Exciting, New Changes in 2019!
GROUP INSURANCE PLANS FROM BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA (2-50 LIVES)

MORE FLEXIBLE PLAN DESIGNS
SERVICE ENHANCEMENTS
All with continued access to the largest provider network in South Carolina!
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Choose Blue® for Your Employees’ Health Insurance Needs

When it comes to serving the businesses of South Carolina, the best choice for product selection, value and service is BlueCross. Here’s why:

COMPETITIVE BENEFIT DESIGNS AT AFFORDABLE PRICES
- Largest provider network in South Carolina
- Low drug copayments and expansive covered drug list
- Low copayments for urgent care at Doctors Care clinics
- $500 extra for preventive services

BUSINESS-MINDED PLANS
- 43 plan options at prices to fit your business needs
- Comprehensive dental program with a strong network of dentists

VALUE-ADDED SERVICES
- Year-round discounts on popular health and fitness products
- Discounts on hearing, vision and cosmetic services

EXCEPTIONAL SERVICE FOR MEMBERS
- We live and work where you do – furthering our commitment to you and your employees
- Award-winning customer service center

TIME-SAVING SERVICES
- Quick turnaround on quotes and enrollments
- Online access to group renewals. No need to wait for the mail.

LEGACY AND MARKET TENURE
- BlueCross BlueShield — a name South Carolinians have trusted for 70 years and counting
DEFINING GOLD, SILVER AND BRONZE PLANS

Our plans are referred to as “metallic plans” (Gold, Silver and Bronze) to illustrate the value of benefits in each plan. Keep these categories in mind as you shop for a plan. Each plan must cover the same set of minimum essential health benefits. While the range of benefits is the same among the plans, the value of the benefits will vary. This means the amounts members pay — such as copays, coinsurance or deductibles — are different. These metal levels can help you compare plans, monthly premiums and costs for services, such as doctor or hospital visits.

ESSENTIAL HEALTH BENEFITS

All of our Business BlueEssentials (BBE) health plans include these essential health benefits:

- Ambulatory patient services: services that can be completed during a single day and don’t require a patient to be admitted to the hospital
- Emergency services: care that is given in a hospital emergency room
- Hospitalization: hospital stays
- Maternity and newborn care: care for pregnant women and newborn babies
- Mental health and substance dependency services
- Prescription drugs: medications your doctor prescribes
- Rehabilitative and habilitative services and devices: services that help you recover lost abilities or services that help you gain functions so you can participate in daily life
- Routine wellness and preventive services and chronic disease management services
SUSTAINED HEALTH BENEFIT

Each of our Business BlueEssentials plans covers many important preventive benefits the Affordable Care Act (ACA) recommends. (Note: Some plans may have different levels of preventive benefits.) The ACA doesn’t cover some common procedures, however, including:

- Electrocardiograms (EKGs)
- Chest X-rays
- Blood work (except lipid screenings)
- Urinalysis

A Sustained Health Benefit is included with all of our plans. It provides $500 toward allowable expenses for preventive services the member’s plan may not cover. And the program offers BlueCross’ one-of-a-kind discounted pricing on these services.

VIDEO VISITS WITH A DOCTOR

With Blue CareOnDemand, members facing a minor medical issue can spend less time in the waiting room and more time on the job! Blue CareOnDemand offers access to a choice of board-certified physicians through the convenience of video consults on a smartphone, tablet or computer. Blue CareOnDemand is available around the clock – seven days a week, 365 days a year. It also is available when members are traveling to all 50 states.

Benefits for Blue CareOnDemand offer a lower copayment, in most cases, than for a primary care physician (PCP) visit. Blue CareOnDemand doctors can treat many of the most common medical conditions, including:

- Cold and flu symptoms
- Bronchitis
- Respiratory infections
- Allergies
- Urinary tract infections
- Sinus problems

Blue CareOnDemand physicians also can write prescriptions, according to state regulatory guidelines.

Learn more at www.BlueCareOnDemandSC.com or download the free app from the Apple or Google Play stores.
Think Networks

PROVIDER NETWORK

Our Business BlueEssentials plans come with access to our Preferred Blue® Network. The Preferred Blue Network is the largest provider network in South Carolina.

The Preferred Blue Network is a group of physicians, hospitals and other health care providers that agree to provide health care services to our members at a discounted rate, sometimes referred to as the allowed amount.

IN NETWORK

To make the most of plan benefits, members should always choose providers who are in network. This option minimizes out-of-pocket costs and ensures that members are treated by a provider who is approved by BlueCross.

OUT OF NETWORK

Refers to health care providers we have not contracted with and who do not participate in the network. These providers may charge amounts above the in-network allowed amount. BlueCross will be responsible for only 50 percent of the allowed amount for covered services (the covered charge cannot exceed the allowed amount in-network providers charge). Members are responsible for the remaining 50 percent, plus any amount in excess of the charges for covered services. Out-of-network expenses do not go toward satisfying the deductible or maximum out of pocket.

