



2024 Individual and Family Coverage

**Blue Option**<sup>SM</sup>

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



# 2024 Blue Option Individual Coverage

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## Section 1: Overview of Our Plans

# Overview of Our Plans

Since 1984, BlueChoice® HealthPlan has served South Carolinians as the expert in individual health coverage. As we celebrate our 40th anniversary, you can still take advantage of our unmatched customer service and extensive benefits. With BlueChoice HealthPlan, you get the best value and the coverage you deserve.

You can sign up for health insurance during the open enrollment period from October 15, 2023, to January 31, 2024. If you enroll in a plan between October 15, 2023, and December 31, 2023, your coverage will start January 1, 2024. If you enroll in a plan between January 1, 2024 and January 31, 2024, your coverage will start February 1, 2024.

## Our 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.

## Nationwide Coverage

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

## Save Money With Our All-Inclusive Office Visit Copayment

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! This is available for all plans that have a copayment.

## Extensive 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](http://www.BlueOptionSC.com).

## Vision Coverage is Included

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.

## Wait There's More!

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



## 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 for all plans that have a copayment.

**BlueCard Program** — If you are 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<sub>fwd</sub>**<sup>®</sup> 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! Just look for the running man icon throughout this brochure indicating a **FOCUS<sub>fwd</sub>** initiative and its entry values.



for signing up for  
**FOCUS<sub>fwd</sub>**

**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** — Receive insulin with a \$0 copayment when you meet the program criteria.

**Blue CareOnDemand<sup>SM</sup> Powered by MDLIVE** — Virtual visits with a doctor any time day or night for less than \$35 on most plans.

**Specialist Visits** — No referral is necessary with a Blue Option plan!

**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<sup>SM</sup>** — 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 you get the drugs you 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](http://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.

YOUR COST	DRUG TIER	DESCRIPTION
\$0	Tier 0	These drugs are considered preventive medications under the Affordable Care Act (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 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.



# Save With Our All-Inclusive Office Visit Copayment



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

If you visit an 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 doctor. Best of all, there are no dollar maximums!

For example, let's say you make a routine office visit to an in-network doctor. Your copayment for this visit is \$25. While you are there, you end up needing lab work and an in-office X-ray. With your all-inclusive office visit copayment, you wouldn't pay any extra for these services. The chart shows how much you would save.

SERVICE	WITH ALL-INCLUSIVE COPAYMENT	WITHOUT ALL-INCLUSIVE COPAYMENT
Office Visit	\$25.00	\$25.00
Lab Work	\$0 (Included)	\$47.00
In-Office X-Ray	\$0 (Included)	\$89.00
Total Cost	\$25.00	\$161.00
<b>Total Savings With All-Inclusive Copayment — \$136.00</b>		

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.)



# 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

You and those in your household receive **three free life management sessions and three free counseling sessions.**



## Routine Vision Care

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

PEN provides vision services through the Physician Eyecare Plan (PEP) on behalf of BlueChoice HealthPlan.

- **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 percent of the material allowance that is used. You must file these claims.



*for getting  
an eye exam*



## 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

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



*for getting  
a dental exam*



## Discounts

You can take advantage of great discount programs and special services.

We offer these services and discounts in addition to, but not included in, the services and benefits covered under a BlueChoice policy. Through our value-added services, you have access to special discounts or benefits on services such as these:

