



Blue OptionSM

2017
Individual and Family
Health Insurance Plans
for South Carolinians



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Blue Option at a Glance

DENTAL COVERAGE

ADULT VISION COVERAGE

PEDIATRIC VISION COVERAGE

ALL-INCLUSIVE, COMPREHENSIVE COPAYMENT THAT COVERS ALL SERVICES AT A PARTICIPATING PROVIDER'S OFFICE, LIKE LABS, X-RAYS, SURGICAL PROCEDURES AND MORE!

24/7/365 ACCESS TO A BOARD-CERTIFIED PHYSICIAN

URGENT CARE VISITS FOR THE SAME COST AS PRIMARY CARE VISITS AT DOCTORS CARE.

\$0 PRIMARY CARE PHYSICIAN VISITS*

* With select plans

Additional Blue Option Perks

- Large network of doctors, hospitals, specialists, pharmacies and other health care providers
 - No claim forms or referrals needed for specialists
 - Preventive screenings at NO cost to you
 - \$0 cost on immunizations like flu shots
 - Great Expectations® for health programs for chronic illness and health conditions
 - Discounts on fitness memberships, wellness products, cosmetic services and more
 - Discounts at chiropractors, massage therapists, dieticians and acupuncturists through our Natual BlueSM program
 - Convenient online bill payment and online access to plan documents
 - Help with services like financial counseling, college consultation resources and legal services
-



Why You Should Choose Blue Option

At BlueChoice HealthPlan, we've worked for more than 30 years to establish good relationships with our members. We are more than just a name on an insurance card. We are your partner in health care.

What does it mean to be Blue? When you choose BlueChoice®, you can live fearlessly knowing that we are here to serve you and help you with whatever you need. Our goal is to help you get healthier and help you manage your health care costs.

Nationally Recognized Health Plan

BlueChoice is the only South Carolina insurer to have the National Committee for Quality Assurance (NCQA) accreditation. To maintain our NCQA accreditation, our Member Services area must meet specific standards to provide quality and consistent service to our members. We value this award and consistently work to improve our service and maintain this status.

Health Care Providers

With Blue Option, you have access to a large number of doctors, hospitals and other health care providers. You have the freedom to choose your own health care providers within our statewide network. And, you get emergency care coverage through our BlueCard® program!

Preventive Services

With Blue Option, you get coverage for annual checkups and preventive care, such as mammograms, vaccinations, colonoscopies and prostate cancer screenings, at no cost to you.

Essential Health Benefits

We also cover you for essential health benefits, such as:

- Preventive and wellness services
- Outpatient care services
- Emergency care
- Hospitalization
- Maternity and newborn care
- Pediatric care
- Mental health and substance use disorder services
- Lab services

Prescription Drugs

Blue Option plans include pharmacy services. You have coverage for a wide variety of prescription drugs. Our goal is to give you a choice of safe and effective drugs, while also keeping your drug costs affordable. You can purchase drugs at a retail drugstore, or you can have them delivered to your doorstep through our mail-order program.

To see a complete list of covered drugs or find a pharmacy, visit www.BlueOptionSC.com.

Blue Option Extras

We offer you many "extras" that make Blue Option the right choice for you. Dental, vision and online visits with a doctor ... got 'em! Check out the extras you get!

Value-Added Benefits and Services



VISION CARE

All Blue Option plans include our routine adult and pediatric vision coverage. All members are eligible for exams, contacts or glasses and discounts for items that are not part of the standard selection.



DENTAL CARE

All plans include a dental allowance for exams and cleanings. This benefit covers an allowed amount per benefit period for exams and cleanings by any South Carolina-licensed dentist. The allowance amounts nearly doubled this year! Please check page 13 for more details.



ALL-INCLUSIVE OFFICE VISIT COPAYMENTS

Covers all diagnostic and treatment services provided at the medical office of a participating provider. This includes preventive services, diagnostic procedures, surgical procedures, medical supplies and more!



DOCTORS CARE

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



BLUE CARE ON DEMANDSM

Visit with a doctor 24/7/365 wherever you are with your smartphone, tablet or computer. Sign up for Blue Care OnDemand today by visiting www.BlueCareOnDemandSC.com or download the mobile app from the App Store or Google Play. Doctors will diagnose and write prescriptions as appropriate.

Doctors can treat:

- Colds
- Flu
- Fever
- Rash
- Pinkeye
- Ear infection
- And more!

