personal BLUE PLANS[sm†]

AFFORDABLE health coverage

FOR INDIVIDUALS AND FAMILIES

BlueCross BlueShield of South Carolina

An Independent Licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

www.SouthCarolinaBlues.com

12129M (08/07)

EXCLUSIONS AND LIMITATIONS

Except as specifically listed in the policy, no benefits will be provided for:

Treatment provided in a government hospital that you are not legally responsible for; or for which benefits are provided under Medicare or other governmental programs (except Medicaid).

Any charges for services or supplies for which you are entitled to payment or benefits (whether or not you have applied for such payment or benefits) under any motor vehicle no-fault law.

Injuries or diseases paid by workers' compensation (if a workers' compensation claim is settled, then we'll consider it paid by workers' compensation).

Separate charges for services provided by employees of hospitals, laboratories or other institutions; for services or supplies performed or furnished by a member of the covered person's immediate family; and for services for which a charge is normally not made in the absence of insurance.

Cosmetic Surgery. Cosmetic surgery does not include reconstructive surgery when services are incidental to or following surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.[1]

Illness contracted or injury sustained as the result of: war or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the armed forces or an auxiliary unit.

Rest cures and custodial care.

Transportation, except for covered ambulance services. Ambulance services, however, are not covered services under Personal BluePlan 3 or Personal BluePlan 4.

Routine physical examinations, except as shown in this brochure.

Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. This exclusion does not include corrective surgery or treatment for metabolic or peripheral vascular disease.

Dental care or treatment, except for dental services related to accidental injury. However, dental care treatment may be purchased as an option.

Eyeglasses, contact lenses (except after cataract surgery), hearing aids and examinations for their prescribing or fitting.[2]

Normal pregnancy or childbirth, except as provided when the Optional Maternity Endorsement is purchased. The Optional Maternity Endorsement may not be purchased with Personal BluePlan 3 or Personal BluePlan 4.

Treatment, services or supplies received as a result of suicide, attempted suicide or intentionally self-inflicted injuries whether the patient was sane or insane.

Treatment, services or supplies received in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the body for purposes of removing nerve interference and the effects of such nerve interference, where such interference is the result of or related to distortion, misalignment or subluxation of, or in, the spinal column.

Any service or supply related to dysfunctional conditions of the muscles of mastication or derangement of the temporomandibular joint (TMJ), including office visits, splints, braces, guards, etc. This exclusion, however, will not apply to medically necessary surgical correction of disorders of TMJ. As used in this exclusion, medically necessary surgical correction of TMJ means: surgical correction of skeletal malrelationships or deformities of the jaws that cause documented chronic, persistent pain or debilitating loss of function and have required treatment or medication. The presence of a documented congenital anomaly alone does not establish medical necessity. Preauthorization is required.

This list is only a summary of what we do not cover. For a more detailed description of what is not covered, please refer to your policy and your schedule of benefits.

[1]Special rates are available under the Cosmetic Surgery program. See "Value-Added Discount Programs and Services" in this brochure for more details.

[2]Discounts are available under the Value-Added discount programs. See "Value-Added Discount Programs and Services" in this brochure for more details.

This brochure includes only the highlights of the Personal BluePlans. Your policy will specifically describe the applicable terms, conditions, limitations and exclusions of coverage.

This brochure contains a description of Personal BluePlans — issued, underwritten and administered by BlueCross BlueShield of South Carolina. Personal BluePlan Policy form series: 12100M, 12099M, 12104M, 12106M, 12326M-12329M, 12130M, 12133M, 12136M and 12139M.

WE HAVE A PLAN THAT FITS YOUR LIFE.

No matter who you are or how different your needs may be, we have a Personal BluePlan just for you. Whether you're looking for coverage for yourself or for your entire family, we have a plan that fits your life.

We offer four different individual health plans. Each gives you freedom of choice and flexibility. Coverage levels are different for each plan. Choosing a plan is easy. Look at the highlights of our plans. Then, look at the comparison chart to see which plan is the best for you.