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



*for signing up  
for Blue365*

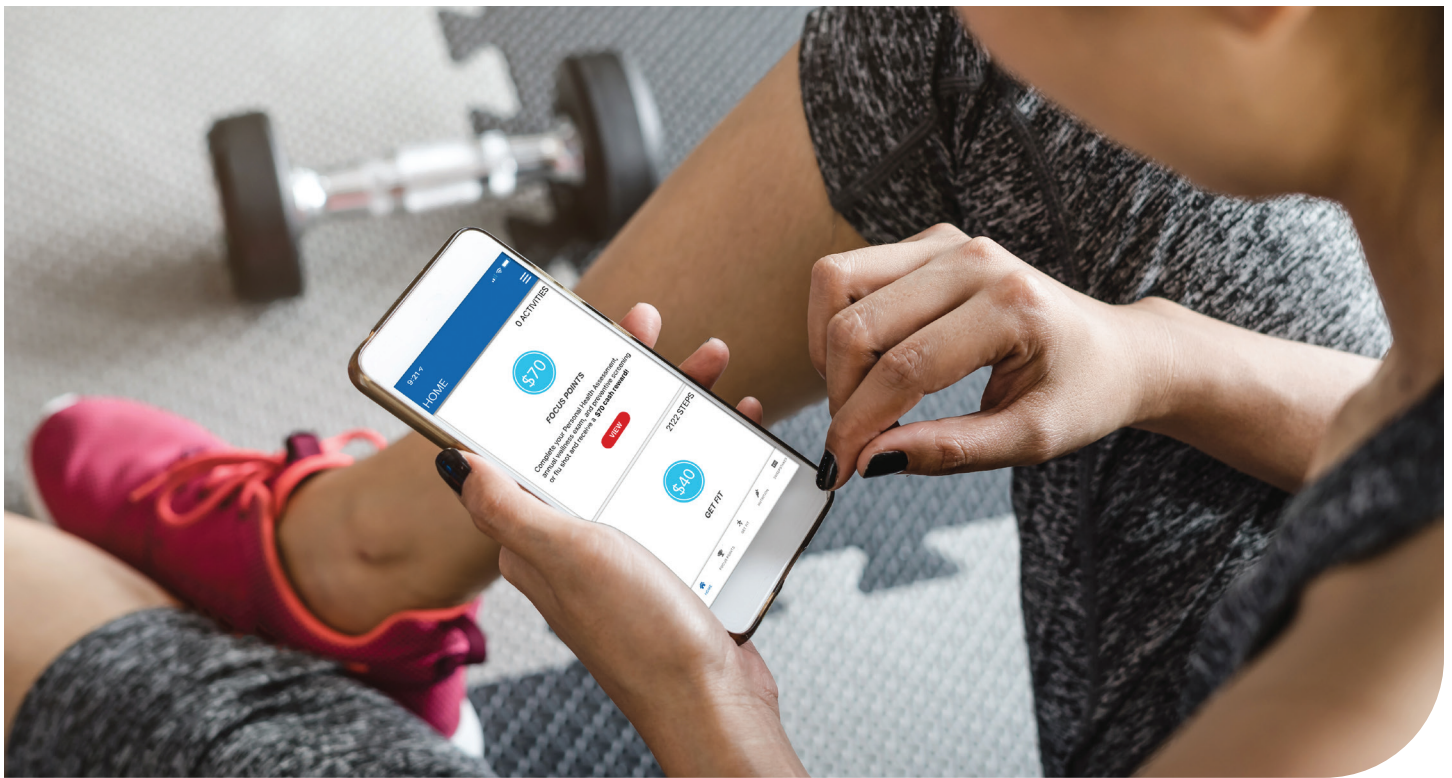
\*The Blue365 program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield companies.

\*\*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. When you participate in **FOCUSfwd**, each quarter you have the opportunity to win one of three \$1,000 cash rewards in our Sweepstakes drawings. You can also win in one of our three \$5,000 annual cash reward drawings!



### FOCUS Points

Get a \$70 reward and 40 Sweepstakes entries for completing an individual 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 your rewards with the **FOCUSfwd** app. To get started, you should access **FOCUSfwd** from your mobile device. Then, select **Learn More** and follow the prompts to download the app and link your account.



for downloading the  
**FOCUSfwd** app

# 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 ADHD
- 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

If you have a complex health condition, you may be contacted to participate in our Case Management program. For a complete description of these Great Expectations programs, visit [www.BlueOptionSC.com/GreatExpectations](http://www.BlueOptionSC.com/GreatExpectations).

