

My employees want a plan with good benefits. I need a plan to balance coverage and cost.

BUSINESS BLUE SECURE

This is our plan.

Business BlueSM Secure

PLAN FEATURES ■ With slightly higher deductible choices, you can lower your premium costs — without sacrificing your employees' benefits.

- Choice of six deductible levels, starting at \$1,250 and up to \$5,250 (single coverage, in-network)
- Four benefit levels and four out-of-pocket maximum options
- Choice of prescription drug benefits
- Maternity coverage standard
- Unlimited lifetime benefit maximum
- Access to the largest preferred provider network in South Carolina

PLAN OPTIONS ■ Want to feel even more secure about your coverage? Enhance the standard plan with increased benefits.

- Supplemental accident coverage
- Limited 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 health care coverage that works for your employees and your business. Business Blue Secure gives you the choices you need to manage costs and provides the benefits your employees need.

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 flexible plan designs, outstanding network value and commitment to member service make Business Blue Secure the right choice for your business.

Multiple choices available

Core benefits

Additional coverage options

Deductible Choices (per member per benefit period)

Choose one deductible level

In-Network/Out-of-Network

- \$1,250/\$2,500
- \$1,750/\$3,500
- \$2,250/\$4,500
- \$3,250/\$6,500
- \$4,250/\$8,500
- \$5,250/\$10,500

For family coverage, we assess a maximum of three deductibles per benefit period.

The in-network deductibles and out-of-network deductibles are separate and do not accumulate to each other or to the out-of-pocket maximum.

Benefit Options

Choose one coverage level

In-Network/Out-of-Network

- 80/60%
- 70/50%
- 60/40%
- 50/50%

Out-of-Pocket Maximums

Choose one

In-Network/Out-of-Network

- \$1,750/\$3,500
- \$2,250/\$4,500
- \$3,750/\$7,500
- \$5,250/\$10,500

Limited to two out-of-pocket maximums for family coverage. The in-network and out-of-network out-of-pocket amounts are separate and do not accumulate to each other.

Choose my Drug Coverage

Choose one

Drug Card (\$8/30/60 copayments)

Specialty drug copayment is 10 percent of allowable charges to a maximum of \$200 for up to a 31-day supply. Mail-order copayments are \$16/70/140 for up to a 90-day supply.

Secure Card* (\$10/45/75 copayments)

Specialty drug copayment is 20 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.

Secure Card 100* (\$10/45/75 copayments after deductible)

\$100 single deductible or \$250 family with copayments of \$10/45/75 thereafter. Specialty drug copayment is 20 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.

Secure 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 for up to a 31-day supply. Mail-order medications are available.

** Requires the use of generics where available. For non-generic medication, the member will pay the difference in allowable charges between generic and brand medications after the copayment.*

Copayments

In-Network Office Visits

\$40 per visit to primary care physician.

\$65 per visit for specialist or urgent treatment care.

The first four office visits each benefit period (all types combined) will be covered with a copayment. After the fourth visit, allowable charges will be covered subject to the deductible and coinsurance for the rest of that benefit period. Services included in the physician's office charge: treatment of illness, accident or injury; injections for allergy, tetanus or antibiotics; diagnostic lab and diagnostic X-rays (chest and plain film), when performed and billed in the office on the same date. Copayments do not apply to maternity, mental health services or substance abuse care. Routine or preventive services are covered as shown in the contract and only when provided by an in-network provider. Other services are subject to the deductible and coinsurance.

Emergency Room – \$150 for treatment in an emergency room (waived if admitted to hospital same day for same condition – inpatient copayment will be applied).

Inpatient Hospital – \$300 inpatient hospital admission.

Copayments do not apply toward any deductible or coinsurance.

Lifetime Benefit Maximum

Unlimited

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 opinions
 - Initial exam of a newborn baby and nursery charges if newborn is added to employee's coverage within 31 days
 - All other covered physician services
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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.

Outpatient Hospital Services

After members 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
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Inpatient Hospital Services

We pay allowable charges, subject to members' applicable copayment, deductible and coinsurance.

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

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

Diabetic Supplies and Dialysis

Allowable charges are paid subject to deductible and coinsurance.

Maternity

Allowable charges are paid subject to deductible and coinsurance, 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.

Newborn Care

Newborn preventive screenings are covered at 100 percent of the allowable charge. All other allowable charges are covered, subject to the member's deductible and coinsurance, 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.

Newborn must be added to coverage within 31 days and applicable premium paid.

Transplant Services

Human organ and tissue transplants, subject to transplant and lifetime maximums; services must be pre-authorized. Subject to all applicable copayments, deductible and coinsurance.

Dental Accident Coverage

Benefits to cover dental services related to an accident, if provided within 12 months of accident (limited to \$1,000 per tooth, \$3,000 per benefit period). Subject to all required copayments, deductible and coinsurance.

Durable Medical Equipment (DME)

We pay allowable charges to the annual maximum, 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.

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.

Home Health and Hospice

Allowable charges for home health and hospice, subject to deductible and coinsurance.

Physical Therapy

Allowable charges, subject to the deductible and coinsurance.

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.

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 choose to offer your employees more options, with dependent life, short-term and 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, you can give your employees even more choices by pairing your Business Blue Secure plan with a Business BlueSM High Deductible Health Plan qualified for use with a health savings account (HSA).

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 Secure

- 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 and vision unless the employer chooses to cover these expenses; only as shown in the contract.
- Prescription drugs are covered only to the extent outlined in the contract.
- Human organ and tissue transplants — only as listed in the contract. Requires use of designated providers and preapproval.
- Investigational and experimental services.

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.

- Cosmetic surgery, or surgery or treatment for the purpose of weight reduction.
- Sanitarium care or rest cures, long-term residential psychiatric care, custodial care and nursing homes.
- Hearing aids, including related examination.
- 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.

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.