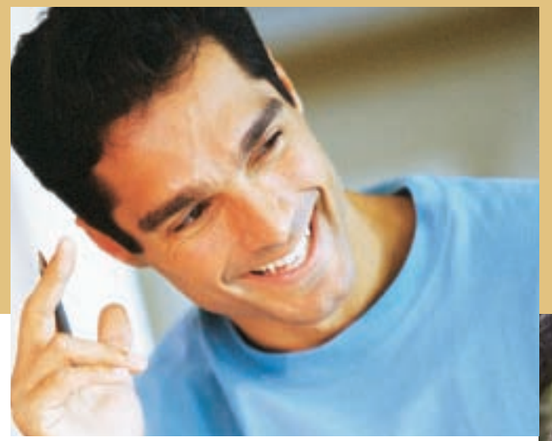
These individual plans can help you prepare for a variety of unforeseen medical expenses, depending on the plan you choose. They're perfect if you:

- **are self-employed**
- **work at home**
- **are between jobs**
- **do temporary work**
- **don't have coverage under an employer's group heath plan**
- **no longer have coverage under your parent's policy**
- **just graduated from school**

Who's Eligible for Benefits?

If you're under age 65 and are a permanent South Carolina resident, you and your family members may qualify for coverage. Family members can include your spouse and your dependent children. Choose coverage for you, your entire family or just your children.

YOUR LOCAL AGENT:



Your Choice of Doctors and Hospitals

Our plans offer the freedom to choose your own doctors, hospitals and specialists. But if you use our Preferred Blue® network, you can take advantage of:

- **One of the largest networks of doctors, hospitals and specialists across the state. With more than 8,000 doctors and three-fourths of the state's hospitals to choose from, the Preferred Blue network is one of the largest in the state. You save more when you use our network because these healthcare professionals have agreed to accept our approved amount for services they provide. They will not bill you for the difference.**
- **A higher level of benefits for covered services at network providers. If you choose to go out of the network, you may do so. But, keep in mind your benefits will be lower and you'll have to pay more out of your pocket. The choice is yours!**
- **No claims to file. Network doctors, hospitals and specialists will file all your claims for you.**

At Your Service

Any time you have a question or concern, we're just a phone call or a few mouse clicks away. Call your local agent. Or, e-mail us using the "Ask Customer Service" feature that's available on our Web site at www.SouthCarolinaBlues.com.

Plan 1

Personal BluePlan 1 covers routine preventive care. And when you use a network doctor, we cover these services at 100% after you pay a copayment:

- annual Pap smears
- mammograms
- annual well-woman exams
- prostate cancer screenings
- well-child care (from ages 1 to 7)
- children's immunizations (beginning at age 1)

With Personal BluePlan 1, you won't have to pay a lot for doctor's office visits when you or a covered family member gets sick. Just pay a $35 copayment[1] for each sick visit and a $60 copayment for each specialist visit. And the best part is there's no deductible to meet first!

This copayment feature is only available with Personal BluePlan 1. Please see the "Plan Highlights" for more details.

Provides coverage for:

- inpatient and outpatient hospital services
- medical services for doctor's office visits
- preventive care (in-network only)
- prescription drugs

Plan 2

Personal BluePlan 2 offers the same coverage as Plan 1 except there is no copayment for preventive care and doctor's office sick visits. We cover these services under your coinsurance after you meet your deductible. There are no benefits for well-child care and immunizations.