SEARCH OUR NETWORK PROVIDERS

SAVE MONEY ON URGENT CARE

Sometimes illnesses or minor injuries happen after business hours or on weekends and require urgent care. We make urgent care visits easy, convenient and cost effective for our members! Members can visit any Doctors Care clinic in South Carolina. The out-of-pocket cost for members is the same cost as a primary care physician visit. To find one of our more than 50 locations statewide, visit www.doctorscare.com/locate. When visiting other urgent care facilities, you will be billed the specialist rate or higher.

BENEFITS WITHOUT BORDERS

Members can rest easy knowing their BlueCross coverage travels beyond South Carolina’s borders. The BlueCard® and Blue Cross Blue Shield Global Care® programs give members access to a network of participating doctors and hospitals across the country and around the world.

INTERNATIONAL GROUP AND INDIVIDUAL HEALTH INSURANCE

GeoBlue is a provider of health insurance for short-term and frequent international travelers. Whether it’s leisure or business, GeoBlue helps travelers, expatriates and their families identify access to and pay for quality health care anywhere around the globe.

Whether a person is taking a two-week trip in the Bahamas, a three-year work assignment in Beijing, or a month-long training in Germany, GeoBlue has a plan that fits!

For more information, contact your BlueCross agent today!
Think Services

PREVENTIVE SERVICES
Some preventive services for children, women and men are covered at 100 percent. These include prostate screenings and some lab work, according to guidelines of the American Cancer Society.

For a complete list of covered preventive services, visit www.uspreventiveservicestaskforce.org. (This link leads to a third-party website. That company is solely responsible for the contents and privacy policies on its site.)

The American Cancer Society is an independent organization that provides health information on behalf of BlueCross BlueShield of South Carolina.

PHARMACY SERVICES

RETAIL
With Business BlueEssentials plans, members not only receive the highest level of benefits for prescription drugs, but also have access to our expansive formulary and broad pharmacy network. You can find a list of pharmacies on our website at www.SouthCarolinaBlues.com.

Up to a 31-day supply. With our Retail 90 program, members can purchase a 90-day supply of some maintenance prescription medications in participating network retail pharmacies at a mail-order copay amount.

MAIL ORDER
Members also can get up to a 90-day supply of their medications at discounted rates with our mail-order program.

SPECIALTY DRUGS
Drugs designated as specialty medications must be bought at Caremark Specialty Pharmacy for up to a 31-day supply and are not available through mail order. Caremark Specialty Pharmacy is an independent company that provides pharmacy services on behalf of BlueCross.

FIND THE BUSINESS BLUE ESSENTIALS PHARMACY NETWORK AND COVERED DRUG LIST

TIERS

Tier 0 Drugs: Considered preventive medications under the ACA and covered at no cost to the member.

Tier 1 Drugs: Usually generic and will generally cost you the least amount of money out of your pocket.

Tier 2 Drugs: Most often brand drugs, sometimes referred to as “preferred” drugs, because they usually cost you less than other brand drugs.

Tier 3 Drugs: Most often brand drugs, sometimes referred to as “non-preferred” drugs, because they usually cost you more than other brand drugs. They may have generic equivalents.

Tier 4 Drugs: Drugs that treat complex conditions and are typically very expensive. You will usually pay more for drugs in this tier.

Note: There may be an effective medication available at a lower tier. Speak with your pharmacist or doctor.
On-Site Wellness Screenings

Want to keep your employees healthy and on the job? We work with Doctors Care to provide your employees and their dependents easy access to a wellness clinic. You can offer the wellness clinic, including biometric screenings, either on-site or at a local Doctors Care office.

BIOMETRIC WELLNESS SCREENINGS

BASIC PLAN
Free to all covered members, these biometrics are measured during the clinic:

- Complete Blood Count (CBC) — Measures several components to evaluate overall health and detect a wide range of disorders.
- Comprehensive Metabolic Panel (CMP) — Measures kidney and liver function, glucose and protein levels in the blood and the body’s electrolyte and fluid balance.
- Thyroid-Stimulating Hormone (TSH) — Checks for problems with the thyroid gland.
- Lipid Panel — Measures cholesterol, triglycerides, high-density lipoprotein (HDL) and low-density lipoprotein (LDL).
- Blood Pressure.
- Height and Weight.
- Body Mass Index (BMI).

There are more than 130 additional screenings available a la carte at a discounted rate for BlueCross BlueShield of South Carolina members. The member can select these screenings at the point of service.

SCREENING RESULTS

Screenings will take less than 30 minutes per participant, resulting in minimum time away from the job. A nurse is able to discuss most of the biometric results during the screening (final results from blood draws will be mailed directly to the member). Employers will receive an aggregate screening report after the event. All programs are confidential and comply with federal privacy laws.

REGISTRATION IS SIMPLE!

Contact your BlueCross agent for assistance in completing the work order for on-site services. We offer promotional materials to help you inform your employees about the screening and explain how they sign up.

Doctors Care requires at least four weeks of lead time, and cancellation fees may apply if canceled within 10 days of the event.
On-Site Flu Clinics

We work with local Doctors Care offices to provide your employees and their dependents easy access to flu vaccinations. You can offer flu clinics either on-site or at a local Doctors Care office.

