



Blue Option
2023 Individual and Family Coverage



Blue OptionSM

2023 Blue Option Individual Coverage

- Section 1: Our Plans 1**
- Section 2: Benefits and Services 3**
 - The Benefits of Blue Option Coverage 4
 - Tiered Prescription Drug Benefits 6
 - Six-Tier Drug Program 6
 - Benefits of an All-Inclusive Office Visit Copayment 7
 - Value-Added Benefits and Services 8
 - My Life ConsultSM 8
 - Routine Vision Care 8
 - Preventive Dental Care 8
 - Discounts 9
- Section 3: Health and Wellness 11**
 - FOCUS^{fwd}[®] Wellness Incentive Program 12
 - Great Expectations[®] *for health* 13
 - My Diabetes Discount Program 14
 - My Health NovelSM 15
 - Behavioral Health Resources 15
- Section 4: Tools and Resources 17**
 - Find Care 18
 - Information on the Web 18
 - Blue CareOnDemandSM 19
- Section 5: Choose Your 2023 Health Coverage 21**
 - Open Enrollment Period 22
 - Special Enrollment Period 22
- Section 6: 2023 Plans 25**
 - Blue Option Plans 26
- Glossary 32**
- Statement of Confidentiality 33**

Section 1: Our Plans

Our Plans

You can sign up for health insurance during the open enrollment period from October 15, 2022, to January 15, 2023. If you enroll in a plan between October 15, 2022, and December 31, 2022, your coverage will start January 1, 2023. If you enroll in a plan between January 1, 2023 and January 15, 2023, your coverage will start February 1, 2023.

Provider Network

With Blue Option, you have access to a large number of doctors, hospitals and other health care providers throughout South Carolina. You have the freedom to choose your own health care providers within our statewide network, which includes all South Carolina hospitals.

NEW! — BlueCard Program

Members traveling outside of South Carolina can locate participating doctors and hospitals nationwide. When members use an in-network doctor or hospital through BlueCard, they receive the highest level of benefits.

All-Inclusive Office Visit Copayment

Members who visit a participating 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 physician. Best of all, there are no dollar maximums! This is available to all members that have a plan with copayments.

Coverage for 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 keeping your drug costs affordable. You can purchase drugs at a retail pharmacy, or you can have them delivered to your doorstep through our mail-order program. To see a complete list of covered drugs or to find a pharmacy, visit www.BlueOptionSC.com.

Vision Coverage

In-network vision providers include your favorite retailers, including Walmart Vision Center, Target Optical®, LensCrafters® and more. There is an annual \$150 materials allowance for glasses and contacts, with a \$0 copayment for adults and only a \$25 copayment for dependent children through the age of 18. Better yet, there are no limits on frame or lens selection. Most providers offer additional discounts on any amounts spent over the material allowance.

Coverage for Essentials

We also cover essential health benefits:

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

Section 2: Benefits and Services



The Benefits of Blue Option Coverage

With Blue Option, You Get More

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. This is available to all members that have a plan with copayments.

NEW! BlueCard Program — If you are living or traveling outside of South Carolina, you can locate participating doctors and hospitals nationwide. When you use a doctor or hospital through BlueCard, you receive the highest level of benefits.

Adult and Pediatric Vision — All plans cover one eye exam each year and include a \$150 material allowance for glasses or contacts that can be spent on frames, lenses and lens upgrades with no limits on frame or lens selection.

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 **\$110 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 (pictured here) indicating a **FOCUS_{fwd}** initiative and its entry values.



for signing up for
FOCUS_{fwd}

Great Expectations for health — 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.

Blue CareOnDemand — Virtual visits with a doctor any time day or night for less than \$35 on most plans.

Specialist Visits — No referral is necessary for Blue Option members!

Urgent Care Visits at Doctors Care — These cost the same as primary care visits.

Lab Choices — We offer lab choices, generating savings and less out-of-pocket costs for you.

Free-Standing Ambulatory Surgical Centers — Our network of free-standing ambulatory surgical centers can save you money when you need surgery or a procedure that doesn't require an overnight stay.

EXAMPLE	FACILITY FEE*
You use a free-standing ambulatory surgical center.	\$200
You use the hospital or an outpatient facility affiliated with a hospital.	\$400 copayment, then deductible, then 50%
*Benefits vary. Check your Schedule of Benefits.	

