

High Deductible Health Plan HD4	Network Providers (In Network)	Other Providers (Out of Network)
Deductible		
Single coverage	\$2,600	\$2,600
Family coverage	\$5,200	\$5,200
Coinsurance		
After the deductible, all covered expenses are paid as follows:		
BlueCross pays:	100%	60%
The employee pays:	0%	40%
Maximum Out-of-Pocket Expenses		
Single coverage	\$2,600	\$5,200
Family coverage	\$5,200	\$10,400
Hospital Admission Copayment	\$0	\$0
Maternity	Yes	
Preventive Benefits		
Covered according to the following:		
United States Preventive Services Task Force (USPSTF) recommendations	Included	N/A
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		
Chiropractic Benefits	Not Selected	Not Selected
Annual Maximum	\$2,000,000	
Dental		
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.