ON-SITE FLU CLINIC FEE

On-site fee of $295 and file to health insurance plan*. The $295 fee will be waived if paired with a biometric screening and if there are at least 30 participants. There is no setup fee if the flu clinic is offered at a Doctors Care facility. Doctors Care requires at least four weeks of lead time, and cancellation fees may apply if canceled within 10 days of the event.

SIMPLE SIGNUP!

Contact your BlueCross agent for assistance completing the work order for on-site services. We offer promotional materials to help you promote the clinic to your employees.

For more information, contact your BlueCross agent.

* Flu shots are available at no cost to BlueCross members and their covered dependents. Non-members may be required to pay, depending on their health plan coverage.
Think Smart

**BLUES ENROLL℠ AND BLUE E-BILL℠**

We offer two great online tools to manage your company’s benefits. This means you will have more time to focus on YOUR business.

With BluesEnroll, it’s never been easier to add or delete employees and/or dependents, order new ID cards, pay your bill and much more.

Blue e-Bill is another online service that gives you the ability to access and manage your account 24 hours a day, seven days a week.

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**MY HEALTH TOOLKIT**

We understand the importance of making the right health care decisions. My Health Toolkit helps you make smart decisions and manage your health plan.

My Health Toolkit is the online BlueCross information and customer service center. With My Health Toolkit, members have health care information at their fingertips. Whether you need to locate an in-network doctor or want to research the cost of a specific surgery, My Health Toolkit has resources that can assist you.

My Health Toolkit offers ways to make informed health care decisions:

- **Claims Summary** — View claims status and Explanations of Benefits (EOBs).
- **Eligibility and Benefits** — Read about your benefits and coverage information and check your eligibility.
- **Ask Customer Service** — Send a secure message directly to the customer service area for fast answers to your questions.
- **Authorization Status** — Verify your authorization status for inpatient and outpatient visits.
- **Deductible and Out-of-Pocket Statuses** — See how close you are to meeting your deductible and maximum out of pocket.
- **Request a New ID Card**.
- **Get a Digital Copy of Your ID Card**
- **Compare Hospital Quality** — Choose the hospital that’s right for you by comparing up to 10 facilities on the number of patients treated, complication rates, average lengths of stay for certain conditions and procedures and more.
- **Plan Comparison Tool** — Compare which benefit plan is right for you and your family.
- **Compare Drug Costs** — Look up cost and consumer information about prescription drugs.
- **Find a Doctor** — Find network doctors or hospitals across the country and around the world.
- **Manage Contact Preferences**

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**TO SET UP A MY HEALTH TOOLKIT ACCOUNT:**

2. On the home page, find the Member Login: My Health Toolkit box and click Register.
3. Create your profile by entering your member information found on your insurance card. Follow the remaining steps to complete your profile.
My Health Toolkit also provides resources to help you improve your wellness.

- **Personal Health Record** — A confidential online tool providing a summary of all your health information, including doctors’ visits, prescriptions, lab results and much more. You also can keep track of upcoming medical appointments and print a copy of your medical history. Additional features are available, based on your benefit plan.

- **Personal Health Assessment** — An online survey that helps identify risk factors and offers ways to improve your health based on your answers.

- **Health Library** — This feature offers medical information, health calculators, self-care channels and nutrition guides to help improve and protect your health.

**PAPERLESS EOBS**

My Health Toolkit equips members with information they need to manage their health care costs. With My Health Toolkit, members have online access to their explanations of benefits (EOBs) any time, day or night.

Members are automatically enrolled in paperless EOBS if an email address is provided. Members can opt out of paperless EOBS at any time through My Health Toolkit.

**DOWNLOAD THE MY HEALTH TOOLKIT MOBILE APP**

Available on the iPhone App Store  Android App on Google Play
Streamline Group Enrollments with eExchange

Service is our priority. That’s why we work with eExchange to ensure your groups have all the resources available to make health insurance enrollments as smooth as possible.

WHO SHOULD USE eEXCHANGE?

The service is ideal for groups whose enrollment information may reside with an external vendor(s) and is in multiple formats.

HOW DOES eEXCHANGE WORK?

eExchange consolidates enrollment data and seamlessly transmits to BlueCross’ membership systems.

Benefits of using eExchange include:

- Faster processing time on enrollments
- Elimination of paper applications
- Ability to extract employee and dependent data from a Human Resources or payroll system

Implementation of eExchange can take up to three to four weeks, depending on the group’s setup.
Think Value

DISCOUNT AND VALUE-ADDED PROGRAMS

Sometimes all you need to feel great is a little sprucing up. And saving money in the process makes it even more rewarding. That’s why our members enjoy our discounts and value-added programs at no additional cost. With no claims to file and no annual limits, members pay the discounted rate directly to participating providers.

FITNESS AND WELLNESS

*Fitness Center Memberships*
Getting in shape is now more affordable than ever! We make it easy for our members to save on memberships to local fitness facilities and other exercise centers.

*Children’s Fitness*
With My Gym Children’s Fitness Center, choose from a variety of structured, age-appropriate classes that use music, dance, relays, games and more.

*Weight Management*
Enjoy discounts on weight-loss programs and services, including Jenny Craig. Plus, get one-on-one support to help you lead a healthy lifestyle.

