

High Deductible Health Plan HD4	Network Providers (In Network)	Other Providers (Out of Network)
<b>Deductible</b> Single coverage Family coverage	\$2,600 \$5,200	\$2,600 \$5,200
<b>Coinsurance</b> After the deductible, all covered expenses are paid as follows: BlueCross pays: The employee pays:	100% 0%	60% 40%
<b>Maximum Out-of-Pocket Expenses</b> Single coverage Family coverage	\$2,600 \$5,200	\$5,200 \$10,400
<b>Hospital Admission Copayment</b>	\$0	\$0
<b>Maternity</b>	Yes	
<b>Preventive Benefits</b> Covered according to the following: 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 Prostate (PSA) screening	Included	N/A
<b>Chiropractic Benefits</b>	Not Selected	Not Selected
<b>Annual Maximum</b>	\$2,000,000	
<b>Dental</b> See attached sheet for benefit details.	Not Selected	Not Selected



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.  
© Registered Marks of the Blue Cross and Blue Shield Association.