

High Deductible Health Plan HD4	Network Providers (In Network)	Other Providers (Out of Network)
<b>Deductible</b>		
Single coverage	\$2,600	\$2,600
Family coverage	\$5,200	\$5,200
<b>Coinsurance</b>		
<i>After the deductible, here is how we pay all eligible charges:</i>		
BlueCross pays:	100%	60%
The employee pays:	0%	40%
<b>Maximum Out-of-Pocket Expenses</b>		
Single coverage	\$2,600	\$5,200
Family coverage	\$5,200	\$10,400
<b>Hospital Admission Copayment</b>	\$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>These are independent organizations that provide health guideline information on behalf of BlueCross BlueShield of South Carolina.</i>		
<i>Prostate (PSA) screening</i>		
<b>Chiropractic Benefits</b>	Not Selected	Not Selected
<b>Dental</b>		
<i>See attached sheet for benefit details.</i>	Not Selected	Not Selected



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