Preventive Dental — This benefit covers an allowed amount per benefit period for preventive exams and cleanings at any South Carolina-licensed dentist.

My Life Consult — You have access to three FREE counseling sessions and three FREE life management sessions from First Sun. Because First Sun is a separate company from BlueChoice® HealthPlan. First Sun is solely responsible for all services related to individual assistance programs.





Tiered Prescription Drug Benefits



We offer pharmacy benefits programs that provide the highest level of clinical effectiveness and safety for the lowest net spending. Our goal is to help our members get the drugs they need at the best price.

One way we do this is by developing and maintaining a covered drug list.

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. 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.BlueOptionSC.com and select the **Prescription Drugs** link.

Six-Tier Drug Program

Blue Option has a six-tier prescription drug plan. This program offers flexibility in drug treatments. The chart shows the drugs that are typically in each tier.

MEMBER COST	DRUG TIER	DESCRIPTION
Not Applicable	Tier 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 preferred generic drugs. They will typically cost the least amount of money out of pocket.
\$\$	Tier 2	Drugs on this tier are usually generic drugs. They will typically cost less than brand-name drugs.
\$\$\$	Tier 3	Drugs on this tier are usually preferred brand-name drugs. They typically cost less than other brand-name drugs.
\$\$\$\$	Tier 4	Drugs on this tier are usually nonpreferred brand-name drugs. They typically cost more than other brand-name 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 expensive.
\$\$\$\$\$\$	Tier 6	Drugs on this tier are usually specialty drugs that are used to treat complex medical conditions. They are typically the most expensive drugs available.

All-Inclusive Office Visit Copayment

All plans that have a copayment provide you with the convenience of an all-inclusive office visit copayment. What does that mean?



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

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.



My Life Consult

My Life Consult can help with some of life's biggest challenges. My Life Consult services include these resources and more:

- Financial counseling and planning
- Adult care resources
- College consultation resources
- Legal consultations and documents
- Child care resources
- Parenting/adoption resources
- Individual, couples and family counseling

Members and those in their households receive three life management sessions and three counseling sessions at no cost.



Routine Vision Care

All plans include routine vision coverage through the Physicians Eyecare Network.

Physicians Eyecare Network is an independent company that administers a vision provider network on behalf of BlueChoice:

- **Adults** — One routine eye exam each year with a \$0 copayment and a \$150 material allowance with no copayment each year for glasses or contacts that can be spent on frames, lenses and lens upgrades with no limits on frame or lens selection. Costs incurred do not apply toward MOOP expenses.
- **Pediatric** (under the age of 19) — One routine eye exam each year with a \$15 copayment and a \$150 material allowance with a \$25 copayment each year for glasses or contacts that can be spent on frames, lenses and lens upgrades with no limits on frame or lens selection. Costs incurred do apply toward MOOP expenses.

Outside of the South Carolina service area, we allow \$40 toward the routine eye exam and up to 65% of the material allowance that is used. The member must file these claims.



Preventive Dental Care

All plans include a dental allowance per benefit period for exams and cleanings for adults and children by any South Carolina-licensed dentist:

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

Members can send a completed dental reimbursement form and the paid receipt to us for reimbursement of the allowed amount.



Discounts

Members can take advantage of great discount programs and special services. We offer these services and discounts to our members 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:

- Blue365®, a program offering nationwide discounts*
- Weight loss programs and centers
- Hearing aid discounts
- Fitness center discounts
- Bosley® hair restoration**



*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.

**Bosley is an independent company that provides discounts on hair restoration services for Blue Option members.



Section 3: Health and Wellness

FOCUSfwd Wellness Incentive Program



The **FOCUSfwd** Wellness Incentive Program is designed to help you lead a healthier lifestyle. By completing health-related activities and challenges, you can earn up to **\$110 in rewards** and increase your chances of winning one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards** in our **Sweepstakes!**



FOCUS Points

Get a **\$70 reward** and **40 Sweepstakes entries** when you complete your Personal Health Assessment, annual wellness exam, and preventive screening or flu vaccine.



GET FIT

Get up to **\$40 in rewards** and **40 Sweepstakes entries** for completing the quarterly step challenges.

