

Business BlueEssentials PPO Gold 8	Network Providers (In Network)	Other Providers (Out of Network)
<p>Deductible With family coverage once one person meets his/her deductible, benefits will begin paying for that person. Single coverage Family coverage*</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 \$4,000</p>	<p>N/A</p>
<p>Coinsurance After the deductible, here is how we pay all eligible charges: BlueCross pays: The employee pays:</p>	<p>80% 20%</p>	<p>50% 50%</p>
<p>Maximum Out of Pocket Once these limits are met, we pay all remaining covered expenses at 100%. Single coverage Family coverage*</p> <p><small>* With Family coverage once one Member meets the Single Maximum Out-of-pocket, benefits are payable at 100% for that Member only.</small></p>	<p>\$4,000 \$8,000</p>	<p>Unlimited</p>
<p>Copayments Primary Care Physician Specialist Emergency Room (waived if admitted, inpatient copayment applies)</p>	<p>\$15 \$40 Ded & Coins</p>	<p>Coinsurance Coinsurance Coinsurance</p>
<p>Maternity</p>	<p>Ded & Coins</p>	<p>Coinsurance</p>
<p>Preventive Benefits Covered according to: United States Preventive Services Task Force (USPSTF) recommendations Grade A or B Centers for Disease Control and Prevention (CDC) recommendations for immunizations Health Resources and Services Administration (HRSA) recommendations for children and women preventive care and screenings Preventive prostate screening and laboratory work according to the American Cancer Society (ACS) These are independent organizations that provide health guideline information on behalf of BlueCross BlueShield of South Carolina.</p>	<p>Included</p>	<p>Not covered</p>



South Carolina

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Prescription Drugs		
<i>Tier 1</i>	\$8	Coinsurance
<i>Tier 2</i>	\$30	Coinsurance
<i>Tier 3</i>	\$60	Coinsurance
<i>Tier 4</i>	\$200	Not covered
Mail-Order Drugs		
<i>Tier 1</i>	\$12	Not covered
<i>Tier 2</i>	\$81	Not covered
<i>Tier 3</i>	\$162	Not covered
Dental	Not Selected	Not Selected
Chiropractic Benefits (CHIRO) <i>Limited to \$500 per member per Benefit Period.</i>	Not Selected	Not Selected



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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.