## How the Programs Work

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



*for participating  
in Great Expectations*





## My Diabetes Discount Program



**My Diabetes Discount Program** enables you to receive insulin with a \$0 copayment when you meet the requirements listed below.

- Visit your primary care physician for a checkup that includes:
  - A comprehensive metabolic panel lab test<sup>1</sup> OR a basic metabolic panel.
  - An A1C test every six months.
  - A diabetes risk factor assessment of your feet and eyes.
- Get a flu vaccine.
- Complete approved diabetes education.<sup>2</sup>

### Who is eligible?

You must have Type 1 or Type 2 diabetes and be actively on insulin therapy to be eligible for this program.

### How it works:

- If you are eligible, you will receive outreach from BlueChoice each quarter that includes a detailed checklist of what you need to do to start or continue receiving your \$0 copayment.
- After completing all program requirements, you will begin receiving your \$0 copayment the following quarter.
- Requirements must be maintained on an annual basis to continually receive the \$0 insulin copayment.

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

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

# My Health Novel



My Health Novel<sup>SM</sup> matches you with helpful resources and tools based on your specific health needs. With it, you can access **women's health, weight management, behavioral health and musculoskeletal health** mobile apps at no cost.

Once you enroll in a BlueChoice plan, you will be matched to the program that is best for you if you qualify.



for completing  
the assessment in  
My Health Novel

## Behavioral Health Resources



We know helping take care of mental health can help improve physical health and all aspects of life. That's why BlueChoice provides a variety of services dealing with depression, anxiety and other behavioral health conditions.

- Receive three face-to-face counseling sessions through the My Life Consult provided by First Sun.
- Our Great Expectations *for health* behavioral health programs provide support for 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.
- Access mental health services anytime, anywhere with Blue CareOnDemand powered by MDLIVE.
- Access behavioral health management mobile apps at no cost through My Health Novel.

### Meru Health

CBA now offers Meru Health, a groundbreaking mental health program that blends one-on-one therapist support with helpful digital tools and interactive practices.



Scan this code to get started and transform the way you think about your mental health.







## 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/FindCare](http://www.BlueOptionSC.com/FindCare).

## 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](http://www.BlueOptionSC.com). Our website is a protected, secure and convenient way to access information on your schedule, not ours.

Scan this QR code to learn how to make the most of your coverage with our easy-to-use online resources.



### My Health Toolkit

Once you are enrolled in a BlueChoice plan, 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](http://www.BlueOptionSC.com) after you receive your member ID card.



### 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 cards.
- Quickly check the status of your claims.
- See what your health plan covers.
- Find an in-network doctor or hospital.
- Update your contact information.
- Update your other health insurance information.
- Check the status of prior authorizations.

You can register through the My Health Toolkit 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 Powered by MDLIVE 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 and Virtual Primary 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.

**Dermatology:** Meet with a dermatologist for common skin issues.

### Get Started Now

Once you are enrolled in a BlueChoice plan, you will be able to access care via My Health Toolkit.

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



for registering for  
Blue CareOnDemand



## Section 5: Choose Your 2024 Health Coverage

# Choose Your 2024 Health Coverage

## Open Enrollment Period

You can sign up for health insurance during the open enrollment period from October 15, 2023, to January 31, 2024. If you enroll in a plan between October 15, 2023, and December 31, 2023, your coverage will start January 1, 2024. If you enroll in a plan between January 1, 2024 and January 31, 2024, your coverage will start February 1, 2024.

### 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**, or contact your local agent during the open enrollment period to select your 2024 health plan. Or you can visit [www.BlueOptionSC.com](http://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.
- You are a victim of domestic abuse.
- You are determined ineligible for Medicaid or the Children's Health Insurance Program (CHIP).
- You gain access to an individual coverage health reimbursement account (HRA) or are newly eligible for a qualified small employer health reimbursement arrangement (QSEHRA).