*Allergy Relief*
You’ll breathe easier thanks to special prices on products designed to reduce exposure to indoor allergens.

*Alternative Health Care*
Where does it hurt? With Natural BlueSM, you can tap into an extensive network of credentialed acupuncturists, massage therapists, chiropractors, plus diet advisers — all offering extensive discounts. Members also can get information about vitamins and natural supplements, as well as purchase items, such as home fitness equipment, at a discount.

*Healthy Reading*
Stay health conscious and informed with access to a wide variety of articles and information online. Members also can purchase books, DVDs and CDs at discounted rates.

For more information, visit
www.SouthCarolinaBlues.com/links/discounts
COSMETIC

Hair Restoration
Suffering from hair loss? You have everything to gain. As a member, you’ll save 20 percent on a hair transplantation procedure.

HEARING AND VISION

Laser Vision Correction
Our members receive exclusive discounts on Lasik vision correction services, including exams, surgery and preoperative and postoperative care.

Eye Care
Open your eyes to special savings from Vision One — eye exams, designer frames, lenses and contacts.

Hearing Care
Hear that? With Blue, get great savings from TruHearing — a leader in digital hearing aids and ranked No. 1 in customer service. Save on hearing exams and follow-up care, too.

BLUE365®
BlueCross members have access to Blue365, a website with discounts on everyday products that can help families live healthier, happier lives. Members can enjoy discounts on personal care products, fitness, wellness and lifestyle products and healthy eating, as well as financial services. Blue365 complements a member’s health coverage by making it easier and more affordable to make healthy choices.

Visit: www.Blue365deals.com/BCBSSC for available discounts!
Most-Popular Plan Benefits

With 43 different plans available, you can find an option that works best for your employees. The following are our most popular plans.
### Most-Popular Plan Benefits

<table>
<thead>
<tr>
<th>PREFERRED PROVIDER ORGANIZATION (PPO) GOLD 1</th>
<th>PPO GOLD 2</th>
<th>HD GOLD 3</th>
</tr>
</thead>
</table>
| **Deductible** | Individual: $1,400  
Family: $2,800 | Individual: $800  
Family: $1,600 | Individual: $2,700  
Family: $5,400 |
| **Coinsurance** | 20% | 30% | 0% |
| **Out-of-Pocket Maximum** | Individual: $4,400  
Family: $8,800 | Individual: $5,000  
Family: $10,000 | Individual: $2,700  
Family: $5,400 |
| **Primary Care Physician** | $20 copay  
Meet deductible, then 0% coinsurance | $15 copay  
Meet deductible, then 0% coinsurance | |
| **Blue CareOnDemand** | $10 copay  
Meet deductible, then 0% coinsurance | $5 copay  
Meet deductible, then 0% coinsurance | |
| **Specialist** | $45 copay  
Meet deductible, then 0% coinsurance | $45 copay  
Meet deductible, then 0% coinsurance | |
| **Urgent Care Centers or Facilities** | $50 copay  
Meet deductible, then 0% coinsurance | $50 copay  
Meet deductible, then 0% coinsurance | |
| **Inpatient Hospital Services** | Meet deductible, then 20% coinsurance | Meet deductible, then 30% coinsurance | Meet deductible, then 0% coinsurance |
| **Emergency Room Services** | $300 copay per visit.  
Meet deductible, then 20% coinsurance | $300 copay per visit.  
Meet deductible, then 30% coinsurance | Meet deductible, then 0% coinsurance |
| **Ambulatory Surgery Center** | $500 copay per visit | $500 copay per visit | Meet deductible, then 0% coinsurance |

### PHARMACY BENEFITS

| Prescription Drugs | Preventive (Tier 0): $0  
Generic (Tier 1): $12  
Preferred (Tier 2): $40  
Non-Preferred (Tier 3): $100  
Specialty (Tier 4): $300 | Preventive (Tier 0): $0  
Generic (Tier 1): $8  
Preferred (Tier 2): $40  
Non-Preferred (Tier 3): $100  
Specialty (Tier 4): $300 | Preventive (Tier 0): $0  
All other tiers: meet deductible, then 0% coinsurance |
| Mail Order (up to 90-day supply) | Preventive (Tier 0): $0  
Generic (Tier 1): $17  
Preferred (Tier 2): $108  
Non-Preferred (Tier 3): $270 | Preventive (Tier 0): $0  
Generic (Tier 1): $11  
Preferred (Tier 2): $108  
Non-Preferred (Tier 3): $270 | Preventive (Tier 0): $0  
Tiers 1, 2, 3: meet deductible, then 0% coinsurance |

For all plans, copays and coinsurance are not required once the member meets the specific plan’s maximum out of pocket (MOOP).
### HRA GOLD 4
- **Individual**: $2,600
- **Family**: $5,200

