

Business BlueEssentials Gold Plan	Network Providers (In Network)	Other Providers (Out of Network)
Deductible With family coverage once one person meets his/her deductible, benefits will begin paying for that person. Single coverage Family coverage	\$1,200 \$2,250	N/A
Coinsurance After the deductible, all eligible charges are paid as follows: BlueCross pays: The Member pays:	80% 20%	50% 50%
Maximum Out of Pocket Once these limits are met, all remaining covered expenses are paid at 100%. Single coverage Family coverage	\$4,200 \$7,900	Unlimited
Copayments Primary Care Physician Specialist Emergency Room (waived if admitted, inpatient copayment applies.)	\$15 \$30 \$300 then deductible and coinsurance.	50% 50% \$300 then deductible and coinsurance.
Maternity	Included	Included
Preventive Benefits Covered according to the following: United States Preventive Services Task Force (USPSTF) recommendations Grade A or B Centers for Disease Control and Prevention (CDC) recommendations for immunizations Health Resources and Services Administration (HRSA) recommendations for children and women preventive care and screenings Prostate (PSA) screening	Included	N/A
Prescription Drugs Drug Card Tier 1 Tier 2 Tier 3 Tier 4 See attached sheet for benefit details.	\$10 \$35 \$100 10% up to \$200	50% N/A
Mail Order Drugs Drug Card Tier 1 Tier 2 Tier 3	\$14 \$95 \$270	N/A
Dental See attached sheet for benefit details.	High	



South Carolina

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PRESCRIPTION DRUG BENEFITS — PRESCRIPTION DRUG CARD

BlueCross BlueShield of South Carolina's **prescription drug card** features a four-tiered copayment structure to help members save more on prescription drugs.

With the **prescription drug card** option, there are four levels of copayments:

- Tier 1 — \$10
- Tier 2 — \$35
- Tier 3 — \$100
- Tier 4 — 10% up to \$200

Any time members go to participating pharmacies for their prescription drugs, they just show their BlueCross ID cards and pay a low copayment for each 31-day prescription. For a 90-day supply, members would pay three copayments. There are no claims to file when members use participating pharmacies.

If a physician prescribes a brand-name drug and there is an equivalent generic drug available (whether or not the physician allows substitution of the brand-name drug), then the member must pay any difference between the cost of the generic drug and the higher cost of the brand-name drug.

Mail-Order Benefit

Members can also purchase a 90-day supply of their medications with our mail-order benefit. Copayments for mail-order prescriptions are as follows:

- Tier 1 — \$14
- Tier 2 — \$95
- Tier 3 — \$270

Prescription Drug Coverage at Non-Participating Pharmacies

If members use non-participating pharmacies, then they must pay for the prescriptions and file the claims themselves. BlueCross will reimburse them at the out-of-network percentage, minus the copayment.

Drugs and Supplies the Prescription Drug Card Does Not Cover*

Prescription drug card coverage does not include:

- That are used for or related to non-covered services or conditions, such as, but not limited to, weight control, obesity, erectile dysfunction, cosmetic purposes (such as Tretinoin or Retin-A), hair growth, smoking cessation (unless part of an approved wellness program) and hair removal.
- That are used for infertility.
- More than the number of days supply allowed as shown in your Schedule of Benefits.
- Refills in excess of the number specified on your Physician's prescription order.
- More than the recommended daily dosage defined by BlueCross.
- When administered or dispensed in a Physician's office, Skilled Nursing Facility, Hospital or any other place that isn't licensed to dispense drugs.
- When there's an Over-the-counter Drug equivalent including any over-the-counter supplies, devices or supplements.
- When not consistent with the diagnosis and treatment of an illness, injury or condition or that's excessive in terms of the scope, duration or intensity of drug therapy that's needed to provide safe, adequate and appropriate care.
- When you don't receive any required Preauthorization.
- That requires step therapy when a Step Therapy Program isn't followed.
- That are not on the BlueEssentials Covered Drug List.

**For non-covered prescription drugs, members will still receive discounted pricing.*



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DENTAL BENEFITS — High Option Plan

With our high option dental plan, the allowable reimbursement amount usually covers the cost charged by providers for most procedures.

