Schedule of Benefits
BlueChoice Advantage Plus HDHP℠
MMA Real Solutions

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

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS
Deductible per Benefit Period		
Individual Coverage	$3,000	$6,000
Family Coverage	$6,000	$12,000
Maximum Out-of-Pocket per Benefit Period (includes deductible, coinsurance and all copays) (Embedded MOOP: All family members can contribute with no one member contributing more than the Individual amount.)		
Individual Coverage	$3,000	$16,000
Family Coverage	$6,000	$32,000

Services other than Mental Health and Substance Use Disorders

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

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Services other than Mental Health and Substance Use Disorders

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

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

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Mental Health & Substance Use Disorders

(Companion Benefit Alternatives, Inc. (CBA) must authorize these services in advance. On behalf of BlueChoice HealthPlan, CBA manages behavioral health and substance abuse benefits for our members and their dependents. CBA is a separate company. Call CBA at 1-800-868-1032)

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

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

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

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

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

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

- Personal Health Assessment