### HRA GOLD 5
- **Individual**: $3,200
- **Family**: $6,400

### PPO GOLD 6
- **Individual**: $2,000
- **Family**: $4,000

#### Deductible
- **Individual**: $2,600
- **Family**: $5,200
- **Individual**: $3,200
- **Family**: $6,400

#### Coinsurance
- **25%**
- **0%**
- **30%**

#### Out-of-Pocket Maximum
- **Individual**: $5,200
- **Family**: $10,400
- **Individual**: $3,200
- **Family**: $6,400

#### Primary Care Physician
- **$35 copay**
- **$20 copay**
- **$40 copay**

#### Blue Care On Demand
- **$25 copay**
- **$10 copay**
- **$30 copay**

#### Specialist
- **$60 copay**
- **$40 copay**
- **$65 copay**

#### Urgent Care Centers or Facilities
- **$60 copay**
- **$50 copay**
- **$65 copay**

#### Inpatient Hospital Services
- Meet deductible, then **25% coinsurance**
- Meet deductible, then **0% coinsurance**
- $300 copay per visit. Meet deductible, then **30% coinsurance**

#### Emergency Room Services
- $300 copay per visit. Meet deductible, then **25% coinsurance**
- $300 copay per visit. Meet deductible, then **0% coinsurance**
- $300 copay per visit. Meet deductible, then **30% coinsurance**

#### Ambulatory Surgery Center
- $500 copay per visit
- $500 copay per visit
- $500 copay per visit

### PHARMACY BENEFITS

#### Prescription Drugs
- **Preventive (Tier 0)**: $0
- **Generic (Tier 1)**: $10
- **Preferred (Tier 2)**: $40
- **Non-Preferred (Tier 3)**: $100
- **Specialty (Tier 4)**: $300
- **Preventive (Tier 0)**: $0
- **Generic (Tier 1)**: $10
- **Preferred (Tier 2)**: $40
- **Non-Preferred (Tier 3)**: $100
- **Specialty (Tier 4)**: $300
- **Preventive (Tier 0)**: $0
- **Generic (Tier 1)**: $10
- **Preferred (Tier 2)**: $40
- **Non-Preferred (Tier 3)**: $100
- **Specialty (Tier 4)**: $300

#### Mail Order
- **Preventive (Tier 0)**: $0
- **Generic (Tier 1)**: $14
- **Preferred (Tier 2)**: $108
- **Non-Preferred (Tier 3)**: $270
- **Preventive (Tier 0)**: $0
- **Generic (Tier 1)**: $14
- **Preferred (Tier 2)**: $108
- **Non-Preferred (Tier 3)**: $270
- **Preventive (Tier 0)**: $0
- **Generic (Tier 1)**: $12
- **Preferred (Tier 2)**: $108
- **Non-Preferred (Tier 3)**: $270

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All plans have an embedded family deductible. Once a family member meets the plan’s individual deductible, the plan begins paying benefits for that member. Benefits are not payable for other family members until each member meets his or her own deductible individually, or until the members collectively satisfy the family deductible.

All featured plans have an embedded out-of-pocket maximum. If a member satisfies the individual out-of-pocket maximum, allowable charges for that member are payable at 100 percent. If one or more family members satisfy the family out-of-pocket maximum, allowable charges are payable at 100 percent for all family members.
**Most-Popular Plan Benefits**

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<tr>
<th>Deductible</th>
<th>PPO GOLD 8</th>
<th>PPO GOLD 9</th>
<th>PPO GOLD 10</th>
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<tr>
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<td>$2,500</td>
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<td>Family</td>
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<table>
<thead>
<tr>
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<th>20%</th>
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<tr>
<th>Out-of-Pocket Maximum</th>
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<th>PPO GOLD 9</th>
<th>PPO GOLD 10</th>
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<tr>
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<td>$6,500</td>
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<td>Individual</td>
<td>$300 copay per visit</td>
<td>$300 copay per visit</td>
<td>$300 copay per visit</td>
</tr>
<tr>
<td>Family</td>
<td>$300 copay per visit</td>
<td>$300 copay per visit</td>
<td>$300 copay per visit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambulatory Surgery Center</th>
<th>PPO GOLD 8</th>
<th>PPO GOLD 9</th>
<th>PPO GOLD 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$500 copay per visit</td>
<td>$500 copay per visit</td>
<td>$500 copay per visit</td>
</tr>
<tr>
<td>Family</td>
<td>$500 copay per visit</td>
<td>$500 copay per visit</td>
<td>$500 copay per visit</td>
</tr>
</tbody>
</table>

**PHARMACY BENEFITS**

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>PPO GOLD 8</th>
<th>PPO GOLD 9</th>
<th>PPO GOLD 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive (Tier 0): $0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Generic (Tier 1): $10</td>
<td>$10</td>
<td>$8</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred (Tier 2): $40</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td>Non-Preferred (Tier 3): $100</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Specialty (Tier 4): $300</td>
<td>$300</td>
<td>$300</td>
<td>$300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail Order (up to 90-day supply)</th>
<th>PPO GOLD 8</th>
<th>PPO GOLD 9</th>
<th>PPO GOLD 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive (Tier 0): $0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Generic (Tier 1): $14</td>
<td>$14</td>
<td>$12</td>
<td>$14</td>
</tr>
<tr>
<td>Preferred (Tier 2): $108</td>
<td>$108</td>
<td>$108</td>
<td>$108</td>
</tr>
<tr>
<td>Non-Preferred (Tier 3): $270</td>
<td>$270</td>
<td>$270</td>
<td>$270</td>
</tr>
</tbody>
</table>

