

Business Blue Chamber Preferred Plan	Network Providers (In Network)	Other Providers (Out of Network)
<p><b>Deductible</b>  <i>Single coverage</i>  <i>Family coverage*</i></p> <p><small>*With Family coverage once one person meets the Single Deductible, benefits will begin paying subject to the Coinsurance level for that person.</small></p>	<p>\$2,000 \$6,000</p>	<p>\$4,000 \$12,000</p>
<p><b>Coinsurance</b>  <i>After the deductible, here is how we pay all eligible charges:</i>  <i>BlueCross pays:</i>  <i>The employee pays:</i></p>	<p>70% 30%</p>	<p>50% 50%</p>
<p><b>Maximum Out of Pocket</b>  <i>Once these limits are met, we pay all remaining covered expenses at 100%.</i>  <i>Single coverage</i>  <i>Family coverage*</i></p> <p><small>*With Family coverage once one person meets the Single Maximum Out-of-pocket, benefits are payable at 100% for that person only.</small></p>	<p>\$5,000 \$10,000</p>	<p>\$10,000 \$20,000</p>
<p><b>Hospital Admission Copayment</b>  <i>No copayment is required when using a Preferred Blue® hospital.</i></p>	<p>\$0</p>	<p>\$0</p>
<p><b>Maternity</b></p>	<p>Included</p>	<p>Included</p>
<p><b>Preventive Benefits</b>  <i>Covered according to:</i>  <i>United States Preventive Services Task Force (USPSTF) recommendations Grade A or B</i>  <i>Centers for Disease Control and Prevention (CDC) recommendations for immunizations</i>  <i>Health Resources and Services Administration (HRSA) recommendations for children and women preventive care and screenings</i>  <i>Preventive prostate screening and laboratory work according to the American Cancer Society (ACS)</i></p> <p><small>These are independent organizations that provide health guideline information on behalf of BlueCross BlueShield of South Carolina.</small></p>	<p>Included</p>	<p>Not covered</p>
<p><b>Sustained Health Benefit (SHB)</b></p>	<p>Included</p>	<p>Not covered</p>
<p><b>Physician's Office</b>  <i>Primary Care Physician's office charges, diagnostic lab and X-ray performed and billed by a physician and other minor miscellaneous office visit charges.</i></p> <p><i>Specialist Office Visit</i></p>	<p>\$20 copayment then 100% of allowable charges \$40 copayment then 100% of allowable charges</p>	<p>50% of allowable charges after deductible</p>



South Carolina

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This is an overview of benefits provided by BlueCross BlueShield of South Carolina. Please consult your plan document for a complete listing of benefits, exclusions and limitations.