

BLUE TERMSM HEALTH PLANS



Get the Plan That Fills the Gap.



SHORT-TERM PLANS BUILT ON LONG EXPERIENCE COVERING SOUTH CAROLINIANS

BlueCross BlueShield of South Carolina has earned the trust of South Carolinians for more than 72 years. Making sure you have access to quality health plans — whether short-term or over many years — is vital to the health and well-being of everyone in our state.

Blue Term Short-Term Health Plans

Do you need to fill a gap in your health care coverage? Gaps are times of transition, like being between jobs or no longer being on your parents' health insurance. Blue Term short-term health plans from BlueCross can help give you peace of mind — so you're covered if you face unexpected health care events.

Other gaps a Blue Term short-term health plan can fill:

- Waiting for benefits to start at a new job
- Missed open enrollment
- No qualifying event for special enrollment
- Waiting for Affordable Care Act (ACA) coverage to begin
- Still in college or just graduated
- Waiting for Medicare
- Don't want to use COBRA insurance

With a short-term plan, you'll be covered for emergencies and unexpected illnesses. **Keep in mind, though, that short-term plans are non-renewable, and aren't meant to be a complete, long-term way to meet your health care needs.** The good news is, when the time is right, we can help you with that, too!

You Have Choices With Our Short-Term Plans

Even with short-term plans, we know there's no such thing as one size fits all. That's why we offer you plan choices that fill the gap for you and your family. For instance, our Blue Term plans offer different options for coverage length, deductible and out-of-pocket costs.

How to get a short-term plan

1. You choose the plan length and your deductible.
2. Fill out an application.
3. Answer medical questions.
4. Get approval for coverage by BlueCross.

Extra Value and Cost-Saving Services

The moment you sign up for a Blue Term health plan, you can enjoy certain discounts and value-added programs. And you won't have to file claims — you'll just pay the discounted rate directly to participating providers for services such as:

Prescription drug discount program

Our members get discounts on generic prescription drugs when purchased at one of our in-network retail pharmacies across the state and country. To find a network pharmacy, visit www.SouthCarolinaBlues.com and select "Member" and "Prescription Drug Benefits."

Vision care

Get special savings on eye exams, contacts, lenses and save up to 35 percent off eyeglass frames.

Fitness center memberships

Enjoy discounts on memberships to local fitness facilities and other exercise centers.

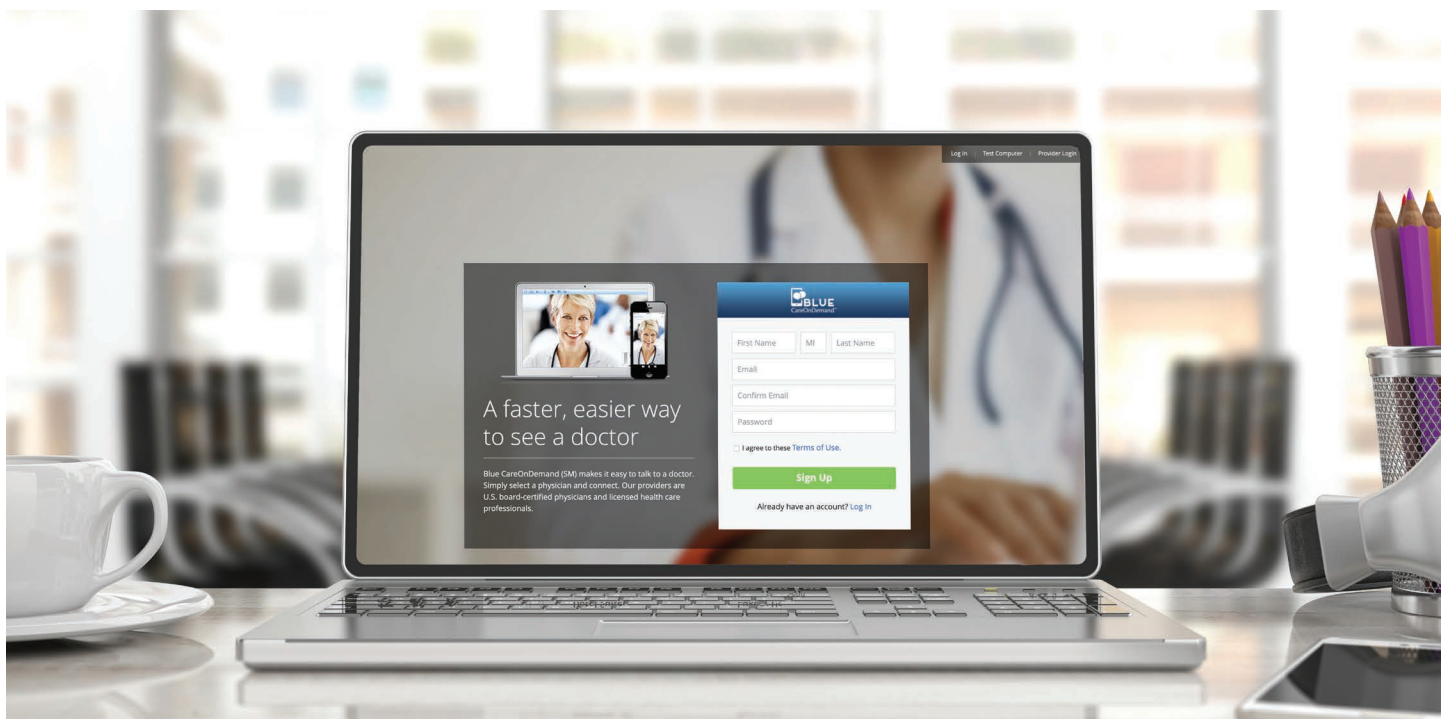
To learn more about value-added benefits and discounts available to you, check out www.SouthCarolinaBlues.com/links/discounts.