Visit www.BlueOptionSC.com for more details.



LIFE MANAGEMENT SERVICES

All members can get three free sessions of your choice for services such as:

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

Life management services are offered through First Sun EAP. Because First Sun EAP is a separate company from BlueChoice HealthPlan, First Sun is solely responsible for all services related to individual assistance programs.



PERSONAL HEALTH ASSESSMENT

Take a smart step toward living healthier. Simply complete your confidential assessment through our website. You'll receive a personal wellness score, along with guidance and insights on your risk for developing certain chronic conditions, so you can take preventive action.



DISCOUNT PROGRAMS

As a Blue Option member, you get discounts on many items:

- Weight loss programs
- Gym discounts
- Hearing aids
- Lasik
- Cosmetic surgery
- Blue365® — exclusive access to health and wellness information, discounts and savings from industry-leading brands



Easy Access to Your Health Information

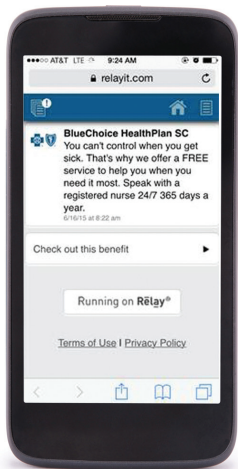
My Health Toolkit®

BlueChoice wants to make it easy for you to find answers to your questions. So, we created My Health Toolkit. My Health Toolkit is a secure, online tool that will help you better manage your benefits, treatment and wellness.

You can access My Health Toolkit any time, day or night, where you have access to the internet. Simply use the link on www.BlueOptionSC.com to create a free account after you receive your member ID card.

Then, you can:

- See if your claim has been paid.
- Ask Member Services a question.
- Request a new member ID card.
- Find a doctor or hospital.
- Find out how much a prescription drug costs.
- See your personal health record.
- Find out how much you have paid toward your deductible.
- Learn how much your copay or coinsurance is.



BlueChoice HealthPlan WireSM

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

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

Signing up is quick and easy! Simply call the phone number on your member ID card when you get it. You can control the frequency of the messages and can stop messages at any time.

Easy Steps to Choosing Your 2017 Coverage

This booklet has all the information you need to pick your health insurance for 2017. You can sign up for your Blue Option health insurance from Nov. 1, 2016, to Jan. 31, 2017, during this Open Enrollment Period.

If you do not sign up during this time, you will have to qualify for a Special Enrollment Period (SEP). 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 health coverage
- Becoming a U.S. citizen
- Moving to South Carolina

Now that you know when to sign up for your 2017 coverage, let's get started!

Here's a quick overview of the steps you will take to choose your coverage.

1. Figure out 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? Visit www.BlueOptionSC.com to look at our plans and find the best fit for you!

2. Choose your plan.

Contact your local agent or call 866-207-1543 to select your health plan for 2017. Or you can visit www.BlueOptionSC.com.



Figure out what you need.

First, you need to figure out what kind of plan you need. Blue Option is divided into two categories: the metallic plans (Silver and Bronze) and the Catastrophic Plan. Anyone is eligible to buy a metallic plan. There are additional qualifying criteria, however, to purchase a Catastrophic Plan. Here's a simple breakdown to choosing a plan category:

- **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 or take many prescription medications.
- **Catastrophic Plan** — Adults under age 30 and people who can't afford metallic coverage may be eligible to purchase a Catastrophic Plan. This plan has low monthly premiums and a high deductible. You pay less each month but more when you actually receive care.

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 annual exams, mammograms and colonoscopies, at no cost to you.

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 among the different categories (Silver and Bronze) is the amount you pay, like copayments, coinsurance percentage, deductibles and maximum out-of-pocket expenses.



Glossary

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

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

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

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

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

Non-Embedded Deductible — Everyone on the plan shares one family deductible. Each family member’s expenses count toward the shared deductible. The entire deductible must be met before the plan pays benefits for any one family member.

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

Preauthorization — A decision by your health insurer or plan that a health care service, inpatient services, treatment plan, prescription drug or durable medical equipment is medically necessary. It is sometimes called prior authorization, prior approval or precertification.



