

I want affordable health care coverage.

PERSONAL BLUE BASIC SE

This is my plan.

Personal BlueSM Basic SE

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
- Unlimited lifetime benefit maximum
- Access to the largest preferred provider network in South Carolina
- Optional combined dental and vision benefits

Children under age 19 may only be included as a dependant member of a family plan.



These are the details.

You want an affordable health care plan, without sacrificing quality coverage. Personal Blue Basic SE gives you peace of mind and the security that comes with the BlueCross BlueShield of South Carolina name.

As a BlueCross member, you're covered by the largest statewide network of providers. Your BlueCross card also gives you access to providers across the nation with our BlueCard® program.

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

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

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.

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 available at non-network pharmacies. Specialty drugs are only covered at specialty drug network providers.

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.

Physician Services

We pay covered physician services at the plan's in- or out-of-network benefit percentages, including:

- 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
- 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 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
- 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, limited to the annual limit per member, per benefit period

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

All benefits are subject to any applicable copayment, deductible and coinsurance, unless otherwise indicated.

Short-Term Therapy	Includes occupational, physical and speech therapy. Allowable charges, up to the annual limit per member, per benefit period.
Diabetic Supplies and Dialysis	Allowable charges are paid subject to deductible and coinsurance.
Home Health and Hospice	Allowable charges are paid, subject to deductible and coinsurance, to the annual limits for all home health and hospice services.
Lifetime Benefit Maximum	Unlimited
Transplant Services	Human organ and tissue transplants; services must be pre-authorized and performed at a designated provider.
Dental Accident Coverage	Benefits to cover dental services related to an accident, if provided within 12 months of the accident.
Durable Medical Equipment (DME)	We pay allowable charges per member each benefit period; pre-authorization is required for any benefit of \$500 or more. Members may only obtain one rental/purchase for each type of DME per benefit period.
Skilled Nursing Facility	Semi-private room and board, to the annual limit per member, per benefit period. Admission must be within 14 days from hospital discharge. Preapproval is required.
Mental Health and Substance Abuse Services	Allowable charges up to the annual limits 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.

All benefits are subject to any applicable copayment, deductible and coinsurance, unless otherwise indicated.

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 and cleaning: One 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

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

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

*** \$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 Blue Basic SE

- Any services or benefits which are not specifically covered under the terms of this policy, or which were received before this 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 your policy and as shown in your 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.

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 your policy.

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 800-451-4275 or visit us online at SouthCarolinaBlues.com.