



Established 1984



2024 Employer Group Coverage (2 – 50)

BusinessADVANTAGESM

BA Primary ChoiceSM



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



Table of Contents

- Section 1: Our Plans** 1
 - BusinessADVANTAGE 2
 - BA Primary Choice 2
- Section 2: Benefits and Services** 3
 - The Benefits Your Employees Deserve 4
 - Tiered Prescription Drug Benefits 6
 - Six-Tier Drug Program 6
 - Benefits of an All-Inclusive Office Visit Copayment 7
 - Value-Added Benefits and Services 8
 - Employee Assistance Program 8
 - Routine Vision Care 8
 - Preventive Dental Care 8
 - Discounts 8
- Section 3: Health and Wellness** 9
 - FOCUSfwd® Wellness Incentive Program 10
 - Great Expectations® for health 11
 - My Diabetes Discount Program 12
 - My Health NovelSM 13
 - Behavioral Health Resources 13
- Section 4: Tools and Resources** 15
 - Find Care 16
 - Information on the Web 16
 - Doctor Visits Anytime, Anywhere for Less Than \$35 17
 - Save Time and Money 18
 - QuickBillSM 18
 - QuickEnrollSM 18
 - ChoiceEnroll 18
 - HRA/HSA/FSA/COBRA 18
- Section 5: Optional Coverage Enhancements** 19
 - Blue DentalSM 20
 - Companion Life 21
 - Life Insurance 21
 - Short and Long Term Disability Insurance 21
 - Voluntary Vision Insurance 21
- Section 6: 2024 Plans** 23
 - BusinessADVANTAGE Plans 24
 - BA Primary Choice Plans 32
- Statement of Confidentiality** 39



Section 1: Our Plans





Our Plans

You make tough decisions every day to keep your business growing. Deciding to offer affordable health care coverage for your employees doesn't have to be one of them. Our small group BusinessADVANTAGESM and BA Primary ChoiceSM plans offer an affordable and comprehensive series of health plans with options to suit employers with 2 – 50 employees.

BusinessADVANTAGE

Our BusinessADVANTAGE plans offer the most comprehensive benefits with our largest network.

We are offering 21 BusinessADVANTAGE plans:

- Seven Gold plans
- Nine Silver plans
- Five Bronze plans

Three of these are qualified high-deductible health plans.

BA Primary Choice

Members must select a primary care physician (PCP) within the BA Primary Choice network upon enrolling.

The PCP will help manage care by providing referrals to other providers when needed. To view the BA Primary Choice network, please visit www.BlueChoiceSC.com/FindCare.

We are offering 13 BA Primary Choice plans:

- Three Gold plans
- Six Silver plans
- Four Bronze plans

Two of these are qualified high-deductible health plans.

You can offer dual options in any combination from any of these plans down to two lives. All plans are health reimbursement arrangement-compatible.

Section 2: Benefits and Services



The Benefits Your Employees Deserve

This is our 40th year serving members throughout South Carolina! Our plan options provide comprehensive, whole-health solutions to members and their families and help you manage your health care costs.

Discover Why Your Employees Get More With BlueChoice

All-Inclusive, Comprehensive Office Visit Copayment — One low copayment per in-network office visit covers ALL related diagnostic and treatment services, including labs and X-rays.

The **FOCUS_{fwd} Wellness Incentive Program** is designed to help members lead healthier lifestyles. By completing health-related activities and challenges, members earn up to **\$110 in rewards** and increase their chances of winning one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards** in our **Sweepstakes!** Just look for the running man icon throughout this brochure indicating a **FOCUS_{fwd}** initiative and its entry values.



for signing up for
FOCUS_{fwd}

Great Expectations for health — More than 20 wellness, chronic condition management and behavioral health programs focus on the early detection of illness and the prevention of disease.

My Diabetes Discount Program — Qualifying members receive their insulin with a \$0 copayment when they meet the program criteria.

Blue CareOnDemand Powered by MDLIVE — Virtual visits can be scheduled with a doctor any time day or night for less than \$35 on most plans.

Specialist Visits — No referral is necessary for BusinessADVANTAGE members! BA Primary Choice members must request and receive a referral from the PCP before seeing a specialist.

Urgent Care Visits at Doctors Care — These cost the same as primary care visits on most plans.

BlueCard Program — Members living or traveling outside of South Carolina can locate participating doctors and hospitals nationwide. When members use a doctor or hospital through BlueCard, they receive the highest level of benefits. For BA Primacy Choice members, no benefits are provided for services received out of network unless the service is due to an emergency medical condition and the services are provided in an urgent care center or hospital emergency room.

Lab Choices — We offer lab choices, generating savings and less out-of-pocket costs for our members. All care for a BA Primary Choice member must be provided through or authorized by the member's PCP.

Free-Standing Ambulatory Surgical Centers — Our network of free-standing ambulatory surgical centers can save members money when they need surgery or a procedure that doesn't require an overnight stay. All care for a BA Primary Choice member must be provided through or authorized by the member's PCP.

EXAMPLE	FACILITY FEE*
Your employees use a free-standing ambulatory surgical center.	\$200
Your employees use the hospital or an outpatient facility affiliated with a hospital.	\$400 copayment, then deductible, then 50%
*Benefits vary. Groups should check their Schedules of Benefits.	

Pediatric Vision — All plans cover one eye exam and one pair of glasses or contact lenses each year from a designated selection through the Physicians Eyecare Network. Physicians Eyecare Network is an independent company that administers a vision provider network on behalf of BlueChoice®.

Adult Vision* — This benefit covers one eye exam each year and one pair of glasses from a designated selection or contact lenses every two years through the Physicians Eyecare Network.

Preventive Dental* — This benefit covers an allowed amount per benefit period for preventive exams and cleanings at any South Carolina-licensed dentist.

Employee Assistance Program (EAP)* — Our employee assistance program can be used for family counseling, life management, training and more. The EAP is included at no additional cost through First Sun EAP. Because First Sun EAP is a separate company from BlueChoice, First Sun will be responsible for all services related to this program.

*Any costs incurred related to these programs are not applicable to the member's deductible and/or out-of-pocket expenses.

Focus on life. Focus on health. Stay focused.



Tiered Prescription Drug Benefits



BlueChoice offers pharmacy benefits programs that provide the highest level of clinical effectiveness and safety for the lowest net spending. Our goal is to help our members get the appropriate drugs they need at the best price. One way we do this is by developing and maintaining a covered drug list.

