

Focus on life. Focus on health. *Stay focused.*

Southern Mutual Church Insurance Company

BlueChoice® HealthPlan Health Benefits
Effective January 1, 2020



**BlueChoice®
HealthPlan**
South Carolina



At BlueChoice HealthPlan, we know you have options when it comes to your coverage, and we thank you for choosing us. By selecting BlueChoice®, you are now part of the largest health care network in the nation. You have access to the people, resources and tools to help you when you need it. This guide provides a quick overview of your benefits and how to use them. That way, you can stay focused on the things that matter most to you!

Here are some of the most popular items in this guide:

- How to find a doctor or see if your doctor is in our network
- How to access your health information anywhere with our online tools
- How to find out if your prescription drugs are covered
- Programs and services that help you get the most of your coverage as well as help keep you healthy

If you need more information, assistance or have questions, please:



Visit our website:
BlueChoiceSC.com



Write to us:
BlueChoice HealthPlan
Member Services
P.O. Box 6170
Columbia, SC 29260-6170



Call Monday – Friday
between 8:30 a.m. – 5 p.m.:
800-868-2528

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Get Answers When You Need Them

Information on the Web

BlueChoice understands that sometimes you need answers on your schedule — not ours.

Our website, www.BlueChoiceSC.com, has many of the answers you need!

Visit our site when you need to:

- Find a doctor or hospital.
- Find a form.
- Learn about exclusive discounts and programs.
- Read about our health management programs.
- Read articles, watch videos and find recipes to help you stay healthy.

Look for these icons to see how you can earn **FOCUSfwd** entries!
See the **FOCUSfwd** section on Page 3 for more details.

My Health Toolkit

To get answers specific to your plan, you can create a free account and log in to My Health Toolkit. My Health Toolkit is a protected, secure and convenient way for you to access your personal information. With My Health Toolkit, you can:

- View your digital ID card.
- See if your claim has been paid.
- Ask Member Services a question.
- Access the FOCUSfwd Wellness Incentive Program.
- Find a doctor or hospital.
- Find out how much a prescription drug costs.
- Take a personal health assessment.
- Find out how much you have paid toward your deductible.
- View your Schedule of Benefits (SOB), which includes your copay and coinsurance amounts.
- Request a new member ID card.



*for My Health Toolkit
registration*

My Health Toolkit App

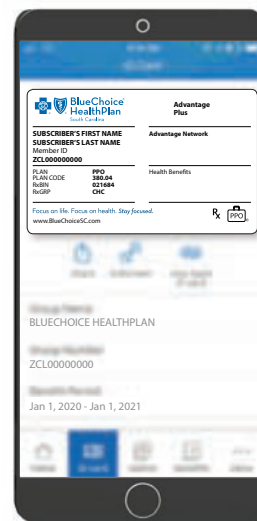
You can use the My Health Toolkit app to:

- View and share your digital ID card.
- Access the FOCUSfwd Wellness Incentive Program.
- Confirm coverage.
- Find a doctor or hospital in network.
- Update contact information.
- Check the status of claims.

Current My Health Toolkit users can log in to the app with their existing username and password. New My Health Toolkit users can register through the app.

Get the App

Search for "My Health Toolkit" in the App Store or Google Play to download the My Health Toolkit app.





The FOCUSfwd Wellness Incentive Program is designed to help you get healthy (or healthier) throughout all phases of your wellness journey. Being healthy is more than just physical fitness, which is why we offer programs to help you focus on all aspects of your health: inside and out.



FOCUS Points*

Get rewarded for completing activities that are important to improving your overall health. Complete your Personal Health Assessment, annual wellness visit and preventive screening or flu shot and receive a **\$25 cash reward!**



GET FIT*

You can receive exclusive FOCUSfwd prizes and rewards for stepping up to annual challenges designed for you, no matter where you are in your journey.



Nutrition*

We are giving you the knowledge and power to take control of your health! Our nutrition program will help you understand what and how much you should be consuming based on your individual needs. We'll also provide sample meal plans, nutritional suggestions and more.



Sweepstakes

You can also increase your chances of winning prizes by completing other health-related activities, such as registering for My Health Toolkit®, connecting to Blue CareOnDemandSM, watching our monthly health education videos and much more.

Complete activities in **FOCUS Points**, **Nutrition** or **GET FIT** and receive 25 entries through each program into the **Sweepstakes**, increasing your chance to win \$1,000 quarterly and \$5,000 annually.

To get started:

1. Visit www.BlueChoiceSC.com.
2. Log in to **My Health Toolkit**.
3. Select the **Health and Wellness** tab.
4. Select the **FOCUSfwd Incentive Program** link.
5. Enter your email address to be eligible to win.

*These are calendar-year programs and will restart annually.

Focus on life. Focus on health. *Stay focused.*



BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.

Get Connected!

Sign Up for Text Messages

Stay current on your health insurance information wherever you are with the BlueChoice HealthPlan WireSM. When you sign up for this free text messaging service, you get important news and updates sent directly to your smartphone, including:

- How to make the most of your coverage.
- New features or enhancements.
- Health and wellness reminders.

Signing up is quick and easy! Simply call [844-206-0622](tel:844-206-0622). Please have your member ID card ready.



for BlueChoice
HealthPlan Wire
registration

Make the Most of Your Coverage

You have the power to make the decisions about where you receive your health care. But don't wait until you need to go to the doctor to understand your benefits.

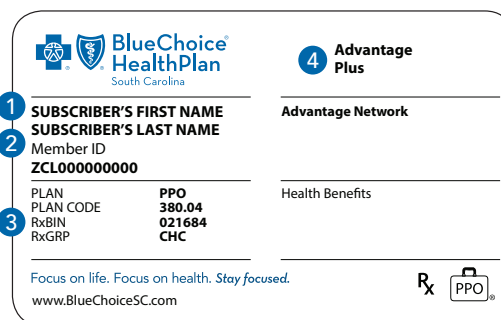
For example, for most services, you can choose doctors or specialists who are in or out of the network. However, to save money, you should choose an in-network doctor or specialist. Review your benefits summary included in this book for details about your coverage.

Find Care

Visit www.BlueChoiceSC.com to quickly find a network doctor, hospital and more.

Your Member ID Card

- 1 Subscriber name. Only the subscriber's name appears on the card.
- 2 Member ID number.
- 3 Pharmacy information (if you have prescription coverage with us).
- 4 The name of your benefits plan.



When To Submit A Claim Form

If you use a network provider, you do not need to fill out a claim form. If you use a non-network provider, you will need to file a claim for services. To get a claim form, visit www.BlueChoiceSC.com and select **Find a Form**.

The Blue Privileges

Being Blue means that you have privileges. You can get the right care, when and where you need it.

