



# 2025 Choice Level Funded<sup>SM</sup> Sales Book

For Employer Groups (10+ Lives)



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



# Choice Level Funded

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## Section 1: Overview



# Overview

Our Choice Level Funded plans are built to suit the needs of your clients. These plans provide an alternative funding coverage option for businesses looking to lower health care costs while still providing quality coverage for their employees. They are not community rated and can potentially lower a group's fixed costs if the group qualifies.

## Choice Level Funded Network

Choice Level Funded plans offer a wide and comprehensive network of doctors, hospitals and other health care providers. You can access the full listing of doctors, hospitals and other health providers, including primary care physicians in the network, by visiting [www.BlueChoiceSC.com/FindCare](http://www.BlueChoiceSC.com/FindCare).

## Eligibility Requirements

Choice Level Funded is currently available for groups with 10 or more eligible employees. The employer must contribute at least 50 percent toward the employee-only premium. Groups must meet 70 percent participation after valid waivers.

## How Level-Funded Plans Work

**1** Choice Level Funded plans are not guaranteed issue like fully insured Affordable Care Act (ACA) plans. Groups must qualify for coverage through a medical underwriting process.

**5** BlueChoice® will provide tracking reports to help the employer understand the performance against the group's expected claims fund throughout the plan year.

**2** Each qualified group will receive pricing on available plans and determine which plan fits their budget and their employees' needs.

**6** At the end of the plan year, if the total amount of the claims fund, including costs and fees, is less than what the employer contributed during the plan year, the employer may receive a refund. If the total amount of the claims fund, including costs and fees, is more than what the employer contributed during the plan year, then no refund is available.

**3** Each group is billed a monthly cost that includes charges\* for the group's claims fund, stop loss insurance\*\* and administrative costs.

**4** BlueChoice HealthPlan will prepare a plan of benefits, along with other required documents, to distribute to employees.

\*Charges are set up as a composite rate based on four coverage tiers: employee only; employee and spouse; employee and children; and employee, spouse and children (family).

\*\*Stop loss insurance helps protect the employer from large catastrophic claims by a covered individual and provides overall protection if the combined claim payments for all covered individuals under the medical plan exceed a certain dollar limit for each plan year.



## Section 2: Benefits and Services





## The Benefits of Choice Level Funded

Our plan options provide comprehensive, whole-health solutions to members and their families and help you manage your health care costs.

### Discover How Your Employees Get More

**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<sub>fwd</sub> 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<sub>fwd</sub>** initiative and its entry values.



for signing up for  
**FOCUS<sub>fwd</sub>**

**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.

**Specialist Visits** — No referral is necessary.

**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.

**Lab Choices** — We offer lab choices, generating savings and less out-of-pocket costs for our members.

**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.

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.	

**Adult and Pediatric Vision** — All plans include a \$0 copayment for an annual routine eye exam for adults and \$25 for children.

**Preventive Dental\*** — This benefit covers an allowed amount per benefit period for preventive exams and cleanings at any 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.





## 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 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 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 pharmacy benefits, visit [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com), go to the **Member Center** and select **Choice Level Funded**.

### Our Tiered Drug Program

BlueChoice has a tiered 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 member the least amount of money.
\$\$	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 is sick and goes 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	\$25
Lab Work	\$0 (Included)	\$47
In-Office X-Ray	\$0 (Included)	\$89
Total Cost	\$25	\$161
<b>Total Savings With All-Inclusive Copayment — \$136</b>		

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.**



## Preventive Dental Care

All plans include a dental allowance per benefit period for exams and cleanings for adults and children by any 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 Dental plans.



*for getting  
a dental exam*



## Discounts

With BlueChoice, members can take advantage of great discount programs and special services through Blue365.\* 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.

Members have access to special discounts or benefits on services such as:

- Healthy and organic meal delivery.
- Hearing aids.
- Fitness centers.
- Bosley® hair restoration.\*\*



*for signing up  
for Blue365*

\*The Blue365 program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield companies.