Plans

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Bronze 6900	20
Bronze 7150	20
Catastrophic	20

Pricing

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

These benefits are applicable to all plans:

Benefit	All Plans
Gynecological Exam (one per benefit year)	\$0 copayment
Routine Screening Mammogram	\$0 copayment
Routine Screening Colonoscopy	\$0 copayment
BlueCard	Services outside the Blue Option network are only covered for urgent or emergency care performed in an urgent treatment center or emergency room.
Pediatric Vision Care <i>Please note that you must visit an in-network provider to receive this benefit. To locate an in-network vision care provider, please visit www.BlueOptionSC.com.</i>	<p>\$25 copayment for one comprehensive vision exam every calendar year*</p> <p>\$50 copayment for one pair of glasses (lenses and frames) per calendar year*</p> <ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal or lenticular lenses covered in full (after materials copayment) • Frames from a standard frame selection are covered in full (after materials copayment) <p>In lieu of eyeglasses, elective contact lens services and materials are covered with a minimum three-months' supply for any of these modalities:</p> <ul style="list-style-type: none"> • Standard (one pair annually) • Monthly (six-month supply) • Bi-weekly (three-month supply) • Dailies (three-month supply) <p>We cover necessary contact lenses in full for members who have specific conditions for which contact lenses provide better visual correction.</p>
Adult Vision** <i>To locate an in-network vision care provider, visit www.BlueOptionSC.com. Please note that you must visit an in-network provider to receive this benefit.</i>	<p>For adult vision care (ages 20 and over), this includes:</p> <p>\$0 copayment for one routine eye exam or one exam for contact lenses per benefit period</p> <p>\$45 copayment for one standard contact lens fitting per benefit period</p> <p>\$0 copayment for one pair of eyewear from a designated selection every other benefit period</p> <p>For members outside the South Carolina service area, \$71 will be allowed toward the routine eye exam, and a \$120 credit will apply to the purchase of eyewear. The member must file claims.</p>
Preventive Dental Care** <i>Members will be responsible for paying any additional balance above what we cover. They will need to submit a dental reimbursement form to BlueChoice for reimbursement.</i> <i>For example, if your dentist charges you \$130 for an initial cleaning and exam, you will pay your dentist \$130 at the time of service. We will reimburse you \$100 once we receive your reimbursement form.</i>	<ul style="list-style-type: none"> • One exam every six months: \$50 allowance for initial/\$50 allowance for periodic • One cleaning every six months: \$50 allowance
Mental Health/Substance Abuse	Covered as any other medical benefit
Transplants	A BlueChoice-participating facility must provide services, and we will treat covered transplants the same as any other medical condition

* These copayments do not apply to Catastrophic plan members. After the deductible has been met, pediatric vision services will be covered at 100 percent.

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

Blue Option

Benefit	Silver 1250 (In Network Only)		Silver 1500 (In Network Only)		Silver 2000 (In Network Only)	
Deductible (Single/Family)	\$1,250/\$2,500		\$1,500/\$3,000		\$2,000/\$4,000	
Maximum Out of Pocket (Single/Family)	\$6,150/\$12,300		\$6,600/\$13,200		\$6,000/\$12,000	
Primary Care Office Visit/Doctors Care	\$40		\$15		\$0	
Maternity Care (Prenatal and Postnatal)	\$80 first visit		Deductible, then 50%		Deductible, then 50%	
Specialist Visit	\$80		Deductible, then 50%		Deductible, then 50%	
Inpatient Hospital Services	Deductible, then 50%		Deductible, then 50%		\$300 copayment, deductible, then 50%	
Outpatient Facility Fee	Deductible, then 50%		Deductible, then 50%		Deductible, then 50%	
Urgent Care	\$50		\$50		\$50	
Freestanding Ambulatory Surgical Center	\$200 per visit		\$200 per visit		\$200 per visit	
Emergency Room	\$400 copayment, deductible, then 50%		\$250 copayment, deductible, then 50%		\$300 copayment, deductible, then 50%	
Ambulance	Deductible, then 50%		Deductible, then 50%		Deductible, then 50%	
Prescription Drugs**	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>
Tier 1	\$20	\$40	\$15	\$30	\$0	\$0
Tier 2	\$20	\$40	\$15	\$30	\$0	\$0
Tier 3	\$60	\$120	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Tier 4	\$80	\$160	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Tier 5	Deductible, then 50%	Deductible, then 50%	\$250, then 50% after deductible	\$500, then 50% after deductible	\$250, deductible, then 50%	\$500, deductible, then 50%
Tier 6	Deductible, then 50%	Deductible, then 50%	\$250, then 50% after deductible	\$500, then 50% after deductible	\$250, deductible, then 50%	\$500, deductible, then 50%
Durable Medical Equipment	Deductible, then 50%		Deductible, then 50%		Deductible, then 50%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 50%		Deductible, then 50%		Deductible, then 50%	

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

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

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

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

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

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

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

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

*** All plans cover 15 visits for habilitative care and 15 visits for rehabilitative care per benefit year.

All plans have an embedded deductible and MOOP, except for Silver 3850HD and Bronze 6350HD. These plans have a non-embedded deductible and embedded MOOP.