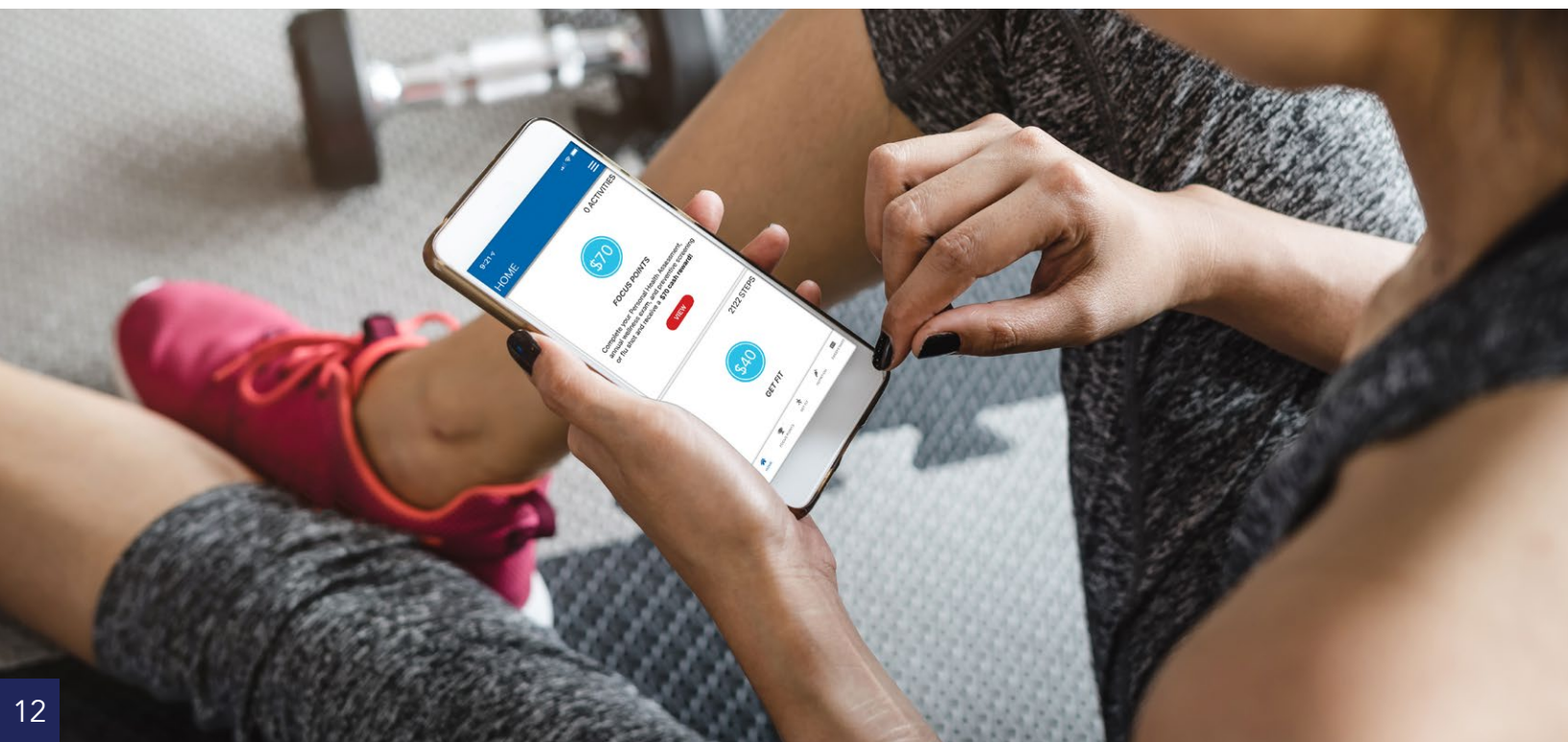


Sweepstakes

Earn entries into the **Sweepstakes** for every activity you complete in **FOCUSfwd**, increasing your chances to win one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards**. You earn **10 Sweepstakes entries** by simply signing up for **FOCUSfwd**.

Get the FOCUSfwd App

You can stay connected with your health and rewards with the **FOCUSfwd** app. To get started, access **FOCUSfwd** from your mobile device, and then select **Learn More** and follow the prompts to download the app and link your account.



Great Expectations *for health*



Our Great Expectations® *for health* programs help educate you about your overall health. We support you as you make healthy lifestyle changes.

Whether you are already healthy and active, have a chronic condition, are pregnant or have serious health challenges, we can help you take charge of your health.