Provides coverage for:

- inpatient and outpatient hospital services
- medical services for doctor's office visits
- preventive care (in-network only)
- prescription drugs

Plan 3

Personal BluePlan 3 is a lower cost plan that covers inpatient and outpatient hospital services only. *This plan does not cover doctor's office visits.*

Provides coverage for:

- inpatient hospital services such as surgery, room and board, supplies and anesthesia
- outpatient hospital services, such as surgery, diagnostic lab work, X-rays[2] and emergency medical care
- mammograms

Plan 4

Personal BluePlan 4 covers inpatient hospital stays only. *This plan does not cover doctor's office visits and outpatient care.*

Provides coverage for:

- inpatient hospital services such as surgery, room and board, supplies and anesthesia
- diagnostic lab work, and X-rays[2]

[1]Does not include maternity, dialysis or mental health and substance abuse services.

[2]We cover diagnostic lab work and X-rays only when you are admitted to the hospital within 14 days of the testing and if the admission is for the same reason as the test.

PERSONAL BLUEPLAN HIGHLIGHTS

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Coinsurance	Choose: 90/70, 80/60, 70/50 or 60/40	Choose: 90/70, 80/60, 70/50 or 60/40	Choose: 90/70, 80/60, 70/50 or 60/40	Choose: 90/70, 80/60, 70/50 or 60/40
Maximum Lifetime Benefit	$2 million	$2 million	$2 million	$2 million
Deductibles (per member per benefit period)	Choose: $250, $500, $1,000, $1,500 $2,000, $3,000	Choose: $250, $500, $1,000, $1,500, $2,000, $3,000 or $5,000	Choose: $250, $500, $1,000, $1,500, $2,000, $3,000 or $5,000	Choose: $250, $500, $1,000, $1,500, $2,000, $3,000 or $5,000
Out-of-pocket Expense Limits* (per member per benefit period)	Choose: $1,500 in-network/ $3,000 out-of-network — or — $2,500 in-network/ $5,000 out-of-network — or — $3,000 in-network/ $6,000 out-of-network — or — $5,000 in-network/ $8,000 out-of-network	Choose: $1,500 in-network/ $3,000 out-of-network — or — $2,500 in-network/ $5,000 out-of-network — or — $3,000 in-network/ $6,000 out-of-network — or — $5,000 in-network/ $8,000 out-of-network	Choose: $1,500 in-network/ $3,000 out-of-network — or — $2,500 in-network/ $5,000 out-of-network — or — $3,000 in-network/ $6,000 out-of-network — or — $5,000 in-network/ $8,000 out-of-network	Choose: $1,500 in-network/ $3,000 out-of-network — or — $2,500 in-network/ $5,000 out-of-network — or — $3,000 in-network/ $6,000 out-of-network — or — $5,000 in-network/ $8,000 out-of-network
Doctor's Office Visit Copayment	(In-network only) $35 primary care physician $60 specialist	Not Available	Doctor's office visits are not covered.	Doctor's office visits are not covered.
Physician Services	Non-routine office visits are subject to the office visit copayment (in-network only). All other physician services are subject to the deductible and coinsurance.	Subject to the deductible and coinsurance.	Covered on an inpatient and outpatient hospital basis only. Subject to the deductible and coinsurance.	Covered on an inpatient hospital basis only. Subject to the deductible and coinsurance.
Prescription Drugs (excludes birth control)	After the deductible has been met, we'll pay benefits for: Contracting Pharmacy: The in-network percentage of the allowable charge for prescription drugs up to a 31-day supply. Non-Contracting Pharmacy: The out-of-network percentage of the allowable charge for prescription drugs up to a 31-day supply.	After the deductible has been met, we'll pay benefits for: Contracting Pharmacy: The in-network percentage of the allowable charge for prescription drugs up to a 31-day supply. Non-Contracting Pharmacy: The out-of-network percentage of the allowable charge for prescription drugs up to a 31-day supply.	Not Covered Not Covered	Not Covered Not Covered
Preventive Care Services (in-network only): Mammograms OB/GYN Exam Pap smears Prostate cancer screening	 100% at mammogram network provider 100% after copayment 100% after copayment 100% after copayment	 100% at mammogram network provider Subject to deductible and coinsurance Subject to deductible and coinsurance Subject to deductible and coinsurance	 Subject to the deductible and coinsurance at any provider. Not Covered Not Covered Not Covered	 Not Covered Not Covered Not Covered Not Covered
Well-child Care (ages 1 to 7) and Immunizations (beginning at age 1)	$35 doctor's office visit copayment, then 100% coverage (in-network only)	Not Covered	Not Covered	Not Covered
Hospital Admission	$0 copayment in-network $250 copayment out-of-network	$0 copayment in-network $250 copayment out-of-network	$0 copayment in-network $250 copayment out-of-network	$0 copayment in-network $250 copayment out-of-network
Inpatient Hospital Services (including semi-private room, general nursing services, intensive care and special care units, operating and recovery rooms, anesthetics, X-ray and lab services, blood and blood plasma)	Subject to the hospital admission copayment, the deductible and coinsurance.	Subject to the hospital admission copayment, the deductible and coinsurance.	Subject to the hospital admission copayment, the deductible and coinsurance.	Subject to the hospital admission copayment, the deductible and coinsurance.
Outpatient Hospital Services (including treatment of an accident, emergency medical care, outpatient surgery, diagnostic lab and X-ray services)	Subject to the deductible and coinsurance.	Subject to the deductible and coinsurance.	Subject to the deductible and coinsurance. Diagnostic lab and x-ray services, however, are only covered if admitted within 14 days of the service and if the admission is for a related cause.	Not covered except for diagnostic lab and x-ray services, if admitted within 14 days of the service and if the admission is for a related cause. Subject to deductible and coinsurance.
Human Organ Transplants	Each type of transplant is subject to the hospital admission copayment, the deductible, coinsurance and a transplant lifetime maximum.	Each type of transplant is subject to the hospital admission copayment, the deductible, coinsurance and a transplant lifetime maximum.	Each type of transplant is subject to the hospital admission copayment, the deductible, coinsurance and a transplant lifetime maximum.	Each type of transplant is subject to the hospital admission copayment, the deductible, coinsurance and a transplant lifetime maximum.
Mental Health and Substance Abuse Services (lifetime maximum of $10,000; combined inpatient and outpatient)	Subject to the hospital admission copayment, deductible and coinsurance.	Subject to the hospital admission copayment, deductible and coinsurance.	Covered on an inpatient and outpatient hospital basis only. Subject to the hospital admission copayment, deductible and coinsurance.	Covered on an inpatient hospital basis only. Subject to the hospital admission copayment, deductible and coinsurance.

