

Important Differences Between the Plans

For more details, see the chart on the following page.

QUESTION...	CORE PLAN (IN-NETWORK)	2000 PLAN (IN-NETWORK)	1350 PLAN (IN-NETWORK)
Which plan has the lowest deductibles and out-of-pocket maximums?	The Core Plan has the highest deductibles and out-of-pocket maximums. However, you'll pay less each paycheck for this plan.	This is the middle plan. It doesn't have the lowest or highest deductibles, out-of-pocket maximums and payroll contributions.	This plan has the lowest deductibles and out-of-pocket maximums. However, you'll pay more each paycheck for this plan compared to the other medical plans.
Will I pay a flat dollar amount (copay) for physician services in the office*? <i>* Excluding Obstetrical Delivery, Dialysis Treatment, Chemotherapy, Radiation and Second Surgical Opinion</i>	Yes. When you see a primary care doctor, you'll pay \$25 per visit; \$50 per visit for a specialist. Physician services in the office are not subject to the Plan's deductible.	No. Until you meet the plan's annual deductible, you will pay the doctor the full cost of your doctor's visit. For example, if the doctor charges \$125/visit, you will pay \$125 each visit until you meet the annual deductible. Once you meet the annual deductible, you'll pay a % of the doctor's charges. For example, if the doctor charges \$125 and you have met the annual deductible, you'll pay 20% of \$125 or \$25.	No. Until you meet the plan's annual deductible, you will pay the doctor the full cost of your doctor's visit. For example, if the doctor charges \$125/visit, you will pay \$125 each visit until you meet the annual deductible. Once you meet the annual deductible, you'll pay a % of the doctor's charges. For example, if the doctor charges \$125 and you have met the annual deductible, you'll pay 20% of \$125 or \$25.
Will I pay a flat dollar amount (copay) for prescription drugs?	Yes. You'll pay a copayment for covered medications. Prescription drugs are not subject to the plan's deductible.	You first must meet the plan's annual deductible. Then the plan will charge a co-payment for generic medications and co-insurance for covered brand medications. For example, if you have not yet met the deductible and the cost of your generic medication is \$50, you will pay the full \$50. After you meet the deductible, you will pay \$5.	You first must meet the plan's annual deductible. Then the plan will charge a co-payment for generic medications and co-insurance for covered brand medications. For example, if you have not yet met the deductible and the cost of your generic medication is \$50, you will pay the full \$50. After you meet the deductible, you will pay \$5.
Does this plan offer a Health Savings Account (HSA)?	No	Yes	Yes
Does this plan provide an incentive for the completion of up to two healthy actions?	Yes. Employees and their spouses/domestic partners can each earn credits that will reduce the plan's annual deductible by completing a health survey and another healthy activity. Upon completion of each activity, you will earn \$625 toward the plan's annual deductible for a total maximum credit of \$1,250. If your spouse/domestic partner is enrolled in coverage, they too can earn up to \$1,250 towards the plan's deductible. You and your covered spouse/domestic partner must complete each activity prior to meeting your deductible. For additional information, including information on eligible healthy activities, review the BCBS enrollment guide on www.yourbenefitscenter.com .	Yes. You can earn an employer contribution to your HSA for completing a health survey and another healthy activity. For each activity, you'll earn \$200 for employee only coverage and \$400 for other coverage levels (employee + spouse, employee + child(ren) or family coverage) for a total of \$400 or \$800 respectively. You can use the employer contribution to help pay for your out-of-pocket medical expenses. For additional information, including information on eligible healthy activities, review the BCBS enrollment guide on www.yourbenefitscenter.com .	Yes. You can earn an employer contribution to your HSA for completing a health survey and another healthy activity. For each activity, you'll earn \$200 for employee only coverage and \$400 for other coverage levels (employee + spouse, employee + child(ren) or family coverage) for a total of \$400 or \$800 respectively. You can use the employer contribution to help pay for your out-of-pocket medical expenses. For additional information, including information on eligible healthy activities, review the BCBS enrollment guide on www.yourbenefitscenter.com .

The above chart is a summary. For details, including plan exclusions, refer to the plan's summaries available on www.yourbenefitscenter.com.

