Benefit Summary | Non-Grandfathered | Blue Cross Blue Shield of South Carolina

Plan Design For: SYNTER RESOURCE GROUP, LLC
Plan Name: Preferred Blue PPO Plan with Health Incentive Account**
Effective Date: 11/1/2015

The following Benefit Summary is only a brief, non-legal outline of the benefits offered.

Benefits	In-Network	Out-of-Network
Medical & Surgical Benefits		
Deductible	$2,000 Individual / $4,000 Family	$6,000 Individual / $12,000 Family
Coinsurance Shown as percentages below	$4,000 Individual / $8,000 Family	$8,000 Individual / $16,000 Family
Maximum Out of Pocket	$6,600 Individual / $13,200 Family Includes deductible, coinsurance and copays	$14,000 Individual / $28,0000 Family Includes deductible and coinsurance
Physician Services in the Office excluding obstetrical delivery, dialysis treatment, second surgical opinion, radiation and chemotherapy	$30 PCP/ $60 Specialist (includes office surgery, lab and x-ray)	Deductible, 40%
Other Physician Services Inpatient/Outpatient hospital, anesthesia services, radiology, pathology, obstetrical delivery, initial new born pediatric exam, all other outpatient /office services	Deductible, 60%	Deductible, 40%
Wellness Benefits – *based on the Health Care Reform Guidelines refer to www.healthcare.gov* **Mammograms** *(Must see a provider in Mammography Network and follow specified age guidelines)* **Pap Smear/Prostate Screening**	100% 100% 100%	N/A
Sustained Health Services ($500 Annual Maximum)	$30 Copay	N/A
Inpatient Facility Charges	$500 Copay, 60%	$500 Copay, 40%
Skilled Nursing Facility Charges (60 Days per year)	$500 Copay, 60%	$500 Copay, 40%
Outpatient Facility Charges	Deductible, 60%	Deductible, 40%
Independent Lab and x-rays	100%	Deductible, 40%
Other Services Home Health Hospice Physical / Occupational Therapy (30 combined visits)	Deductible, 60%	Deductible, 40%
Chiropractic Benefits ($500 Annual Maximum)	Deductible, 60%	Deductible, 40%
Ambulance	Deductible, 60%	In-Network Deductible, 60%
Emergency Room Facility Charges *	$500 Copay, 60%	$500 Copay, 40%
Emergency Room Professional Charges *	Deductible, 60%	Deductible, 40%
* Out-of-Network True Emergency Facility and Professional charges are subject to in-network coinsurance and/or co-pay and Out-of-Network Benefit Year Deductible and Out-of-pocket.		
Mental Health & Substance Abuse Benefits		
Inpatient Facility Charges	$500 Copay, 60%	40%
Inpatient Professional Charges	60%	40%
Outpatient Facility Charges	Deductible, 60%	Deductible, 40%
Outpatient Professional Charges	Deductible, 60%	Deductible, 40%
Emergency Room Facility Charges	$500 Copay, 60%	$500 Copay, 60%
Emergency Room Professional Charges	60%	60%
Physician Services in the Office	$30 Copay	Deductible, 40%
Pharmacy Benefits		
Prescriptions ***Mandatory Generic*** (Includes diabetic supplies and oral contraceptives) Retail (31 day supply) RETAIL – GENERIC (90 day supply) Mail Order (90 day supply)	IN NETWORK ONLY $15 (Generic) / $40 (Preferred) / $70 (Non-Preferred) 3 Generic copays will apply $30 (Generic) / $90 (Preferred) / $175 (Non-Preferred)	
Specialty Drug 1-877-512-5981 for inquiries regarding this benefit	Accredo Specialty Pharmacy Only $125 Copay per 31 day supply	
BENEFIT MAXIMUMS		
Annual/Lifetime Maximum	Unlimited	

Embedded Deductible: Any member can meet the individual deductible amount OR several members can all contribute partially to the family deductible amount. Once the individual deductible amount is met, no more deductible is needed for that family member; once the family deductible amount is met; no more deductible is needed for ALL family members

**HIA Credit: $250 each

Important Numbers
Customer Service: 1-800-760-9290 (Medical) / 1-888-963-7290 (Prescription Drugs)
Pre-Authorization: 1-800-327-3238
Pre-Authorization for MRI, MRA, PET, CT & CAT scans: 1-866-500-7664
Pre-Authorization for Mental Health and Substance Abuse: 1-800-868-1032

SERVICES AND SUPPLIES THAT ARE NOT PAID FOR

Some services or supplies you receive may not be covered under this health coverage. Expenses for the following will not be paid:

