: 40% after deductible

2027 Choice Select

BENEFIT FEATURE AND DESCRIPTION	SILVER 6500 HD	BRONZE 8700 HD
Coinsurance	0%	0%
Deductible (Single/Family)[1]	$6,500/$13,000	$8,700/$17,400
Maximum Out of Pocket (MOOP) (Single/Family)[1]	$6,500/$13,000	$8,700/$17,400
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support[2]	$0	$0
Primary Care Physician (PCP) Office Visits	Deductible	Deductible
Blue CareOnDemand Powered by MD Live	Deductible does not apply	Deductible does not apply
Specialists Office Visits	Deductible	Deductible
Urgent Care This includes in-network and out-of-network emergency services for an emergency medical condition.	Deductible	Deductible
Emergency Room — In-Network and Out-of-Network For emergency room care to be covered, care must be for an emergency medical condition.	Deductible	Deductible
Freestanding Ambulatory Surgical Center[3] This includes services provided by an out-of-network provider at an in-network freestanding ambulatory surgical center.	Deductible	Deductible
Inpatient Physicians and Surgical Services[4]	Deductible	Deductible
Inpatient Hospital Services, Including Behavioral Health[4]	Deductible	Deductible
Outpatient Surgery Services	Deductible	Deductible
Outpatient Facility Fee, Including Behavioral Health[4]	Deductible	Deductible
Chiropractic Care[5]	Deductible	Deductible
Pharmacy Retail[6] Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: $0 Tiers 1 – 6: Deductible	Tier 0: $0 Tiers 1 – 6: Deductible
Mail Order[6] Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: $0 Tiers 1 – 6: Deductible	Tier 0: $0 Tiers 1 – 6: Deductible

Important Notes for 2027:

- Emergency room services received out of network are covered at the same level as in network if emergency room criteria are met.
- Pharmacy benefits and preventive services are only covered at a participating provider.
- All plans include routine vision care, **FOCUS***fwd* EAP and Blue CareOnDemand.
- All plans include an embedded deductible and MOOP.
- All plans include 30 visits for rehabilitative therapy and 30 visits for habilitative therapy per benefit year.

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

[2] Covered according to the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). It includes prostate screening (PSA). These are independent organizations that offer health information you may find helpful.

[3] Facility charges only. Providers may bill separately for their services.

[4] Includes post-stabilization services resulting from an emergency, and services rendered by an out-of-network provider at certain in-network facilities, subject to a limited exception where the provider satisfies advance patient notice and consent requirements.

[5] Limited to five visits per benefit period for subluxation under chiropractic care.

[6] 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.



Section 10: Choice Core Plans

2027 Choice Core

BENEFIT FEATURE AND DESCRIPTION	SILVER 6200	BRONZE 8000
Coinsurance	30%	40%
Deductible (Single/Family)[1]	$6,200/$12,400	$8,000/$16,000
Maximum Out of Pocket (MOOP) (Single/Family)[1]	$10,800/$21,600	$12,000/$24,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support[2]	$0	$0
Primary Care Physician (PCP) Office Visits	$25	$80
Blue CareOnDemand Powered by MD Live	$10	$30
Specialists Office Visits	$90	$120
Urgent Care This includes in-network and out-of-network emergency services for an emergency medical condition.	$75	$75
Emergency Room — In-Network and Out-of-Network For emergency room care to be covered, care must be for an emergency medical condition.	30% after deductible	$350, then 40% after deductible
Freestanding Ambulatory Surgical Center[3] This includes services provided by an out-of-network provider at an in-network freestanding ambulatory surgical center.	$200	$200
Inpatient Physicians and Surgical Services[4]	30% after deductible	40% after deductible
Inpatient Hospital Services, Including Behavioral Health[4]	30% after deductible	40% after deductible
Outpatient Surgery Services	$100, then 30% after deductible	40% after deductible
Outpatient Facility Fee, Including Behavioral Health[4]	30% after deductible	40% after deductible
Chiropractic Care[5]	Not available	Not available
Pharmacy Retail[6] Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: $0 Tier 1: $30 Tier 2: $70 Tier 3: $120 Tiers 4 - 6: 30% after deductible	Tier 0: $0 Tier 1: $50 Tier 2: $150 Tier 3: $250 Tiers 4 – 6: 40% after deductible
Mail Order[6] Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: $0 Tier 1: $60 Tier 2: $140 Tier 3: $240 Tiers 4 – 6: 30% after deductible	Tier 0: $0 Tier 1: $100 Tier 2: $300 Tier 3: $500 Tiers 4 – 6: 40% after deductible

