

My employees want health care coverage. I need a plan that's affordable.

BUSINESS BLUE BASIC

This is our plan.

Business BlueSM Basic

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

- Eight plan designs to choose from with five deductible levels
- Three benefit levels and three out-of-pocket maximums
- Prescription drug coverage available
- Maternity coverage standard
- Unlimited lifetime benefit maximum
- Access to the largest preferred provider network in South Carolina

PLAN OPTIONS ■ Want to add extra benefits to your plan?

- Supplemental accident coverage
- Combined dental and vision benefits
- Life insurance with \$10,000 standard (higher amounts available) as well as dependent life, short-term and long-term disability
- Dual options available



South Carolina

These are the details.

You need affordable health care coverage for your employees. Business Blue Basic provides peace of mind for your employees — at a price that works for your business.

BlueCross BlueShield of South Carolina has been a trusted name in health care coverage for more than 60 years and carries the assurance of an A.M. Best A+ (Superior) rating.** Our affordable plan designs, outstanding network value and commitment to member service make Business Blue Basic the right choice for your business.

Multiple choices available

Core benefits

Additional coverage options

Choose my plan

Select one plan from the list of options below.

	Copayment for Office Visits*	Single Deductible*		Family Deductible*	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<input type="checkbox"/> Plan 1	\$15 Primary Care \$25 Specialist	\$500	\$1,500	\$1,500	\$4,500
<input type="checkbox"/> Plan 2	\$15 Primary Care \$25 Specialist	\$500	\$1,500	\$1,500	\$4,500
<input type="checkbox"/> Plan 3	\$15 Primary Care \$25 Specialist	\$1,000	\$3,000	\$3,000	\$9,000
<input type="checkbox"/> Plan 4	\$15 Primary Care \$25 Specialist	\$1,000	\$3,000	\$3,000	\$9,000
<input type="checkbox"/> Plan 5	\$15 Primary Care \$25 Specialist	\$1,500	\$4,500	\$4,500	\$13,500
<input type="checkbox"/> Plan 6	\$15 Primary Care \$25 Specialist	\$1,500	\$4,500	\$4,500	\$13,500
<input type="checkbox"/> Plan 7	Deductible/ Coinsurance	\$2,500	\$5,000	\$5,000	\$10,000
<input type="checkbox"/> Plan 8	Deductible/ Coinsurance	\$5,000	\$10,000	\$10,000	\$20,000

** A.M. Best Company rating December 2009. For the latest rating, visit www.ambest.com.

Benefit Percentage	Single Out-of-Pocket Maximum*		Family Out-of-Pocket Maximum*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
80/60	Unlimited	Unlimited	Unlimited	Unlimited
60/40	\$5,000	\$10,000	\$10,000	\$20,000
80/60	\$5,000	\$10,000	\$10,000	\$20,000
60/40	\$5,000	\$10,000	\$10,000	\$20,000
80/60	\$6,000	\$12,000	\$12,000	\$24,000
60/40	\$6,000	\$12,000	\$12,000	\$24,000
80/60	\$7,500	\$15,000	\$15,000	\$30,000
70/50	Unlimited	Unlimited	Unlimited	Unlimited

* Copayments and deductibles do not feed out-of-pocket maximum.

Choose my Drug Coverage

Choose one

Basic Card* (\$15/60/75 copayments after drug deductible)

\$50 single deductible or \$125 family deductible, with copayments of \$15/60/75 thereafter. Specialty drug copayment is 50 percent of allowable charges for up to a 31-day supply. Mail-order copayments are \$25/115/190 for up to a 90-day supply.

Basic Card 100* (\$15/60/75 copayments after drug deductible)

\$100 single deductible or \$250 family deductible, with copayments of \$15/60/75 thereafter. Specialty drug copayment is 50 percent of allowable charges for up to a 31-day supply. Mail-order copayments are \$25/115/190 for up to a 90-day supply.