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



## Vision

All Choice Level Funded plans include routine pediatric and adult vision coverage through an independent company, EyeMed.

Members have access to the right mix of in-network providers — including independent eye doctors and popular retailers such as LensCrafters®, Target Optical® and Pearle Vision®. Members can even use their benefits online at Glasses.com, ContactsDirect.com, LensCrafters.com, TargetOptical.com, Ray-Ban.com, and Oakley.com.



*for getting  
an eye exam*

### Pediatric Vision Care\*

For children (ages 0 – 18), this includes:

- \$25 copayment for one annual routine eye exam.
- Up to \$40 for one standard contact lens fitting or 10 percent off the provider’s nonstandard contact lens fitting fee per benefit year.
- \$50 copayment, then 100% coverage for provided designated frames, once every benefit year.
- 40 percent discount on complete pair eyeglass purchase and a 15 percent discount on conventional contact lenses once the funded benefit has been used.

Please note for pediatric vision, members must visit a provider in the EyeMed network to receive this benefit. Costs incurred from these services count toward maximum out-of-pocket (MOOP) expenses. These benefits are essential.\*\*

\*For dependent children until the age of 18. Adult vision care begins on the first day of the month following their 19th birthday.

\*\*Essential benefit: A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. These include doctors’ services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more.

### Adult Vision Care

For adults (ages 19 and over), this includes:

- \$0 copayment for one annual routine eye exam.
- Up to \$40 for one standard contact lens fitting or 10 percent off the provider’s nonstandard contact lens fitting fee per benefit year.
- \$120 material allowance with \$0 copayment every two benefit years for glasses or contacts, with no limits on frame or lens selection.
- 40 percent discount on complete pair eyeglass purchase and a 15 percent discount on conventional contact lenses once the funded benefit has been used.

Please note that members must visit a provider in the EyeMed network to receive this benefit. Costs incurred from these services do not count toward MOOP expenses. These benefits are nonessential.\*

To locate an in-network eye doctor, please visit [www.BlueChoiceSC.com/FindCare](http://www.BlueChoiceSC.com/FindCare).

\*Nonessential benefit: Any benefit provided that is not considered an essential health benefit is a nonessential benefit.

