

Business Blue Chamber Preferred Plan	Network Providers (In Network)	Other Providers (Out of Network)
<b>Deductible</b> <i>Single coverage</i> <i>Family coverage*</i> *With Family coverage once one person meets the Single Deductible, benefits will begin paying subject to the Coinsurance level for that person.	\$1,000 \$3,000	\$2,000 \$6,000
<b>Coinsurance</b> <i>After the deductible, here is how we pay all eligible charges:</i> <i>BlueCross pays:</i> <i>The employee pays:</i>	80% 20%	60% 40%
<b>Maximum Out of Pocket</b> <i>Once these limits are met, we pay all remaining covered expenses at 100%.</i> <i>Single coverage</i> <i>Family coverage*</i> *With Family coverage once one person meets the Single Maximum Out-of-pocket, benefits are payable at 100% for that person only.	\$3,000 \$6,000	\$6,000 \$12,000
<b>Hospital Admission Copayment</b> <i>No copayment is required when using a Preferred Blue® hospital.</i>	\$0	\$0
<b>Maternity</b>	Included	Included
<b>Preventive Benefits</b> <i>Covered according to:</i> <i>United States Preventive Services Task Force (USPSTF) recommendations Grade A or B</i> <i>Centers for Disease Control and Prevention (CDC) recommendations for immunizations</i> <i>Health Resources and Services Administration (HRSA) recommendations for children and women preventive care and screenings</i> <i>Preventive prostate screening and laboratory work according to the American Cancer Society (ACS)</i> These are independent organizations that provide health guideline information on behalf of BlueCross BlueShield of South Carolina.	Included	Not covered
<b>Sustained Health Benefit (SHB)</b>	Included	Not covered
<b>Physician's Office</b> <i>Primary Care Physician's office charges, diagnostic lab and X-ray performed and billed by a physician and other minor miscellaneous office visit charges.</i>  <i>Specialist Office Visit</i>	\$20 copayment then 100% of allowable charges  \$40 copayment then 100% of allowable charges	60% of allowable charges after deductible



South Carolina

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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.