Basic Generic Card

Generic only coverage with \$10 copayments for up to a 31-day supply; \$20 copayment for up to a 90-day supply through the mail. Also includes some diabetic medications. Discount card for non-covered drugs.

Blue RxSM Express

Paid at allowable charges after member meets deductible and pays coinsurance. Specialty drug copayment is 10 percent of allowable charges to a maximum of \$200. Mail-order medications are available.

** Member payments for drug card coverage do not go toward the medical deductible or any out-of-pocket maximum amount. In-network coverage only. Basic Card and Basic Card 100 members are required to use step therapy, which uses step one medications before offering members step two drugs.*

Preventive Services

We cover a wide variety of preventive screenings as recommended by the United States Preventive Services Task Force at 100 percent when services are received from an in-network provider. Screenings vary based on member age, sex and family history. Your doctor will recommend appropriate screenings.

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

Physician Services

After members meet 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 and consultations in a hospital or facility
- Medical, lab work, X-rays and other diagnostic services at a hospital outpatient department, clinic or doctor's office
- Second surgical options
- All other covered physician services

Copayments

In-Network Office Visits (Plans 1–6)

\$15 per visit to primary care physician.

\$25 per visit for specialist.

The office visit copayment applies only to the office charge. Other services provided during the office visit are subject to the deductible and coinsurance. Preventive screening services (described separately) are covered at 100 percent (in-network only). Copayments do not apply to maternity, mental health services or substance abuse care.

For plans 7 and 8, allowable charges for office visits are subject to the deductible and coinsurance.

Emergency Room (all plans, in- or out-of-network) – \$150 copayment for treatment in an emergency room (waived if admitted to hospital the same day for same condition — inpatient copayment will be applied instead).

Outpatient Hospital (all plans, in- or out-of-network) – \$200 copayment for each outpatient hospital admission.

Inpatient Hospital (all plans, in- or out-of-network) – \$300 copayment for each inpatient hospital admission.

Copayments do not apply toward any deductible or coinsurance. All charges after copayment are subject to deductible and coinsurance.

Outpatient Hospital Services

We pay allowable charges for covered outpatient hospital services including:

- 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

We pay allowable charges including:

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

Requires preadmission review, emergency admission review and continued stay review for all hospital admissions.

Maternity	Allowable charges for the employee or a covered spouse only. Includes maternity services, surgery, anesthesia, lab work and X-rays in a hospital or at a hospital outpatient department, ambulatory surgical center, clinic or doctor's office.
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Newborn Care	Newborn preventive screenings are covered at 100 percent of the allowable charge. All allowable charges are covered including the initial pediatric exam in the hospital by the doctor. Routine nursery charges are billed by the hospital upon the birth of the baby. <i>Newborn must be added to coverage within 31 days and applicable premium paid.</i>
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Physical Therapy	Allowable charges subject to deductible and coinsurance.
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Diabetic Supplies and Dialysis	Allowable charges are paid subject to deductible and coinsurance.
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Lifetime Benefit Maximum	Unlimited
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Transplant Services	Human organ and tissue transplants, subject to transplant annual maximums; services must be pre-authorized.
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Dental Accident Coverage	Benefits for dental services related to an accident, if provided within 12 months of accident (limited to \$1,000 per tooth, \$3,000 per benefit period).
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Durable Medical Equipment (DME)	Allowable charges are covered subject to deductible and coinsurance; pre-authorization is required for any benefit of \$500 or more. Members may only obtain one rental/purchase of any type of DME per benefit period.
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Skilled Nursing Facility	Semi-private room and board are covered subject to annual maximum. Admission must be within 14 days from hospital discharge. Preapproval is required.
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Orthotics and Ostomy Supplies	Allowable charges are covered to the annual maximum, subject to deductible and coinsurance.
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Mental Health and Substance Abuse Services	We pay allowable charges up to the annual limit per member, per benefit period, for combined inpatient and outpatient facilities, and physician services. All benefits are subject to the member's deductible and coinsurance. Companies with 51 or more employees will automatically receive enhanced benefits. These conditions will be covered at the same benefit level as medical conditions when your employees use in-network providers. Deductibles and coinsurance still apply.
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Here are the options.

