

The Preferred Blue Plan	Network Providers (In Network)	Other Providers (Out of Network)
<b>Deductible</b> <i>Limited to three per family each benefit year.</i>	\$1,000	\$1,000
<b>Coinsurance</b> <i>After the deductible, here is how we pay all eligible charges:</i> BlueCross pays: The employee pays:	70% 30%	50% 50%
<b>Maximum Out-of-Pocket Expenses</b> <i>Once these limits are met, we pay all remaining covered expenses at 100% Maximums are limited to two per family.</i>	\$2,000	\$4,000
<b>Hospital Admission Copayment</b> <i>No copayment is required when using a Preferred Blue hospital.</i>	\$0	\$250
<b>Maternity</b> <i>Covered the same as any other illness.</i>	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>	Included	N/A
<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	50% of allowable charges after deductible.
<b>Prescription Drugs</b> <i>Drug Card - Generic, Preferred and Non-Preferred and Specialty medications (If your doctor allows generics and you choose Preferred or Non-Preferred, your cost may be higher.)</i>  <i>See attached sheet for benefit details.</i>	\$8 Generics, \$30 Preferred and \$60 Non-preferred. Specialty prescriptions 10% to a maximum of \$200 and then 100% of allowable charges.	\$8 Generics, \$30 Preferred and \$60 Non-preferred prescriptions then 50% of allowable charges.
<b>Supplemental Accidental Injury</b> <i>Pays first \$500 in benefits per member, per benefit year</i>	Not Selected	Not Selected
<b>Chiropractic Benefits</b>	Not Selected	Not Selected
<b>Dental</b> <i>See attached sheet for benefit details.</i>	Not Selected	Not Selected



South Carolina

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