

**Schedule of Benefits**  
***Business Advantage Silver 3500 HD<sup>SM</sup>***

**Benefits are provided both In-network and Out-of-network.**  
**Using In-network providers will result in higher benefits.**

All copays, deductible and coinsurance will apply toward the maximum out-of-pocket for in-network services. In order to be covered, all in-patient services must be authorized in advance. Benefits are subject to all terms, conditions, limitations, and exclusions outlined in the Contract.

BENEFITS	In-Network MEMBERS PAYS	Out-of-Network MEMBERS PAYS
<b>Deductible per Benefit Period</b>		
Individual	\$3,500	N/A
Family	\$7,000	
<b>Maximum Out-of-Pocket per Benefit Period (MOOP)</b>		
Individual	\$3,500	Unlimited
Family	\$7,000	
<b>Office Visit Services</b>		
Primary Care Physician	Deductible	50%
Specialist Physician	Deductible	50%
Chiropractic services (5 visits)	Deductible	50%
Doctors Care	Deductible	50%
<b>Urgent Care</b>	Deductible	50%
<b>Professional Services</b> (performed outside the office setting)		
Hospital services / Emergency Room care	Deductible	50%
Maternity care (prenatal and postnatal)	Deductible	50%
Mental Health/Substance Abuse	Deductible	50%
Laboratory Outpatient	Deductible	50%
X-rays and Diagnostic Imaging	Deductible	50%
Imaging (CT/PET scans, MRIs)	Deductible	50%
<b>Mandated Preventive Care &amp; Routine Care</b> (includes mammogram and colonoscopy)	\$0	50%
<b>Facility Services / Inpatient Hospital</b>		
Inpatient hospital (includes maternity and Mental Health/ Substance Abuse)	Deductible	50%
Skilled Nursing Facility	Deductible	50%
<b>Facility Services / Outpatient Hospital</b>		
Outpatient services (includes Ambulatory Surgical Center)	Deductible	50%
Outpatient Surgery Physician/Surgical services	Deductible	50%
Mental Health/Substance Abuse	Deductible	50%
Emergency Room	Deductible	Same as In- Network

**Schedule of Benefits**  
***Business Advantage Silver 3500 HD<sup>SM</sup>***

BENEFITS	In-Network MEMBERS PAYS	Out-of-Network MEMBERS PAYS
<b>Prescription Medication</b>	Retail (up to a 31-day supply)	Mail Order (up to a 90-day supply)
Tier 1	Deductible	Deductible
Tier 2	Deductible	Deductible
Tier 3	Deductible	Deductible
Tier 4	Deductible	Deductible
Tier 5	Deductible	Deductible
Tier 6	Deductible	Deductible
* Specialty medications are not available through the mail order program for a 90-day supply. This only applies to generic or brand drugs in these tiers.	Not Covered: Drugs designated as excluded on the Prescription Drug List.	
<b>Other Services</b>		
Ambulance	Deductible	50%
Dental services due to accidental injury	Deductible	50%
Durable Medical Equipment (DME)	Deductible	50%
Habilitative Services	Deductible	50%
Home Health	Deductible	50%
Hospice	Deductible	50%
Initial Prosthetic Devices	Deductible	50%
Rehabilitative Occupational, Physical & Speech Therapy	Deductible	50%

Plan Maximums	Plan Maximum Per Member
Durable Medical Equipment	Up to purchase price
Home Health	60 visits per Benefit Period
Hospice	6 months per episode
Rehabilitative Occupational Therapy, Physical Therapy, Speech Therapy and Habilitation	30 combined visits per Benefit Period
Prosthetic Devices	1 item per episode
Skilled Nursing Facility	60 days per Benefit Period
Benefit Period	Calendar Year

**Schedule of Benefits**  
***Business Advantage Silver 3500 HD<sup>SM</sup>***

BENEFITS	In-Network MEMBERS PAYS	Out-of-Network MEMBERS PAYS
<p><b>Pediatric Vision Care (VSP Network)</b></p> <p>One comprehensive vision exam per Calendar Year</p> <p>One pair of glasses (lenses and frames) per Calendar Year</p> <p>Covered lenses include single vision, lined bifocal, lined trifocal or lenticular lenses. Covered frames are from the Otis &amp; Pieper Eyewear Collection.</p> <p>In lieu of eyeglasses, elective contact lens services and materials are covered once per Calendar Year for one of the following modalities: Standard (one pair annually), Monthly (six-month supply), Bi-weekly (three-month supply), Dailies (three-month supply).</p> <p>Necessary contact lenses are covered in full for members who have specific conditions for which contact lenses provide better visual correction.</p>	<p>\$25 copayment</p> <p>\$50 copayment</p>	<p>Not Covered</p> <p>Not Covered</p>
<p><b>Adult Routine Vision Care - Physicians EyeCare Network (PEN) Providers Only (Refer to Provider Directory)</b></p> <p>One routine eye exam or one exam for contact lenses per Benefit Period</p> <p>One standard contact lens fitting per Benefit Period</p> <p>One pair of eyewear from a designated selection every other Benefit Period</p> <p><b>Please consult your PEN Provider for information on discounts for which you may be eligible if you elect to receive eyewear/contact lenses outside the standard designated selection.</b></p> <p><b>(For Members outside of the South Carolina service area, \$71 will be allowed towards the routine eye exam and \$120 credit will apply to the purchase of eyewear. Claims must be filed by the Member.)</b></p>	<p>(Authorization not required)</p> <p>\$0</p> <p>\$45</p> <p>\$0</p>	<p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p>
<p><b>Preventive Dental Care (any licensed dentist)</b></p> <p>One dental exam every six months initial/periodic</p> <p>One dental cleaning every six months adult/child</p>	<p>Balance over \$27/\$20</p> <p>Balance over \$40/\$31</p>	<p>(No dental network)</p> <p>Balance over \$27/\$20</p> <p>Balance over \$40/\$31</p>



**Schedule of Benefits**  
***Business Advantage Silver 3500 HD<sup>SM</sup>***

BENEFITS	MEMBER PAYS
<b>Employee Assistance Program (EAP Services)</b>	
Individual & Family Counseling (visits 1-3)	\$0
Life Management Services (3 visits)	\$0
<p><b>Benefits are provided under an agreement between First Sun EAP and the Employer. First Sun EAP is a separate company that does not offer BlueChoice HealthPlan products. These services are offered by First Sun EAP, not BlueChoice HealthPlan. BlueChoice HealthPlan has no responsibility for these services. For services, please call First Sun EAP at 1-800-968-8143. First Sun EAP staff are available 24 hours a day, seven days a week.</b></p>	

A Summary of Benefits and Coverage, also known as an SBC, is available to you online by using this link <http://www.bluechoicesc.com/Silver3500HD>. You may request a printed copy by calling the Customer Service phone number on the back of your ID card.