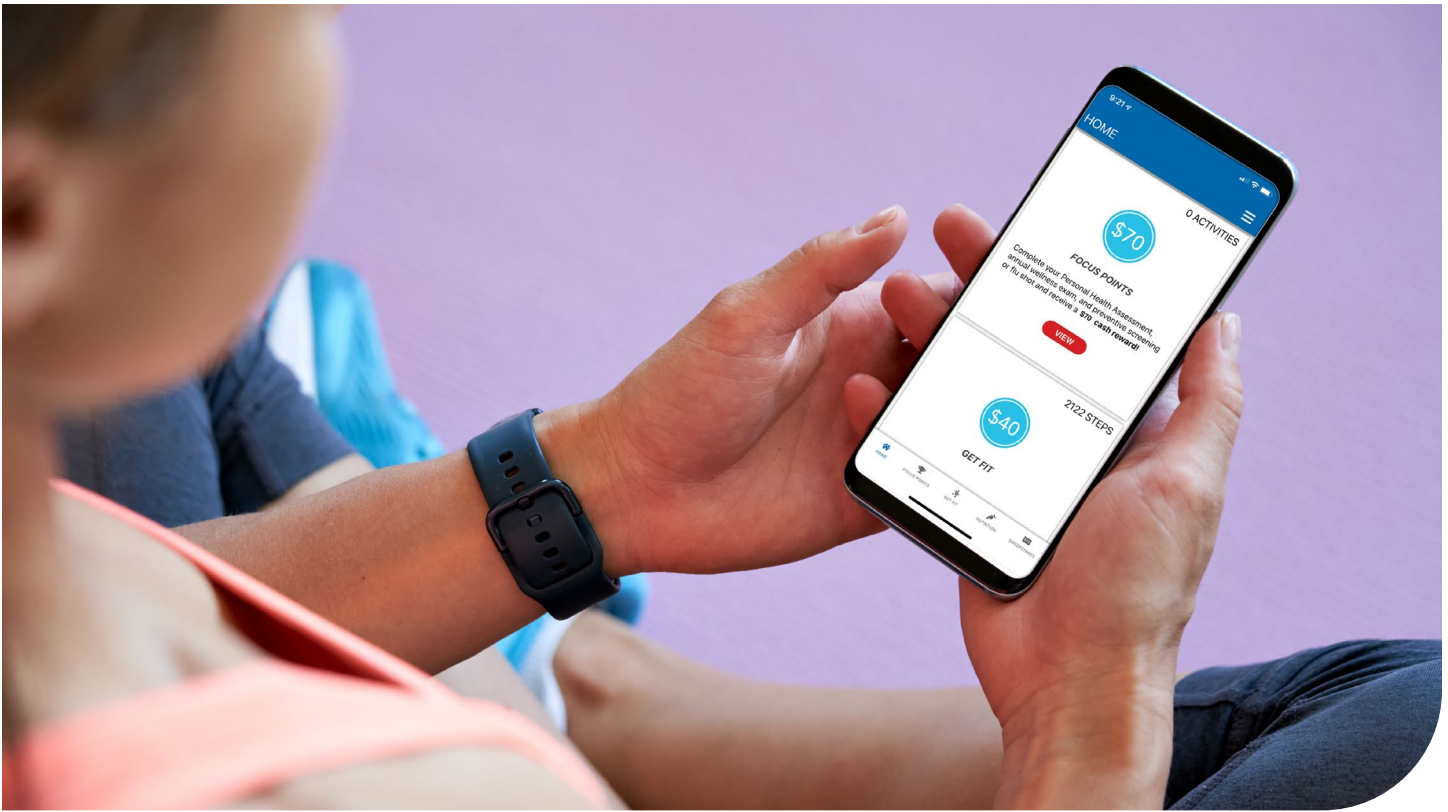






## Section 3: Health and Wellness





## FOCUS<sub>fwd</sub> Wellness Incentive Program



The **FOCUS<sub>fwd</sub>** 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 **FOCUS<sub>fwd</sub>**, 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 **FOCUS<sub>fwd</sub>**.



### Get the FOCUS<sub>fwd</sub> App



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

for downloading the  
**FOCUS<sub>fwd</sub>** app

## Health Management Programs

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, they 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
- Weight Management

### Behavioral Health

- Anxiety Management
- Adult Attention-Deficit Hyperactivity Disorder
- 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
- NICU Case Management



*for participating  
in Great Expectations*

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](http://www.BlueChoiceSC.com/GreatExpectations).

## How the Programs Work

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

## My Health Novel

Lifestyle changes and early intervention can reduce risks for chronic health conditions.

Chronic conditions such as diabetes, arthritis and depression are costly in many ways. They pose long-term medical risks and can increase health care costs by thousands of dollars a year. Taking preventive action early can reduce those risks. That's why we are offering My Health Novel.

## What is My Health Novel?

It's a virtual network of resources, with optional "chapters" designed to address health concerns that can be challenging and costly: weight management, musculoskeletal issues, behavioral health, women's health and digestive health.



You can visit [www.BlueChoiceSC.com/MyHealthNovel](http://www.BlueChoiceSC.com/MyHealthNovel) or call 866-400-8941 for more information.



## Learn About Our Behavioral Health Benefits

Few things affect us as much as our mental health. It can influence our self-esteem, work, family life and physical well-being. If you struggle with your mental health, you are not alone. BlueChoice HealthPlan of South Carolina offers a wide range of options that can help. Check out these behavioral health resources at [www.BlueChoiceSC.com/BehavioralHealth](http://www.BlueChoiceSC.com/BehavioralHealth).