- All-inclusive copayments
- BlueCard® — Health care coverage wherever you go
- Blue Distinction® and Blue Distinction+® Centers — Hospitals recognized for providing quality specialty care

All-Inclusive Copayment

Your employer is offering multiple plan options for you to choose from. Some of those health plans may offer you convenience with an all-inclusive, comprehensive copayment. This means that if you visit a network provider, you will pay one copayment for all diagnostic and treatment services performed in the office. Services are not limited to routine and sick visits. They also include in-office surgical procedures and X-rays with no limits or caps. You can get necessary services at a set cost, with no hidden fees.

BlueCard

When you're a BlueChoice member, you take your health care benefits with you — across the country and around the world. The BlueCard program gives you access to doctors and hospitals almost everywhere. You can have peace of mind knowing you'll be able to find the health care provider you need. To quickly find a provider, visit www.BlueChoiceSC.com.

Blue Distinction® Specialty Care

The hospital you select can have a direct impact on the care you receive and your procedure results. We have a national recognition program — Blue Distinction Specialty Care — to make it easier for you to find quality care at a facility that's right for you.

The Blue Distinction Specialty Care Program includes two recognition levels:

- **Blue Distinction Centers:** Health care facilities recognized for their expertise in delivering specialty care.
- **Blue Distinction+ Centers:** Health care facilities recognized for their expertise and cost-efficiency in delivering specialty care.

Blue Distinction Specialty Care has several areas of specialty care:

- Cardiac care
- Complex and rare cancers
- Knee and hip replacement
- Maternity care
- Spine surgery
- Transplants

To learn more about Blue Distinction centers, visit www.BCBS.com/BlueDistinction.

Personal Health Assessment

Knowledge Is Power

A Step Toward Better Health

Taking a personal health assessment (PHA) is just one of the many ways you can take steps toward better health. Unfortunately, many chronic health conditions show no warning signs. Your PHA may provide insights into your risk for developing certain chronic conditions, so you can take preventive action.



Your Privacy Is Our Priority

Protecting your personal health information is very important to us. All the answers you give are confidential and protected by the federal privacy laws. Only aggregate data is shared with your employer. Individual results are not shared with anyone.

for completing your
personal health
assessment

You Matter

Choices you make every day can impact your health. The PHA can help you identify personal risk factors related to:

- Nutrition
- Tobacco Use
- Vehicle Safety
- Physical Activity
- Alcohol Use
- Stress and Depression
- Current Health
- Health History
- Biometrics

Instant Feedback

After you've completed the assessment, you'll receive:

- Ten entries for FOCUSfwd Wellness Incentive ProgramSM prize drawings.
- Personalized experiences based on responses to survey questions.
- Tips and resources for lowering risk factors included at the end of the survey.

How To Access

To access your personal health assessment:

- Visit www.BlueChoiceSC.com.
- Log in to My Health Toolkit.
- Select the Health and Wellness tab.
- Select the FOCUSfwd Incentive Program link.
- Select the PHA tab.
- Select the Complete Now button on the Complete Your Personal Health Assessment (PHA) tab.

Health Management Programs

As a BlueChoice member, you can get the support you need to make healthy lifestyle choices. Our Great Expectations *for health* programs can help teach you about your overall health, whether you:

- Are already healthy and active.
- Have a chronic condition.
- Are pregnant.
- Have serious health challenges.

Best of all, you can participate in these programs at no cost to you! And if you participate in some of these programs*, you can earn entries for the FOCUSfwd Wellness Incentive Program.

We offer education and support for:

Adult ADHD	High Blood Pressure*
Asthma (adults and pediatric)*	High Cholesterol*
Back Care	Maternity*
Bipolar Support	Metabolic Health*
Chronic Kidney Disease (CKD)*	Migraine*
Chronic Obstructive Pulmonary Disease (COPD)*	Moms Support Program
Depression	NICU Case Management
Diabetes (adults and pediatric)*	Recovery Support Program
Healthy and Active Kids and Teens (childhood obesity)	Stress Management
Heart Disease*	Tobacco Cessation
Heart Failure*	Weight Management*

If you have a complex health condition, we may contact you to participate in our Case Management program.

For a complete description of these Great Expectations programs, visit www.BlueChoiceSC.com.

How To Enroll

If you are identified for the program, we will automatically enroll you at no charge. Or you can self-enroll by calling [855-838-5897](tel:855-838-5897).

How The Programs Work

Once enrolled, you will receive information welcoming you to the program. You will also receive educational materials and phone calls, when appropriate.

If you have questions or need advice, you can call a health coach at [855-838-5897](tel:855-838-5897). Coaches are available Monday through Thursday, from 8:30 a.m. until 8 p.m., and Friday, from 8:30 a.m. until 5 p.m. ET. Some programs, like diabetes, asthma, metabolic health and maternity, offer additional items like a free peak flow meter, a free glucose monitor and a free yearly diabetes office visit.

Save Money With Discount Programs

BlueChoice offers you many ways to take charge of your health and save money. Through our discount programs, you have easy access to a variety of discounted health-related products and services.

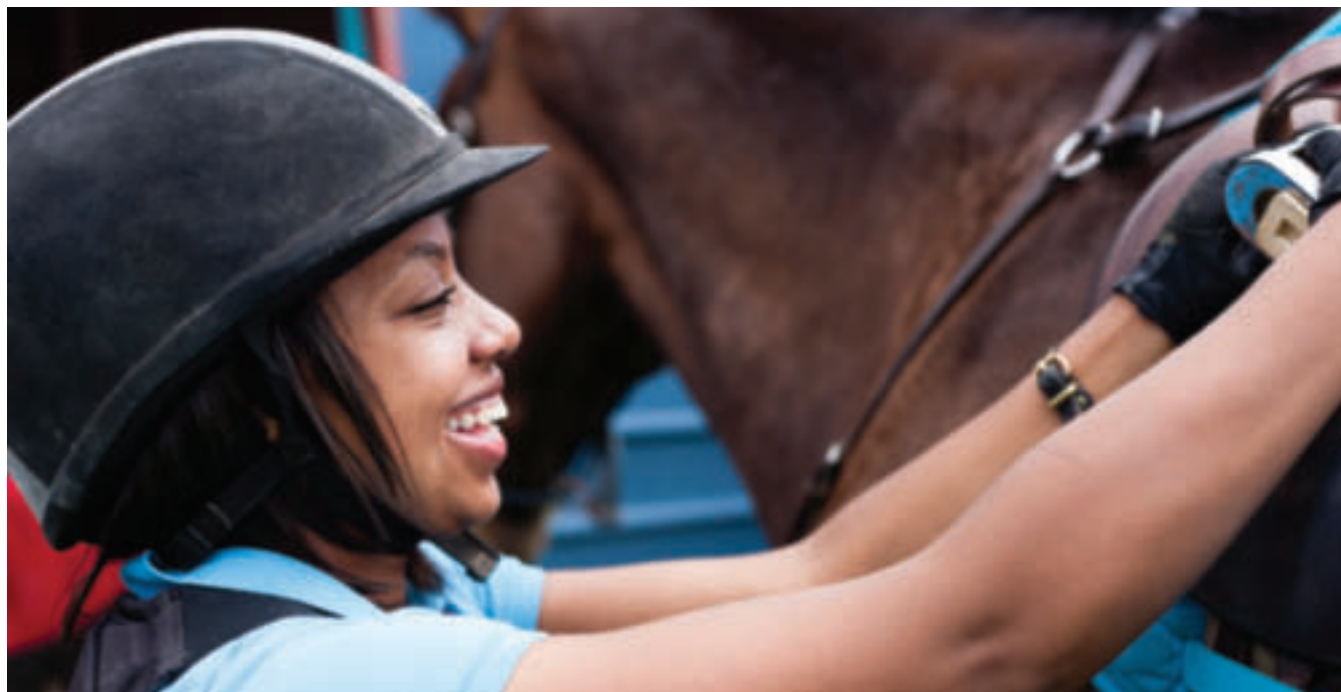
These programs are generally not covered under your health plan benefits. Check with your plan provider to see if any of these services may be covered under your plan. For any services not covered, you are responsible for all costs associated with these services. As a BlueChoice member, you can receive discounts on:

