

**My employees  
want a plan with  
excellent benefits.  
I need a plan  
that is customized  
for my business.**



South Carolina

# This is our plan.

## **Business Blue<sup>SM</sup> Complete** (formerly Preferred Blue<sup>SM</sup>)

**PLAN FEATURES** ■ By customizing your plan, you can control your premium costs — while providing the benefits your employees need.

- Choice of six deductible levels, ranging from \$250 to \$3,000 (single coverage, in-network)
- Four benefit levels and four out-of-pocket maximum options
- Choice of prescription drug options
- Maternity coverage standard
- Lifetime benefit maximum of \$2 million
- Access to the largest preferred provider network in South Carolina

**PLAN OPTIONS** ■ Want to make your coverage more complete? Enhance the standard plan with increased benefits.




- Office visit copayment
- Enhanced preventive coverage
- MyBlueDental<sup>SM</sup>
- Life insurance
- Dual options



# These are the details.

You need health care coverage that works for your employees and your business. Business Blue Complete offers the most choices to provide the benefits your employees want and the plan design that fits your company.

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 Complete 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*

- \$250
- \$500
- \$1,000
- \$1,500
- \$2,000
- \$3,000

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

## Benefit Options

*Choose one coverage level*

### In-Network/Out-of-Network

- 90/70%
- 80/60%
- 70/50%
- 60/40%

## Out-of-Pocket Maximums

*Choose one*

### In-Network/Out-of-Network

- \$1,500/\$3,000
- \$2,000/\$4,000
- \$3,000/\$6,000
- \$5,000/\$10,000

Limited to two out-of-pocket maximums for family coverage.

## Choose my Drug Coverage

*Choose one*

### Blue Rx<sup>SM</sup> Express

Allowable charge paid at benefit percentage after member meets deductible and pays coinsurance. Specialty drug copayment is 10 percent with a maximum of \$200 for up to a 31-day supply. Mail-order prescription drug coverage available for up to a 90-day supply.

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

Specialty drug copayment is 10 percent of allowable charge 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.

## Copayment Options

*Choose one*

### No copayment

### \$20 for primary care physician/\$40 for specialists

### \$35 for primary care physician/\$60 for specialists

When the office visit copayment option is selected, the following services in the physician's office are covered after the applicable copayment: 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. All other services are subject to the deductible and coinsurance.

## 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
- Surgery
- All other covered physician services

## 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
- Medical and surgical services
- Preadmission testing, lab work, X-rays and other diagnostic services
- All other covered outpatient services

## Preventive Services

Pap smear, prostate screening and lab work covered at 100 percent, in-network only. Mammography is paid at 100 percent when members use our special mammography network. Colorectal screenings covered with deductible and coinsurance.

## Enhanced Preventive Benefit Option

*Choose one*

- No additional coverage
- Enhanced Preventive Benefit Option

When the Enhanced Preventive Benefit is selected, we pay allowable charges at 100 percent to a benefit period maximum of \$300 for routine physical benefits when an in-network provider is used. After paying copayment, also includes well-child checkups (birth through age 6) and immunizations according to the American Academy of Pediatrics guidelines.

## Inpatient Hospital Services

We pay allowable charges, subject to coinsurance at in-network facilities. If members use an out-of-network facility, there is also an inpatient copayment and the members must meet their deductible.

- Semi-private room and board, or special care unit
- All other covered hospital services, including surgical services and anesthesia
- Inpatient rehabilitation, with a lifetime maximum of \$100,000 per member

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

## Maternity

Allowable charges, 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

Allowable charges are paid subject to the applicable copayment, 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.*

<b>Transplant Services</b>	Human organ and tissue transplants, subject to transplant and lifetime maximums; services must be pre-authorized. Benefits are subject to all applicable copayments, deductible and coinsurance.
<b>Lifetime Benefit Maximum</b>	\$2,000,000 per member.
<b>Durable Medical Equipment (DME)</b>	We pay allowable charges subject to deductible and coinsurance; pre-authorization is required for any benefit of \$500 or more. Includes ostomy supplies and orthotics.
<b>Physical Therapy</b>	Allowable charges, subject to deductible and coinsurance, up to \$1,000 per member, per benefit period.
<b>Skilled Nursing Facility</b>	We pay allowable charges subject to deductible and coinsurance; admission must be within 14 days from hospital discharge. Preapproval is required.
<b>Home Health and Hospice</b>	We pay allowable charges subject to deductible and coinsurance; must receive preapproval.
<b>Mental Health and Substance Abuse Services</b>	Allowable charges up to \$2,000 per member, per benefit period, with a \$10,000 lifetime limit for combined inpatient and outpatient facilities, and physician services. All benefits are subject to applicable copayments, deductible and coinsurance. Companies with 51 or more employees will automatically receive additional mental health benefits for specified mental health conditions. We will cover these conditions at the same benefit level as medical conditions when your employees use in-network providers. Copayments, deductible and coinsurance still apply.

# Here are the options.

## **MyBlueDental**

*Choose one*

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

### **Standard Option**

Pays maximum of \$1,000 per member per benefit period

### **High Option**

Pays maximum of \$2,000 per member per benefit period

For groups of two to six, 100 percent of those enrolled in health coverage must enroll in dental coverage (if selected by the group) and an employee's dental coverage must match health coverage (if employee elects single health coverage, dental selection must also be single).

**Optional Orthodontic** — Pays 50 percent of allowable charges for employees through age 18 or covered dependents through age 18. Available only to groups of 13 or more enrolled employees. Standard option orthodontic care pays \$500 lifetime maximum per member. High option pays \$1,000 lifetime maximum per member for orthodontic care.

## **Spinal Subluxation Services (Chiropractic)**

Pays benefit percentage up to \$500 per member, per benefit period, after the deductible.

## **Supplemental Accident Coverage**

Covers first \$500 at 100 percent in benefits for accidental injury each benefit period.

## **Companion Life Insurance Coverage**

\$10,000 is standard on all health insurance contracts, with higher amounts available. 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.*

## **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 Complete plan with our Business Blue<sup>SM</sup> High Deductible Health Plan. When you choose a dual option, the \$250 and \$500 deductible choices and the 90/70 benefit level are not available.

# 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<sup>SM</sup>, located at [www.SouthCarolinaBlues.com](http://www.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<sup>®</sup> and BlueCard Worldwide<sup>®</sup> 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.

## 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 [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

## BluesEnroll<sup>SM</sup>

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.

## Exclusions for Business Blue Complete

- 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 or spinal subluxation 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. Requires preapproval.
- Investigational and experimental services.
- 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.
- Eyeglasses, contact lenses (except after cataract surgery), hearing aids or refractive care, including related examination, hospital or physician charges.
- 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.*



# This is where I go if I have a question.

If you have a question or need help, contact your local BlueCross BlueShield of South Carolina agent, call us at 800-288-2227 ext. 42328 or visit us online at [SouthCarolinaBlues.com](https://SouthCarolinaBlues.com).



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