## 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 these requirements:

- Visit their PCP for a checkup that includes:
  - A comprehensive metabolic panel lab test<sup>1</sup> 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.<sup>2</sup>

### Who is eligible?

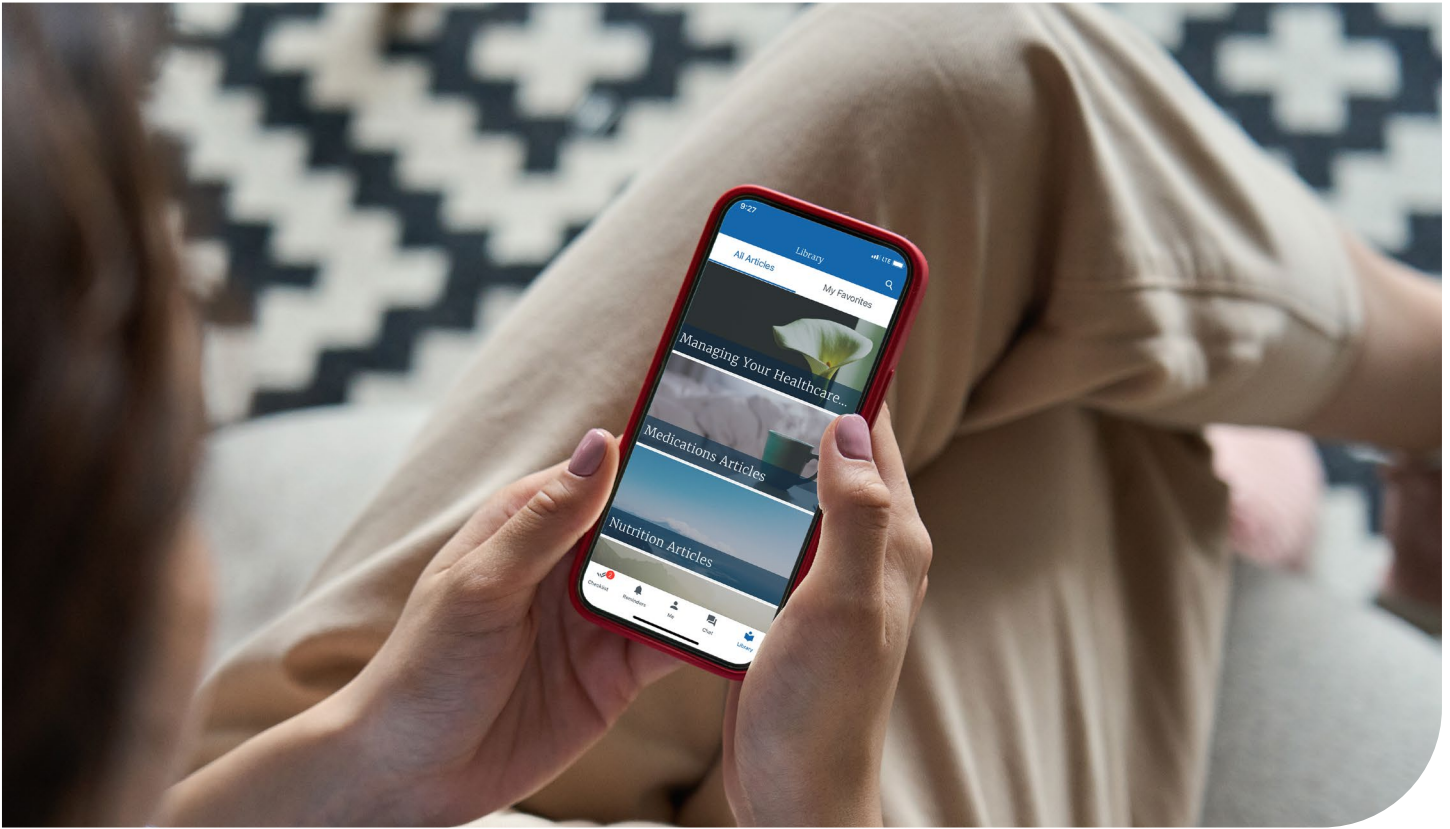
Members who have Type 1 or Type 2 diabetes and are actively on insulin therapy are eligible for this program.