- Hearing screenings
- Hearing aids
- Hair restoration
- Lasik services
- Fitness center memberships
- Eye care
- Eyewear
- Weight-loss programs
- Allergy relief products

You also have access to discounts on alternative medicine services for:

- Acupuncture
- Massage therapy
- Chiropractic services
- Diet and supplement advisers

Additional services are provided through Blue365®, which offers discounts and savings from industry-leading brands. For details about all our value-added services and discount programs, visit www.BlueChoiceSC.com and select **Member Center**.



Prescription Drugs

Your prescription coverage includes a Prescription Drug List (PDL) that provides you and your doctor with many choices. We want to make sure you understand your benefits, so you and your doctor have the information you need to make the best choice for you.

What Is A PDL?

A PDL is a list of drugs your plan covers. Since there may be more than one drug available for your medical condition, we encourage you to use drugs on the PDL whenever possible. Drugs on the PDL will cost you less out of pocket than drugs that are not on the PDL.

Please note: The PDL is subject to change at any time during the year.

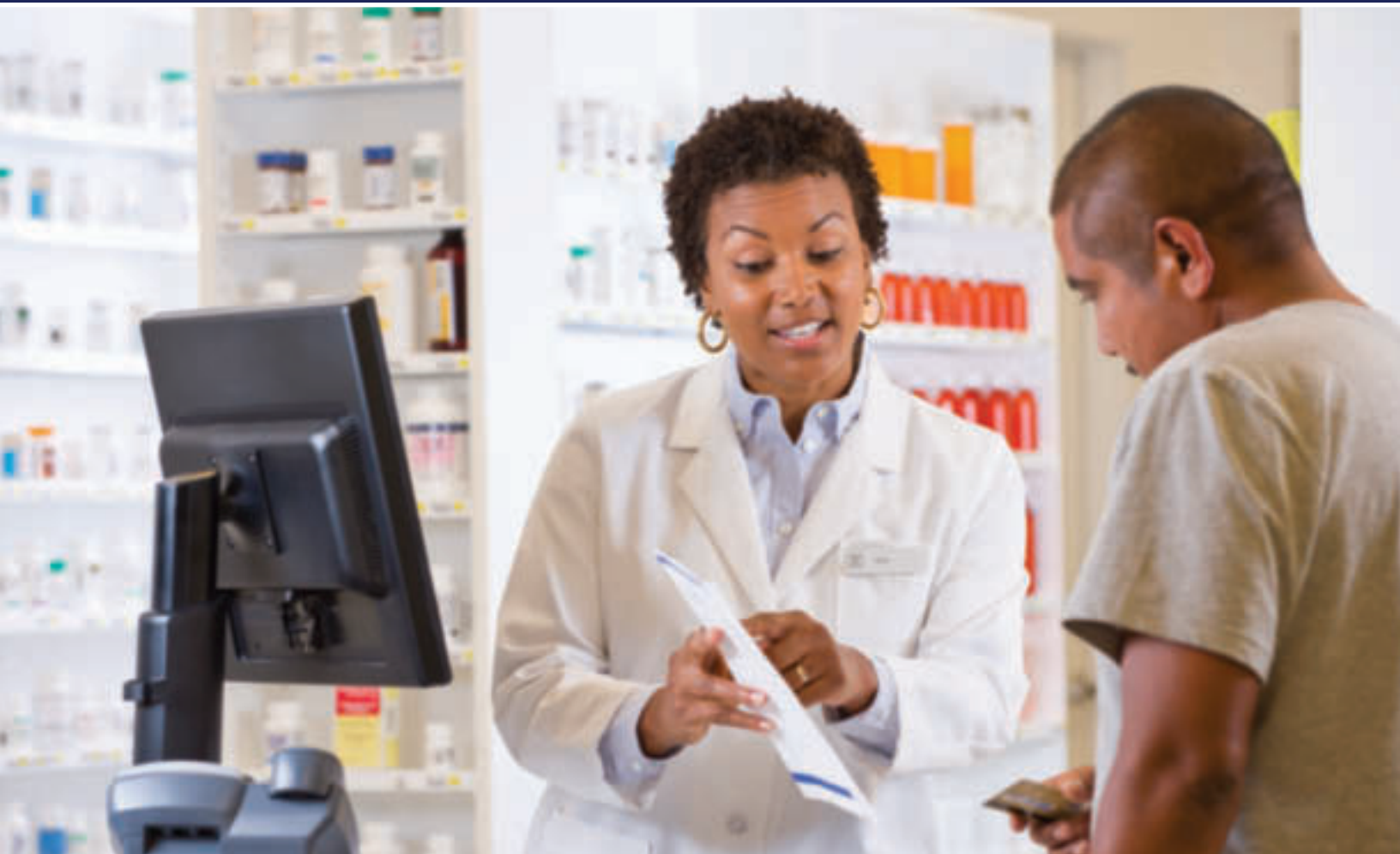
Where Can I Find The PDL And Other Prescription Coverage Information?

To access the PDL, visit www.BlueChoiceSC.com. When you are a member, you can access prescription drug coverage and cost information through My Health Toolkit. In addition, you will be able to access mail-order information, see your prescription drug history and use the drug lookup tool to search for information about a specific drug.

How Do I Get My Prescription?

Take the prescription to an in-network pharmacy along with your member ID card. If you have mail-service benefits, you can also fill some prescriptions for up to a 90-day supply by mail.