For all plans, copays and coinsurance are not required once the member meets the specific plan’s maximum out of pocket (MOOP).
## Most-Popular Plan Benefits

<table>
<thead>
<tr>
<th></th>
<th>PPO SILVER 1</th>
<th>PPO SILVER 4</th>
<th>PPO SILVER 5</th>
</tr>
</thead>
</table>
| **Deductible**       | Individual: $3,000  
 Family: $6,000 | Individual: $1,700  
 Family: $3,400 | Individual: $2,700  
 Family: $5,400 |
| **Coinsurance**      | 30%          | 50%          | 40%          |
| **Out-of-Pocket Maximum** | Individual: $7,500  
 Family: $15,000 | Individual: $7,900  
 Family: $15,800 | Individual: $7,500  
 Family: $15,000 |
| **Primary Care Physician** | $30 copay   | $30 copay   | $40 copay   |
| **Blue CareOnDemand** | $20 copay   | $20 copay   | $30 copay   |
| **Specialist**       | $60 copay   | $60 copay   | $60 copay   |
| **Urgent Care Centers or Facilities** | $60 copay | $60 copay | $60 copay |
| **Inpatient Hospital Services** | Meet deductible, then 30% coinsurance | Meet deductible, then 50% coinsurance | Meet deductible, then 40% coinsurance |
| **Emergency Room Services** | $300 copay per visit. Meet deductible, then 30% coinsurance | $300 copay per visit. Meet deductible, then 50% coinsurance | $300 copay per visit. Meet deductible, then 40% coinsurance |
| **Ambulatory Surgery Center** | $500 copay per visit | $500 copay per visit | $500 copay per visit |

### PHARMACY BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>PPO SILVER 1</th>
<th>PPO SILVER 4</th>
<th>PPO SILVER 5</th>
</tr>
</thead>
</table>
| **Prescription Drugs** | Preventive (Tier 0): $0  
 Generic (Tier 1): $20  
 Preferred (Tier 2): $50  
 Non-Preferred (Tier 3): $100  
 Specialty (Tier 4): $300 | Preventive (Tier 0): $0  
 Generic (Tier 1): $15  
 Preferred (Tier 2): $40  
 All other tiers: meet deductible, then 50% coinsurance | Preventive (Tier 0): $0  
 Generic (Tier 1): $12  
 Preferred (Tier 2): $50  
 Non-Preferred (Tier 3): $100  
 Specialty (Tier 4): $300 |
| **Mail Order**       | Preventive (Tier 0): $0  
 Generic (Tier 1): $28  
 Preferred (Tier 2): $135  
 Non-Preferred (Tier 3): $270 | Preventive (Tier 0): $0  
 Generic (Tier 1): $21  
 Preferred (Tier 2): $108  
 Non-Preferred (Tier 3): meet deductible, then 50% coinsurance | Preventive (Tier 0): $0  
 Generic (Tier 1): $17  
 Preferred (Tier 2): $135  
 Non-Preferred (Tier 3): $270 |

For all plans, copays and coinsurance are not required once the member meets the specific plan’s maximum out of pocket (MOOP).
### Most-Popular Plan Benefits

<table>
<thead>
<tr>
<th></th>
<th>PPO SILVER 6</th>
<th>HD SILVER 9</th>
<th>HRA SILVER 10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,700</td>
<td>$4,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family</td>
<td>$5,400</td>
<td>$8,000</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>35%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$7,350</td>
<td>$4,000</td>
<td>$6,500</td>
</tr>
<tr>
<td>Individual</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$13,000</td>
</tr>
<tr>
<td>Family</td>
<td>$8,000</td>
<td>$16,000</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care Physician</strong></td>
<td>$25 copay</td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$35 copay</td>
</tr>
<tr>
<td><strong>Blue CareOnDemand</strong></td>
<td>$15 copay</td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$25 copay</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>$50 copay</td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$60 copay</td>
</tr>
<tr>
<td><strong>Urgent Care Centers or Facilities</strong></td>
<td>$50 copay</td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$60 copay</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td>Meet deductible, then 35% coinsurance</td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$500 copay after deductible met, then 0% coinsurance</td>
</tr>
<tr>
<td><strong>Emergency Room Services</strong></td>
<td>$300 copay per visit. Meet deductible, then 35% coinsurance</td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$300 copay per visit. Meet deductible, then 0% coinsurance</td>
</tr>
<tr>
<td><strong>Ambulatory Surgery Center</strong></td>
<td>$500 copay per visit</td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$500 copay per visit</td>
</tr>
</tbody>
</table>