Important Notes for 2027:

- These products provide out-of-network coverage at 50 percent with no deductible or maximum out-of-pocket cost, except for HDHP plans. HDHP plans are subject to the in-network deductible amounts.
- Emergency room services received out of network are covered at the same level as in network if emergency room criteria are met.
- Pharmacy benefits and preventive services are only covered at a participating provider.
- All plans include **FOCUS***fwd* and Blue CareOnDemand.
- All plans include an embedded deductible and MOOP.
- All plans include 30 visits for rehabilitative therapy and 30 visits for habilitative therapy per benefit year.

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

[2] Covered according to the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). It includes prostate screening (PSA). These are independent organizations that offer health information you may find helpful.

[3] Facility charges only. Providers may bill separately for their services.

[4] Includes post-stabilization services resulting from an emergency, and services rendered by an out-of-network provider at certain in-network facilities, subject to a limited exception where the provider satisfies advance patient notice and consent requirements.

[5] Limited to five visits per benefit period for subluxation under chiropractic care.

[6] 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.



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 the privacy of our members.

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 your employees 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.

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-832-9686 (TTY: 711) or speak to your provider.

Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-396-0183 (TTY: 711) o hable con su proveedor. (Spanish)

中文: 注意：如果您說[中文]，我們可以為您提供免費語言援助服務，也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-844-396-0188（TTY：711）或與您的提供者討論。(Chinese)

Tiếng Việt: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ bổ sung phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi 1-844-389-4838 (TTY: 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị. (Vietnamese)

РУССКИЙ: ВНИМАНИЕ! Если вы говорите на русском языке, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-389-4840 (TTY: 711) или обратитесь к своему поставщику услуг. (Russian)

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, available ang mga libreng serbisyo ng tulong sa wika para sa iyo. Available rin nang walang bayad ang mga naaangkop na auxiliary na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-389-4839 (TTY: 711) o makipag-usap sa iyong provider. (Tagalog)

Português do Brasil: ATENÇÃO: Se você fala português, há serviços gratuitos de assistência linguística disponíveis para você. Assistência e serviços auxiliares próprios para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-396-0182 (TTY: 711) ou fale com seu provedor. (Portuguese)

Français : NOTE : Si vous parlez français, des services gratuits d'assistance linguistique sont à votre disposition. Des aides et des services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-396-0190 (TTY : 711) ou adressez-vous à votre prestataire. (French)

ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-844-641-2898 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. (Gujarati)

Deutsch: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie unter 1-844-396-0191 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter. (German)

한국어: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-396-0187(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오. (Korean)

العربية: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-396-0189 (خدمة الهاتف النصّي: 711) أو تحدث إلى مقدم الخدمة. (Arabic)

Українська мова: УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1- 844-641-2897 (TTY: 711) або зверніться до свого постачальника. (Ukrainian)

日本語: 注：日本語を希望する場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰でも利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-396-0185（TTY：711）までお電話ください。または、ご利用の事業者にお問い合わせください。 (Japanese)

ไทย: โปรดทราบ: หากคุณพูดภาษา ไทย เรามีบริการความช่วยเหลือด้านแปลภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อที่ 1-844-641-2896 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ (Thai)

ລາວ: ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-641-2895 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. (Lao)

हिंदी: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-844-641-2894 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें। (Hindi)

Diné SHOOH: Diné bee y1ni[ti'gogo, saad bee an1'awo' bee 1ka'an7da'awo'7t'11 jiik'eh n1 h0l=. Bee ahi[hane'go bee nida'anish7 t'11 1kodaat'4h7g77 d00 bee 1ka'an7da'wo'7 1ko bee baa hane'7 bee hadadilyaa bich'8' ahoot'i'7g77 47 t'11 jiik'eh h0l=. Kohj8' 1-844-516-6328 (TTY: 711) hod7ilnih doodago nika'an1lwo'7 bich'8' hanidziih. (Navajo)