We continually evaluate our prescription drug formularies and drug management programs to ensure that quality and costs are managed effectively. We work with a group of independent doctors and pharmacists to evaluate our pharmacy programs and get their recommendations. This group also approves decisions about our covered drug list, specialty drug list and drug management programs. They base their decisions on a drug's effectiveness, safety and value.

To view the covered drug list, visit www.BlueChoiceSC.com, go to the **Member Center** and select either BA Primary Choice or BusinessADVANTAGE.

Six-Tier Drug Program

BlueChoice has a six-tier prescription drug plan. This program offers flexibility in drug treatments. The chart shows the drugs that are typically in each tier.

MEMBER COST	DRUG TIER	DESCRIPTION
\$0	Tier 0	These drugs are considered preventive medications under the Affordable Care Act (ACA), and we cover them at no cost to the member.
\$	Tier 1	Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of pocket.
\$\$	Tier 2	Drugs on this tier are usually generic drugs. They will typically cost less than brand-name drugs.
\$\$\$	Tier 3	Drugs on this tier are usually preferred brand-name drugs. They typically cost less than other brand-name drugs.
\$\$\$\$	Tier 4	Drugs on this tier are usually nonpreferred brand-name drugs. They typically cost more than other brand-name drugs and may have generic equivalents.
\$\$\$\$\$	Tier 5	Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically expensive.
\$\$\$\$\$\$	Tier 6	Drugs on this tier are usually specialty drugs that are used to treat complex medical conditions. They are typically the most expensive drugs available.

All-Inclusive Office Visit Copayment



All plans that have a copayment give members the convenience of an all-inclusive office visit copayment. What does that mean?

Members who visit an in-network provider will pay one copayment for all covered services performed in the doctor's office for the same date when billed by the doctor. Best of all, there are no dollar maximums!

For example, let's say a member makes a routine office visit to an in-network doctor. Their copayment for this visit is \$25. While there, the member ends up needing lab work and an in-office X-ray. With the all-inclusive office visit copayment, the member wouldn't pay any extra for these services. The chart shows how much they would save.

SERVICE	WITH ALL-INCLUSIVE COPAYMENT	WITHOUT ALL-INCLUSIVE COPAYMENT
Office Visit	\$25.00	\$25.00
Lab Work	\$0 (Included)	\$47.00
In-Office X-Ray	\$0 (Included)	\$89.00
Total Cost	\$25.00	\$161.00
Total Savings With All-Inclusive Copayment — \$136.00		

Here are a few examples of what is covered under the all-inclusive office visit copayment:

- Office charges, including surgical services or treatment of an illness, accident or injury
- Allergy and tetanus shots
- Annual physicals
- Injections (immunizations)
- Diagnostic lab and X-ray services (Other charges could apply if the provider sends the claim to a hospital for processing.)



Value-Added Benefits and Services

These benefits are nonessential and do not count toward any maximum out-of-pocket (MOOP) expenses unless otherwise indicated.



Employee Assistance Program

First Sun EAP provides a broad array of services designed to help your employees be at their best. The EAP can help reduce the number of days employees miss, help increase productivity and bring out the best in your employees. These services are free to members and those in their households.

EAP services include these resources and more:

- Financial counseling and planning
- Adult care resources
- College consultation resources
- Legal consultations and documents
- Child care resources
- Parenting/adoption resources
- Individual, couples and family counseling

Members and those in their households receive **three free life management sessions and three free counseling sessions.**



Routine Vision Care

All plans include routine vision coverage through the Physicians Eyecare Network:

- **Adults** — One routine eye exam each year with a \$0 copayment and one pair of glasses from a designated selection or contact lenses every two years with a \$0 copayment. Costs incurred do not apply toward MOOP expenses.
- **Pediatric** (under the age of 19) — One routine eye exam each year with a \$25 copayment and one pair of glasses from a designated selection or contact lenses each year with a \$50 copayment. Costs incurred do apply toward MOOP expenses.

For members outside of the South Carolina service area, we allow \$71 toward the routine eye exam and \$120 toward the purchase of eyewear. The member must file these claims with BlueChoice.



*for getting
an eye exam*



Preventive Dental Care

All plans include a dental allowance per benefit period for exams and cleanings

for adults and children by any South Carolina-licensed dentist:

- Preventive dental, one exam every six months: up to \$50
- Preventive dental, one cleaning every six months: up to \$50

Members can send a completed dental reimbursement form and the paid receipt to BlueChoice for reimbursement of the allowed amount. If you would like to offer a comprehensive dental plan, you can choose one of our Blue DentalSM plans. See page 22 for details.



*for getting
a dental exam*



Discounts

At BlueChoice, members can take advantage of great discount programs and special services. We offer these services and discounts to our members in addition to, but not included in, the services and benefits covered under a BlueChoice policy. Through our value-added services, members have access to special discounts or benefits on services such as:

- Blue365[®], a program offering nationwide discounts.
- Hearing aid discounts.
- Fitness center discounts.
- Bosley[®] hair restoration.