** Out-of-pocket expenses do not include deductibles, copayments and certain other expenses that are listed in the Personal BluePlan 1-4 policies.*

OPTIONAL COVERAGE

Prescription Drug Card[1] — available on Plans 1 and 2

We cover prescription drugs using a four-tier copayment plan. We cover 100% of allowable charges at any network pharmacy after you pay one of these copayments:

- $4 for generic drugs
- $30 for preferred drugs
- $60 for non-preferred drugs
- 10% up to $200 per dose for specialty drugs

Just show your BlueCross ID card at a network pharmacy any time you fill a prescription and there are no claims to file. Certain prescription drugs, however, may require preapproval from us. And all drugs have a quantity limit. If your doctor says that you can have a generic drug and you choose to get a preferred or non-preferred drug instead, your costs may be higher.

[1]The prescription drug card does not cover birth control. There is a 31-day supply quantity limit on all drugs.

Supplemental Accident Coverage — available on all Plans

If you're injured in an accident, this covers the first $500 of allowable charges for covered medical services at 100% before the deductible. Allowable charges for covered services over $500 apply to the deductible. Covered services must take place within 90 days of the injury. Any treatment you receive after 90 days also applies to the deductible.

Dental Coverage — available on all Plans

Pays 80% of allowable charges for routine cleanings, oral exams and other preventive care with no deductible to meet first. There is, however, a $25 deductible to meet before receiving other types of services, such as restorative and major restorative care.

