

I need a health care plan designed just for me.

PERSONAL TRUE BLUE SE

This is my plan.

Personal True BlueSM SE

PLAN FEATURES ■ Fixed plan designs offer lower premiums and reliable benefits.

- Four plan designs to choose from with two deductible levels
- Choice of two benefit levels
- Prescription drug coverage
- Unlimited lifetime benefit maximum
- Access to the largest preferred provider network in South Carolina
- Optional combined dental and vision benefits



South Carolina



These are the details.

You want an affordable health care plan with coverage you can count on. BlueCross BlueShield of South Carolina partners with local chambers of commerce to bring you Personal True Blue SE.

Personal True Blue SE gives you access to the largest statewide network of preferred providers and the peace of mind that comes with the BlueCross name. Your BlueCross card also gives you access to providers nationwide through the BlueCard® program.

Our affordable plan designs, outstanding network value and commitment to member service make Personal True Blue SE the right choice for you.

Multiple choices available

Core benefits

Additional coverage options

Choose your plan

Select one plan from the list of options below.

	Copayment for Office Visits*	Single Deductible*	Family Deductible*	Benefit Percentage	Single Out-of-Pocket Maximum*	Family Out-of-Pocket Maximum*
		In-Network/ Out-of-Network	In-Network/ Out-of-Network		In-Network/ Out-of-Network	In-Network/ Out-of-Network
<input type="checkbox"/> Plan 1	\$35 – Primary Care \$60 – Specialist	\$2,000/ \$4,000	\$4,000/ \$8,000	80/60	\$5,000/ \$10,000	\$15,000/ \$30,000
<input type="checkbox"/> Plan 2	\$35 – Primary Care \$60 – Specialist	\$3,500/ \$7,000	\$7,000/ \$14,000	60/40	\$5,000/ \$10,000	\$15,000/ \$30,000
<input type="checkbox"/> Plan 3	\$35 – Primary Care Specialist – Deductible/ Coinsurance	\$2,000/ \$4,000	\$4,000/ \$8,000	80/60	\$5,000/ \$10,000	\$15,000/ \$30,000
<input type="checkbox"/> Plan 4	\$35 – Primary Care Specialist – Deductible/ Coinsurance	\$3,500/ \$7,000	\$7,000/ \$14,000	60/40	\$5,000/ \$10,000	\$15,000/ \$30,000

*Note that in- and out-of-network deductibles and out-of-pocket coinsurance maximums are separate and accumulate independent of each other.

Drug Coverage

Allowable charges are paid at the copayment percentage shown:

Generic Drugs – 20 percent (\$8 minimum)

Preferred Drugs – 30 percent

Non-Preferred and Specialty Drugs – 60 percent

When you receive your prescription medications at one of our network locations, you have no forms to file — just pay your copayment and BlueCross does the rest. With more than 57,000 network pharmacies across the country, there's always one close by.

No benefits are paid at non-network pharmacies. Specialty drugs are only covered at specialty drug network providers.

Copayments

OFFICE VISITS

Primary Care Physician – \$35 per visit

Specialist – \$60 per visit (plans 1 and 2)

Deductible, then coinsurance (plans 3 and 4)

Any out-of-network provider (all plans) – Deductible, then coinsurance

Services received in a physician's office include the following: treatment of illness, accident or injury; injections for allergy, tetanus or antibiotics; diagnostic lab and diagnostic X-rays (such as chest and plain film), when performed in the doctor's office on the same date and billed by the doctor. All other covered services are subject to the deductible and coinsurance. Copayments do not apply to mental health services or substance abuse care. Routine or preventive services are covered as shown in the policy and only when provided by an in-network provider.

Emergency Room –

\$100 for plans 1 and 2

\$75 for plans 3 and 4

Member pays copayment, then deductible and coinsurance. Copayment waived if admitted to hospital same day for same condition — inpatient copayment will be applied.

Outpatient –

\$150 for treatment or services, then member pays deductible and coinsurance

Inpatient Hospital –

\$250 hospital for admission, then member pays deductible and coinsurance

Copayments do not apply toward any deductible, or coinsurance or out-of-pocket maximum.