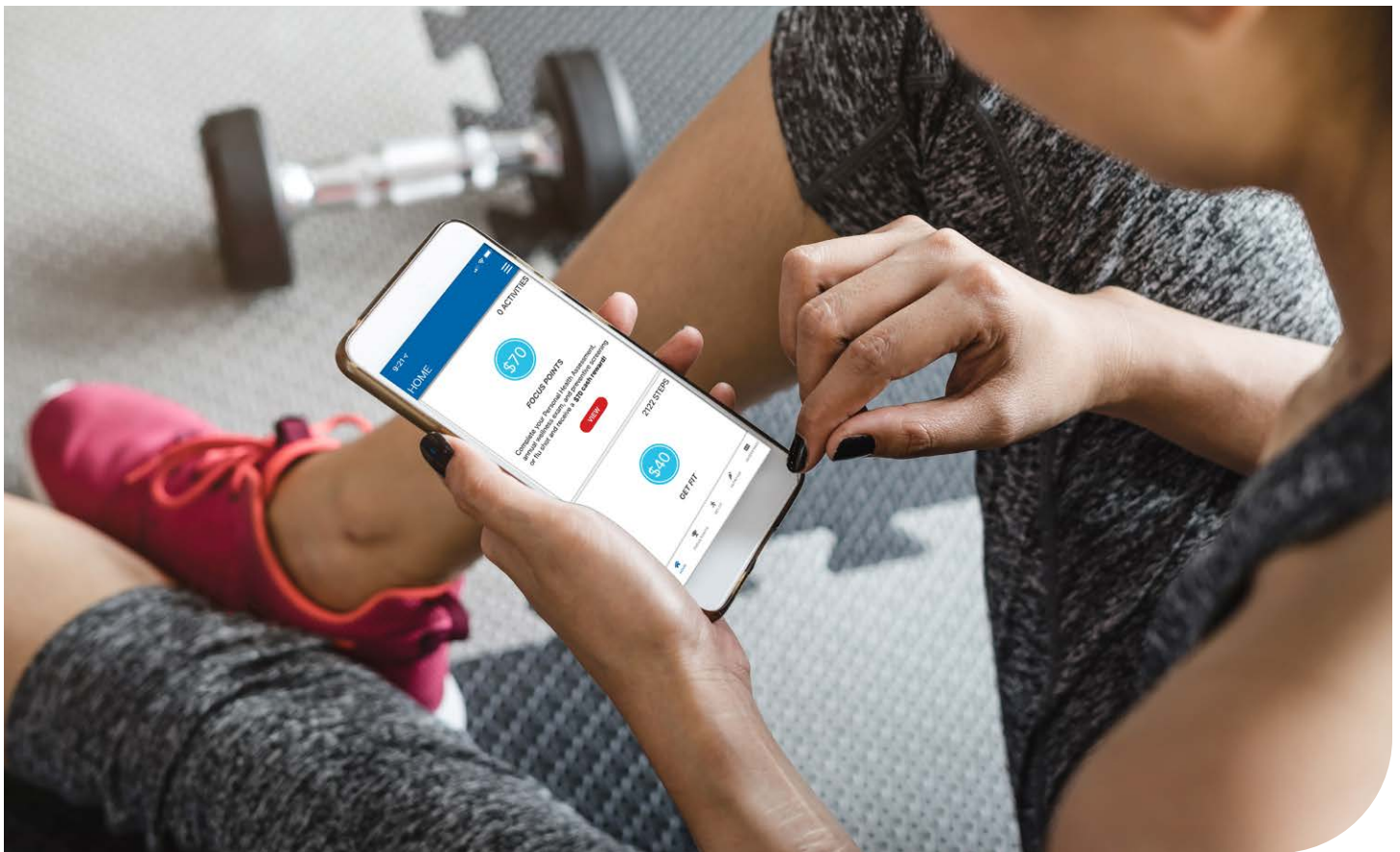
*for signing up
for Blue365*

Bosley is an independent company that provides discounts on hair restoration services for BlueChoice members.



Section 3: Health and Wellness





FOCUSfwd Wellness Incentive Program



The **FOCUSfwd** Wellness Incentive Program is designed to help members lead healthier lifestyles. By completing health-related activities and challenges, members earn up to \$110 in rewards and increase their chances of winning one of the \$1,000 quarterly and \$5,000 annual cash rewards in our Sweepstakes!



FOCUS Points

Members get a \$70 reward and 40 Sweepstakes entries for completing an individual Personal Health Assessment, annual wellness exam, and preventive screening or flu vaccine.



GET FIT

Members get up to \$40 in rewards and 40 Sweepstakes entries for completing the quarterly step challenges.



Sweepstakes

Members earn entries into the Sweepstakes for every activity they complete in **FOCUSfwd**, increasing their chances to win one of the \$1,000 quarterly and \$5,000 annual cash rewards. Members earn 10 Sweepstakes entries by simply signing up for **FOCUSfwd**.

Get the FOCUSfwd App



Members can stay connected with their health and their rewards with the **FOCUSfwd** app. To get started, members should access **FOCUSfwd** from their mobile devices. Then, select **Learn More** and follow the prompts to download the app and link their accounts.



for downloading the
FOCUSfwd app

Great Expectations *for health*



Our Great Expectations® *for health* programs help educate members about their overall health. We support them as they make healthy lifestyle changes. Whether they are already healthy and active, have a chronic condition, are pregnant or have serious health challenges, we can help them take charge of their health.

Best of all, members can participate in these programs at no cost!

We offer these programs for education and support:

Prevention and Wellness

- Back Care
- Healthy and Active Kids and Teens
- Maternity
- Tobacco Cessation

Behavioral Health

- Anxiety Management
- Adult ADHD
- Bipolar Support
- Depression
- Moms Support Program
- Recovery Support

Condition Support

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Kidney Disease
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- High Cholesterol
- Metabolic Health
- Migraine

Members with a complex health condition may be contacted to participate in our Case Management program. For a complete description of these Great Expectations programs, visit www.BlueChoiceSC.com/GreatExpectations.

How the Programs Work

After members enroll, they will receive information welcoming them to the program.



*for participating
in Great Expectations*





My Diabetes Discount Program



It's crucial for people with diabetes to stick to their care plans. But according to our claims data, medication adherence decreases when the copayment for an insulin prescription exceeds \$15.

My Diabetes Discount Program enables members to receive insulin with a \$0 copayment when they meet the requirements listed below.

- Visit their PCP for a checkup that includes:
 - A comprehensive metabolic panel lab test¹ OR a basic metabolic panel.
 - An A1C test every six months.
 - A diabetes risk factor assessment of their feet and eyes.
- Get a flu vaccine.
- Complete approved diabetes education.²

Who is eligible?

Members who have Type 1 or Type 2 diabetes and are actively on insulin therapy are eligible for this program.

How it works:

- Eligible members receive outreach from BlueChoice each quarter that includes a detailed checklist of what they need to do to start or continue receiving their \$0 copayment.
- After completing all program requirements, members will begin receiving their \$0 copayment the following quarter.
- Requirements must be maintained on an annual basis to continually receive the \$0 insulin copayment.

¹Members under the age of 18 require a fasting glucose test instead of a comprehensive metabolic panel test.

²For members under the age of 18, the parent/guardian must meet the diabetes education requirement.

My Health Novel



My Health NovelSM matches members with helpful resources and tools based on their specific health needs. With it, they can access **women's health, weight management, behavioral health and musculoskeletal health** mobile apps at no cost.

To see if they qualify, your covered employees should:

1. Log in to **My Health Toolkit**.
2. Select **Benefits**, then **My Health Novel**.
3. Take a quick, one-minute assessment.

After taking the brief health quiz, qualifying members will be matched to the program that is best for them.



*for completing
the assessment in
My Health Novel*

Behavioral Health Resources



We know helping members take care of their mental health can help improve their physical health and all aspects of their lives. That's why BlueChoice provides a variety of services for members dealing with depression, anxiety and other behavioral health conditions.

