Plan Design For: Heritage / Cheraw Group Plan
Plan Option: Base Plan
Effective Date: July 1, 2017

The following Benefit Summary is only a brief, non-legal outline of the benefits offered.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
MEDICAL AND SURGICAL BENEFITS		
Deductible (Embedded*)	$5,800 Individual / $11,600 Family	$10,000 Individual / $20,000 Family
Co-Insurance Shown as percentages below	$1,350 Individual / $2,700 Family	$10,000 Individual / $20,000 Family
Maximum Out of Pocket	$7,150Individual / $14,300 Family Includes deductible, copays and co-insurance	$20,000 Individual / $40,000 Family Includes deductible and co-insurance
Physician Services Physician Charges for services in the office. (excluding Obstetrical Delivery, Dialysis Treatment and Second Surgical Opinion). Includes Office Surgery, Lab and X-ray.	$25 Primary Care Co-pay, then 100% $50 Specialist Co-pay, then 100% Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN	Deductible, 40%
Other Physician Services Inpatient/Outpatient hospital, anesthesia services, radiology, pathology, obstetrical delivery, initial new born pediatric exam, all other outpatient/office services	Deductible, 60%	Deductible, 40%
Wellness Benefits – *Based on the Health Care Reform Guidelines refer to www.healthcare.gov* **Mammograms** – *Must see a provider in Mammography Network and follow specified age guidelines* **Pap Smear/Prostate Screening**	100% 100% 100%	N/A
Sustained Health Services ($300 annual maximum)	$25 Co-pay, then 100%	N/A
Preventive Care and Sustained Health Services are only covered at a Primary Care Provider.		
Inpatient Facility Charges	Deductible, 60%	$500 Co-pay, Deductible, 40%
Skilled Nursing Facility Charges (60 days per year)	Deductible, 60%	$500 Co-pay, Deductible, 40%
Outpatient Facility Charges	Deductible, 60%	Deductible, 40%
Other Services Physical/Occupational Therapy (30 combined visits) Home Healthcare Hospice	Deductible, 60%	Deductible, 40%
Chiropractic Benefits ($500 annual maximum)	$25 Co-pay, then 100%	Deductible, 40%
Ambulance	Deductible, 60%	In-Network Deductible, 60%
Emergency Room Facility Charges **	Deductible, 60%	Deductible, 40%
Emergency Room Professional Charges **	Deductible, 60%	Deductible, 40%
**Out-of-Network True Emergency Facility and Professional charges are subject to in-network coinsurance and/or co-pay and Out-of-Network Benefit Year Deductible and Out-of-pocket.		
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS		
Inpatient Facility Charges	Deductible, 60%	Deductible, 40%
Inpatient Professional Charges	Deductible, 60%	Deductible, 40%
Outpatient Facility Charges	Deductible, 60%	Deductible, 40%
Outpatient Professional Charges	Deductible, 60%	Deductible, 40%
Emergency Room Facility Charges	Deductible, 60%	In-Network Deductible, 60%
Emergency Room Professional Charges	Deductible, 60%	In-Network Deductible, 60%
Physician Services in the Office	$25 Copay, then 100%	Deductible, 40%
PHARMACY BENEFITS		
Prescriptions ***Mandatory Generic*** (Includes diabetic supplies and oral contraceptives) Retail (31 day supply) Mail Order (90 day supply)	 $20 (Generic) / $40 (Preferred) / $70 (Non-Preferred) $40 (Generic) / $90 (Preferred) / $175 (Non-Preferred)	 40% after Co-pay N/A
Specialty Drug – Caremark Specialty Pharmacy Only 1-800-237-2767 for inquiries regarding this benefit	Deductible, 60%	
BENEFIT MAXIMUMS		
Annual / Lifetime Maximum	Unlimited	

***Embedded Deductible:** An individual deductible "embedded" within the family deductible. Before the insurance benefits begin the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.

IMPORTANT NUMBERS

Customer Service: 1-800-760-9290 (Medical) / 1-888-963-7290 (Prescription Drugs)
Pre-Authorization: 1-800-327-3238
Pre-Authorization for MRI, MRA, PET, CT & CAT scans: 1-866-500-7664
Pre-Authorization for Mental Health and Substance Abuse: 1-800-868-1032