Best of all, you 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

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
- Metabolic Health
- Migraine

Members with a complex health condition may be contacted to participate in our Case Management program. For a complete description of these Great Expectations programs, visit www.BlueOptionSC.com/GreatExpectations.

How the Programs Work

After enrolling, you will receive information welcoming you to the program.



*for participating in
Great Expectations*

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



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 primary care physician for a checkup that includes:
- A comprehensive metabolic panel lab test¹ OR a basic metabolic panel and liver function 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:

- Eligible members receive outreach from BlueChoice each quarter that includes 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 the \$0 copayment the following quarter.
- Requirements must be maintained on an annual basis to continually receive the \$0 insulin copayment.

¹Members under the age of 18 require a fasting glucose test instead of a comprehensive metabolic panel test.

²For members under the age of 18, the parent/guardian must meet the diabetes education requirement.

My Health Novel



My Health Novel matches members with helpful resources and tools based on specific health needs. With it, members can access **weight management, behavioral health and musculoskeletal health** mobile apps at no cost.

To see if you qualify:

1. Log in to **My Health Toolkit**.
2. Select **Benefits**, then **My Health Novel**.
3. Take a quick, one-minute assessment.

After taking the brief health quiz, qualifying members will be matched to the program that is best for them.



*for completing
the assessment in
My Health Novel*

Behavioral Health Resources



We know taking care of your mental health can help improve physical health and all aspects of life.

That's why BlueChoice provides a variety of services for members dealing with depression, anxiety and other behavioral health conditions.

- You receive three face-to-face counseling sessions through My Life Consult.
- Our Great Expectations *for health* behavioral health programs provide support for members with bipolar disorder, depression, substance use disorder, and stress and anxiety. These programs are offered through Companion Benefit Alternatives (CBA). CBA is a separate company that manages behavioral health benefits on behalf of BlueChoice.
- You have access to mental health services anytime, anywhere with Blue CareOnDemand.
- You have access to behavioral health management mobile apps at no cost through My Health Novel.





Section 4: Tools and Resources

Find Care



Finding a participating provider is quick and easy! You can view and print customized lists of health care providers and facilities. Your list will show providers or facilities in your network. You can find providers and facilities located near you. You can even create directories based on the types of doctors you may need.

To see if a doctor is in the network, visit www.BlueOptionSC.com and select **Find Care**.

Information on the Web

When you need to download forms, learn specifics about your health plan, send us emails, review the Prescription Drug List or read about our wellness programs, you can visit www.BlueOptionSC.com. Our website is a protected, secure and convenient way to access information on your schedule, not ours.



My Health Toolkit®

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

Simply create an account on www.BlueOptionSC.com after you receive your member ID card.

In the **Benefits** section, you have access to:

- Prescription information.
- Eligibility and benefits.
- My Health Novel.

In the **Health and Wellness** section for desktop and tablet users and **Benefits for mobile users, helpful tools include:**

- **FOCUS***fwd* Wellness Incentive Program.
- Health Coaching Activity Center.

In the **Resources** section, you can:

- Find care.
- Rate your visits.
- Estimate treatment costs.



My Health Toolkit Mobile App

With the My Health Toolkit mobile app, your insurance benefits are with you wherever you go!

With the app, you can:

- View and share your digital ID card.
- Quickly check the status of your claims.
- See what's covered.
- Find an in-network doctor or hospital.
- Update your contact information.
- Update your 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.



for registering for My Health Toolkit



Doctor Visits Anytime, Anywhere for Less Than \$35*



With Blue CareOnDemand, you can visit with a doctor via smartphone, tablet or computer rather than visiting an office or urgent care facility.



Services available with Blue CareOnDemand

Urgent Care: Skip the waiting room for common issues such as cold and flu symptoms, sinus infections, ear infections, and more.

Behavioral Health: Schedule an appointment with a mental health professional to help with life's challenges.

Breastfeeding Support: Meet with a lactation consultant for common questions and issues associated with breastfeeding.

Get started now

There are two easy ways for you to use Blue CareOnDemand:

- From a mobile phone or tablet, download the **Blue CareOnDemand** app for an Apple or Android device.
- From a computer, go to www.BlueCareOnDemandSC.com.



*for registering for
Blue CareOnDemand*

*Members enrolled in high-deductible health plans must meet any deductible and coinsurance requirements.