### 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.

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

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



## Members Have Their Very Own Care Team

Members can get support from a care management team made up of real nurses and health workers.

Through the My Health Planner<sup>SM</sup> app, they can:

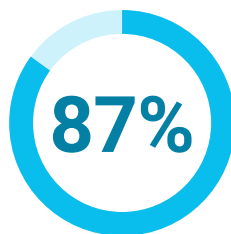
- Get health support at home.
- Have less frustration about managing their health.
- Understand a daily routine to feel their best.
- Track what they do between doctor visits.



4.7/5 stars in the App Store



After completing their My Health Planner program, 92 percent of people felt more in control of their health.



In total, 87 percent of people were satisfied with the My Health Planner program.





## Section 4: Tools and Resources



## Find Care

Helping your employees find a participating provider is quick and easy! You can download and print customized lists of health care providers and facilities in your network. 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](http://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](http://www.BlueChoiceSC.com). Our website is a protected, secure and convenient way to access information on their schedules, not ours.



### 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!

#### 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 usernames and passwords. New My Health Toolkit users can register through the app. The My Health Toolkit app is available on the App Store or Google Play.



*for registering for  
My Health Toolkit*





## Telehealth Visits For as Low as \$0\*

Lots of BlueChoice HealthPlan members have discovered the convenience and cost savings of telehealth. Members can avoid long waits and high costs to get treatment for many health problems with Blue CareOnDemand. In their virtual visits, members see a licensed provider who also can send a prescription to their pharmacy if needed.



Powered by **MDLIVE**

### Four Categories of Care:

- **Virtual primary care** for routine checkups, wellness screenings and health monitoring
- **Urgent care** for things like allergies, cold and flu, COVID-19, sore throat, and urinary tract infections
- **Behavioral health** to connect one-on-one with a therapist on issues like anxiety and depression
- **Dermatology** for consultation on lower-risk conditions affecting skin, hair and nails, such as acne, rosacea and eczema

Members access and register for Blue CareOnDemand through My Health Toolkit.

\*Members enrolled in the Silver 6900 plan do not have a copay for Blue CareOnDemand visits. Members enrolled in high-deductible health plans must meet any deductible and coinsurance requirements. Copyright © 2024 BlueChoice HealthPlan of South Carolina. MDLIVE is an independent company that provides a telehealth platform on behalf of BlueChoice. Copyright © 2024 MDLIVE Inc. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE Inc. Blue CareOnDemand is not a replacement for your primary care doctor. You should continue scheduling office visits for regular checkups and preventive care. For true emergencies and life-threatening issues, go to the emergency room or call 911. The cost of Blue CareOnDemand visits varies by visit type and provider selected and is subject to plan benefits.



# Save Time and Money

It's the little extras that make a big difference. Time and money savings can add up with 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 paperless! 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

# 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 pre-existing 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.





## 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](http://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 PO 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](http://www.BlueChoiceSC.com/FindCare).