This dental coverage provides up to $500 in yearly benefits and protection that includes, but is not limited to:

Preventive Care

- 80% of the allowable charge
- Full mouth X-rays every five years
- Fluoride treatment for covered persons who are under age 19
- One oral exam, cleaning and polishing of teeth per year
- Space maintainers for covered persons who are under age 19
- Emergency treatment for pain
- Bitewing X-rays every three years
- Diagnostic casts

Restorative Care

- 60% of the allowable charge
- Simple and surgical teeth removal
- Oral surgery
- Anesthesia
- Fillings

Major Restorative Care

- 40% of the allowable charge
- Inlays, onlays, and crowns
- Bridges and dentures
- Denture and bridge repair
- Treatment involving the bones, tissues and gums surrounding and supporting a tooth
- Treatments involving the roots of teeth, including root canals

A 12-month waiting period applies to Major Restorative Care.

Maternity Coverage — Available on Plans 1 and 2

Covers allowable charges for prenatal services, delivery and routine newborn nursery care before the hospital discharges you. This benefit is good only after you've had the maternity coverage for more than 12 months. The longer you have maternity coverage, the more allowable charges we pay:

- 0% during the first 12 months
- 60% during 13 to 24 months
- 80% during 25 to 36 months
- 100% during 37 months or more

My Insurance Manager℠

Make the most of your coverage right online. Simply click on My Insurance Manager at our Web site, www.SouthCarolinaBlues.com. Here you'll find real-time, secure and specific coverage information. With My Insurance Manager you can:

- View claims status and Explanation of Benefits (EOB)
- Check deductible and out-of-pocket status
- Check eligibility
- Ask Customer Service a question through secure e-mail
- Read benefits and coverage information
- Verify authorization status for inpatient and outpatient visits
- Request a new ID card
- Check dental coverage information if you have it

And more! You can even look up doctors, hospitals and other healthcare professionals in our online provider directory. Plus, you can check your bill status.

My Pharmacy Manager℠

Access your drug coverage information online with our handy My Pharmacy Manager tool. Once you register at **www.SouthCarolinaBlues.com,** you can review your copayments, drug history and more. You also can find drug information, compare drug costs and look up drug interactions.

Value-Added Discount Programs and Services

Save money with these value-added discount programs and services:*

- Laser Vision Correction Surgery (LASIK) — Special rates available on LASIK at participating eye clinics.
- Hearing Aids — Discounts on hearing aids at participating centers across the state.
- Natural Blue℠† — Discounts on acupuncture, chiropractic care, massage therapy, vitamins and herbal remedies.
- Vision One — Discounts on eye care and eyewear at more than 6,000 participating locations nationwide.
- Hair Restoration — Discounts on hair restoration procedures for members with thinning hair.
- Cosmetic Surgery — Special rates available on face lifts, eyelid surgery, nose reshaping, breast enlargements, breast lifts, tummy tucks and liposuction.

** These are discount programs. We make these programs available to BlueCross members. This means you automatically receive a discount whenever you show your BlueCross ID card. The services offered through these discount programs are not covered benefits under a Personal BluePlan policy.*

What's Not Covered

We want you to understand what your Personal BluePlan coverage does not include before you enroll. That way you can make an informed decision about whether a Personal BluePlan is for you. Here's a summary of the services, supplies and charges Personal BluePlans do not cover.

Pre-existing Condition Limitations

We do not cover services or supplies for pre-existing conditions until you have been insured for 12 months under a Personal BluePlan policy.

A pre-existing condition is a condition:

- That you do not reveal or misrepresent on the application, and
- For which symptoms existed before the effective date of coverage under the policy that would cause a reasonable person to seek diagnosis, care or treatment, or
- For which medical advice, treatment or diagnosis was received or recommended by a doctor.

Pre-existing conditions do not include congenital anomalies of a covered dependent child.

We will not treat genetic information as a pre-existing condition without a diagnosis of the condition that relates to it.