Section 5: Choose Your 2023 Health Coverage

Choose Your 2023 Health Coverage

Open Enrollment Period

You can sign up for health insurance during the open enrollment period from October 15, 2022, to January 15, 2023. If you enroll in a plan between October 15, 2022, and December 31, 2022, your coverage will start January 1, 2023. If you enroll in a plan between January 1, 2023 and January 15, 2023, your coverage will start February 1, 2023.

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? This book will help you find the best fit for you.

2. Choose your plan.

We are here to help you choose a plan. You can call us at [855-433-2132](tel:855-433-2132) or contact your local agent during the open enrollment period to select your 2023 health plan. Or you can visit www.BlueOptionSC.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.

Decide 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 (Gold, Silver and Bronze) and the Catastrophic plan. Anyone is eligible to buy a metallic plan. There are additional qualifying criteria, however, to purchase the Catastrophic 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.



- Catastrophic plan — Adults under age 30 are eligible for the 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 mammograms and colonoscopies, at no cost to you. Plus, you get value-added services, such as life management services, vision, dental 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.

Plans

PLAN	PAGE
Benefits for all plans	24
NEW — Blue Option Gold 1500	26
Blue Option Silver 2250.	26
Blue Option Silver 3200.	27
NEW — Blue Option Silver 4500	27
Blue Option Silver 5550.	27
Blue Option Silver 6250.	27
Blue Option Silver 7350.	28
Blue Option Silver 8200.	28
Blue Option Bronze 6500	29
Blue Option Bronze 8000	29
NEW — Blue Option Gold 3000 HD	30
Blue Option Silver 4900 HD	30
Blue Option Bronze 7000 HD	31
Blue Option Catastrophic.	31

Pricing

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



Choose Your 2023 Health Coverage

These benefits are applicable to all plans:

BENEFIT	ALL PLANS
Gynecological Exam (two per benefit year)	\$0 copayment
Routine Screening Mammogram	\$0 copayment
Routine Screening Colonoscopy	\$0 copayment
NEW! — BlueCard	Members traveling outside of South Carolina can locate participating doctors and hospitals nationwide. When members use an in-network doctor or hospital through BlueCard, they receive the highest level of benefits.
<p>Pediatric Vision Care</p> <p>To locate an in-network vision care provider, please visit www.BlueOptionSC.com.</p>	<p>Benefits include:</p> <ul style="list-style-type: none"> • \$15 copayment for one routine eye exam. • One standard contact lens fitting with a \$49 copayment, or 15% discount off the provider's non-standard contact lens fitting fee. • \$150 material allowance with a \$25 copayment every benefit period that can be spent on frames, lenses, lens upgrades and contacts. Members are not limited by a frame, lens or contact lens selection. • Benefit for prescription sunglasses. • Discounts of 20% on glasses and 15% on contacts on any amounts spent over the material allowance (at most providers). • Necessary contact lenses are covered in full for specific conditions for which contact lenses provide better visual correction. For out-of-network providers, the member is reimbursed up to \$40 for a routine eye exam and up to 65% of the material allowance that is used minus material copay.
<p>Adult Vision*</p> <p>To locate an in-network vision care provider, please visit www.BlueOptionSC.com.</p>	<p>For adult vision care (ages 19 and over), this includes:</p> <ul style="list-style-type: none"> • \$0 copayment for one routine eye exam. • One standard contact lens fitting with a \$49 copayment, or 15% discount off the provider's non-standard contact lens fitting fee. • \$150 material allowance with a \$0 copayment every benefit period that can be spent on frames, lenses, lens upgrades and contacts. Members are not limited by a frame, lens or contact lens selection. • Benefit for prescription sunglasses. • Discounts of 20% on glasses and 15% on contacts on any amounts spent over the material allowance (at most providers). For out-of-network providers, the member is reimbursed up to \$40 for a routine eye exam and up to 65% of the material allowance that is used minus material copayment.
<p>Preventive Dental Care*</p> <p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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.