## Section 6: 2025 Choice Level Funded Plans

BENEFIT FEATURE AND DESCRIPTION	GOLD 1001	GOLD 1502
Coinsurance	30%	30%
Deductible (Single/Family)*	\$1,000/\$2,000	\$1,500/\$3,000
Maximum Out of Pocket (MOOP) (Single/Family)*	\$5,800/\$11,600	\$5,000/\$10,000
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support**	\$0	\$0
Primary Care Physician (PCP) Office Visits	\$20	\$15
Blue CareOnDemand	\$20	\$15
Specialists Office Visits	\$45	\$45
<b>Urgent Care</b> This includes in-network and out-of-network emergency services for an emergency medical condition.	\$50	\$50
<b>Emergency Room</b> For emergency room care to be covered, care must be for an emergency medical condition.	\$250 copayment, then 30% after deductible	30% after deductible
<b>Free-Standing Ambulatory Surgical Center***</b> This includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	\$200 per visit	\$200 per visit
<b>Inpatient Physicians and Surgical Services†</b>	30% after deductible	30% after deductible
<b>Inpatient Hospital Services, Including Behavioral Health†</b>	30% after deductible	30% after deductible
<b>Outpatient Surgery Services</b>	30% after deductible	30% after deductible
<b>Outpatient Facility Fee, Including Behavioral Health†</b>	30% after deductible	30% after deductible
<b>Chiropractic Care††</b>	30% after deductible	30% after deductible
<b>Pharmacy Retail†††</b> Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$15 Tier 2: \$15 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$15 Tier 2: \$15 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250
<b>Mail Order†††</b> Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500

GOLD 2000	GOLD 2503	SILVER 2000	SILVER 2850	NEW – SILVER 3000
50%	30%	50%	40%	40%
\$2,000/\$4,000	\$2,500/\$5,000	\$2,000/\$4,000	\$2,850/\$5,700	\$3,000/\$6,000
\$4,000/\$8,000	\$3,900/\$7,800	\$7,500/\$15,000	\$8,000/\$16,000	\$6,000/\$12,000
Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
\$0	\$0	\$0	\$0	\$0
\$20	\$25	\$35	\$35	\$50
\$20	\$25	\$35	\$35	\$35
\$45	\$50	\$75	\$65	\$50
\$50	\$50	\$50	\$50	\$50
\$250 copayment, then 50% after deductible	\$250 copayment, then 30% after deductible	\$400 copayment, then 50% after deductible	\$250 copayment, then 40% after deductible	\$750 copayment, then 40% after deductible
\$200 per visit	\$200 per visit	\$200 per visit	\$200 per visit	\$200 per visit
50% after deductible	30% after deductible	50% after deductible	40% after deductible	40% after deductible
50% after deductible	30% after deductible	50% after deductible	40% after deductible	40% after deductible
50% after deductible	30% after deductible	50% after deductible	\$250 copayment, then 40% after deductible	40% after deductible
50% after deductible	30% after deductible	50% after deductible	40% after deductible	40% after deductible
50% after deductible	30% after deductible	50% after deductible	40% after deductible	40% after deductible
Tier 0: \$0 Tier 1: \$15 Tier 2: \$15 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$10 Tier 2: \$10 Tier 3: \$35 Tier 4: \$70 Tier 5: \$250 Tier 6: \$250	Tier 0: \$0 Tier 1: \$20 Tier 2 - \$20 Tiers 3-6 - 50% after deductible	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$45 Tier 4: \$75 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$10 Tier 2: \$10 Tier 3: \$40 Tier 4 – \$40 Tier 5 - Tier 6: 50% coinsurance after \$1,000 (individual)/ \$2,000 (family) drug deductible is met
Tier 0: \$0 Tier 1: \$30 Tier 2: \$30 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$70 Tier 4: \$140 Tier 5: \$500 Tier 6: \$500	Tier 0: \$0 Tier 1: \$40 Tier 2 - \$40 Tiers 3-6 - 50% after deductible	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$90 Tier 4: \$150 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$80 Tier 4 – \$80 Tier 5 – Tier 6: 50% coinsurance after \$1,000 (individual)/ \$2,000 (family) drug deductible is met