What's Covered:

Preventive Care	checkups · cleanings flouride treatments ¹ · space maintainers ¹ emergency treatment for pain · X-rays	100% of allowed charges ²
Restorative Care	simple and surgical teeth removal oral surgery · anesthesia · fillings treatments involving the bones, tissues and gums surrounding and supporting a tooth	80% of allowed charges ² <i>After \$50 combined restorative care and major restorative care deductible</i>
Major Restorative Care	crowns · bridges · (removable) dentures inlays · denture and bridge repairs	50% of allowed charges ² <i>After \$50 combined restorative care and major restorative care deductible</i>
Optional Orthodontic Care	available for employees under age 19 and dependents under age 19	50% of allowed charges ²
Maximum Benefits	Preventive Care, Restorative Care and Major Restorative Care	\$2,000 per person each year
	Optional Orthodontic Care (for repositioning of the teeth) is available to companies with 13 or more enrolled employees	\$1,000 maximum lifetime benefit for employees under age 19 and dependents under age 19

What's Not Covered: Orthodontic coverage (unless it is purchased by the group), cosmetic procedures, any procedure started before the effective date of coverage, replacement of teeth that were missing before the effective date of coverage and implants.

There is a six-month waiting period for Major Restorative Care benefits. We'll waive any part of the six-month waiting period that employees have already met under a previous dental plan if it has been in effect for at least six months.

¹ Available for employees under age 19 and dependents under age 19.

² Allowed charges are the prevailing fees that dentists in South Carolina charge for certain services.



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VALUE+ADDED *Advantage*

BlueCross BlueShield of South Carolina members can take advantage of these great programs and special services. For more information, contact your agent.

<p>BlueCard® Program and BlueCard Worldwide®</p>	<p>Travel with confidence! Take your BlueCross coverage with you — across the country and around the world. With the national BlueCard Program and BlueCard Worldwide, members can find a participating doctor or hospital almost anywhere they go simply by calling 1-800-810-BLUE (2583), or by visiting WWW.BCBS.COM/BLUECARDWORLDWIDE.</p>
<p>Natural Blue</p>	<p>Take your health to another level with our holistic health choice program, Natural Blue! Enjoy discounts on acupuncture, chiropractic care, day spas, fitness clubs and massage therapy from a large network of approved complementary health care professionals. Brochures and CD-ROMs are also available for your employees' use.</p>
<p>Additional Discount Programs</p>	<p>Receive discounts on hearing aids, LASIK, vision services, Jenny Craig weight loss programs, cosmetic treatments, hair restoration, cosmetic dentistry, vitamins, allergy relief products and more. Just visit participating discount program providers, show your BlueCross ID card and start saving!</p>
<p>WalkingWorks</p>	<p><i>WalkingWorks</i> is a structured fitness program employers can offer that features walking as the activity of choice. Groups receive a free planning guide with step-by-step instructions for launching a <i>WalkingWorks</i> program. Get started today by requesting your <i>WalkingWorks</i> guide and toolkit at WWW.SOUTHCAROLINABLUES.COM under the <i>Member Discounts</i> category.</p>
<p>ONLINE RESOURCES AT WWW.SOUTHCAROLINABLUES.COM:</p>	
<p>My Health Toolkit®</p>	<p>Make the most of your BlueCross coverage online. View claims status and Explanation of Benefits (EOB), check eligibility, look at benefits and coverage information, verify authorization status for inpatient and outpatient visits, check deductible and out-of-pocket status, send an email question via the Ask Customer Service link, request a new ID card and check your dental benefits...all in a real-time, secure environment! You can even look up doctors, hospitals and other health care professionals in our online directory.</p>
<p>My Pharmacy Manager</p>	<p>Have a question about your prescription drug coverage? We've got the answer! Just visit My Pharmacy Manager, an online drug information tool that lets you compare costs and view your personal prescription drug history. It also features up-to-date information about drug benefits, a list of preferred drugs, an online directory of participating pharmacies, helpful drug facts and access to a mail-order pharmacy for refills.</p>
<p>Group Policy Admin</p>	<p>Group Policy Admin (GPA) offers groups, agents and members the ease of enrolling in your group policy on the Web! With our Group Policy Admin feature, employers and agents have the added advantage of enrolling in coverage in a secure environment. The quick and easy navigation allows managing your group account online simple. Get started today through WWW.SOUTHCAROLINABLUES.COM under the My Business Manager tool.</p>



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