Section 6: 2023 Blue Option Plans

Blue Option Plans

BENEFIT FEATURE AND DESCRIPTION	NEW — BLUE OPTION GOLD 1500	BLUE OPTION SILVER 2250
Coinsurance	35%	50%
Deductible (Single/Family) ¹	\$1,500/\$3,000	\$2,250/\$4,500
Maximum Out of Pocket (MOOP) (Single/Family) ¹	\$5,000/\$10,000	\$7,500/\$15,000
Preventive Care/Screenings/Immunizations, Including Lactation Support ²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	\$15	\$45
Blue CareOnDemand	\$8	\$23
Specialists Office Visits	\$50	\$85
Maternity Care	\$50 first visit	\$85 first visit
Urgent Care 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.	\$250 copayment, then 35% after deductible	\$400 copayment, then 50% after deductible
Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	\$200 per visit	\$200 per visit
Inpatient Hospital Services, Including Behavioral Health ⁴	35% after deductible	\$400 copayment, then 50% after deductible
Outpatient Surgery Physician and Surgical Services	35% after deductible	\$100 copayment, then 50% after deductible
Ambulance	35% after deductible	50% after deductible
Durable Medical Equipment	35% 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.	35% after deductible	50% after deductible
Pharmacy Retail ⁵ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3 – Tier 6: 50% after deductible
Mail Order ⁵ 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: \$40 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3 – Tier 6: 50% after deductible

BLUE OPTION SILVER 3200	NEW — BLUE OPTION SILVER 4500	BLUE OPTION SILVER 5550	BLUE OPTION SILVER 6250
50%	50%	35%	25%
\$3,200/\$6,400	\$4,500/\$9,000	\$5,550/\$11,100	\$6,250/\$12,500
\$7,900/\$15,800	\$8,900/\$17,800	\$7,400/\$14,800	\$8,000/\$16,000
\$0	\$0	\$0	\$0
\$45	\$35	\$35	\$30
\$23	\$18	\$18	\$15
\$90	\$80	\$85	\$65
\$90 first visit	\$80 first visit	\$85 first visit	\$65 first visit
\$50	\$50	\$50	\$50
\$400 copayment, then 50% after deductible	\$300 copayment, then 50% after deductible	\$500 copayment, then 35% after deductible	25% after deductible
\$200 per visit	\$200 per visit	\$200 per visit	\$200 per visit
50% after deductible	50% after deductible	35% after deductible	25% after deductible
\$100 copayment, then 50% after deductible	\$100 copayment, then 50% after deductible	35% after deductible	\$100 copayment, then 25% after deductible
50% after deductible	50% after deductible	35% after deductible	25% after deductible
50% after deductible	50% after deductible	35% after deductible	25% after deductible
50% after deductible	50% after deductible	35% after deductible	25% after deductible
Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$50 Tier 4: \$90 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$50 Tier 4: \$90 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$35 Tier 2: \$35 Tier 3 – Tier 6: 35% after deductible	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$40 Tier 4: \$90 Tier 5: \$300 Tier 6: \$300
Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$100 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$100 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$70 Tier 2: \$70 Tier 3 – Tier 6: 35% after deductible	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$80 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600

Blue Option Plans

BENEFIT FEATURE AND DESCRIPTION	BLUE OPTION SILVER 7350	BLUE OPTION SILVER 8200
Coinsurance	50%	0%
Deductible (Single/Family)¹	\$7,350/\$14,700	\$8,200/\$16,400
Maximum Out of Pocket (MOOP) (Single/Family)¹	\$8,500/\$17,000	\$8,200/\$16,400
Preventive Care/Screenings/Immunizations, Including Lactation Support²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	\$35	\$0
Blue CareOnDemand	\$18	\$0
Specialists Office Visits	\$80	\$60
Maternity Care	\$80 first visit	\$60 first visit
Urgent Care 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.	50% after deductible	\$500 copayment, then deductible
Free-Standing Ambulatory Surgical Center³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	\$200 per visit	\$200 per visit
Inpatient Hospital Services, Including Behavioral Health⁴	50% after deductible	Deductible
Outpatient Surgery Physician and Surgical Services	50% after deductible	Deductible
Ambulance	50% after deductible	Deductible
Durable Medical Equipment	50% after deductible	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.	50% after deductible	Deductible
Pharmacy Retail⁵ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$60 Tier 4: \$75 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$50 Tier 4 – Tier 6: Deductible
Mail Order⁵ 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: \$60 Tier 2: \$60 Tier 3: \$120 Tier 4: \$150 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$100 Tier 4 – Tier 6: Deductible