- Any service or supply that is not medically necessary. However, if a service is determined to be not medically necessary because it was not rendered in the least costly setting, covered expenses will be paid in an amount equal to the amount payable had the service been rendered in the least costly setting.
- Custodial care. This is care meant simply to help people who cannot take care of themselves.
- Cosmetic or re-constructive procedures, unless following a mastectomy.
- Investigational or experimental services.
- Any treatment for surgery for obesity, weight reduction, weight control or complications there from, reversal or re-constructive procedures resulting from such treatment.
- Services or supplies related to dysfunctional conditions of the muscles of mastications, malposition, or deformities of the jawbone, orthognathic deformities or TMJ (Termporomandibular Joint Disorder including, but not limited to, surgical treatment, appliances and orthodontia.)
- Treatment resulting from acts of war or military service.
- Services you are not charged for in VA hospitals or other kinds of hospitals or agencies.
- Any service or supply provided by a member of the patient's family or by the patient, including the dispensing of drugs. A member of the patient's family means spouse, parent, grandparent, brother, sister, child or spouse's parent.
- Services or supplies you received before you had coverage under this group contract or after you no longer have this coverage.
- Luxury or convenience items and travel expenses, whether or not recommended by a physician.
- Services or supplies payable by Medicare, workers compensation or any other government or private program.
- Private duty services by sitters or companions; private duty services by RNs and LPNs unless these services are part of an approved home health or hospice program.
- Reversals of tubal ligations or vasectomies.
- Prescription drugs bought at a doctor's office, skilled nursing home, hospital or any other place that is not a pharmacy licensed to dispense drugs in the state where it is operated.
- Any service or treatment for complications resulting from any non-covered procedures.
- Any service or supply rendered to a member for diagnosis or treatment of infertility.
- Any service or supply rendered to a member for the diagnosis or treatment to change gender or to improve or restore sexual function.
- Relationship counseling, including marriage counseling, for the treatment of pre-marital, marital or relationship dysfunction.
- Services and supplies related to routine foot care.
- Food supplements, even if the supplements are ordered or prescribed by a physician.
- Prescription drugs used for weight control, obesity, cosmetic purposes, smoking cessation, hair growth or fertility.
- Any service or supply the member is not legally obligated to pay.
- Services for the removal of impacted teeth.
- Eyeglasses, contact lenses (except after cataract surgery), hearing aids and examination for the prescription or fitting thereof and any hospital or physician charges related to refractive care.
- Any medical social services, occupational, visual, speech, recreational, behavioral, educational or play therapy or bio-feedback, except when part of a pre-authorized home health plan or hospice care program.
- Dental services, except for dental treatment up to 6 months after an accident.
- Services and supplies received for the treatment of any work related accident or illness.
- Durable Medical Equipment at an out-of-network provider.
- Services, supplies or treatment for varicose veins.
- Cranial Orthotics
- Hypnotism
- Pre-conception testing, pre-conception counseling or pre-conception genetic testing

SERVICES AND SUPPLIES REQUIRING PREAUTHORIZATION

For Pre-Authorization: **Call 1-800-327-3238** for the following Services:

- Durable Medical Equipment over $500, network only
- All inpatient hospital or skilled nursing facility admissions and in-patient psychiatric
- Home health care, hospice care or inpatient physical rehabilitation
- Outpatient psychiatric care, outpatient procedures for Chemotherapy or Radiation Therapy (one time notification), Hysterectomy, Septoplasty, all Cosmetic procedures, Investigational procedures performed in outpatient or office setting, all inpatient hospital or skilled nursing facility admissions.
- Services and supplies related to human organ and tissue transplants required to use Blue Distinction Centers of Excellence.
- Benefits will be reduced or declined if required pre-authorizations are not obtained.
- To receive pre-authorization for the following procedures: computed tomography (CT), computerized axial tomography (CAT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) or positron emission tomography (PET) scans. **Call 1-866-500-7664**
- Mental Health and Substance Abuse Services must be Pre-Authorized by CBA prior to services being rendered. **Call 1-800-868-1032**

NOTICE OF OUR PRIVACY POLICIES AND PRACTICES

This Notice has been prepared to inform you that we do not disclose, and we reserve no right to disclose, to our affiliates or to nonaffiliated third parties any nonpublic personal financial information about you that we collect and maintain, except as described in this notice. We will treat information about you in accordance with this Notice even after our customer relationship ends. We may disclose any information we collect about you as necessary to provide our products and services to you. We may also disclose any information about you to third parties that perform services on our behalf, with your permission, or as otherwise permitted by law.

If you are a plan sponsor or group policyholder, this Privacy Notice describes our practices for safeguarding nonpublic personal financial information about employee benefit plan participants and beneficiaries.

Information we collect and maintain: We collect information about you from the following sources:

- Information we receive from you on applications or on other forms
- Information we obtain from your transactions with us, our affiliates, or others
- Information we receive from consumer-reporting agencies

How we protect information: We restrict access to information about you to our employees who need to know the information to provide our products and services to you and as permitted by law. We maintain physical, electronic and procedural safeguards that comply with applicable legal requirements to guard your nonpublic personal financial information. We have installed usernames, passwords and other safety features on our Web applications to help ensure that the information about you that we collect and maintain remains safe and secure.

Changes to this Notice: We may amend our privacy policies and practices at any time, and we will inform you of any material changes as required by law.

YOU DO NOT NEED TO DO ANYTHING IN RESPONSE TO THIS NOTICE. (06/2014)
THIS NOTICE IS MERELY TO INFORM YOU ABOUT OUR
PRIVACY POLICIES AND PRACTICES