## Decide What You Need

First, you need to figure out what kind of plan you need. 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. Those who are exempt from the requirement under Section 5000A of the Internal Revenue Code of 1986 regarding people without affordable coverage or with hardships can also qualify for 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 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

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## Pricing

Go to [www.BlueOptionSC.com](http://www.BlueOptionSC.com) to begin shopping for a plan and determine pricing.



## 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
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 <a href="http://www.BlueOptionSC.com">www.BlueOptionSC.com</a>.</p>	<p>Benefits include:</p> <ul style="list-style-type: none"> <li>• \$15 copayment for one routine eye exam.</li> <li>• One standard contact lens fitting with a \$49 copayment, or 15% discount off the provider's non-standard contact lens fitting fee.</li> <li>• \$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.</li> <li>• Benefit for prescription sunglasses.</li> <li>• Discounts of 20% on glasses and 15% on contacts on any amounts spent over the material allowance (at most providers).</li> <li>• 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.</li> </ul>
<p>Adult Vision*</p> <p>To locate an in-network vision care provider, please visit <a href="http://www.BlueOptionSC.com">www.BlueOptionSC.com</a>.</p>	<p>For adult vision care (ages 19 and over), this includes:</p> <ul style="list-style-type: none"> <li>• \$0 copayment for one routine eye exam.</li> <li>• One standard contact lens fitting with a \$49 copayment, or 15% discount off the provider's non-standard contact lens fitting fee.</li> <li>• \$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.</li> <li>• Benefit for prescription sunglasses.</li> <li>• 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.</li> </ul>
<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"> <li>• One exam every six months, up to a \$50 allowance</li> <li>• One cleaning every six months, up to a \$50 allowance</li> </ul>
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: 2024 Blue Option Plans



BENEFIT FEATURE AND DESCRIPTION	BLUE OPTION GOLD 1500	BLUE OPTION SILVER 2250
Coinsurance	35%	50%
Deductible (Single/Family) <sup>1</sup>	\$1,500/\$3,000	\$2,250/\$4,500
Maximum Out of Pocket (MOOP) (Single/Family) <sup>1</sup>	\$5,000/\$10,000	\$7,500/\$15,000
Preventive Care/Screenings/Immunizations, Including Lactation Support <sup>2</sup>	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	\$15	\$45
Blue CareOnDemand Powered by MDLIVE	\$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 <sup>3</sup> 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 <sup>4</sup>	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 <sup>5</sup> 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 <sup>5</sup> 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	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
\$8,100/\$16,200	\$8,900/\$17,800	\$7,400/\$14,800	\$8,600/\$17,200
\$0	\$0	\$0	\$0
\$45	\$35	\$35	\$35
\$23	\$18	\$18	\$18
\$90	\$80	\$85	\$70
\$90 first visit	\$80 first visit	\$85 first visit	\$70 first visit
\$50	\$50	\$50	\$50
\$400 copayment, then 50% after deductible	\$300 copayment, then 50% after deductible	\$500 copayment, then 35% after deductible	\$300 copayment, then 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: \$28 Tier 2: \$28 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: \$56 Tier 2: \$56 Tier 3: \$80 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600

BENEFIT FEATURE AND DESCRIPTION	BLUE OPTION SILVER 7350	BLUE OPTION SILVER 8600
Coinsurance	50%	0%
Deductible (Single/Family) <sup>1</sup>	\$7,350/\$14,700	\$8,600/\$17,200
Maximum Out of Pocket (MOOP) (Single/Family) <sup>1</sup>	\$9,200/\$18,400	\$8,600/\$17,200
Preventive Care/Screenings/Immunizations, Including Lactation Support <sup>2</sup>	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	\$35	\$0
Blue CareOnDemand Powered by MDLIVE	\$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 Center <sup>3</sup> 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 <sup>4</sup>	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 Retail <sup>5</sup> Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$35 Tier 2: \$35 Tier 3: \$60 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$35 Tier 2: \$35 Tier 3: \$60 Tier 4 – Tier 6: Deductible
Mail Order <sup>5</sup> 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: \$70 Tier 2: \$70 Tier 3: \$120 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$70 Tier 2: \$70 Tier 3: \$120 Tier 4 – Tier 6: Deductible