- Members receive three face-to-face counseling sessions through our employee assistance program provided by First Sun EAP.
- Our Great Expectations *for health* behavioral health programs provide support for members with bipolar disorder, depression, substance use disorder, and stress and anxiety. These programs are offered through Companion Benefit Alternatives (CBA). CBA is a separate company that manages behavioral health benefits on behalf of BlueChoice.
- Members have access to mental health services anytime, anywhere with Blue CareOnDemand Powered by MDLIVE.
- Members have access to behavioral health management mobile apps at no cost through My Health Novel.





Section 4: Tools and Resources

Find Care



Helping your employees find a participating provider is quick and easy! You can view and print customized lists of health care providers and facilities. Your list will show providers or facilities in your network. You can find providers and facilities located near them. You can even create directories based on the types of doctors your employees may need.

To see if a doctor is in the network, have your employees visit www.BlueChoiceSC.com/FindCare.

Information on the Web

When members need to download forms, learn specifics about our health plans, send us emails, review the Prescription Drug List or read about our wellness programs, they can visit www.BlueChoiceSC.com. Our website is a protected, secure and convenient way to access information on their schedules, not ours.

Scan this QR code to learn how to make the most of coverage with our easy-to-use online resources.



My Health Toolkit

Members can use My Health Toolkit to see if their plan covers a specific procedure, get more information about their health benefits, check the status of a claim and more.



My Health Toolkit Mobile App

With the My Health Toolkit mobile app, our members' insurance benefits are with them wherever they go!



*for registering for
My Health Toolkit*

With the app, they can:

- View and share their digital ID cards.
- Quickly check the status of their claims.
- See what their health plan covers.
- Find an in-network doctor or hospital.
- Update their contact information.
- Update their other health insurance information.
- Check the status of prior authorizations.

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. The My Health Toolkit app is available on the App Store or Google Play.





Doctor Visits Anytime, Anywhere for Less Than \$35*



With Blue CareOnDemand Powered by MDLIVE your employees can visit with a doctor via smartphone, tablet or computer rather than visiting an office or urgent care facility.

Services Available with Blue CareOnDemand

Urgent Care and Virtual Primary Care: Skip the waiting room for common issues such as cold and flu symptoms, sinus infections, ear infections, and more.

Behavioral Health: Schedule an appointment with a mental health professional to help with life's challenges.

Dermatology: Meet with a dermatologist for common skin issues.

Get Started Now

Your covered employees will be able to access care via My Health Toolkit.

*Members enrolled in high-deductible health plans must meet any deductible and coinsurance requirements.



for registering for
Blue CareOnDemand



Save Time and Money

It's the little extras that make a big difference. Check out these optional services.



QuickBill

QuickBill is an electronic benefit service that allows you to view and pay your invoices online 24/7.

Bill Presentation

View your invoices directly via the internet 24/7. New invoice notifications are sent to you via email. Simply log in to QuickBill to view, print, export or create detailed reports.

Bill Payment

Pay invoices via a one-time electronic funds transfer (EFT), establish a recurring credit card payment, or establish a recurring bank draft from one of your corporate bank accounts. QuickBill offers a quick, easy and secure online payment experience. Reduce the number of lost checks and invoices and decrease postage and check production costs.



Online Eligibility Systems — QuickEnroll and ChoiceEnroll

QuickEnroll is the group online enrollment and benefits administration platform, while ChoiceEnroll is the platform agents use to manage all their BlueChoice small groups.

QuickEnroll replaces time-consuming, expensive and paper-based benefit enrollment with a comprehensive electronic benefit administration and enrollment solution. It's secure, online and paper free! Call your agent or marketing representative to get started.

ChoiceEnroll eliminates paper by allowing enrollments, changes and terminations to be processed securely online. There's no software to download, and best of all, this service is FREE. Agents can manage transactions and requests such as annual enrollments, terminations, qualifying life events and more. All transactions are processed in five minutes or less per event.



HRA/HSA/FSA/COBRA

We have health reimbursement accounts (HRAs), health savings accounts (HSAs), flexible spending accounts (FSAs) and COBRA administration solutions. With BlueChoice, you have the flexibility of choosing the vendor to meet your needs. We can discuss which of our partners can help you accomplish your goals.

Section 5: Optional Coverage Enhancements



Blue Dental



Taking care of teeth isn't just about having a nice smile and pleasant breath. Research has found a number of links between oral health and overall health. Mouth condition is closely tied to overall physical health.

Members take advantage of their benefits to stay healthy so they can focus on the things that matter most to them. With Blue Dental coverage, members have access to dental locations in South Carolina and nationally.

Using an In-Network Dentist

Members are not required to see an in-network dentist. But if they do, they won't have to pay any additional cost above the agreed-upon fees. In addition, an in-network dentist will file claims.

Members may have to file their own claims if they choose an out-of-network dentist. Claims forms are available at www.BlueChoiceSC.com in the Find a Form section.

Dental ID Card

Members simply present their dental ID card to help ensure the dentist applies their benefits correctly. The dentist can easily verify coverage by call the Member Services number on the back of the dental ID card.

Treatment Estimates

We recommend members have their dentist submit a request for a pretreatment estimate for services that are more than \$300. The dentist can send an undated claim form and proposed treatment plan to P.O. Box 100300, Columbia, South Carolina 29202, or fax them to 803-264-7629. We will send a pretreatment estimate to the member and their dentist that details what services the plan will cover and how much it will pay.

Locating a Dentist: To find an in-network dentist, visit www.BlueChoiceSC.com/FindCare.

Companion Life Insurance Company



Companion Life offers an array of innovative and competitive employee benefit plans. Because Companion Life is a separate company from BlueChoice, Companion Life will be responsible for all services related to these insurance products. Companion Life specializes in group life and disability income insurance programs with a variety of features and plan design options. Companion Life's Insurance plans may be offered on a voluntary or group basis.

Life Insurance

Group term life insurance products can be offered as a flat amount or multiple of salaries up to \$500,000, with accidental death and dismemberment included. Guaranteed issue amounts are available.

Short and Long Term Disability Insurance

Short term disability insurance offers a wide selection of benefit percentages, waiting periods, benefit maximums and payment durations up to one year. Partial disability insurance is also available. Companion Life offers small group short term disability insurance benefits down to two lives, with no preexisting limitations on employer-paid insurance plans.

Long term disability insurance provides choices for benefit payment maximums, elimination periods and benefit duration periods. Companion Life's insurance plans include updated definitions of a disability and an amended definition of own occupation.

Voluntary Vision Insurance

Our small group insurance plans include routine vision. If you prefer, you may also offer your employees vision insurance through Companion Life. To offer this service, two participants are required. Your employees will have access to a national network of providers. You have the choice of three plans: exam-only, materials-only, or exam and materials.

