

My employees
need a health plan
they can trust.

**I need a plan that
lets them control
their costs.**

BUSINESS BLUE HDHRA



South Carolina

This is our plan.

Business BlueSM High Deductible for Health Reimbursement Accounts (HDHRA)

PLAN FEATURES ■ Just choose the plan you want, and we'll take care of the rest.

- Integrated HRA administration, including automated setup and processing
- Five choices of benefit options
- 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? Enhance your plan with additional options.

- Copayment options
- Choice of drug coverage
- MyBlueDentalSM
- Life insurance with \$10,000 standard, higher amounts available, as well as dependent life, short-term and long-term disability
- Spinal subluxation (chiropractic) coverage
- Sustainable Health
- Dual options available



These are the details.

Business Blue High Deductible for Health Reimbursement Accounts

A health reimbursement account (HRA) is an employer-sponsored fund that reimburses employees for qualified medical care expenses. HRAs are typically combined with a high deductible health plan.




Advantages of an HRA

- Employers can save money by offering an inexpensive high deductible health plan in combination with an HRA.
- Employees are given choice and control over their health care spending.
- Employers keep any unused funds if the employee leaves the company.

Flexibility for you

As a plan sponsor, HRAs will allow you a great deal of flexibility. In setting up an HRA, you will be able to choose:

- How much to distribute to each employee's account.
- Whether unused funds may roll over at the close of the plan year, and if so, how much can be carried forward.
- Which types of medical expenses may be reimbursed to the employee from the HRA.

-  Multiple choices available
-  Core benefits
-  Additional coverage options

Choose my plan

Select one plan from the list of options below.

	Benefit Percentages		Deductible		Out-of-Pocket	
	In-Network/ Out-of-Network	Single In-Network/ Out-of-Network	Family In-Network/ Out-of-Network	Single In-Network/ Out-of-Network	Family In-Network/ Out-of-Network	
<input type="checkbox"/> HDHRA 1	100/60	\$2,000/\$2,000	\$4,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	
<input type="checkbox"/> HDHRA 2	100/60	\$3,000/\$3,000	\$6,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	
<input type="checkbox"/> HDHRA 3	100/60	\$5,000/\$5,000	\$10,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	
<input type="checkbox"/> HDHRA 4	100/60	\$7,500/\$7,500	\$15,000/\$15,000	\$7,500/\$15,000	\$15,000/\$30,000	
<input type="checkbox"/> HDHRA 5	100/60	\$10,000/\$10,000	\$20,000/\$20,000	\$10,000/\$20,000	\$20,000/\$40,000	

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. For brand-name medication, the member will pay the difference in allowable charges between generic and brand-name medications after the copayment.

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 or family 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.

**Secure Card and Secure Generic Card have in-network benefits only.*

Member drug copayments do not go toward the medical deductible or any out-of-pocket maximum amount.

Office Visit Copayments

Choose one

No office visit copayment benefit

\$20 per visit to primary care physician/\$40 per visit to a specialist

\$35 per visit to primary care physician/\$60 per visit to a specialist

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 and 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
- Surgery
- Second surgical opinions
- All other covered physician services

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 the member meets the 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

Inpatient Hospital Services

After meeting the deductible, we pay for services at the benefit percentage for allowable charges. Covered services include:

- 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.

Maternity	Allowable charges are paid subject to the member's deductible and coinsurance only for the employee or a covered spouse. 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	<p>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.</p> <p><i>Newborn must be added to coverage within 31 days and applicable premium paid.</i></p>
Transplant Services	Human organ and tissue transplants, subject to your annual maximum; services must be pre-authorized. Subject to all applicable copayments, deductible and coinsurance.
Lifetime Benefit Maximum	Unlimited
Durable Medical Equipment (DME)	We pay allowable charges subject to the member's deductible and coinsurance. Members must obtain pre-authorization for any benefit of \$500 or more. Includes ostomy supplies and orthotics.
Physical Therapy	We pay allowable charges, subject to the member's deductible and coinsurance.
Skilled Nursing Facility	We pay allowable charges subject to the member's deductible and coinsurance. Admission must be within 14 days of release from hospital stay. Preapproval is required.
Home Health and Hospice	We pay allowable charges subject to the member's deductible and coinsurance. Must receive preapproval.
Mental Health and Substance Abuse Services	<p>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.</p> <p>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.</p>

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.

❑ Companion Life Insurance Coverage

\$10,000 is standard on all 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.

❑ Spinal Subluxation (Chiropractic)

We will pay up to \$500 in allowable charges per member per benefit period, after members meet their deductible and pay the applicable coinsurance.

❑ Sustained Health

\$300 for services related to a physical exam that are not included in other covered Preventive Services.

❑ Dual Option

If you have seven or more employees participating in the health plan, you can give your employees even more options by pairing two of our Business Blue plans. Choose from:

❑ Business BlueSM Complete

❑ Business BlueSM High Deductible Health Plan

❑ Business BlueSM Secure

❑ Business BlueSM Basic

Business Blue Complete is 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.

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.

Exclusions for Business Blue High Deductible for Health Reimbursement Accounts

- Before a member's policy is in effect or after he or she is no longer covered.
- Services which are not medically necessary.
- When a member does not obtain preapproval for hospital or nursing facility charges, 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. Preapproval is required.
- 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.



MENU

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.

SouthCarolinaBlues.com

VISIT US ONLINE AT SouthCarolinaBlues.com



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