MEMBER COST	DRUG TIER	USUALLY INCLUDES
\$	Tier 1	Lowest-cost prescription generic and some over-the-counter drugs
\$\$	Tier 2	Prescription generic and some over-the-counter drugs
\$\$\$	Tier 3	Brand-name drugs that don't have a generic available. Also may include higher-priced generics that have more cost-effective options at lower tiers.
\$\$\$\$	Tier 4	Brand-name drugs that have brand or generic options at lower tiers. Also may include higher-priced generics that have more cost-effective options at lower tiers.
\$\$\$\$\$	Tier 5	Specialty drugs that are more cost-effective than other specialty drugs that treat the same conditions. Also may include some non-specialty brand or generic drugs that have more cost-effective options at lower tiers.
\$\$\$\$\$\$	Tier 6	Specialty drugs that have more cost-effective alternatives at Tier 5. Also, may include some non-specialty brand or generic drugs that have more cost-effective options at lower tiers.



How Can I Find A Network Pharmacy?

- Visit www.BlueChoiceSC.com.
- Or you can call Member Services at the number on the back of your ID card.

What Will I Have To Pay For My Prescriptions?

The cost of your prescription depends on which tier (copayment or coinsurance levels) the drug falls into on the PDL.

What If I Don't Find My Drug On The PDL?

The PDL contains the most commonly prescribed drugs. If your drug is not listed, it may be that:

1. Your drug is available over the counter or is excluded from coverage. Talk to your doctor about over-the-counter alternatives.
2. Your drug is not a preferred drug and is available at the highest copayment or coinsurance. If your drug is not on the list and you have additional questions, please call the Member Services number on your member ID card.

Prior Authorization For Prescriptions

The Prior Authorization program is a quality and safety program that promotes the proper use of certain medications. If your doctor prescribes a medication that is included in our Prior Authorization program, you must get prior approval before your plan will cover your medication.

We base the Prior Authorization program on U.S. Food and Drug Administration and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. Prior Authorization only affects the medication that your benefit plan covers. You and your doctor should make the final decision about the medication that is right for you.

Which Medications Are Included?

To find out if your medication requires Prior Authorization, you can visit www.BlueChoiceSC.com. You will also find information on where your doctor should send a request for prior authorization.

What Are the Possible Outcomes of a Prior Authorization Request?

- If you meet the requirements, your drug will be approved and we will cover it. Your drug can be approved for up to one year or more. You will be sent a letter letting you know that your drug has been approved.
- If you do not meet the requirements, your prior authorization will be denied. Also, if your doctor does not send in the requested information within a certain period of time, your prior authorization will be denied. If your request is denied, both you and your doctor will be sent a letter explaining the denial. The letter will include information about how you can appeal the decision.
- If you have questions about your drug approval, please contact Member Services at the phone number listed on the back of your member ID card.

What Happens At The Pharmacy?

The pharmacist enters your prescription information into the computer system. If your medication needs prior authorization and you already have it, the pharmacist will fill your prescription. If you do not have prior authorization, you have three choices:

- You or your pharmacist can call your doctor and get a prescription for a different medication that does not need prior authorization.
- You can pay full price for your medication.
- You or your pharmacist can ask your doctor to get prior authorization for you.

If you do not meet the requirements for prior authorization, you cannot fill your prescription at a retail pharmacy or the mail-order pharmacy. However, you can talk to your doctor about other prescription options available to you.

What Happens At A Specialty Pharmacy?

Usually, your doctor will call or fax a prescription directly to the specialty pharmacy. If your prescription requires prior authorization, the specialty pharmacy will tell your doctor how to request it.

Step Therapy

The Step Therapy program is a quality and safety program that can help you lower your medication costs. Many medical conditions can be treated using a variety of medications. In some cases, there is a very large difference in cost among the medications, but only a little difference in the way the medications work.

Step therapy requires you to try cost-effective, “first-choice” medications before trying (or “stepping up to”) more expensive “second-choice” medications. Many people find the first-choice medications work just as well for them.

We base the Step Therapy program on U.S. Food and Drug Administration and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. Our program only affects the medications your benefit plan covers. You and your doctor should make the final decision about the medications that are right for you.

Which Medications Are Included?

To find out which medications are included, you can visit www.BlueChoiceSC.com.

What Happens At The Pharmacy?

The pharmacist enters your prescription into the computer system. If your prescription is a second-choice medication, the system will check your claims history. If you have filled prescriptions for first-choice medications, the pharmacist will fill your prescription for your second-choice medication. In some cases, the system will also check for other medications you are using that may be unsafe to take with a first-choice medication. If one is found, the pharmacist will fill your prescription. If you are required to try a first-choice medication, you have three options:

1. You or your pharmacist can call your doctor to change your prescription to a first-choice medication.
2. You can pay full price for your second-choice medication prescription.
3. You or your pharmacist can ask your doctor to request a medical necessity exception.

If your plan approves the request, it will cover your prescription. If your plan does not approve the request, you can still choose another option. If you submit your prescription to your plan’s mail-order pharmacy and it does not meet the requirements for a second-choice medication, the pharmacy will not fill your prescription. It will notify you by mail.



Quantity Management

The Quantity Management program is a quality and safety program that promotes the safe use of medications. The program limits the amount of some medications that we cover.

We base the Quantity Management program limits on U.S. Food and Drug Administration and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

The limits only affect the amount of medication your benefit plan covers. You and your doctor make the final decision about the amount of medication that is right for you.

Which Medications Are Included?

To see the most current list of medications, visit www.BlueChoiceSC.com.

For most medications on the list, your plan will only cover a set amount within a set time frame. Your plan will cover higher amounts of some medications when medically necessary.

If your doctor thinks you need more than the amount allowed by your plan, he or she can request a medical necessity override by calling [855-811-2218](tel:855-811-2218).

What Happens At The Pharmacy?

The pharmacist enters your prescription information into the computer system. If the drug has a limit on the covered amount, the pharmacist will fill your prescription as long as it does not exceed the limit. If your prescription exceeds the quantity limit, you have three choices:

- Your pharmacist can reduce your prescription to the quantity your health plan covers.
- You can pay full price for all of your prescription or for the portion that exceeds the limit.
- You or your pharmacist can ask your doctor to get a quantity override, if one is available.

If your plan approves the additional quantity, it will pay for it. If your plan does not approve it, or the override is not available, you can still choose another option.

If you submit your prescription to the mail-service pharmacy and you do not meet the requirements for an override for an additional quantity, or an override exception is not available for your drug, the pharmacy will not fill your prescription. It will return your prescription to you.



Online Doctor Visits Anytime, Anywhere

With Blue CareOnDemandSM

You can visit with a doctor faster and more easily than ever. With Blue CareOnDemand, you can visit with a doctor via smartphone, tablet or computer, rather than visiting an office or urgent care facility. Each Blue CareOnDemand visit costs the same amount as a trip to your primary care doctor. Doctors will diagnose and write prescriptions as appropriate.

When Should You Use Blue CareOnDemand?

- If you should see a doctor, but can't fit it into your schedule.
- The doctor's office is closed.
- You are too sick to drive.
- You have kids at home.
- You are traveling.