Benefit	Silver 2502 (In Network Only)		Silver 3000 (In Network Only)		Silver 3001 (In Network Only)	
Deductible (Single/Family)	\$2,500/\$5,000		\$3,000/\$6,000		\$3,000/\$6,000	
Maximum Out of Pocket (Single/Family)	\$6,600/\$13,200		\$5,900/\$11,800		\$6,600/\$13,200	
Primary Care Office Visit/Doctors Care	\$25		\$20		\$30	
Maternity Care (Prenatal and Postnatal)	\$50 first visit		\$50 first visit		\$80 first visit	
Specialist Visit	\$50		\$50		\$80	
Inpatient Hospital Services	\$250 copayment, deductible, then 30%		\$300 copayment, deductible, then 50%		Deductible, then 30%	
Outpatient Facility Fee	Deductible, then 30%		Deductible, then 50%		Deductible, then 30%	
Urgent Care	\$50		\$50		\$50	
Freestanding Ambulatory Surgical Center	\$200 per visit		\$200 per visit		\$200 per visit	
Emergency Room	\$250 copayment, deductible, then 30%		\$300 copayment, deductible, then 50%		\$500 per visit	
Ambulance	Deductible, then 30%		Deductible, then 50%		Deductible, then 30%	
Prescription Drugs**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 1	\$10	\$20	\$10	\$20	\$20	\$40
Tier 2	\$10	\$20	\$10	\$20	\$20	\$40
Tier 3	Deductible, then 30%	Deductible, then 30%	\$40	\$80	\$50	\$100
Tier 4	Deductible, then 30%	Deductible, then 30%	\$80	\$160	\$70	\$140
Tier 5	Deductible, then 30%	Deductible, then 30%	\$250, deductible, then 50%	\$500, deductible, then 50%	Deductible, then 30%	Deductible, then 30%
Tier 6	Deductible, then 30%	Deductible, then 30%	\$250, deductible, then 50%	\$500, deductible, then 50%	Deductible, then 30%	Deductible, then 30%
Durable Medical Equipment	Deductible, then 30%		Deductible, then 50%		Deductible, then 30%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 30%		Deductible, then 50%		Deductible, then 30%	

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

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

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

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

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

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

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

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

*** All plans cover 15 visits for habilitative care and 15 visits for rehabilitative care per benefit year.

All plans have an embedded deductible and MOOP, except for Silver 3850HD and Bronze 6350HD. These plans have a non-embedded deductible and embedded MOOP.

Blue Option

Benefit	Silver 3500 (In Network Only)		Silver 3850HD (In Network Only)		Silver 4000 (In Network Only)	
Deductible (Single/Family)	\$3,500/\$7,000		\$3,850/\$7,700		\$4,000/\$8,000	
Maximum Out of Pocket (Single/Family)	\$5,500/\$11,000		\$3,850/\$7,700		\$6,000/\$12,000	
Primary Care Office Visit/Doctors Care	\$0		Deductible		\$15	
Maternity Care (Prenatal and Postnatal Care)	\$60 first visit		Deductible		\$40 first visit	
Specialist Visit	\$60		Deductible		\$40	
Inpatient Hospital Services	Deductible, then 30%		Deductible		\$300 copayment, deductible, then 30%	
Outpatient Facility Fee	Deductible, then 30%		Deductible		Deductible, then 30%	
Urgent Care	\$50		Deductible		\$50	
Freestanding Ambulatory Surgical Center	\$200 per visit		Deductible		\$200 per visit	
Emergency Room	Deductible, then 30%		Deductible		\$300 copayment, deductible, then 30%	
Ambulance	Deductible, then 30%		Deductible		Deductible, then 30%	
Prescription Drugs**	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>
Tier 1	\$0	\$0	Deductible	Deductible	\$15	\$30
Tier 2	\$0	\$0	Deductible	Deductible	\$15	\$30
Tier 3	Deductible, then 30%	Deductible, then 30%	Deductible	Deductible	\$50	\$100
Tier 4	Deductible, then 30%	Deductible, then 30%	Deductible	Deductible	Deductible, then 30%	Deductible, then 30%
Tier 5	Deductible, then 30%	Deductible, then 30%	Deductible	Deductible	Deductible, then 30%	Deductible, then 30%
Tier 6	Deductible, then 30%	Deductible, then 30%	Deductible	Deductible	Deductible, then 30%	Deductible, then 30%
Durable Medical Equipment	Deductible, then 30%		Deductible		Deductible, then 30%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 30%		Deductible		Deductible, then 30%	