Meru Health

CBA now offers Meru Health, a groundbreaking mental health program that blends one-on-one therapist support with helpful digital tools and interactive practices.



Scan this code to get started and transform the way you think about your mental health.





Section 6: 2024 Plans

BusinessADVANTAGE
BA Primary Choice

2024 BusinessADVANTAGE

BENEFIT FEATURE AND DESCRIPTION	GOLD 1001	GOLD 1502
Coinsurance	30%	35%
Deductible (Single/Family) ¹	\$1,000/\$2,000	\$1,500/\$3,000
Maximum Out of Pocket (MOOP) (Single/Family) ¹	\$6,000/\$12,000	\$5,000/\$10,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support ²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	\$20	\$15
Blue CareOnDemand Powered by MDLIVE	\$10	\$8
Specialists Office Visits	\$50	\$50
Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition.	\$50	\$50
Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition.	\$250 copayment, then 30% after deductible	\$250 copayment, then 35% after deductible
Free-Standing Ambulatory Surgical Center³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	\$200 per visit	\$200 per visit
Inpatient Physicians and Surgical Services ⁴	30% after deductible	35% after deductible
Inpatient Hospital Services, Including Behavioral Health ⁴	30% after deductible	35% after deductible
Outpatient Surgery Physician and Surgical Services	30% after deductible	35% after deductible
Outpatient Facility Fee, Including Behavioral Health ⁴	30% after deductible	35% after deductible
Chiropractic Care ⁵	30% after deductible	35% after deductible
Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses.	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses.	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Pharmacy Retail⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$23 Tier 2: \$23 Tier 3: \$38 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250
Mail Order⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program.	Tier 0: \$0 Tier 1: \$46 Tier 2: \$46 Tier 3: \$76 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500

GOLD 2000	GOLD 2503	NEW — GOLD 2750	GOLD 5225
50%	30%	25%	0%
\$2,000/\$4,000	\$2,500/\$5,000	\$2,750/\$5,550	\$5,225/\$10,450
\$5,000/\$10,000	\$4,000/\$8,000	\$7,500/\$15,000	\$5,225/\$10,450
Unlimited	Unlimited	Unlimited	Unlimited
\$0	\$0	\$0	\$0
\$25	\$35	\$20	\$0
\$13	\$18	\$10	\$0
\$50	\$60	\$55	\$50
\$50	\$50	\$50	\$50
\$250 copayment, then 50% after deductible	\$250 copayment, then 30% after deductible	25% after deductible	Deductible
\$200 per visit	\$200 per visit	\$200 per visit	\$200 per visit
50% after deductible	30% after deductible	25% after deductible	Deductible
50% after deductible	30% after deductible	25% after deductible	Deductible
50% after deductible	30% after deductible	25% after deductible	Deductible
50% after deductible	30% after deductible	25% after deductible	Deductible
50% after deductible	30% after deductible	25% after deductible	Deductible
Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam - \$0 Eyeglasses — \$0, from a standard selection	Exam - \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Tier 0: \$0 Tier 1: \$18 Tier 2: \$18 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$38 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$10 Tier 2: \$10 Tier 3: \$30 Tier 4: \$65 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$10 Tier 2: \$10 Tier 3: \$35 Tier 4: \$65 Tier 5: \$250 Tier 6: \$250
Tier 0: \$0 Tier 1: \$36 Tier 2: \$36 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$76 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$60 Tier 4: \$130 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$70 Tier 4: \$130 Tier 5: \$500 Tier 6: \$500

2024 BusinessADVANTAGE

BENEFIT FEATURE AND DESCRIPTION	SILVER 2500	SILVER 2950
Coinsurance	50%	40%
Deductible (Single/Family) ¹	\$2,500/\$5,000	\$2,950/\$5,900
Maximum Out of Pocket (MOOP) (Single/Family) ¹	\$7,500/\$15,000	\$8,700/\$17,400
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support ²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	\$45	\$35
Blue CareOnDemand Powered by MDLIVE	\$23	\$18
Specialists Office Visits	\$85	\$70
Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition.	\$50	\$50
Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition.	\$250 copayment, then 50% after deductible	\$350 copayment, then 40% after deductible
Free-Standing Ambulatory Surgical Center³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	\$200 per visit	\$200 per visit
Inpatient Physicians and Surgical Services⁴	50% after deductible	40% after deductible
Inpatient Hospital Services, Including Behavioral Health⁴	50% after deductible	40% after deductible
Outpatient Surgery Physician and Surgical Services	\$100 copayment, then 50% after deductible	\$350 copayment, then 40% after deductible
Outpatient Facility Fee, Including Behavioral Health⁴	50% after deductible	40% after deductible
Chiropractic Care⁵	50% after deductible	40% after deductible
Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses.	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses.	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Pharmacy Retail⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3 – Tier 6: 50% after deductible	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$45 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300
Mail Order⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program.	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3 – Tier 6: 50% after deductible	Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$90 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600

SILVER 3500	NEW — SILVER 4000	SILVER 5001	SILVER 5501
50%	50%	35%	50%
\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,500/\$11,000
\$8,600/\$17,200	\$8,800/\$17,600	\$8,500/\$17,000	\$9,200/\$18,400
Unlimited	Unlimited	Unlimited	Unlimited
\$0	\$0	\$0	\$0
\$45	\$40	\$40	\$35
\$23	\$20	\$20	\$18
\$90	\$80	\$80	\$80
\$50	\$50	\$50	\$50
\$300 copayment, then 50% after deductible	\$300 copayment, then 50% after deductible	\$400 copayment, then 35% after deductible	\$350 copayment, then 50% after deductible
\$200 per visit	\$200 per visit	\$200 per visit	\$200 per visit
50% after deductible	50% after deductible	35% after deductible	50% after deductible
50% after deductible	50% after deductible	35% after deductible	50% after deductible
\$300 copayment, then 50% after deductible	\$100, then 50% after deductible	\$100 copayment, then 35% after deductible	\$150 copayment, then 50% after deductible
50% after deductible	50% after deductible	35% after deductible	50% after deductible
50% after deductible	50% after deductible	35% after deductible	50% after deductible
Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam - \$0 Eyeglasses — \$0, from a standard selection
Tier 0: \$0 Tier 1: \$35 Tier 2: \$35 Tier 3: \$50 Tier 4: \$90 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$60 Tier 4: \$90 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$40 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$55 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300
Tier 0: \$0 Tier 1: \$70 Tier 2: \$70 Tier 3: \$100 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$120 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$80 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$110 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600

