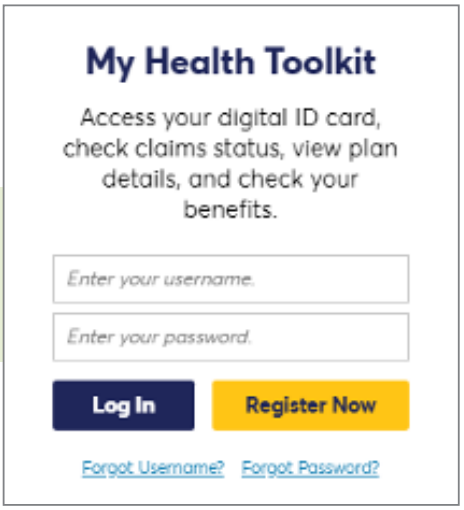
Member Resource Guide

BlueChoice® HealthPlan South Carolina

Frequently Asked Questions

Do you have questions about your health insurance and benefits? We can help. This resource guide covers common health insurance terms and provides answers to questions we are frequently asked.

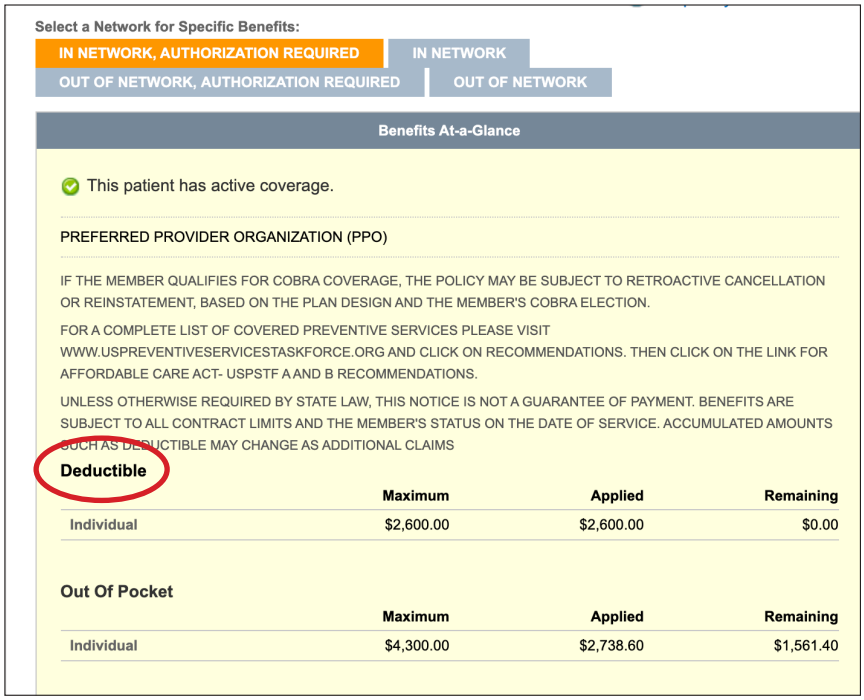
Learn more about these topics, including information specific to your plan and benefits, on My Health Toolkit®. You'll see more below on where to find this information online.



Sign up for My Health Toolkit by visiting www.BlueChoiceSC.com. Once there, select the **Register Now** button. Then follow the steps to set up your account. Be sure to have your member ID card handy.

Deductible

The deductible is the amount of money you must pay before your health plan will pay its share. If you have a health plan with a $250 deductible, for example, you must pay that amount before your health plan begins paying.



Your deductible is either aggregate or embedded. If you have an aggregate family deductible, your health plan will begin paying for covered health care expenses once the entire family deductible has been met. The family deductible can be met by just one or by all family members under the policy.

An embedded deductible means that there are two deductible amounts within one plan. It has both an individual deductible for each family member and a family deductible that is the overall deductible for the policy. Once a family member meets his or her individual embedded deductible, benefits will pay for that particular family member only. No one family member can contribute more than the individual deductible amount toward the family deductible.