#### PHARMACY BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>PPO SILVER 6</th>
<th>HD SILVER 9</th>
<th>HRA SILVER 10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive (Tier 0)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Generic (Tier 1)</td>
<td>$22</td>
<td>$22</td>
<td>$22</td>
</tr>
<tr>
<td>Preferred (Tier 2)</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Non-Preferred (Tier 3)</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Specialty (Tier 4)</td>
<td>$300</td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(up to 90-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive (Tier 0)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Generic (Tier 1)</td>
<td>$31</td>
<td>$31</td>
<td>$31</td>
</tr>
<tr>
<td>Preferred (Tier 2)</td>
<td>$135</td>
<td>$135</td>
<td>$135</td>
</tr>
<tr>
<td>Non-Preferred (Tier 3)</td>
<td>$270</td>
<td>$270</td>
<td>$270</td>
</tr>
<tr>
<td><strong>All other tiers</strong></td>
<td>Preventive (Tier 0): $0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Generic (Tier 1): $22</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preferred (Tier 2): $40</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Preferred (Tier 3): $100</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty (Tier 4): $300</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For all plans, copays and coinsurance are not required once the member meets the specific plan’s maximum out of pocket (MOOP).
## Most-Popular Plan Benefits

### Deductible

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>$6,600</td>
<td>$13,200</td>
<td>$3,600</td>
<td>$7,200</td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>$3,600</td>
<td>$7,200</td>
<td>$5,600</td>
<td>$11,200</td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>$5,600</td>
<td>$13,200</td>
<td>$7,900</td>
<td>$15,800</td>
</tr>
</tbody>
</table>

### Coinsurance

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>0%</td>
<td></td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>25%</td>
<td></td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>$6,600</td>
<td>$13,200</td>
<td>$3,600</td>
<td>$7,200</td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>$7,500</td>
<td>$15,000</td>
<td>$5,600</td>
<td>$11,200</td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>$7,900</td>
<td>$15,800</td>
<td>$7,900</td>
<td>$15,800</td>
</tr>
</tbody>
</table>

### Primary Care Physician

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>$25</td>
<td></td>
<td>$35</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>$15</td>
<td></td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>$50</td>
<td></td>
<td>$60</td>
<td></td>
</tr>
</tbody>
</table>

### Blue CareOnDemand

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>$15</td>
<td></td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>$22</td>
<td></td>
<td>$40</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>$50</td>
<td></td>
<td>$60</td>
<td></td>
</tr>
</tbody>
</table>

### Specialist

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>$50</td>
<td></td>
<td>$60</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>$60</td>
<td></td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>$79</td>
<td></td>
<td>$158</td>
<td></td>
</tr>
</tbody>
</table>

### Urgent Care Centers or Facilities

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>$50</td>
<td></td>
<td>$60</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>$60</td>
<td></td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>$60</td>
<td></td>
<td>$80</td>
<td></td>
</tr>
</tbody>
</table>

### Inpatient Hospital Services

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>Meet deductible, then 0% coinsurance</td>
<td></td>
<td>Meet deductible, then 25% coinsurance</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>$300 copay per visit. Meet deductible, then 0% coinsurance</td>
<td></td>
<td>$300 copay per visit. Meet deductible, then 25% coinsurance</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>$300 copay per visit. Meet deductible, then 0% coinsurance</td>
<td></td>
<td>$300 copay per visit. Meet deductible, then 25% coinsurance</td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Room Services

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>Meet deductible, then 0% coinsurance</td>
<td></td>
<td>Meet deductible, then 25% coinsurance</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>$300 copay per visit. Meet deductible, then 0% coinsurance</td>
<td></td>
<td>$300 copay per visit. Meet deductible, then 25% coinsurance</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>$300 copay per visit. Meet deductible, then 25% coinsurance</td>
<td></td>
<td>$300 copay per visit. Meet deductible, then 50% coinsurance</td>
<td></td>
</tr>
</tbody>
</table>

### Ambulatory Surgery Center

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>$500 copay per visit</td>
<td></td>
<td>$500 copay per visit</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>$500 copay per visit</td>
<td></td>
<td>$500 copay per visit</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>$500 copay per visit</td>
<td></td>
<td>$500 copay per visit</td>
<td></td>
</tr>
</tbody>
</table>

### PHARMACY BENEFITS

#### Prescription Drugs

<table>
<thead>
<tr>
<th>Plan</th>
<th>Preventive (Tier 0): $0</th>
<th>Generic (Tier 1): $20</th>
<th>Preferred (Tier 2): $40</th>
<th>Non-Preferred (Tier 3): $100</th>
<th>Specialty (Tier 4): $300</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>Preventive (Tier 0): $0</td>
<td>Generic (Tier 1): $15</td>
<td>Preferred (Tier 2): $40</td>
<td>Non-Preferred (Tier 3): $100</td>
<td>Specialty (Tier 4): $300</td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>Preventive (Tier 0): $0</td>
<td>Generic (Tier 1): $22</td>
<td>Preferred (Tier 2): $50</td>
<td>Tiers 3, 4: Meet deductible, then 50% coinsurance</td>
<td></td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>Preventive (Tier 0): $0</td>
<td>Generic (Tier 1): $31</td>
<td>Preferred (Tier 2): $135</td>
<td>Non-Preferred (Tier 3): Meet deductible, then 50% coinsurance</td>
<td></td>
</tr>
</tbody>
</table>