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

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

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

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

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

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

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

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

*** All plans cover 15 visits for habilitative care and 15 visits for rehabilitative care per benefit year.

All plans have an embedded deductible and MOOP, except for Silver 3850HD and Bronze 6350HD. These plans have a non-embedded deductible and embedded MOOP.

Benefit	Silver 5001 (In Network Only)		Silver 6002 (In Network Only)		Silver 6250 (In Network Only)	
Deductible (Single/Family)	\$5,000/\$10,000		\$6,000/\$12,000		\$6,250/\$12,500	
Maximum Out of Pocket (Single/Family)	\$6,850/\$13,700		\$7,150/\$14,300		\$6,900/\$13,800	
Primary Care Office Visit/Doctors Care	\$35		\$0		\$0	
Maternity Care (Prenatal and Postnatal Care)	\$75 first visit		\$30 first visit		\$30 first visit	
Specialist Visit	\$75		\$30		\$30	
Inpatient Hospital Services	Deductible, then 30%		\$300 copayment, deductible, then 20%		Deductible, then 25%	
Outpatient Facility Fee	Deductible, then 30%		Deductible, then 20%		Deductible, then 25%	
Urgent Care	\$50		\$50		\$50	
Freestanding Ambulatory Surgical Center	\$200 per visit		\$200 per visit		\$200 per visit	
Emergency Room	\$300 copayment, deductible, then 30%		\$300 copayment, deductible, then 20%		Deductible, then 25%	
Ambulance	Deductible, then 30%		Deductible, then 20%		Deductible, then 25%	
Prescription Drugs**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 1	\$10	\$20	\$10	\$20	\$10	\$20
Tier 2	\$10	\$20	\$10	\$20	\$10	\$20
Tier 3	\$30	\$60	\$30	\$60	\$30	\$60
Tier 4	\$55	\$110	\$75	\$150	\$75	\$150
Tier 5	Deductible, then 30%	Deductible, then 30%	\$250, deductible, then 20%	\$500, deductible, then 20%	\$250, deductible, then 25%	\$500, deductible, then 25%
Tier 6	Deductible, then 30%	Deductible, then 30%	\$250, deductible, then 20%	\$500, deductible, then 20%	\$250, deductible, then 25%	\$500, deductible, then 25%
Durable Medical Equipment	Deductible, then 30%		Deductible, then 20%		Deductible, then 25%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 30%		Deductible, then 20%		Deductible, then 25%	

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

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

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

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

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

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

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

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

*** All plans cover 15 visits for habilitative care and 15 visits for rehabilitative care per benefit year.

All plans have an embedded deductible and MOOP, except for Silver 3850HD and Bronze 6350HD. These plans have a non-embedded deductible and embedded MOOP.

Blue Option

Benefit	Silver 6900 (In Network Only)		Silver 7150 (In Network Only)	
Deductible (Single/Family)	\$6,900/\$13,800		\$7,150/\$14,300	
Maximum Out of Pocket (Single/Family)	\$7,150/\$14,300		\$7,150/\$14,300	
Primary Care Office Visit/Doctors Care	\$0		\$25	
Maternity Care (Prenatal and Postnatal)	\$30 first visit		\$60 first visit	
Specialist Visit	\$30		\$60	
Inpatient Hospital Services	Deductible, then 40%		Deductible	
Outpatient Facility Fee	Deductible, then 40%		Deductible	
Urgent Care	\$50		\$50	
Freestanding Ambulatory Surgical Center	\$200 per visit		\$200 per visit	
Emergency Room	Deductible, then 40%		Deductible	
Ambulance	Deductible, then 40%		Deductible	
Prescription Drugs**	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>
Tier 1	\$5	\$10	\$10	\$20
Tier 2	\$5	\$10	\$10	\$20
Tier 3	\$30	\$60	\$30	\$60
Tier 4	\$90	\$180	Deductible	Deductible
Tier 5	Deductible, then 40%	Deductible, then 40%	Deductible	Deductible
Tier 6	Deductible, then 40%	Deductible, then 40%	Deductible	Deductible
Durable Medical Equipment	Deductible, then 40%		Deductible	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 40%		Deductible	