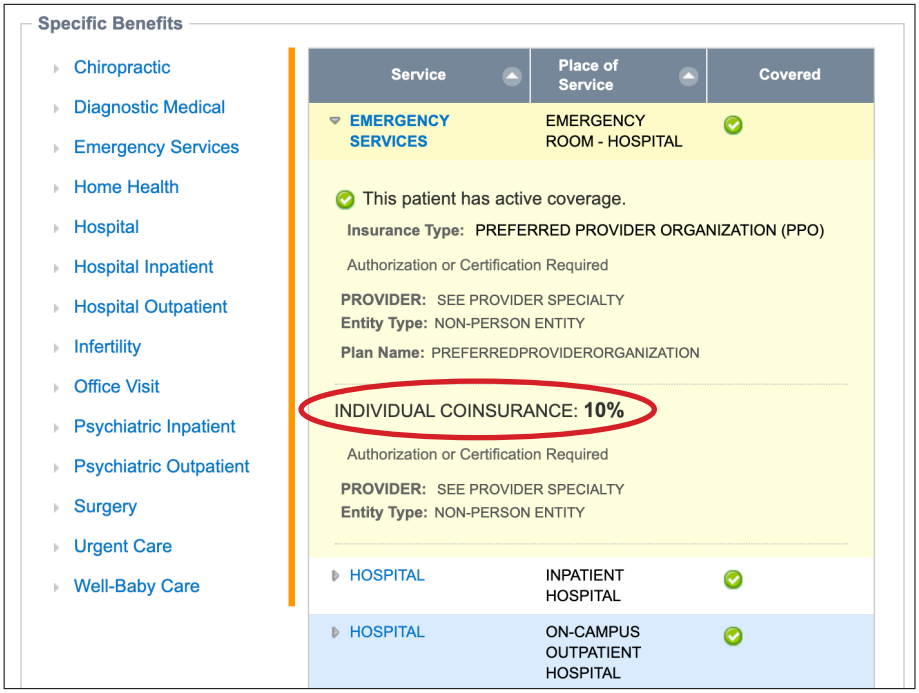
Your deductible resets annually at the beginning of a new benefit period. The benefit period isn't always a calendar year, so be sure to check yours in My Health Toolkit. Keep it in mind when scheduling appointments in the future that could fall within a different benefit period.

Visit the Benefits section of My Health Toolkit to find out what type of deductible you have and to check the current status of your deductible.

Coinsurance

Coinsurance is the percentage you are responsible for paying after meeting your deductible. For example, if you have an "80/20 plan," your health plan would pay 80 percent of the allowed amount and you would pay 20 percent. The 20 percent you pay is your coinsurance.

Find your plan's coinsurance in the Benefits section of My Health Toolkit.