2024 BusinessADVANTAGE

BENEFIT FEATURE AND DESCRIPTION	SILVER 7100	SILVER 8300
Coinsurance	20%	0%
Deductible (Single/Family) ¹	\$7,100/\$14,200	\$8,300/\$16,600
Maximum Out of Pocket (MOOP) (Single/Family) ¹	\$9,000/\$18,000	\$8,300/\$16,600
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support ²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	\$25	\$0
Blue CareOnDemand Powered by MDLIVE	\$13	\$0
Specialists Office Visits	\$75	\$85
Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition.	\$50	\$50
Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition.	\$300 copayment, then 20% after deductible	\$200 copayment, then deductible
Free-Standing Ambulatory Surgical Center³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	\$200 per visit	\$200 per visit
Inpatient Physicians and Surgical Services⁴	20% after deductible	Deductible
Inpatient Hospital Services, Including Behavioral Health⁴	20% after deductible	Deductible
Outpatient Surgery Physician and Surgical Services	20% after deductible	Deductible
Outpatient Facility Fee, Including Behavioral Health⁴	20% after deductible	Deductible
Chiropractic Care⁵	20% after deductible	Deductible
Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses.	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$0, from a standard selection
Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses.	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Pharmacy Retail⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$35 Tier 4 – Tier 6: 20% after deductible	Tier 0: \$0 Tier 1: \$32 Tier 2: \$32 Tier 3: \$65 Tier 4: \$75 Tier 5: \$300 Tier 6: \$300
Mail Order⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program.	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$70 Tier 4 – Tier 6: 20% after deductible	Tier 0: \$0 Tier 1: \$64 Tier 2: \$64 Tier 3: \$130 Tier 4: \$150 Tier 5: \$600 Tier 6: \$600

BRONZE 4000	BRONZE 5550	BRONZE 6900	BRONZE 9350
50%	40%	20%	0%
\$4,000/\$8,000	\$5,500/\$11,100	\$6,900/\$13,800	\$9,350/\$18,700
\$9,000/\$18,000	\$9,350/\$18,700	\$9,350/\$18,700	\$9,350/\$18,700
Unlimited	Unlimited	Unlimited	Unlimited
\$0	\$0	\$0	\$0
50% after deductible	\$55	\$60	\$80
\$0	\$28	\$30	\$35
50% after deductible	\$145	\$115	\$140
50% after deductible	\$75	\$75	\$75
\$300 copayment, then 50% after deductible	\$150 copayment, then 40% after deductible	\$150 copayment, then 20% after deductible	\$400 copayment, then deductible
\$200 per visit	\$200 per visit	\$200 per visit	\$200 per visit
50% after deductible	40% after deductible	20% after deductible	Deductible
50% after deductible	40% after deductible	20% after deductible	Deductible
\$300 copayment, then 50% after deductible	\$150 copayment, then 40% after deductible	\$150 copayment, then 20% after deductible	Deductible
50% after deductible	40% after deductible	20% after deductible	Deductible
50% after deductible	40% after deductible	20% after deductible	Deductible
Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam - \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$45 Tier 4: \$125 Tier 5: \$350 Tier 6: \$350	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3 – Tier 6: 40% after deductible	Tier 0: \$0 Tier 1: \$32 Tier 2: \$32 Tier 3 – Tier 6: 40% after deductible	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$135 Tier 4: \$215 Tier 5: \$350 Tier 6: \$350
Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$90 Tier 4: \$250 Tier 5: \$700 Tier 6: \$700	Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3 – Tier 6: 40% after deductible	Tier 0: \$0 Tier 1: \$64 Tier 2: \$64 Tier 3 – Tier 6: 40% after deductible	Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$270 Tier 4: \$430 Tier 5: \$700 Tier 6: \$700

2024 BusinessADVANTAGE

BENEFIT FEATURE AND DESCRIPTION	GOLD 3200 HD	SILVER 5100 HD
Coinsurance	0%	0%
Deductible (Single/Family) ¹	\$3,200/\$6,400	\$5,100/\$10,200
Maximum Out of Pocket (MOOP) (Single/Family) ¹	\$3,200/\$6,400	\$5,100/\$10,200
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support ²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	Deductible	Deductible
Blue CareOnDemand Powered by MDLIVE	Deductible	Deductible
Specialists Office Visits	Deductible	Deductible
Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition.	Deductible	Deductible
Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition.	Deductible	Deductible
Free-Standing Ambulatory Surgical Center³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	Deductible	Deductible
Inpatient Physicians and Surgical Services ⁴	Deductible	Deductible
Inpatient Hospital Services, Including Behavioral Health ⁴	Deductible	Deductible
Outpatient Surgery Physician and Surgical Services	Deductible	Deductible
Outpatient Facility Fee, Including Behavioral Health ⁴	Deductible	Deductible
Chiropractic Care ⁵	Deductible	Deductible
Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses.	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses.	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Pharmacy Retail⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1 – Tier 6: Deductible	Tier 0: \$0 Tier 1 – Tier 6: Deductible
Mail Order⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program.	Tier 0: \$0 Tier 1 – Tier 6: Deductible	Tier 0: \$0 Tier 1 – Tier 6: Deductible

BRONZE 7800 HD	
0%	
\$7,800/\$15,600	
\$7,800/\$15,600	
Unlimited	
\$0	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Deductible	
Exam — \$25 Eyeglasses — \$50, from a standard selection	
Exam — \$0 Eyeglasses — \$0, from a standard selection	
Tier 0: \$0 Tier 1 – Tier 6: Deductible	
Tier 0: \$0 Tier 1 – Tier 6: Deductible	

Important Notes for 2024:

- These products provide out-of-network coverage at 50 percent with no deductible or maximum out-of-pocket cost, except where noted otherwise.
- Emergency room services received out of network are covered at the same level as in network if emergency room criteria are met.
- Pharmacy benefits and preventive services are only covered at a participating provider.
- All plans include routine vision care, **FOCUS** *fwd*, EAP and Blue CareOnDemand.
- All plans include an embedded deductible and MOOP.
- All plans include 30 visits for rehabilitative therapy and 30 visits for habilitative therapy per benefit year.

¹Includes out-of-network air ambulance services, emergency services, and subject to limited provider advance notice and consent requirements, other (nonemergency) services furnished at certain in-network facilities.

²Covered according to the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). It includes prostate screening (PSA). These are independent organizations that offer health information you may find helpful.

³Facility charges only. Providers may bill separately for their services.

⁴Includes post-stabilization services resulting from an emergency, and services rendered by an out-of-network provider at certain in-network facilities, subject to a limited exception where the provider satisfies advance patient notice and consent requirements.