What Types of Conditions Can Blue CareOnDemand Doctors Treat?

- Colds
- Flu
- Fever
- Rash
- Pinkeye
- Ear infection
- Migraines



Don't Wait Until You're Sick.

Download the app via the App Store or Google Play and sign up for Blue CareOnDemand today! You can also visit www.BlueCareOnDemandSC.com to create an account, as well as see a doctor via your computer. When creating your account, remember to enter your member ID number.

Vision Care

Focusing On What Matters

When it comes to vision care, we concentrate on what's important to you — eye exams, eyewear and contact lenses. Because clear vision is vital, our routine vision care is much more than routine. It's excellent vision coverage through Physicians Eyecare Network (PEN). Physicians Eyecare Network is an independent company that offers a vision provider network on behalf of BlueChoice.

Our vision plan provides a free eye exam every year and new eyewear every two years. Contact lenses are available instead of frames and lenses as an option every two years.

How To Use Your Benefits:

After your vision coverage is in effect, you can visit or call a participating provider. To quickly find a vision provider near you, visit www.BlueChoiceSC.com.

- Identify yourself as a member by presenting your BlueChoice member ID card.
- Receive services or materials and pay the applicable copayment to the provider and any other out-of-pocket costs.
- The provider files the claim on your behalf.

Physicians Eyecare Network Benefits at a Glance

SERVICE	BENEFIT	MEMBER PAYS
Routine Eye Exam	One routine eye exam per benefit year at no charge	\$0
EYEGASSES	BENEFIT	MEMBER PAYS
Standard Frames	Choose from designated frame selection	\$0
Non-Standard Frames	\$60 credit or 30% discount	Frames \$61-\$300: Cost of frames minus \$60 Frames more than \$300: 70% of frames' cost
Standard Lenses*	Single vision or lined bifocal/trifocal	\$0
Non-Standard Lenses*	\$60 credit or 30% discount	Lenses \$61-\$300: Cost of non-standard lenses minus \$60 Lenses more than \$300: 70% of lenses' cost
CONTACT LENSES	BENEFIT	MEMBER PAYS
Standard Contacts	90-day supply of disposable contacts or one pair of standard daily wear lenses	\$45 fitting fee at the time of service
Non-Standard Contacts	30% discount on fitting fee and 90-day supply of contacts provided at 30% off the standard retail price	70% of usual and customary fitting fee and normal retail price of contacts

*Lens add-ons such as tint, scratch-resistant coating, UV protection or edge polish not covered. PEN providers may collect established prices for these options.

For complete details, review your Schedule of Benefits. For members outside of the South Carolina service area, \$71 is allowed toward the routine eye exam and a \$120 credit is applied to the purchase of eyewear. Claims must be filed by the member.

Employee Assistance Program

Be at Your Best

Your employer wants to support you in being your best at work and in your personal life by providing the Employee Assistance Program (EAP). First Sun EAP provides free and confidential counseling, services and resources designed to help you and your family members. Because First Sun is a separate company from BlueChoice, First Sun will be responsible for all services related to the employee assistance program.

What Assistance Is Available?

Three free face-to-face sessions per person for you and your family members per contract year for individual, couples and family counseling and life management services.

Counseling Services

When you are challenged by personal or emotional issues, counselors are here to help with:

- Alcohol/Substance Abuse
- Anger Management
- Anxiety
- Depression
- Family Conflict
- Grief and Loss
- Marital/Relationship Issues
- Personal Concerns
- Spiritual Concerns
- Stress Management
- Trauma Issues
- Workplace Concerns

Life Management Services

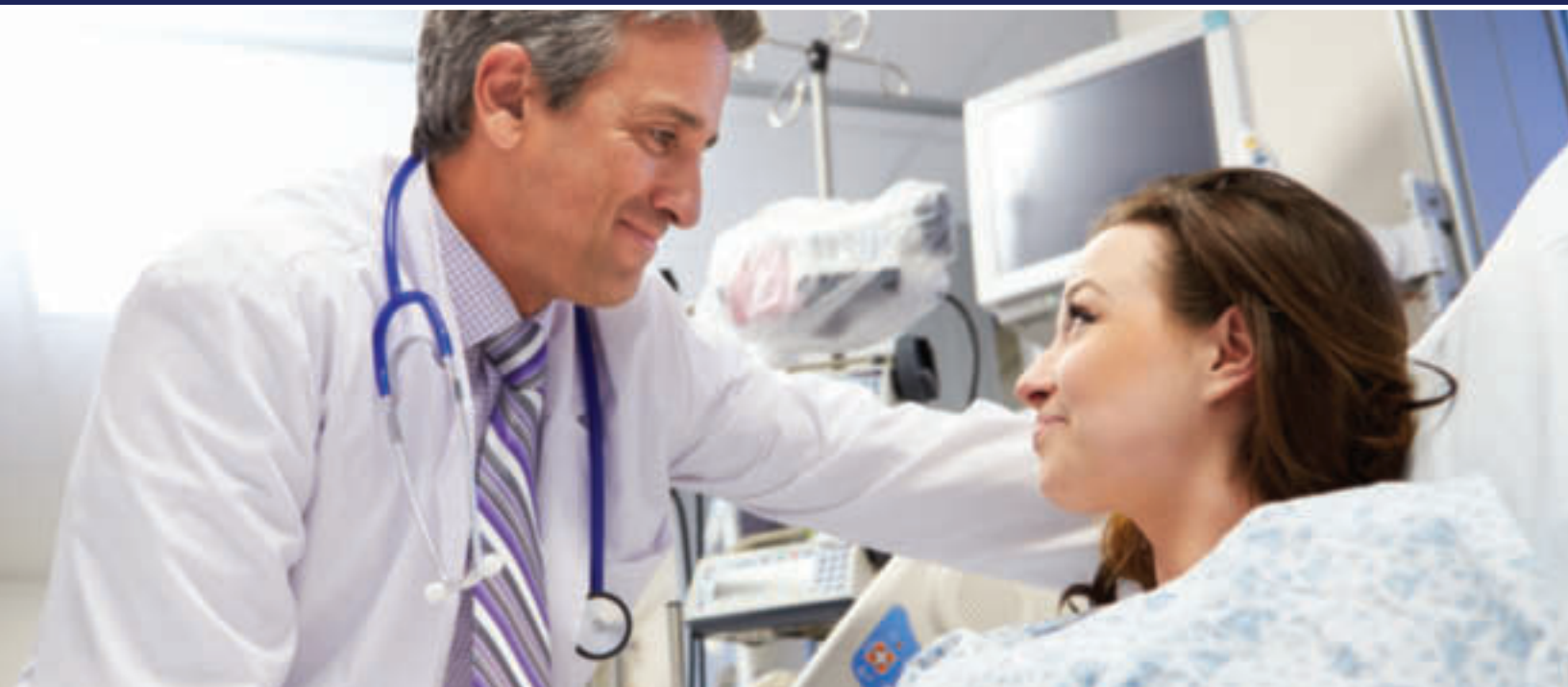
Counselors provide assistance so you can be more successful at home and at work. We provide:

- Legal Consultations and Documents
- Financial Counseling and Planning
- College and School Assistance
- Child Care Resources and Assistance
- Elder Care Resources and Assistance
- Adoption Assistance
- Pet Care Assistance

The Benefit of Using Your EAP

- FREE — Counseling and life management services are offered at no cost to you.
- CONFIDENTIAL — Services are confidential to the extent permitted by law.
- NOT REPORTED — Use of your EAP is not reported to your employer or manager.
- FAMILY MEMBERS ARE ELIGIBLE — Your EAP is available to you and your household family members.