Save Time Using Blue CareOnDemandSM

With Blue CareOnDemand, you can see a doctor whenever and wherever you want through video consults. Use your smartphone, tablet or computer to access faster and easier care for minor health conditions for a low out-of-pocket cost. It's free to enroll — just visit www.BlueCareOnDemandSC.com.

Blue CareOnDemand doctors can diagnose and treat many of the most common medical conditions, including cold and flu symptoms, fevers, rashes, abdominal pains, sinusitis, pinkeye, ear infections, migraines and more. When needed, prescriptions can be sent to your network pharmacy of choice.

The next time you or a family member faces a minor medical issue, save time and money by using the trusted, board-certified physicians of Blue CareOnDemand.



BLUE TERM SHORT-TERM HEALTH PLAN BENEFITS

Blue Term Basic 30/60/90

Blue Term Basic offers 30, 60 or 90-day plans with three deductible options. You have the flexibility of choosing the length of your plan and deductible.

Deductible	Single: \$500 Family: Single deductible for each member	Single: \$1,000 Family: Single deductible for each member	Single: \$1,500 Family: Single deductible for each member
Coinsurance	30%	40%	50%
Maximum Out of Pocket (MOOP) — includes deductible, coinsurance and copays	Single: \$2,500 Family: Single MOOP for each member	Single: \$4,000 Family: Single MOOP for each member	Single: \$6,000 Family: Single MOOP for each member
Primary Care Physician Visits	Deductible/Coinsurance		
Blue CareOnDemand Visits	Deductible/Coinsurance		
Specialist Visits	Deductible/Coinsurance		
Urgent Care Centers/Facilities	Deductible/Coinsurance		
Inpatient Medical and Surgical Care	Deductible/Coinsurance		
Outpatient Surgery Physician and Surgical Services	Deductible/Coinsurance		
Ambulatory Surgical Center	Deductible/Coinsurance		
X-Rays and Diagnostic Imaging	Deductible/Coinsurance		
Imaging (CT/PET Scans, MRIs)	Deductible/Coinsurance		
Laboratory Outpatient and Professional Services/Pathology	Deductible/Coinsurance		
Emergency Room Care	\$300 copay then deductible/coinsurance		
Emergency Transportation Ambulance	Deductible/Coinsurance – maximum benefit \$300 per trip		
Maternity Service	Not Covered (pregnancy complications covered at deductible/coinsurance)		
Prescription Drug Coverage	Discount only		
Policy Maximum†	\$250,000 per member		

All plans have access to the Preferred Blue® PPO network in the state of South Carolina. Coverage outside of South Carolina is only offered at urgent care facilities or emergency rooms.