Companion Life Insurance Coverage

\$10,000 is standard on all health insurance contracts, with higher amounts available (up to \$50,000). You can also offer your employees dependent life, short-term or long-term disability. *Companion Life is a separate life insurance company that does not provide BlueCross BlueShield of South Carolina products. Companion Life is solely responsible for its product offerings.*

Supplemental Accident Coverage

Pays first dollar benefits up to \$500 per member, per benefit period.

My BlueDental

Participation requirements may apply. Please see dental brochure for more information.

Pays 100 percent of allowable charges on preventive care (Class I). Pays 80 percent of allowable charges on restorative care (Class II) and 50 percent on major restorative care (Class III), subject to a \$50 deductible per member, per benefit period (limited to three family members). Orthodontic benefits available.

Standard Option

Pays maximum of \$1,000 per member, per benefit period (\$500 lifetime maximum per member for orthodontic care).

High Option

Pays maximum of \$2,000 per member, per benefit period (\$1,000 lifetime maximum for orthodontic care).

Combined Dental and Vision Benefit

Please see dental brochure for more information.

Dental

- Preventive Care: 100 percent of allowable charges*
- Restorative Care: 50 percent of allowable charges*

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

Vision

- Eye Exam: 100 percent of allowable charges
- Frames and lenses or contact lenses: 100 percent of allowable charges

Dual Option

If you have seven or more employees participating in the health plan, give your employees more options by pairing Business Blue Basic with any other plan including:

- Business BlueSM Complete*
- Business BlueSM High Deductible Health Plan
- Business BlueSM Secure
- Business BlueSM High Deductible for Health Reimbursement Accounts

** Not available as a dual option with a 90/70 benefit percentage or deductibles of \$250 or \$500.*

Plus...

My Health Toolkit

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

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

Out-of-Area Coverage

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

It's as easy as showing your BlueCross ID card to a participating provider. We pay benefits at the same BlueCross rate members receive at home.

Exclusions for Business Blue Basic

- Before a member's policy is in effect or after he or she is no longer covered.
- Services that are not medically necessary.
- When required approvals for hospital or nursing facility charges are not obtained, room and board charges will not be paid.
- When the member is entitled to payment from other sources, or is not legally obligated to pay for the services.
- Any service or supply provided by the patient or a member of the patient's family.
- Services or treatment for complications resulting from any excluded procedure or condition.
- Dental services unless the employer chooses to cover these expenses.
- Prescription drugs are covered only to the extent outlined in the contract.
- Human organ and tissue transplants — only as listed in the contract. Preapproval is required.
- Investigational and experimental services.
- Cosmetic surgery, or surgery or treatment for the purpose of weight reduction.
- Spinal subluxation.
- Admissions for sanitarium care or rest cures, long-term residential psychiatric care, custodial care and nursing homes.
- Home health care or hospice care.
- Eyeglasses, contact lenses (except after cataract surgery), hearing aids or refractive care, including related examination, hospital or physician charges, except as specifically shown in the contract.
- Occupational, visual or speech therapy, or private duty nursing.
- Evaluation, diagnosis or counseling for learning and behavioral disabilities; mental retardation; vocational rehabilitation; or relationship dysfunctions.
- Premarital or pre-employment physical examinations.
- 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.

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

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.

BluesEnrollSM

BluesEnroll makes group maintenance easy with 24/7 access to our online benefit administration and enrollment solution. Add new employees, delete members or change member information with the click of a mouse. Your changes are sent to us instantly, saving you time and money.

If you have a question or need help, contact your local BlueCross BlueShield of South Carolina agent, call us at 800-500-5281 or visit us online at SouthCarolinaBlues.com.