Dedicated professionals are available to serve you 24 hours a day, seven days a week. Call **800-968-8143** or, for more detailed information about your benefits as well as helpful articles, assessments, webinars, videos, etc., visit <http://www.firstsuneap.com/>.



Save With Freestanding Ambulatory Surgical Centers

If you need surgery or a procedure that doesn't require an overnight stay, why not consider going to a freestanding ambulatory surgical center? Freestanding ambulatory surgical centers, also called outpatient surgery centers, are not affiliated with larger organizations or hospitals. They typically cost less than other outpatient facilities, which means you can save money and stay focused on the things that matter most to you.

Unlike a physician's office, where one bill is generated for the visit, services received in an ambulatory surgical center create two bills. The doctor charges for his or her services and the surgical center charges a facility fee for the use of the space, equipment, supplies and support staff.

EXAMPLE	FACILITY FEE*
You use a freestanding ambulatory surgical center, which costs the same as a specialist visit.	\$75
You use the hospital or an outpatient facility affiliated with a hospital.	Deductible, then 30%
*Benefits vary. Please check your Schedule of Benefits.	



Find A Freestanding Ambulatory Surgical Center

To see a list of participating freestanding ambulatory surgical centers, visit www.BlueChoiceSC.com.

**Schedule of Benefits
BlueChoice Advantage PlusSM
Southern Mutual Insurance**

In order to receive In-Network benefits, all services must be provided by a BlueChoice HealthPlan Participating Provider. This applies to each individual service unless otherwise noted. All admissions must be authorized by BlueChoice HealthPlan in order to be covered. Benefits are subject to all terms, conditions, limitations, and exclusions outlined in the Contract.

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS
Deductible per Benefit Period		
Per Member	\$3,500	\$7,000
Per Family (All family Members can contribute with no one Member contributing more than the individual deductible amount.)	\$7,000	\$14,000
Maximum Out-of-Pocket per Benefit Period (includes deductible, coinsurance and all copays)		
Per Member	\$7,350	\$21,700
Per Family	\$14,700	\$43,400

Services other than Mental Health and Substance Use Disorders

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS (Member must pay balance of Provider's Charge)
Primary Care		
Office services	\$30 per visit	Deductible, then 50%
Mandated Preventive Care	\$0	Not Covered
Specialty Care		
Office services	\$60 per visit	Deductible, then 50%
Hospital services (includes inpatient, outpatient & ambulatory care services)	Deductible, then 50%	Deductible, then 50%
Emergency room care (in order to be covered, Emergency room care must be for an Emergency Medical Condition)	Deductible, then 50%	Deductible, then 50% (plus any amount above the allowable charge up to the billed amount)
Other Routine Care		
GYN Exam – 2 per Benefit Period	\$0	Deductible, then 50%
Routine Screening Mammogram	\$0	Deductible, then 50%
Routine Screening Colonoscopy	\$0	Deductible, then 50%
Maternity Care		
Routine Maternity Physician Services (no additional copay for ongoing routine care)	Deductible, then 50%	Deductible, then 50%

In-Network Covered Services are underwritten by BlueChoice HealthPlan of South Carolina, Inc. Out-of-Network Covered Services are underwritten by BlueCross BlueShield of South Carolina and administered by BlueChoice HealthPlan of South Carolina, Inc. BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the BlueCross and BlueShield Association.

Schedule of Benefits BlueChoice Advantage PlusSM Southern Mutual Insurance

In order to receive In-Network benefits, all services must be provided by a BlueChoice HealthPlan Participating Provider. This applies to each individual service unless otherwise noted. All admissions must be authorized by BlueChoice HealthPlan in order to be covered. Benefits are subject to all terms, conditions, limitations, and exclusions outlined in the Contract.

Services other than Mental Health and Substance Use Disorders

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS (Member must pay balance of Provider's Charge)
Inpatient Hospital/Facility Services (Authorization required) Admission (including maternity) Skilled Nursing Facility Long-term Acute Care	Deductible, then 50% Deductible, then 50% Deductible, then 50%	Deductible, then 50% Deductible, then 50% Deductible, then 50%
Outpatient/Ambulatory Care Facilities All outpatient services (including maternity) Emergency room services (in order to be covered, Emergency room services must be for an Emergency Medical Condition) Ambulatory Surgical Center Urgent care	Deductible, then 50% \$300 per visit, then 50% \$60 per visit \$60 per visit	Deductible, then 50% \$300 per visit, then 50% (plus any amount above the allowable charge up to the billed amount) Deductible, then 50% Deductible, then 50%
Prescription Medicine Tier 1 Tier 2 Tier 3 Tier 4 No max per Benefit Period	Retail (up to a 31-day supply) \$8 \$25 \$45 \$70 You will have to pay more if you select a non-generic drug instead of its less- expensive Covered generic drug (or Covered over the counter) alternative.	Mail Order (up to a 90-day supply) \$20.00 \$62.50 \$112.50 \$175.00 Covered only at a Participating Pharmacy
Tier 5 Tier 6 No max per Benefit Period <ul style="list-style-type: none"> • Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers. 	\$125 \$175 Not Covered: Drugs designated as excluded on the Prescription Drug List.	Not Covered

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**Schedule of Benefits
BlueChoice Advantage PlusSM
Southern Mutual Insurance**

In order to receive In-Network benefits, all services must be provided by a BlueChoice HealthPlan Participating Provider. This applies to each individual service unless otherwise noted. All admissions must be authorized by BlueChoice HealthPlan in order to be covered. Benefits are subject to all terms, conditions, limitations, and exclusions outlined in the Contract.