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

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Blue Option

Benefit	Bronze 5500 (In Network Only)		Bronze 6350HD (In Network Only)		Bronze 6500 (In Network Only)	
Deductible (single/family)	\$5,500/\$11,000		\$6,350/\$12,700		\$6,500/\$13,000	
Maximum Out of Pocket (single/family)	\$6,600/\$13,200		\$6,350/\$12,700		\$6,850/\$13,700	
Primary Care Physician Services/Doctors Care	Deductible, then 50%		Deductible		Deductible, then 50%	
Maternity Care (prenatal and postnatal)	Deductible, then 50%		Deductible		Deductible, then 50%	
Specialist Visit	Deductible, then 50%		Deductible		Deductible, then 50%	
Inpatient Hospital Services	Deductible, then 50%		Deductible		Deductible, then 50%	
Outpatient Hospital Services	Deductible, then 50%		Deductible		Deductible, then 50%	
Urgent Care	Deductible, then 50%		Deductible		Deductible, then 50%	
Emergency Room	Deductible, then 50%		Deductible		\$300 copayment, deductible, then 50%	
Freestanding Ambulatory Surgical Center	\$200 per visit		Deductible		\$200 per visit	
Ambulance	Deductible, then 50%		Deductible		Deductible, then 50%	
Prescription Drugs**	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>	<i>Retail</i>	<i>Mail Order</i>
Tier 1	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	Deductible, then 50%	Deductible, then 50%
Tier 2	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	Deductible, then 50%	Deductible, then 50%
Tier 3	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	Deductible, then 50%	Deductible, then 50%
Tier 4	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	Deductible, then 50%	Deductible, then 50%
Tier 5	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	Deductible, then 50%	Deductible, then 50%
Tier 6	Deductible, then 50%	Deductible, then 50%	Deductible	Deductible	Deductible, then 50%	Deductible, then 50%
Durable Medical Equipment	Deductible, then 50%		Deductible		Deductible, then 50%	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible, then 50%		Deductible		Deductible, then 50%	

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Benefit	Bronze 6900 (In Network Only)		Bronze 7150 (In Network Only)		Catastrophic (In Network Only)	
Deductible (single/family)	\$6,900/\$13,800		\$7,150/\$14,300		\$7,150/\$14,300	
Maximum Out of Pocket (single/family)	\$7,150/\$14,300		\$7,150/\$14,300		\$7,150/\$14,300	
Primary Care Physician Services/Doctors Care	\$60		\$45		\$25 for first three visits, deductible thereafter	
Maternity Care (prenatal and postnatal)	Deductible		Deductible		Deductible	
Specialist Visit	Deductible		Deductible		Deductible	
Inpatient Hospital Services	Deductible		Deductible		Deductible	
Outpatient Hospital Services	Deductible		Deductible		Deductible	
Urgent Care	\$60		\$50		\$50	
Emergency Room	Deductible		Deductible		Deductible	
Freestanding Ambulatory Surgical Center	\$200 per visit		\$200 per visit		\$200 per visit	
Ambulance	Deductible		Deductible		Deductible	
Prescription Drugs**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 1	Deductible	Deductible	\$30	\$60	Deductible	Deductible
Tier 2	Deductible	Deductible	\$30	\$60	Deductible	Deductible
Tier 3	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Tier 4	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Tier 5	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Tier 6	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Durable Medical Equipment	Deductible		Deductible		Deductible	
Physical Therapy, Speech Therapy, Occupational Therapy and Habilitation***	Deductible		Deductible		Deductible	

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Notes

Notes

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

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

For more information on Blue Option plans, you can:



1. Contact a local insurance agent.

2. Call us at 866-207-1543 Monday – Friday from 8 a.m. – 8 p.m. and
Saturday 8 a.m. – 4:30 p.m.



3. Visit www.BlueOptionSC.com.