BENEFIT FEATURE AND DESCRIPTION	SILVER 3200	NEW – SILVER 6000	SILVER 6900
Coinsurance	50%	40%	0%
Deductible (Single/Family)*	\$3,200/\$6,400	\$6,000/\$12,000	\$6,900/\$13,800
Maximum Out of Pocket (MOOP) (Single/Family)*	\$7,500/\$15,000	\$9,000/\$18,000	\$6,900/\$13,800
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support**	\$0	\$0	\$0
Primary Care Physician (PCP) Office Visits	\$35	\$20	\$0
Blue CareOnDemand	\$35	\$35	\$0
Specialists Office Visits	\$75	\$45	\$60
<b>Urgent Care</b> This includes in-network and out-of-network emergency services for an emergency medical condition.	\$50	\$50	\$50
<b>Emergency Room</b> For emergency room care to be covered, care must be for an emergency medical condition.	\$300 copayment, then 50% after deductible	\$70 copayment, then 40% after deductible	\$200 copayment, then deductible
<b>Free-Standing Ambulatory Surgical Center***</b> This includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	\$200 per visit	\$200 per visit	\$200 per visit
<b>Inpatient Physicians and Surgical Services†</b>	50% after deductible	40% after deductible	Deductible
<b>Inpatient Hospital Services, Including Behavioral Health†</b>	50% after deductible	\$300 copayment, then 40% after deductible	Deductible
<b>Outpatient Surgery Services</b>	\$300 copayment, then 50% after deductible	40% after deductible	Deductible
<b>Outpatient Facility Fee, Including Behavioral Health†</b>	50% after deductible	40% after deductible	Deductible
<b>Chiropractic Care††</b>	50% after deductible	40% after deductible	Deductible
<b>Pharmacy Retail†††</b> Copayments reflect a 31-day supply. Members can purchase a 90-day supply for three times the cost.	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$50 Tier 4: \$90 Tier 5: \$300 Tier 6: \$300	Tier 0: \$0 Tier 1: \$20 Tier 2: \$20 Tier 3: \$45 Tier 4: \$80 Tier 5: \$160 Tier 6: \$160	Tier 0: \$0 Tier 1: \$25 Tier 2: \$25 Tier 3: \$50 Tier 4: \$75 Tier 5: \$300 Tier 6: \$300
<b>Mail Order†††</b> Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$100 Tier 4: \$180 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$40 Tier 2: \$40 Tier 3: \$90 Tier 4: \$160 Tier 5: \$320 Tier 6: \$320	Tier 0: \$0 Tier 1: \$50 Tier 2: \$50 Tier 3: \$100 Tier 4: \$150 Tier 5: \$600 Tier 6: \$600



SILVER 7100	BRONZE 6500	NEW – BRONZE 7500	BRONZE 8000
20%	20%	50%	50%
\$7,100/\$14,200	\$6,500/\$13,000	\$7,500/\$15,000	\$8,000/\$16,000
\$8,300/\$16,600	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400
Unlimited	Unlimited	Unlimited	Unlimited
\$0	\$0	\$0	\$0
\$15	\$60	\$60	\$55
\$15	\$60	\$35	\$55
\$50	\$100	\$100	\$110
\$50	\$75	\$75	\$75
\$300 copayment, then 20% after deductible	\$150 copayment, then 20% after deductible	\$150 copayment, then 50% after deductible	50% after deductible
\$200 per visit	\$200 per visit	\$200 per visit	\$200 per visit
20% after deductible	20% after deductible	50% after deductible	50% after deductible
20% after deductible	20% after deductible	\$300 copayment, then 50% after deductible	50% after deductible
20% after deductible	\$150 copayment, then 20% after deductible	\$150 copayment, then 50% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	50% after deductible
Tier 0: \$0 Tier 1: \$15 Tier 2: \$15 Tier 3 - \$35 Tier 4 – 6: 20% after deductible	Tier 0: \$0 Tier 1: \$30 Tier 2 – \$30 Tier 3 - Tier 6: 20% after deductible	Tier 0: \$0 Tier 1: \$35 Tier 2: \$35 Tier 3: \$50 Tier 4: \$80 Tier 5: \$300 Tier 6: \$300	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 - \$70 Tier 4 – Tier 6: 20% after deductible	Tier 0: \$0 Tier 1: \$60 Tier 2 – \$60 Tier 3 - Tier 6: 20% after deductible	Tier 0: \$0 Tier 1: \$70 Tier 2: \$70 Tier 3: \$100 Tier 4: \$160 Tier 5: \$600 Tier 6: \$600	Tier 0: \$0 Tier 1: \$50 Tier 2 – \$50 Tier 3 - Tier 6: 50% after deductible