Services other than Mental Health and Substance Use Disorders

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS (Member must pay balance of Provider's Charge)
Other Services		
Ambulance	Deductible, then 50%	Deductible, then 50%
Behavioral Therapy (ABA) for Autism Spectrum Disorder	Deductible, then 50%	Not Covered
Dental Services due to accidental injury	Deductible, then 50%	Not Covered
Durable Medical Equipment (DME)	Deductible, then 50%	Not Covered
Home Health	Deductible, then 50%	Deductible, then 50%
Hospice	Deductible, then 50%	Deductible, then 50%
Initial Prosthetic Appliances	Deductible, then 50%	Deductible, then 50%
Medical Supplies	Deductible, then 50%	Deductible, then 50%
Occupational Therapy	Deductible, then 50%	Not Covered
Outpatient Private Duty Nursing	Deductible, then 50%	Deductible, then 50%
Physical Therapy	Deductible, then 50%	Not Covered
Speech Therapy	Deductible, then 50%	Not Covered
Chiropractic Services		
Manipulation	\$60 per visit	Not Covered
All Other Services	Deductible, then 50%	Not Covered

Covered Transplants will be treated the same as any other medical condition. Services must be provided at a BlueChoice HealthPlan participating facility or a Blues Distinction for Transplant designated facility.

In-Network Covered Services are underwritten by BlueChoice HealthPlan of South Carolina, Inc. Out-of-Network Covered Services are underwritten by BlueCross BlueShield of South Carolina and administered by BlueChoice HealthPlan of South Carolina, Inc. BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the BlueCross and BlueShield Association.

**Schedule of Benefits
BlueChoice Advantage PlusSM
Southern Mutual Insurance**

In order to receive In-Network benefits, all services must be provided by a BlueChoice HealthPlan Participating Provider. This applies to each individual service unless otherwise noted. All admissions must be authorized by BlueChoice HealthPlan in order to be covered. Benefits are subject to all terms, conditions, limitations, and exclusions outlined in the Contract.

Mental Health & Substance Use Disorders

(Companion Benefit Alternatives, Inc. (CBA) must authorize these services in advance. On behalf of BlueChoice HealthPlan, CBA manages behavioral health and substance abuse benefits for our members and their dependents.

CBA is a separate company. Call CBA at 1-800-868-1032)

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS (Member must pay balance of Provider's Charge)
Inpatient Hospital Facility Services	Deductible, then 50%	Deductible, then 50%
Inpatient Physician Services	Deductible, then 50%	Deductible, then 50%
Outpatient Facility Institutional Services	Deductible, then 50%	Deductible, then 50%
Outpatient Facility Professional Services	Deductible, then 50%	Deductible, then 50%
Office Professional Services (does not require prior authorization)	\$30 per visit	Deductible, then 50%
Urgent Care (does not require prior authorization)	Deductible, then 50%	Deductible, then 50%

Benefits not listed above will be covered the same as "Services other than Mental Health and Substance Use Disorders"

In-Network Covered Services are underwritten by BlueChoice HealthPlan of South Carolina, Inc. Out-of-Network Covered Services are underwritten by BlueCross BlueShield of South Carolina and administered by BlueChoice HealthPlan of South Carolina, Inc. BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the BlueCross and BlueShield Association.

**Schedule of Benefits
BlueChoice Advantage PlusSM
Southern Mutual Insurance**

In order to receive In-Network benefits, all services must be provided by a BlueChoice HealthPlan Participating Provider. This applies to each individual service unless otherwise noted. All admissions must be authorized by BlueChoice HealthPlan in order to be covered. Benefits are subject to all terms, conditions, limitations, and exclusions outlined in the Contract.

MAXIMUMS	
Occupational Therapy	20 visits per Benefit Period
Outpatient Private Duty Nursing	60 visits per Benefit Period
Physical Therapy	20 visits per Benefit Period
Skilled Nursing Facility	120 days per Benefit Period
Speech Therapy	20 visits per Benefit Period
Benefit Period	Calendar Year

BENEFITS	MEMBER PAYS
Routine Vision Care - Physicians EyeCare Network (PEN) Providers Only (Refer to Provider Directory)	(Authorization not required)
One routine eye exam or one exam for contact lenses per Benefit Period	\$0
One standard contact lens fitting per Benefit Period	\$45
One pair of eyewear from a designated selection every other Benefit Period	\$0
Please consult your PEN Provider for information on discounts for which you may be eligible if you elect to receive eyewear/contact lenses outside the standard designated selection.	
(For Members outside of the South Carolina service area, \$71 will be allowed toward the routine eye exam and a \$120 credit will apply to the purchase of eyewear. Claims must be filed by the Member.)	

In-Network Covered Services are underwritten by BlueChoice HealthPlan of South Carolina, Inc. Out-of-Network Covered Services are underwritten by BlueCross BlueShield of South Carolina and administered by BlueChoice HealthPlan of South Carolina, Inc. BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the BlueCross and BlueShield Association.

**Schedule of Benefits
BlueChoice Advantage PlusSM
Southern Mutual Insurance**

The following benefits are covered outside of the BlueChoice Advantage Plus medical benefits.

BENEFITS	MEMBER PAYS
Employee Assistance Program (EAP Services)	
Individual & Family Counseling (visits 1-3)	\$0
Life Management Services (3 visits)	\$0
<p>Benefits are provided under an agreement between First Sun EAP and the Employer. First Sun EAP is a separate company that does not offer BlueChoice HealthPlan products. These services are offered by First Sun EAP, not BlueChoice HealthPlan. BlueChoice HealthPlan has no responsibility for these services. For services, please call First Sun EAP at 1-800-968-8143. First Sun EAP staff are available 24 hours a day, 7 days a week.</p>	

- ◆ Personal Health Assessment

In-Network Covered Services are underwritten by BlueChoice HealthPlan of South Carolina, Inc. Out-of-Network Covered Services are underwritten by BlueCross BlueShield of South Carolina and administered by BlueChoice HealthPlan of South Carolina, Inc. BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the BlueCross and BlueShield Association.

Schedule of Benefits
BlueChoice Advantage Plus HDHPSM
Southern Mutual Insurance

In order to receive In-Network benefits, all services must be provided by a BlueChoice HealthPlan Participating Provider. This applies to each individual service unless otherwise noted. All admissions must be authorized by BlueChoice HealthPlan in order to be covered. Benefits are subject to all terms, conditions, limitations, and exclusions outlined in the Contract.

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS
Deductible per Benefit Period		
Individual Coverage	\$3,000	\$6,000
Family Coverage	\$6,000	\$12,000
Maximum Out-of-Pocket per Benefit Period (includes deductible, coinsurance and all copays) (Embedded MOOP: All family members can contribute with no one member contributing more than the Individual amount.)		
Individual Coverage	\$3,000	\$12,000
Family Coverage	\$6,000	\$24,000

Services other than Mental Health and Substance Use Disorders

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS (Member must pay balance of Provider's Charge)
Physician Care		
Office services	Deductible, then 0%	Deductible, then 20%
Mandated Preventive Care	\$0	Not Covered
Other Routine Services	(Not subject to deductible or copayment)	
GYN Exam (2 per Benefit Period)		
Routine Screening Mammogram	\$0	Deductible, then 20%
Routine Screening Colonoscopy		
Hospital/Facility Services	(Authorization required)	(Authorization required)
Inpatient Admission (including maternity)	Deductible, then 0%	Deductible, then 20%
Skilled Nursing Facility	Deductible, then 0%	Deductible, then 20%
Long-term Acute Care Facility	Deductible, then 0%	Deductible, then 20%

In-Network Covered Services are underwritten by BlueChoice HealthPlan of South Carolina, Inc. Out-of-Network Covered Services are underwritten by BlueCross BlueShield of South Carolina and administered by BlueChoice HealthPlan of South Carolina, Inc. BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the BlueCross and BlueShield Association.