BLUE OPTION BRONZE 6500	BLUE OPTION BRONZE 8000
30%	50%
\$6,500/\$13,000	\$8,000/\$16,000
\$9,300/\$18,600	\$9,300/\$18,600
\$0	\$0
\$60	\$65
\$30	\$33
\$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: \$35 Tier 2: \$35 Tier 3 – Tier 6: 30% after deductible	Tier 0: \$0 Tier 1: \$35 Tier 2: \$35 Tier 3 – Tier 6: 50% after deductible
Tier 0: \$0 Tier 1: \$70 Tier 2: \$70 Tier 3 – Tier 6: 30% after deductible	Tier 0: \$0 Tier 1: \$70 Tier 2: \$70 Tier 3 – Tier 6: 50% after deductible

BENEFIT FEATURE AND DESCRIPTION	BLUE OPTION GOLD 3200 HD	BLUE OPTION SILVER 5225 HD
Coinsurance	0%	0%
Deductible (Single/Family) <sup>1</sup>	\$3,200/\$6,400	\$5,225/\$10,450
Maximum Out of Pocket (MOOP) (Single/Family) <sup>1</sup>	\$3,200/\$6,400	\$5,225/\$10,450
Preventive Care/Screenings/Immunizations, Including Lactation Support <sup>2</sup>	\$0	\$0
Primary Care Physician (PCP) Office Visits Doctors Care Office Visits	Deductible	Deductible
Blue CareOnDemand Powered by MDLIVE	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 <sup>3</sup> 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 <sup>4</sup>	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 <sup>5</sup> 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 <sup>5</sup> 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 7200 HD	BLUE OPTION CATASTROPHIC
0%	0%
\$7,200/\$14,400	\$9,450/\$18,900
\$7,200/\$14,400	\$9,450/\$18,900
\$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
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 2024:

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

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

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

<sup>3</sup>Facility charges only. Providers may bill separately for their services.

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

<sup>5</sup>If a drug manufacturer provides any form of direct support (cash, reimbursement, coupon, voucher, debit card, etc.) for some or all of the cost sharing on the purchase of prescription and/or specialty drugs, this amount will not be counted toward the member's annual limitation on cost sharing. The drug will still be considered a covered prescription drug.

# 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. You can sign up for health insurance during the open enrollment period from October 15, 2023, to January 31, 2024. If you enroll in a plan between October 15, 2023, and December 31, 2023, your coverage will start January 1, 2024. If you enroll in a plan between January 1, 2024 and January 31, 2024, your coverage will start February 1, 2024.

**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 your 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.

## Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

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Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

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Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

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Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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Ni da doodago t'áá háida biká'aná nílwo'ígíí díí Béeso Ách'ááh naa'nílígi háá'ída yí na' ídíl kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíí bí na'ídołkídígi doo bik'é'azláagóó. Ata' halne'é la' bich'í' ha desdzh níńízingo, koji' béesh bee hólne' 1-844-516-6328. (Navajo)

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Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)

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 Monday through Friday, 9 a.m. to 5 p.m.



3: Visit [www.BlueOptionSC.com](http://www.BlueOptionSC.com).

Ben Howell CLU ChFC  
One Source Services, LLC  
864-987-9996  
[ben@onesourcesvc.com](mailto:ben@onesourcesvc.com)

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



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

[www.BlueOptionSC.com](http://www.BlueOptionSC.com)