⁵Limited to five visits per benefit period for subluxation under chiropractic care.

⁶If a drug manufacturer provides any form of direct support (cash, reimbursement, coupon, voucher, debit card, etc.) for some or all of the cost sharing on the purchase of prescription and/or specialty drugs, this amount will not be counted toward the member's annual limitation on cost sharing. The drug will still be considered a covered prescription drug.

2024 BA PRIMARY CHOICE PLANS

BENEFIT FEATURE AND DESCRIPTION	GOLD 1001	GOLD 1502
Coinsurance	30%	35%
Deductible (Single/Family) ¹	\$1,000/\$2,000	\$1,500/\$3,000
Maximum Out of Pocket (MOOP) (Single/Family) ¹	\$6,000/\$12,000	\$5,000/\$10,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support ²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	\$20	\$15
Blue CareOnDemand Powered by MDLIVE	\$10	\$8
Specialists Office Visits	\$50	\$50
Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition.	\$50	\$50
Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition.	\$250 copayment, then 30% after deductible	\$250 copayment, then 35% after deductible
Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	\$200 per visit	\$200 per visit
Inpatient Physicians and Surgical Services ⁴	30% after deductible	35% after deductible
Inpatient Hospital Services, Including Behavioral Health ⁴	30% after deductible	35% after deductible
Outpatient Surgery Physician and Surgical Services	30% after deductible	35% after deductible
Outpatient Facility Fee, Including Behavioral Health ⁴	30% after deductible	35% after deductible
Chiropractic Care ⁵	30% after deductible	35% after deductible
Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses.	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses.	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Pharmacy Retail ⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$23 Tier 2: \$23 Tier 3: \$38 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250
Mail Order ⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program.	Tier 0: \$0 Tier 1: \$46 Tier 2: \$46 Tier 3: \$76 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500

GOLD 5225	SILVER 2950	SILVER 3500	SILVER 5501
0%	40%	50%	50%
\$5,225/\$10,450	\$2,950/\$5,900	\$3,500/\$7,000	\$5,500/\$11,000
\$5,225/\$10,450	\$8,700/\$17,400	\$8,600/\$17,200	\$9,200/\$18,400
Unlimited	Unlimited	Unlimited	Unlimited
\$0	\$0	\$0	\$0
\$0	\$35	\$45	\$35
\$0	\$18	\$23	\$18
\$50	\$70	\$90	\$80
\$50	\$50	\$50	\$50
Deductible	\$350 copayment, then 40% after deductible	\$300 copayment, then 50% after deductible	\$350 copayment, then 50% after deductible
\$200 per visit	\$200 per visit	\$200 per visit	\$200 per visit
Deductible	40% after deductible	50% after deductible	50% after deductible
Deductible	40% after deductible	50% after deductible	50% after deductible
Deductible	\$350 copayment, then 40% after deductible	\$300 copayment, then 50% after deductible	\$150 copayment, then 50% after deductible
Deductible	40% after deductible	50% after deductible	50% after deductible
Deductible	40% after deductible	50% after deductible	50% after deductible
Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Tier 0: \$0 Tier 1: \$10 Tier 2: \$10 Tier 3: \$35 Tier 4: \$65 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$45 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$35 Tier 2: \$35 Tier 3: \$50 Tier 4: \$90 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$55 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300
Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$70 Tier 4: \$130 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3: \$90 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$70 Tier 2: \$70 Tier 3: \$100 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$110 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600

2024 BA PRIMARY CHOICE PLANS

BENEFIT FEATURE AND DESCRIPTION	SILVER 7100	SILVER 8300
Coinsurance	20%	0%
Deductible (Single/Family) ¹	\$7,100/\$14,200	\$8,300/\$16,600
Maximum Out of Pocket (MOOP) (Single/Family) ¹	\$9,000/\$18,000	\$8,300/\$16,600
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support ²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	\$25	\$0
Blue CareOnDemand Powered by MDLIVE	\$13	\$0
Specialists Office Visits	\$75	\$85
Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition.	\$50	\$50
Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition.	\$300 copayment, then 20% after deductible	\$200 copayment, then deductible
Free-Standing Ambulatory Surgical Center³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	\$200 per visit	\$200 per visit
Inpatient Physicians and Surgical Services⁴	20% after deductible	Deductible
Inpatient Hospital Services, Including Behavioral Health⁴	20% after deductible	Deductible
Outpatient Surgery Physician and Surgical Services	20% after deductible	Deductible
Outpatient Facility Fee, Including Behavioral Health⁴	20% after deductible	Deductible
Chiropractic Care⁵	20% after deductible	Deductible
Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses.	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses.	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Pharmacy Retail⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$35 Tier 4 – Tier 6: 20% after deductible	Tier 0: \$0 Tier 1: \$32 Tier 2: \$32 Tier 3: \$65 Tier 4: \$75 Tier 5: \$300 Tier 6: \$300
Mail Order⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program.	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$70 Tier 4 – Tier 6: 20% after deductible	Tier 0: \$0 Tier 1: \$64 Tier 2: \$64 Tier 3: \$130 Tier 4: \$150 Tier 5: \$600 Tier 6: \$600

BRONZE 4000	BRONZE 5550	BRONZE 6900
50%	40%	20%
\$4,000/\$8,000	\$5,550/\$11,100	\$6,900/\$13,800
\$9,000/\$18,000	\$9,350/\$18,700	\$9,350/\$18,700
Unlimited	Unlimited	Unlimited
\$0	\$0	\$0
50% after deductible	\$55	\$60
\$0	\$28	\$30
50% after deductible	\$145	\$115
50% after deductible	\$75	\$75
\$300 copayment, then 50% after deductible	\$150 copayment, then 40% after deductible	\$150 copayment, then 20% after deductible
\$200 per visit	\$200 per visit	\$200 per visit
50% after deductible	40% after deductible	20% after deductible
50% after deductible	40% after deductible	20% after deductible
\$300 copayment, then 50% after deductible	\$150 copayment, then 40% after deductible	\$150 copayment, then 20% after deductible
50% after deductible	40% after deductible	20% after deductible
50% after deductible	40% after deductible	20% after deductible
Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$45 Tier 4: \$125 Tier 5: \$350 Tier 6: \$350	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3 – Tier 6: 40% after deductible	Tier 0: \$0 Tier 1: \$32 Tier 2: \$32 Tier 3 – Tier 6: 20% after deductible
Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$90 Tier 4: \$250 Tier 5: \$700 Tier 6: \$700	Tier 0: \$0 Tier 1: \$60 Tier 2: \$60 Tier 3 – Tier 6: 40% after deductible	Tier 0: \$0 Tier 1: \$64 Tier 2: \$64 Tier 3 – Tier 6: 20% after deductible