BLUE OPTION BRONZE 6500	BLUE OPTION BRONZE 8000
30%	50%
\$6,500/\$13,000	\$8,000/\$16,000
\$8,700/\$17,400	\$8,900/\$17,800
\$0	\$0
\$60	\$60
\$30	\$30
\$110	\$100
\$110 first visit	\$100 first visit
\$75	\$75
\$300 copayment, then 30% after deductible	50% after deductible
\$200 per visit	\$200 per visit
\$300 copayment, then 30% after deductible	50% after deductible
\$300 copayment, then 30% after deductible	50% after deductible
30% after deductible	50% after deductible
30% after deductible	50% after deductible
30% after deductible	50% after deductible
Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3 – Tier 6: 30% after deductible	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3 – Tier 6: 50% after deductible
Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3 – Tier 6: 30% after deductible	Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3 – Tier 6: 50% after deductible

Blue Option Plans

BENEFIT FEATURE AND DESCRIPTION	NEW — BLUE OPTION GOLD 3000 HD	BLUE OPTION SILVER 4900 HD
Coinsurance	0%	0%
Deductible (Single/Family) ¹	\$3,000/\$6,000	\$4,900/\$9,800
Maximum Out of Pocket (MOOP) (Single/Family) ¹	\$3,000/\$6,000	\$4,900/\$9,800
Preventive Care/Screenings/Immunizations, Including Lactation Support ²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	Deductible	Deductible
Blue CareOnDemand	Deductible	Deductible
Specialists Office Visits	Deductible	Deductible
Maternity Care	Deductible	Deductible
Urgent Care 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
Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	Deductible	Deductible
Inpatient Hospital Services, Including Behavioral Health ⁴	Deductible	Deductible
Outpatient Surgery Physician and Surgical Services	Deductible	Deductible
Ambulance	Deductible	Deductible
Durable Medical Equipment	Deductible	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.	Deductible	Deductible
Pharmacy Retail ⁵ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1 – Tier 6: Deductible	Tier 0: \$0 Tier 1 – Tier 6: Deductible
Mail Order ⁵ 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 – Tier 6: Deductible	Tier 0: \$0 Tier 1 – Tier 6: Deductible

BLUE OPTION BRONZE 7000 HD	BLUE OPTION CATASTROPHIC
0%	0%
\$7,000/\$14,000	\$9,100/\$18,200
\$7,000/\$14,000	\$9,100/\$18,200
\$0	\$0
Deductible	\$25 for first 3 visits, then deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Tier 0: \$0 Tier 1 – Tier 6: Deductible	Tier 0: \$0 Tier 1 – Tier 6: Deductible
Tier 0: \$0 Tier 1 – Tier 6: Deductible	Tier 0: \$0 Tier 1 – Tier 6: Deductible

Important Notes for 2023:

- These products provide out-of-network coverage at 50 percent with no deductible or maximum out-of-pocket cost, except where noted otherwise.
- 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_{fd}**, My Life Consult and Blue CareOnDemand.
- The MOOP for out-of-network services is unlimited.
- All plans include an embedded deductible and MOOP.

¹Includes 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.

²Covered 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.

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

⁴Includes 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.

⁵If 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.

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 allowed amount, 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 in-network doctor.

Deductible — The amount you must pay for covered services before your health plan starts to pay. For example, say 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.

Essential Health Benefits — There is a set of 10 categories of services health insurance plans must cover:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic condition management
- Pediatric services, including oral and vision care

Maximum Out of Pocket (MOOP) — The most you pay for covered services in a year before this plan begins to pay 100 percent of the allowed amount. This limit never includes your premium, balance-billed charges, health care your plan doesn't cover, or coupons for medical and/or prescription coverage.

Network Provider — Network providers are doctors, hospitals and other health care providers we have contracted with to provide health care services to our members. Network providers are also called in-network providers or participating providers.

Open Enrollment Period — The yearly period when you can enroll in or make changes to your health insurance coverage. Open enrollment for 2022 runs from October 15, 2022, to December 31, 2022.

Special Enrollment Period (SEP) — An SEP is a time outside of the yearly open enrollment period when you can enroll in a health insurance plan. You qualify for an SEP if you've had certain life events, like losing health coverage, moving, getting married, having a baby or adopting a child.

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 your privacy.

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 you 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.*

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 [855-433-2132](tel:855-433-2132) Monday through Friday, 9 a.m. to 5 p.m.



3: Visit www.BlueOptionSC.com.



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

www.BlueOptionSC.com