

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

PERSONAL BLUE HIGH DEDUCTIBLE HEALTH PLAN SE



South Carolina

# This is my plan.

## Personal Blue<sup>SM</sup> High Deductible Health Plan (HDHP) SE

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

- Ten plan designs to choose from with four deductible levels
- Three benefit levels and seven out-of-pocket maximum options
- Prescription drug coverage
- Unlimited lifetime benefits
- Access to the largest preferred provider network in South Carolina
- Optional health savings accounts




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



# These are the details.

You need health care coverage that puts you in control of your health care expenses. Personal Blue HDHP SE keeps your costs down, while providing great benefits and options to make your health care dollars go further.

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

-  Multiple choices available
-  Core benefits
-  Additional coverage options

## Choose my plan

*Select one plan from the list of options below.*

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

## Physician Services

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

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

## Preventive Services

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

Some common screenings are:

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

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

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

## Drug Coverage

**Blue Rx<sup>SM</sup> Express** — Before meeting the deductible, the member obtains prescription drugs at the BlueCross discounted rate when they fill prescriptions at a pharmacy. After the member meets his or her deductible, we pay the applicable benefit percentage on allowable prescription drug charges.

## Outpatient Hospital Services

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

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

**Inpatient Hospital Services**

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

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

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

**Transplant Services**

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

**Lifetime Benefit Maximum**

Unlimited

**Durable Medical Equipment (DME)**

Allowable charges are paid per member each benefit period, subject to deductible and coinsurance; pre-authorization is required for any benefit of \$500 or more. Members may only obtain one rental/purchase of each type of DME per benefit period.

**Short-Term Therapy**

Includes occupational, physical and speech therapy. Allowable charges, subject to the deductible and coinsurance, up to the annual limit per member, per benefit period.

**Skilled Nursing Facility**

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

**Home Health and Hospice**

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

**Mental Health and Substance Abuse Services**

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

**Dental Accident Coverage**

Benefits to cover dental services related to an accident, if provided within 12 months of accident. Subject to all required copayments, deductible and coinsurance.



# Add optional coverage.

## □ Health Savings Accounts

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

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

HSA funds also cover expenses like:

- Dental treatment
- Eyeglasses and contact lenses
- Hospital bills
- Ambulance service
- Diagnostic care
- Chiropractic care

For a complete list of covered expenses, please visit our website, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

You can roll over any funds in the HSA that you do not use during the benefits period and save them for future medical expenses. Your HSA is completely portable. It stays with you even if you change insurance coverage.

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

# Plus...

## My Health Toolkit

Our members enjoy the convenience of 24-hour access to information on benefits, claims and personal health information by using My Health Toolkit, located at SouthCarolinaBlues.com.

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

## Out-of-Area Coverage

The BlueCard® and BlueCard Worldwide® give members access to participating doctors and hospitals across the country and around the world. You have peace of mind knowing you're covered if you get sick or injured while traveling outside of South Carolina.

It's as easy as showing your BlueCross ID card to a participating provider. No matter where you travel, your BlueCross coverage goes with you.

## Money Saving Network

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

## Discount and Value-Added Programs

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

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

## Exclusions for Personal Blue HDHP SE

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

The following benefits are paid only to the extent described in the policy:

Routine and preventive care, prescription drugs, eyeglasses, contact lenses (except after cataract surgery) or refractive care, including related examination, hospital or physician charges, human organ and tissue transplants, and transportation.

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



# This is where I go if I have a question.

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

## [SouthCarolinaBlues.com](https://SouthCarolinaBlues.com)

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