Schedule of Benefits
BlueChoice Advantage Plus HDHPSM
Southern Mutual Insurance

In order to receive In-Network benefits, all services must be provided by a BlueChoice HealthPlan Participating Provider. This applies to each individual service unless otherwise noted. All admissions must be authorized by BlueChoice HealthPlan in order to be covered. Benefits are subject to all terms, conditions, limitations, and exclusions outlined in the Contract.

Services other than Mental Health and Substance Use Disorders

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS (Member must pay balance of Provider's Charge)
Outpatient/Ambulatory Care Facilities All services (including maternity) Emergency room services (in order to be covered, Emergency room services must be for an Emergency Medical Condition) Ambulatory Surgical Center Urgent care	Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0%	Deductible, then 20% Deductible, then 0% (plus, any amount above the allowable charge up to the billed amount.) Deductible, then 20% Deductible, then 20%
Prescription Medicine Certain Prescription Medicine may require prior authorization or have dosage limits	Deductible, then 0%	Not Covered
Specialty Pharmaceuticals	Deductible, then 0%	Not Covered
Other Services Ambulance Behavioral Therapy (ABA) for Autism Spectrum Disorder Dental Services due to accidental injury Durable Medical Equipment (DME) Home Health Hospice Initial Prosthetic Appliances Medical Supplies Occupational Therapy Outpatient Private Duty Nursing Physical Therapy Speech Therapy	Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0% Deductible, then 0%	Deductible, then 20% Not Covered Deductible, then 20% Deductible, then 20% Deductible, then 20% Deductible, then 20% Deductible, then 20% Deductible, then 20% Deductible, then 20% Deductible, then 20% Deductible, then 20%
Chiropractic Services Manipulation All Other Services	Deductible, then 0% Deductible, then 0%	Not Covered Not Covered

Covered Transplants will be treated the same as any other medical condition. Services must be provided at a BlueChoice HealthPlan participating facility or a Blues Distinction for Transplant designated facility.

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**Schedule of Benefits
BlueChoice Advantage Plus HDHPSM
Southern Mutual Insurance**

In order to receive In-Network benefits, all services must be provided by a BlueChoice HealthPlan Participating Provider. This applies to each individual service unless otherwise noted. All admissions must be authorized by BlueChoice HealthPlan in order to be covered. Benefits are subject to all terms, conditions, limitations, and exclusions outlined in the Contract.

Mental Health & Substance Use Disorders

(Companion Benefit Alternatives, Inc. (CBA) must authorize these services in advance. On behalf of BlueChoice HealthPlan, CBA manages behavioral health and substance abuse benefits for our members and their dependents.

CBA is a separate company. Call CBA at 1-800-868-1032)

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS (Member must pay balance of Provider's Charge)
Inpatient Hospital Facility Services	Deductible, then 0%	Deductible, then 20%
Inpatient Physician Services	Deductible, then 0%	Deductible, then 20%
Outpatient Facility Institutional Services	Deductible, then 0%	Deductible, then 20%
Outpatient Facility Professional Services	Deductible, then 0%	Deductible, then 20%
Office Professional Services (does not require prior authorization)	Deductible, then 0%	Deductible, then 20%
Urgent Care (does not require prior authorization)	Deductible, then 0%	Deductible, then 20%

Benefits not listed above will be covered the same as "Services other than Mental Health and Substance Use Disorders"

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**Schedule of Benefits
BlueChoice Advantage Plus HDHPSM
Southern Mutual Insurance**

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MAXIMUMS	
Occupational Therapy	20 visits per Benefit Period
Outpatient Private Duty Nursing	60 visits per Benefit Period
Physical Therapy	20 visits per Benefit Period
Skilled Nursing Facility	120 days per Benefit Period
Speech Therapy	20 visits per Benefit Period
Benefit Period	Calendar Year

The following benefits are covered outside of the BlueChoice Advantage Plus medical benefits.

BENEFITS	MEMBER PAYS
Routine Vision Care - Physicians EyeCare Network (PEN) Providers Only (Refer to Provider Directory)	(Authorization not required)
One routine eye exam or one exam for contact lenses per Benefit Period	\$0
One standard contact lens fitting per Benefit Period	\$45
One pair of eyewear from a designated selection every other Benefit Period	\$0
Please consult your PEN Provider for information on discounts for which you may be eligible if you elect to receive eyewear/contact lenses outside the standard designated selection.	
(For Members outside of the South Carolina service area, \$71 will be allowed toward the routine eye exam and a \$120 credit will apply to the purchase of eyewear. Claims must be filed by the Member.)	

In-Network Covered Services are underwritten by BlueChoice HealthPlan of South Carolina, Inc. Out-of-Network Covered Services are underwritten by BlueCross BlueShield of South Carolina and administered by BlueChoice HealthPlan of South Carolina, Inc. BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are independent licensees of the BlueCross and BlueShield Association.

**Schedule of Benefits
BlueChoice Advantage Plus HDHPSM
Southern Mutual Insurance**

BENEFITS	MEMBER PAYS
Employee Assistance Program (EAP Services)	
Individual & Family Counseling (visits 1-3)	\$0
Life Management Services (3 visits)	\$0
<p>Benefits are provided under an agreement between First Sun EAP and the Employer. First Sun EAP is a separate company that does not offer BlueChoice HealthPlan products. These services are offered by First Sun EAP, not BlueChoice HealthPlan. BlueChoice HealthPlan has no responsibility for these services. For services, please call First Sun EAP at 1-800-968-8143. First Sun EAP staff are available 24 hours a day, 7 days a week.</p>	

- ◆ Personal Health Assessment

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Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háida biká'aná nilwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ida yí na' ídíl kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é'la' bich'í' ha desdzih níńízingo, kojí' bécsh bee hólne' 1-844-516-6328. (Navajo)

Focus on life. Focus on health. *Stay focused.*

As your health plan, we're here to help you. If you need more information, assistance or have other questions, please:



Visit our website:
www.BlueChoiceSC.com



Write to us:
BlueChoice HealthPlan
Member Services
P.O. Box 6170
Columbia, SC 29260-6170



Call Monday–Friday
between 8:30 a.m. – 5 p.m.:
800-868-2528
TTY Services 711 + 800-868-2528

If you need an interpreter, we have free services available for both oral and written assistance. If you have questions about your coverage, please contact Member Services for more information. We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.



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of the Blue Cross and Blue Shield Association.

BlueChoiceSC.com