Copayment

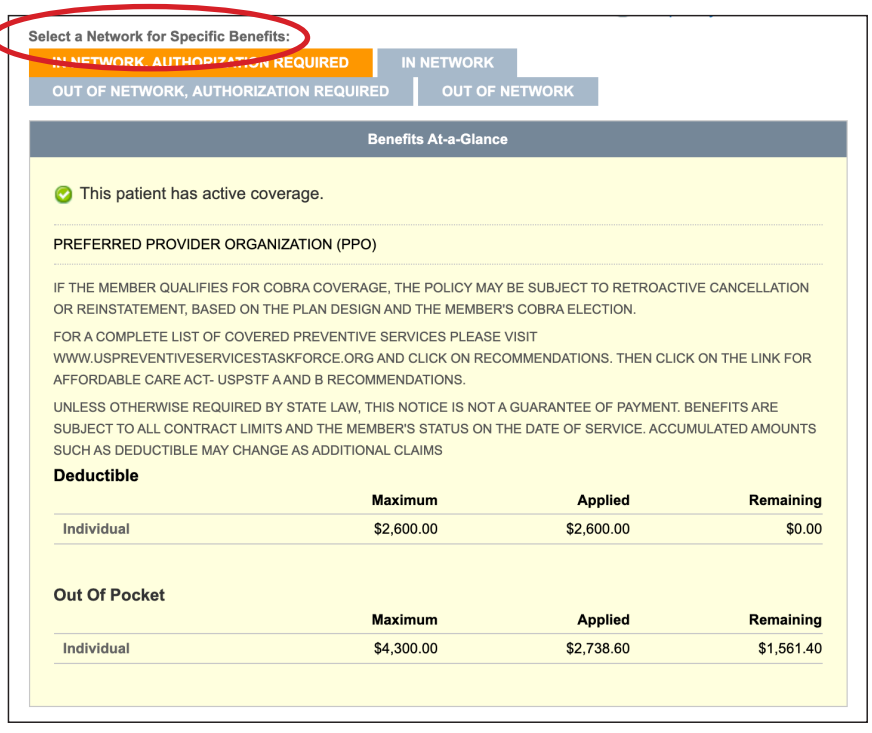
A copayment is a set dollar amount you pay for a service. For example, your health plan may have a $10 copayment for doctor's office visits. This means every time you visit your doctor, you would pay $10.

Visit the Benefits section of My Health Toolkit to find out your plan's copayment.

In Network and Out of Network

We contract with a network of doctors, hospitals and other health care professionals to provide services to you. These are called in-network providers.

Your policy offers different benefits for in-network providers and out-of-network providers. Out-of-network benefits provide a lower level of coverage than in-network benefits. This means you may have to pay higher copayments or coinsurance than you do with your in-network benefits. The out-of-network provider can charge you for the entire portion of the bill not paid by BlueChoice HealthPlan. It will cost you a lot less to use in-network providers.



When logged in to My Health Toolkit, select the **Benefits** menu, then select **Health Eligibility and Benefits**, scroll down to **Select a Network for Specific Benefits** to learn more about your in-network and out-of-network benefits.

Note: Please refer to your specific plan to see if you have out-of-network benefits. This information can be found in your Schedule of Benefits.

Allowed Amount

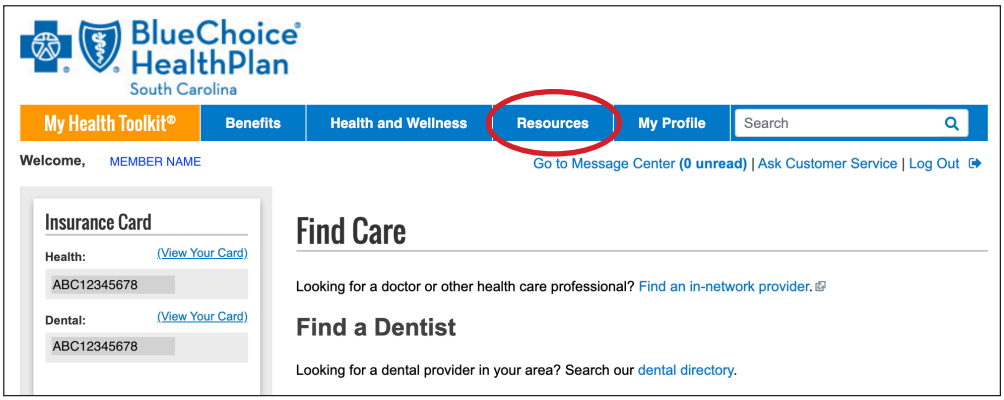
The allowed amount is the dollar amount a health plan determines is appropriate for a covered service. In-network providers have agreed to accept the allowed amount as full payment (minus applicable copayments, deductible and/or coinsurance), which means you pay less for your care.

Viewing Claims

You can view and track your claims status in My Health Toolkit. After you log in, you will see your recent claims displayed on the dashboard. To review all your claims, select "Health Claims Status" under the Benefits tab. You can also view a copy of your explanation of benefits.