BENEFIT FEATURE AND DESCRIPTION	GOLD 3300 HD	SILVER 4300 HD
Coinsurance	0%	0%
Deductible (Single/Family)*	\$3,300/\$6,600	\$4,300/\$8,600
Maximum Out of Pocket (MOOP) (Single/Family)*	\$3,300/\$6,600	\$4,300/\$8,600
Annual Dollar Limits/Lifetime Maximum	Unlimited	Unlimited
Preventive Care/Screenings/Immunizations, Including Lactation Support**	\$0	\$0
Primary Care Physician (PCP) Office Visits	Deductible	Deductible
Blue CareOnDemand	Deductible	Deductible
Specialists Office Visits	Deductible	Deductible
<b>Urgent Care</b> This includes in-network and out-of-network emergency services for an emergency medical condition.	Deductible	Deductible
<b>Emergency Room</b> For emergency room care to be covered, care must be for an emergency medical condition.	Deductible	Deductible
<b>Free-Standing Ambulatory Surgical Center***</b> This includes services provided by an out-of-network provider at an in-network free-standing ambulatory surgical center.	Deductible	Deductible
<b>Inpatient Physicians and Surgical Services†</b>	Deductible	Deductible
<b>Inpatient Hospital Services, Including Behavioral Health†</b>	Deductible	Deductible
<b>Outpatient Surgery Services</b>	Deductible	Deductible
<b>Outpatient Facility Fee, Including Behavioral Health†</b>	Deductible	Deductible
<b>Chiropractic Care††</b>	Deductible	Deductible
<b>Pharmacy Retail†††</b> Copayments reflect a 31-day supply. Members 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
<b>Mail Order†††</b> Generic and brand-name drugs are available for a 90-day supply through the mail-order program.	Tier 0: \$0 Tier 1 – Tier 6: Deductible	Tier 0: \$0 Tier 1 – Tier 6: Deductible

BRONZE 7000 HD
0%
\$7,000/\$14,000
\$7,000/\$14,000
Unlimited
\$0
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Deductible
Tier 0: \$0 Tier 1 – Tier 6: Deductible
Tier 0: \$0 Tier 1 – Tier 6: Deductible

### Important Notes

- These products provide out-of-network coverage at 50 percent with no deductible or MOOP 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** <sub>fwd</sub>, EAP and Blue CareOnDemand.
- The MOOP for out-of-network services is unlimited.
- 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.

\*Includes 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.

\*\*Covered 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.

\*\*\*Facility charges only. Providers may bill separately for their services.

†Includes out-of-network emergency services, and subject to limited provider advance notice and consent requirements, post-stabilization services resulting from an emergency and services provided by an out-of-network provider at certain in-network facilities.

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

†††If 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](mailto: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).

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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)

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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)

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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)

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

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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Ni da doodago t'áá háída biká'aná nílwo'ígíí díí Béeso Ách'ááh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzh níningo, koji' béesh bee hólne' 1-844-516-6328. (Navajo)

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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)

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](http://www.BlueChoiceSC.com)



Write to us:  
BlueChoice HealthPlan  
Member Services  
PO Box 6170  
Columbia, SC 29260-6170



Call Monday – Friday  
from 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.

**Agency Name**

**Agency Address**

**Email Address**

**Phone Number**

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



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

[www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)