Physician Services

After the member pays any applicable copayment and meets their benefit period deductible, we pay covered physician services at the plan's in- or out-of-network benefit percentages. Covered services include:

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

Preventive Screenings

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

Some common screenings are:

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

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

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

Outpatient Hospital Service

After members pay any applicable copayment and meet their benefit period deductible, we pay allowable charges for covered outpatient hospital services at the plan's in- or out-of-network benefit percentages. Covered services include:

- Hospital, ambulatory surgical center or clinic charges
- Emergency room facility charges (copayment applies)
- Medical and surgical services
- Preadmission testing, lab work, X-rays and other diagnostic services
- All other covered outpatient services

Inpatient Hospital Services	<p>We pay allowable charges, subject to applicable copayment, deductible and coinsurance. Covered services include:</p> <ul style="list-style-type: none"> ■ Semi-private room and board, or special care unit ■ All other covered hospital services, including surgical services and anesthesia ■ Inpatient rehabilitation, limited to the annual limit per member, per benefit period. <p>We require preadmission review, emergency admission review and continued stay review for medically necessary treatment for all hospital admissions.</p>
Lifetime Benefit Maximum	Unlimited
Diabetic Supplies and Dialysis	Allowable charges are paid subject to deductible and coinsurance.
Short-Term Therapy	Includes occupational, physical and speech therapy. Allowable charges, subject to the deductible and coinsurance, up to the annual limit per member, per benefit period.
Dental Accident Coverage	Benefits to cover dental services related to an accident, if provided within 12 months of the accident. Subject to all applicable copayments, deductible and coinsurance.
Durable Medical Equipment (DME)	We will pay allowable charges per member, each benefit period, subject to deductible and coinsurance; pre-authorization is required for any benefit of \$500 or more. Members may only obtain one rental/purchase of each type of DME per benefit period.
Skilled Nursing Facility	Semi-private room and board, subject to deductible and coinsurance. Admission must be within 14 days from hospital discharge. Preapproval is required.
Transplant Services	Human organ and tissue transplants; services must be pre-authorized and performed at a designated provider. Subject to all applicable copayments, deductible and coinsurance.
Mental Health and Substance Abuse Services	Allowable charges per member, per benefit period, for all mental health and substance abuse services, including inpatient, outpatient, physician services and prescription medications. All benefits are subject to any applicable copayment, deductible and coinsurance.

Add optional coverage.

❑ Combined Dental and Vision Benefit

Dental

Did you know that good oral health is linked to good overall health and wellness? Dental coverage from BlueCross gives you access to important care that you need for good oral health. Here's how it works:

Class I Preventive Care – 100 percent of allowed charges*

- Checkups: Every six months
- Cleaning: Every six months
- Bite-wing X-rays: One set per benefit period
- Emergency treatment for pain (subject to \$300 limit)

Class II Restorative Care – 50 percent of allowed charges*

- Simple and surgical teeth removal (not including impacted teeth)
- Fillings
- Anesthesia
- Oral surgery

** Combined maximum of \$300 dental benefit per benefit period.*

Vision

If you don't take care of your vision, it can affect your job, personal safety and general well-being. With good vision you can work longer with less visual stress and fatigue.

Well-eye exams can detect serious conditions like diabetes, glaucoma and cataracts in the early stages when they are easier to treat. Here's how it works:

- Eye exam: 100 percent of allowed charges**
- Frames and lenses or contact lenses: 100 percent of allowed charges**
- Discounts also available to members with Vision One through our value-added program

*** \$100 maximum per eye exam, per benefit period. \$50 maximum payment per member, per benefit period for frames and lenses or contact lenses.*

Dental/Vision level of coverage must match level of health coverage chosen.

Plus...

My Health Toolkit

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

My Health Toolkit also features a physician finder, hospital comparison tool, treatment and drug cost estimators, and access to a health library.

Out-of-Area Coverage

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

Exclusions for Personal True Blue SE

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

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

Money Saving Network

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

Discount and Value-Added Programs

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

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

If you have a question or need help, contact your local BlueCross BlueShield of South Carolina agent, call us at 800-641-2977 or visit us online at SouthCarolinaBlues.com.