Blue Term 90/180/330			Blue Term High Deductible 180/330	
Blue Term Basic offers 90, 180 or 330-day plans with three deductible options. You have the flexibility of choosing the length of your plan and deductible.			Blue Term Basic offers 180 or 330-day plans with two deductible options. You have the flexibility of choosing the length of your plan and deductible.	
Single: \$1,500 Family: Single deductible for each member	Single: \$3,000 Family: Single deductible for each member	Single: \$5,000 Family: Single deductible for each member	Single: \$5,000 Family: \$10,000 (must be met in aggregate)*	Single: \$6,650 Family: \$13,300 (must be met in aggregate)*
30%	40%	50%	0%	0%
Single: \$5,000 Family: Single MOOP for each member	Single: \$7,000 Family: Single MOOP for each member	Single: \$10,000 Family: Single MOOP for each member	Single: \$5,000 Family: \$10,000 (must be met in aggregate)*	Single: \$6,650 Family: \$13,300 (must be met in aggregate)*
\$30 copay			Deductible/Coinsurance	
\$20 copay			Deductible/Coinsurance	
\$60 copay			Deductible/Coinsurance	
\$60 copay \$30 copay if treated at a Doctors Care Clinic			Deductible/Coinsurance	
Deductible/Coinsurance			Deductible/Coinsurance	
Deductible/Coinsurance			Deductible/Coinsurance	
Deductible/Coinsurance			Deductible/Coinsurance	
Deductible/Coinsurance			Deductible/Coinsurance	
Deductible/Coinsurance			Deductible/Coinsurance	
Deductible/Coinsurance			Deductible/Coinsurance	
\$300 Copay, then deductible/coinsurance			Deductible/Coinsurance	
Deductible/Coinsurance — maximum benefit \$300 per trip			Deductible/Coinsurance — maximum benefit \$300 per trip	
Not Covered (pregnancy complications covered at deductible/coinsurance)			Not Covered (pregnancy complications covered at deductible/coinsurance)	
Discount only			Discount only	
\$1,000,000 per member			\$1,000,000 per member	
Preventive Services — a limited number of preventive care services are provided.			Preventive Services — a limited number of preventive care services are provided.	

*The high deductible plans have aggregate family deductibles and out-of-pocket maximums. Benefits are not payable for any family member until one member satisfies the family deductible, or until all family members collectively satisfy the family deductible — whichever comes first.

†The Policy Maximum is the total amount BlueCross BlueShield of South Carolina will pay toward covered services. Once a member has reached the Policy Maximum, no further benefits will be available under this policy.

PRE-EXISTING CONDITIONS

Pre-Existing Conditions Are Not Covered, As Defined In The Policy.

A pre-existing condition is a health condition for which: a) symptoms existed that would cause a reasonable person to seek diagnosis, care or treatment within a one-year period before coverage went into effect; or b) medical advice or treatment was recommended by or received, whether or not the condition was diagnosed within a five-year period before coverage became effective.

Short-Term Health Plans are not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. This coverage is not “minimum essential coverage.”



SHORT-TERM HEALTH EXCLUSIONS AND LIMITATIONS OF THE POLICY

As with all health plans, there are some exclusions. Except as shown in the policy, no benefits will be provided for:

- Services not medically necessary, received before coverage begins or after it ends, or related to any pre-existing condition, whether or not you disclosed the condition on your application.
- Services or benefits received from any provider not in our network, unless it results from an emergency medical condition and was received in the emergency department of a hospital.
- Services when coverage is available from other sources, such as workers' compensation or government programs.
- Charges for administration, such as a fee for a missed appointment or for record requests.
- Services when preauthorization is required but not obtained.
- Abortion services, unless the mother's life is endangered or pregnancy results from rape or incest.
- Alternative treatments, pain management or wellness programs.
- Chiropractic care, unless the optional endorsement is purchased.
- Cosmetic services, even if deemed medically necessary.
- Custodial or long-term care.
- Dental care.
- Family planning or birth control, preconception or genetic testing.
- Food or nutritional supplements, vitamins or enteral feedings.
- Foot care, except when related to diabetes.
- Habilitation services.
- Hearing aids and vision care (discounts offered).
- Hemophilia.
- Infertility treatment.
- Investigational or experimental services, including clinical trials.
- Maternity or newborn care.
- Prescription drugs (discount program only).
- Ambulance services, preventive services*, mental health and substance use disorder services*, telehealth* and telemedicine services*, or transplant services*, except as specifically described in the policy.

**Designated services are available as described when the Blue Term and Blue Term HD products are purchased. Please see the Policy for a complete listing of exclusions and limitations. Telehealth services are available under all plans, only through Blue CareOnDemand.*

BlueCross BlueShield of South Carolina does not discriminate on the basis of race, color, national origin, age, sex, gender identity or sexual orientation in the administration of the plan, including enrollment and benefit determinations.



South Carolina

HAVE QUESTIONS?

Contact your agent or broker today.



www.SouthCarolinaBlues.com

WORK WITH YOUR AGENT OR BROKER FOR A FREE QUOTE.