Medical Benefits Summaries

	CORE PLAN (IN-NETWORK)	2000 PLAN (IN-NETWORK)	1350 PLAN (IN-NETWORK)
Provides an incentive for completion of two healthy actions	Yes. Employee and covered spouse/domestic partner can each earn \$625 per action for a total of \$1,250 each. Amount will be applied towards the plan's annual deductible	Yes. For each action, earn an employer contribution to your HSA of \$200 (employee only coverage) or \$400 (employee + dependents coverage) for a total of \$400 or \$800 respectively	Yes. For each action, earn an employer contribution to your HSA of \$200 (employee only coverage) or \$400 (employee + dependents coverage) for a total of \$400 or \$800 respectively
Deductible (only needs to be met once per year)¹	\$5,350 individual and \$10,700 family	\$2,000 individual and \$4,000 family	\$1,350 individual and \$2,700 family
Coinsurance Percentage	Plan pays 70% after deductible and you pay 30% after deductible	Plan pays 80% after deductible and you pay 20% after deductible	Plan pays 80% after deductible and you pay 20% after deductible
Out-of-Pocket Maximum²	\$6,850 individual and \$13,700 family (includes deductible, coinsurance and copays)	\$6,000 individual and \$12,000 family (includes deductible, coinsurance and copays)	\$3,000 individual and \$6,000 family (includes deductible, coinsurance and copays)
Physician Office Visit	\$25 Primary Care copay, then plan pays 100% \$50 Specialist copay, then plan pays 100% Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN	You pay 20% after deductible	You pay 20% after deductible
Inpatient Hospital Stay	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Preventive Care³	Plan covers 100% of the cost	Plan covers 100% of the cost	Plan covers 100% of the cost
Urgent Care	\$50 copay	You pay 20% after deductible	You pay 20% after deductible
Emergency Room	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Prescription Benefits – 31 Day Supply from a Retail Pharmacy (In-Network)	\$20 (Generic) / \$40 (Preferred) / \$70 (Non-Preferred) ⁵	Generic: \$5 copayment Select Brand: 20% coinsurance (\$25 minimum / \$50 maximum) ^{4,5}	Generic: \$5 copayment Select Brand: 20% coinsurance (\$25 minimum / \$50 maximum) ^{4,5}
Prescription Benefits – 90 Day Mail-Order Supply (In-Network)	\$40 (Generic) / \$90 (Preferred) / \$175 (Non-Preferred) ⁵	Generic: \$10 copayment Select Brand: 20% coinsurance (\$50 minimum / \$100 maximum) ^{4,5}	Generic: \$10 copayment Select Brand: 20% coinsurance (\$50 minimum / \$100 maximum) ^{4,5}
BIWEEKLY PAYROLL CONTRIBUTIONS			
Employee Only	\$24.10	\$28.57	\$78.48
Employee + Spouse or Domestic Partner	\$60.87	\$72.16	\$170.79
Employee + Child(ren)	\$43.15	\$51.15	\$121.07
Employee + Family	\$94.12	\$111.58	\$245.20

Preauthorization is required for certain services. For a list of services, go to www.SouthCarolinaBlues.com. The above is a brief summary of the plans. For a more detailed summary, go to www.yourbenefitscenter.com.

1. Please note: If covering one or more family members under the 2000 or 1350 Plans, you will need to meet the family coverage deductible. The individual deductible applies only when the employee and no family members are covered under the medical plan. Under the Core Plan, the deductible can be met by: (1) each individual covered under the medical plan can meet the individual deductible or (2) one or more covered individuals combined can meet the family deductible.

2. The maximum out-of-pocket is the maximum amount you will have to pay for eligible expenses each year. The

out-of-pocket maximum can be met by: (1) each individual covered under the medical plan can meet the individual out-of-pocket maximum and their eligible expenses will be covered at 100%; or (2) one or more covered individuals combined can meet the family out-of-pocket maximum and each covered family member's eligible expenses will be covered at 100%.

3. ACA approved in-network preventive care is covered at 100%. Non ACA approved preventive care has an annual maximum of \$300 (a \$25 sustained health copay will also apply to the Core Plan). For a list of ACA approved

preventive care, go to www.healthcare.gov.

4. The annual medical plan deductible must first be met before the prescription drug copays or coinsurance apply. Your prescription drug copays and coinsurance count toward the medical plan out-of-pocket maximums.

5. Certain prescriptions that are considered to be preventive under federal law are mandated to be covered in full and the noted cost sharing does not apply. For a list of ACA approved preventive care, go to www.healthcare.gov.