

# Medical benefits summaries



	CORE PLAN (IN-NETWORK)	2000 PLAN (IN-NETWORK)	1400 PLAN (IN-NETWORK)
<b>Deductible</b> <i>(only needs to be met once per year)<sup>1</sup></i>	\$5,350 individual \$10,700 family	\$2,000 individual \$4,000 family	\$1,400 individual \$2,800 family
<b>Coinsurance percentage</b>	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
<b>Out-of-Pocket Maximum<sup>2</sup></b>	\$6,850 individual \$13,700 family <i>(includes deductible, coinsurance, and copays)</i>	\$6,500 individual \$13,000 family <i>(includes deductible, coinsurance, and copays)</i>	\$3,050 individual \$6,100 family <i>(includes deductible, coinsurance, and copays)</i>
<b>Physician office visit</b>	\$25 Primary Care copay, then plan pays 100% \$60 Specialist copay, then plan pays 100% <i>Primary Care includes General, Family Doctor, Pediatrician, Internist, OB/GYN</i>	You pay 20% after deductible	You pay 20% after deductible
<b>Inpatient hospital stay</b>	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
<b>Preventive care<sup>3</sup></b>	Plan covers 100% of the cost	Plan covers 100% of the cost	Plan covers 100% of the cost
<b>Urgent care</b>	\$60 copay	You pay 20% after deductible	You pay 20% after deductible
<b>Emergency Room</b>	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
<b>Prescription benefits – 31 day supply from a retail pharmacy</b> <i>(In-Network)</i>	\$20 (Generic) \$40 (Preferred) \$80 (Non-Preferred) <sup>5</sup>	Generic: \$10 copayment Preferred: 20% (\$30 min/\$60 max) Non-Preferred: 20% (\$40 min/\$80 max) <sup>4,5</sup>	Generic: \$10 copayment Preferred: 20% (\$30 min/\$60 max) Non-Preferred: 20% (\$40 min/\$80 max) <sup>4,5</sup>
<b>Prescription benefits – 90 day mail-order supply</b> <i>(In-Network)</i>	\$40 (Generic) \$90 (Preferred) \$200 (Non-Preferred) <sup>5</sup>	Generic: \$20 copayment Preferred: 20% (\$60 min/\$120 max) Non-Preferred: 20% (\$80 min/\$160 max) <sup>4,5</sup>	Generic: \$20 copayment Preferred: 20% (\$60 min/\$120 max) Non-Preferred: 20% (\$80 min/\$160 max) <sup>4,5</sup>

**Preauthorization is required for certain services. For a list of services, go to [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com). The above is a brief summary of the plans. For a more detailed summary, go to [www.YourBenefitsCenter.com](http://www.YourBenefitsCenter.com).**

<sup>1</sup> Please note: If covering one or more family members under the 2000 or 1400 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.

<sup>2</sup> The out-of-pocket maximum 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%.

<sup>3</sup> 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](http://www.healthcare.gov)).

<sup>4</sup> 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.

<sup>5</sup> 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](http://www.healthcare.gov).