2024 BA PRIMARY CHOICE PLANS

BENEFIT FEATURE AND DESCRIPTION	SILVER 5100 HD	BRONZE 7800 HD
Coinsurance	0%	0%
Deductible (Single/Family) ¹	\$5,100/\$10,200	\$7,800/\$15,600
Maximum Out of Pocket (MOOP) (Single/Family) ¹	\$5,100/\$10,200	\$7,800/\$15,600
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support ²	\$0	\$0
Primary Care Physician (PCP) Office Visits/Doctors Care Office Visits	Deductible	Deductible
Blue CareOnDemand Powered by MDLIVE	Deductible	Deductible
Specialists Office Visits	Deductible	Deductible
Urgent Care Includes in-network and out-of-network emergency services for an emergency medical condition.	Deductible	Deductible
Emergency Room In-Network and Out-Of-Network For emergency room care to be covered, care must be for an emergency medical condition.	Deductible	Deductible
Free-Standing Ambulatory Surgical Center ³ Includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	Deductible	Deductible
Inpatient Physicians and Surgical Services ⁴	Deductible	Deductible
Inpatient Hospital Services, Including Behavioral Health ⁴	Deductible	Deductible
Outpatient Surgery Physician and Surgical Services	Deductible	Deductible
Outpatient Facility Fee, Including Behavioral Health ⁴	Deductible	Deductible
Chiropractic Care ⁵	Deductible	Deductible
Pediatric Vision One exam per benefit period. Eyeglass frames and lenses each year. In network only. Costs incurred do apply toward MOOP expenses.	Exam — \$25 Eyeglasses — \$50, from a standard selection	Exam — \$25 Eyeglasses — \$50, from a standard selection
Adult Vision One exam per benefit period. Eyeglass frames and lenses every two years. In network only. Costs incurred do not count toward MOOP expenses.	Exam — \$0 Eyeglasses — \$0, from a standard selection	Exam — \$0 Eyeglasses — \$0, from a standard selection
Pharmacy Retail ⁶ Copayments reflect a 31-day supply. Can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1 – Tier 6: Deductible	Tier 0: \$0 Tier 1 – Tier 6: Deductible
Mail Order ⁶ Generic and brand-name drugs are available for a 90-day supply through the mail-order program. Specialty drugs are available for a 30-day supply through the mail-order program.	Tier 0: \$0 Tier 1 – Tier 6: Deductible	Tier 0: \$0 Tier 1 – Tier 6: Deductible

Important Notes for 2024:

- These products provide out-of-network coverage at 50 percent with no deductible or maximum out-of-pocket cost, except where noted otherwise.
- Emergency room services received out of network are covered at the same level as in network if emergency room criteria are met.
- Pharmacy benefits and preventive services are only covered at a participating provider.
- All plans include routine vision care, **FOCUS***fwd*, EAP and Blue CareOnDemand.
- All plans include an embedded deductible and MOOP.
- All plans include 30 visits for rehabilitative therapy and 30 visits for habilitative therapy per benefit year.

¹Includes out-of-network air ambulance services, emergency services, and subject to limited provider advance notice and consent requirements, other (nonemergency) services furnished at certain in-network facilities.

²Covered according to the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). It includes prostate screening (PSA). These are independent organizations that offer health information you may find helpful.

³Facility charges only. Providers may bill separately for their services.

⁴Includes post-stabilization services resulting from an emergency, and services rendered by an out-of-network provider at certain in-network facilities, subject to a limited exception where the provider satisfies advance patient notice and consent requirements.

⁵Limited to five visits per benefit period for subluxation under chiropractic care.

⁶If a drug manufacturer provides any form of direct support (cash, reimbursement, coupon, voucher, debit card, etc.) for some or all of the cost sharing on the purchase of prescription and/or specialty drugs, this amount will not be counted toward the member's annual limitation on cost sharing. The drug will still be considered a covered prescription drug.





Statement of Confidentiality



BlueChoice knows how important it is to protect the privacy of each member's confidential medical information. Here are the efforts we make to protect the privacy of our members.

Protection of Privacy

BlueChoice keeps all medical information about a member strictly confidential. BlueChoice has administrative, technical and physical safeguards in place to protect the privacy of members' personal health information. Our information systems have advanced security that limits access to personal health information to authorized personnel only. We require all staff to keep confidential any personal health information they learn in performing their jobs. Additionally, staff is required to limit requests to external entities for a member's personal health information to the minimum necessary for their intended purpose.

BlueChoice requires all physicians and other health care professionals in our provider network to maintain the confidentiality of their patients' health information, and they must guard against unauthorized or inadvertent disclosure of this confidential information. Through on-site visits, BlueChoice reviews each provider's privacy policies and methods for storing and protecting patients' medical records.

BlueChoice requires all business associates, consultants and other entities with whom we contract for clinical or administrative services to maintain such confidentiality and to have a privacy policy in place that protects against unauthorized use or disclosure of confidential information. All such entities must sign an agreement attesting to the fact that they are compliant with federal privacy regulations.

Collection, Use and Disclosure of Medical Information

BlueChoice may use and disclose medical information about your employee for the purposes of treatment, payment and health care operations. Examples of these routine activities that involve the collection, use and disclosure of health information include getting information from health care providers to determine medical necessity, processing claims, issuing Explanations of Benefits to policyholders and conducting quality improvement activities.

If there is a need to release member-identifiable information for purposes other than those approved by law for treatment, payment and health care operations, BlueChoice must first get a written authorization form signed by the member. The authorization form allows the member to specify what information BlueChoice is authorized to release, to whom it may be released and for what purpose.

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

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、情報を入力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'nilígi háá'ida yí na' ídíl kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzih nínízingo, koji' béésh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)

Our Commitment to Keeping Your Employees Healthy

BlueChoice has a commitment to offer quality comprehensive health coverage. We participate in these quality-focused programs:

- Health Employer Data and Information Set (HEDIS®) — a set of measures health plans use to uniformly collect data and report on their performance
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) — standardized surveys of patients' experiences
- Touchpoints — a quality assurance program that measures performance of all Blue® Plans on established criteria the Blue Cross Blue Shield Association sets

In each of these programs, we consistently meet or exceed national averages on measures that most other carriers don't even track. Your representative can provide you with the most updated operational performance statistics.

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



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

www.BlueChoiceSC.com