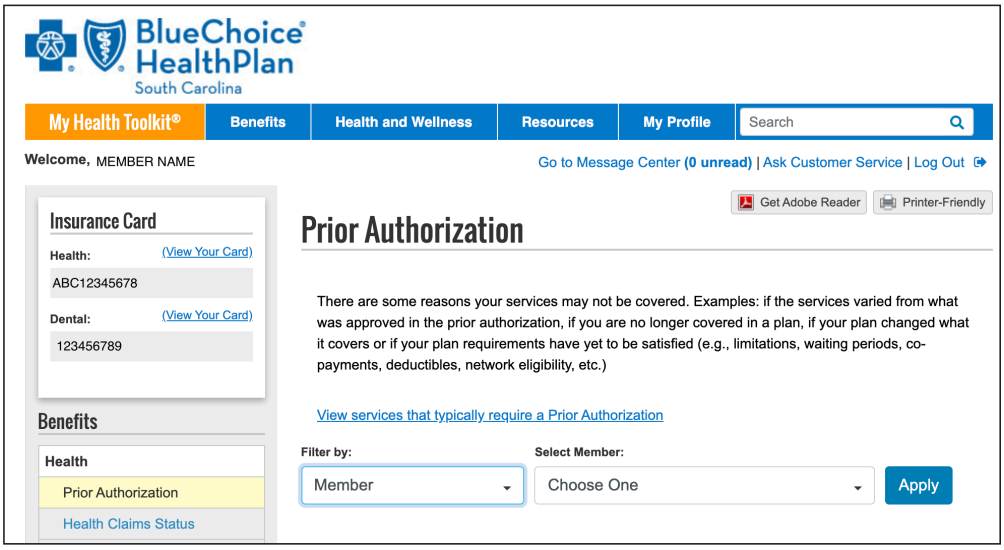
Find a Provider

Are you looking for an in-network doctor, hospital or other health care provider? Use our "Find Care" tool in the Resources section of My Health Toolkit. Please talk to your provider (including facility, lab, etc.) to ensure they are participating in our network before you get services.



Prior Authorizations

Some benefits may require prior authorizations. Authorizations are the approval of medically necessary care by a managed care or insurance company. Be aware that some authorizations do have time limits. For example, if you are going to have surgery, check My Health Toolkit or call us using the Member Services number on the back of your ID card to find out whether the surgery has been authorized by the physician or if it needs to be authorized.



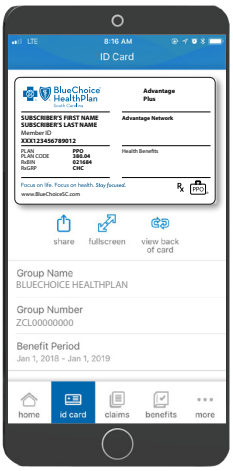
Visit My Health Toolkit to learn more about your plan's required authorizations and see the status of your prior authorizations. Select "Prior Authorization" under the Benefits tab.

Prescriptions

Keep up with your prescriptions in My Health Toolkit. You can track your prescription history, initiate the mail order process for prescriptions and monitor prior authorizations for prescriptions online as well as view the covered drug list.

Find out more about your pharmacy benefits and prescriptions in the Benefits section of My Health Toolkit.

ID Cards



You will have two separate ID cards if you have medical and dental coverage. Be sure you are using the correct card if you have dental benefits.

All our ID cards feature the name of the policyholder only. Any dependents who have coverage under this policy (for example, a spouse or child) can still use the ID card, even though it will only show the policyholder's name.

You can view your ID card online or through our mobile app and even email it to a provider from My Health Toolkit.

Other Health Insurance (OHI)

Your OHI information needs to be updated annually to ensure we correctly coordinate benefits.

You can add or update your OHI in My Health Toolkit. Select "Other Health Coverage" listed under the Benefits tab.

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

BlueChoice® HealthPlan
South Carolina

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