Kiswahili MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-844-465-1726 (TTY: 711) au zungumza na mtoa huduma wako. (Swahili)

አማርኛ ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-844-465-1592 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ። (Amharic)

Soomaali FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-844-465-1724 (TTY: 711) ama la hadal bixiyahaaga. (Somali)

ILOCANO PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-800-832-9686 (TTY: 711) wenno makisarita iti mangipapaay kenka. (Ilocano)

नेपाली सावधान: यदि तपाईंनेपाली भाषा बोल्नुहुन्छ भनेतपाईंका लादि दन:शुल्क भादषक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रिान ननउपयुक्त सहायता र सेवाहरू पदन दनिःशुल्क उपलब्ध छन्। 1-844-465-1722 (TTY: 711) मा फोन नुनहोस्वा आफ्नो प्रियकसुँकु रा नुनहोस्। (Nepali)

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-844-396-0184 (TTY: 711) o parla con il tuo fornitore. (Italian)

বাংলা

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-844-465-1713 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন। (Bengali)

Kreyòl Ayisyen ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-844-465-1715 (TTY: 711) oswa pale avèk founisè w la. (Haitian Creole)

POLSKI UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-844-396-0186 (TTY: 711) lub porozmawiaj ze swoim dostawcą. (Polish)

తెలుగు

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-800-832-9686 (TTY: 711)కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి. (Telugu)

Lus Hmoob

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-844-465-1717 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob. (Hmong)

ਪੰਜਾਬੀ

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-844-465-1723 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। (Punjabi)

ភាសាខ្មែរសូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយជ័សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃដងដែរ។ ហៅទូរសព្ទទៅ 1-844-465-1721 (TTY: 711)

ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ (Khmer)

فارسي

توجه: اگر فارسی صحبت می‌کنید، خدمات رایگان پشتیبانی زبان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات جانبی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-844-398-6233 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید. (Farsi)

اردو

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی اعانت کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-844-465-1725 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ (Urdu)

אידיש

אכטונג: אויב איר רעדט אידיש, אומזיסטע שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך. פאסיגע אוקזילירי הילף און סערוויסעס צוצושטעלן אינפארמאציע אין צוטריטליכע פארמאטן זענען אויך אוועילעבל פריי פון אפצאל. רופן 1-833-584-1829 (TTY: 711) אדער רעדט מיט אייער פראוויידער. (Yiddish)

Deitsch

WICHDICH: Wann du Deitsch schwetzscht, kenne mer dich Schprooch-Hilf griege. Mir kenne dich aa differnti Sadde Hilf griege, wasewwer as brauchscht fer Information griege, unni as es dich ennich eppes koschde zellt. Call 1-833-584-1829 (TTY: 711) uff odder schwetz mit dei Provider. (Pennsylvania Dutch)

Ελληνικά

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-844-465-1714 (TTY: 711) ή απευθυνθείτε στον πάροχό σας. (Greek)

Oromoo

Afaan Oromoo HUBACHIISA: Yoo Afaan Oromoo dubbattan ta’e, tajaajilloota gargaarsa afaanii bilisaan isiniif ni kennama. Gargaarsoonni fi tajaajilloonni sirrii ta’an namoota dhagahuufi arguun isaan rakkisuuf odeeffannoo dhangii dhaqqabamaa ta’een kennuunis bilisaan niargamu. Gara 1-800-832-9686 (TTY: 711) tti bilbilaa yookiin qopheessaa keessan haasofsiisaa. (Oromo)

Gagana Samoa

FAAALIGA: Afai e te tautala i le Gagana Samoa, o loo maua fua auaunaga lagolago mo gagana. O le a maua fua fo’i mea faalogo, isi faiga tau fesoasoani ma auaunaga talafeagai e tuuina mai ai faamatalaga i auala faigofie ona maua. Vili le 1-800-832-9686 (TTY: 711) pe talanoa i lau fai auaunaga. (Samoan)

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



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 based on race, color, national origin, disability, age, genetic information, health status or sex (including discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes) in the administration of the plan, including enrollment and benefit determination.

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

BlueChoice® HealthPlan
South Carolina

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

www.BlueChoiceSC.com

222729-6-2026