#### Mail Order (up to 90-day supply)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Preventive (Tier 0): $0</th>
<th>Generic (Tier 1): $28</th>
<th>Preferred (Tier 2): $108</th>
<th>Non-Preferred (Tier 3): $270</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA SILVER 18</td>
<td>Preventive (Tier 0): $0</td>
<td>Generic (Tier 1): $21</td>
<td>Preferred (Tier 2): $108</td>
<td>Non-Preferred (Tier 3): $270</td>
</tr>
<tr>
<td>PPO SILVER 19</td>
<td>Preventive (Tier 0): $0</td>
<td>Generic (Tier 1): $21</td>
<td>Preferred (Tier 2): $108</td>
<td>Non-Preferred (Tier 3): $270</td>
</tr>
<tr>
<td>PPO SILVER 23</td>
<td>Preventive (Tier 0): $0</td>
<td>Generic (Tier 1): $31</td>
<td>Preferred (Tier 2): $135</td>
<td>Non-Preferred (Tier 3): Meet deductible, then 50% coinsurance</td>
</tr>
</tbody>
</table>

---

For all plans, copays and coinsurance are not required once the member meets the specific plan’s maximum out of pocket (MOOP).
## Most-Popular Plan Benefits

<table>
<thead>
<tr>
<th></th>
<th>HD BRONZE 5</th>
<th>HRA BRONZE 8</th>
<th>PPO BRONZE 9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>Individual: $6,750 Family: $13,500</td>
<td>Individual: $6,800 Family: $13,600</td>
<td>Individual: $6,200 Family: $12,400</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>0%</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Primary Care Physician</strong></td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$35 copay</td>
<td>Meet deductible, then 50% coinsurance</td>
</tr>
<tr>
<td><strong>Blue CareOnDemand</strong></td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$25 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$60 copay</td>
<td>Meet deductible, then 50% coinsurance</td>
</tr>
<tr>
<td><strong>Urgent Care Centers or Facilities</strong></td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$60 copay</td>
<td>Meet deductible, then 50% coinsurance</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td>Meet deductible, then 0% coinsurance</td>
<td>Meet deductible then 10% coinsurance</td>
<td>$300 copay per visit. Meet deductible, then 50% coinsurance</td>
</tr>
<tr>
<td><strong>Emergency Room Services</strong></td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$300 copay per visit. Meet deductible, then 10% coinsurance</td>
<td>$300 copay per visit. Meet deductible, then 50% coinsurance</td>
</tr>
<tr>
<td><strong>Ambulatory Surgery Center</strong></td>
<td>Meet deductible, then 0% coinsurance</td>
<td>$500 copay per visit</td>
<td>$500 copay per visit</td>
</tr>
</tbody>
</table>

### PHARMACY BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>HD BRONZE 5</th>
<th>HRA BRONZE 8</th>
<th>PPO BRONZE 9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention Drugs</strong></td>
<td>Preventive (Tier 0): $0 All other tiers: Meet deductible, then 0% coinsurance</td>
<td>Preventive (Tier 0): $0 Generic (Tier 1): $30 Preferred (Tier 2): $70 Tiers 3, 4: Meet deductible, then 10% coinsurance</td>
<td>Preventive (Tier 0): $0 Generic (Tier 1): $22 Tiers 2, 3, 4: Meet deductible, then 50% coinsurance</td>
</tr>
<tr>
<td><strong>Mail Order (up to 90-day supply)</strong></td>
<td>Preventive (Tier 0): $0 Tiers 1, 2, 3: Meet deductible, then 0% coinsurance</td>
<td>Preventive (Tier 0): $0 Generic (Tier 1): $36 Preferred (Tier 2): $162 Non-Preferred (Tier 3): Meet deductible, then 10% coinsurance</td>
<td>Preventive (Tier 0): $0 Generic (Tier 1): $31 Tiers 2, 3: Meet deductible, then 50% coinsurance</td>
</tr>
</tbody>
</table>

For all plans, copays and coinsurance are not required once the member meets the specific plan’s maximum out of pocket (MOOP).
BLUE BUNDLE℠
(Available for Chamber partners with 2-50 employees)

We understand that offering access to quality health coverage and benefits is vital to the health and well-being of employees. We know benefits and employee satisfaction go hand in hand. That’s why we’ve developed Blue Bundle. Blue Bundle includes health, dental, life insurance, critical illness and vision coverage all in one package, exclusively for Chamber partners with two to 50 employees.

+ HEALTH INSURANCE
Blue Bundle includes health coverage from Business BlueEssentials plans, which offer competitive benefit designs coupled with value-added services and benefits you get from BlueCross.

+ DENTAL INSURANCE
Blue Dental plans offer coverage that gives your employees access to important care that adults and children need for good oral health — and we offer you more coverage choices. With Blue Dental℠ you have access to thousands of dentists, with plans available in Open Access or Select (PPO) variants. Blue Dental is offered in three different plan designs, and you get important benefits, such as no deductible on preventive services, and a low deductible for basic and major restorative care.

+ LIFE INSURANCE
Group Term Life and Accidental Death & Dismemberment (AD&D) offered by Companion Life continues to be one of the most important and best values of all employee benefits. Because Companion Life is a separate company from BlueCross, Companion Life will be responsible for all services related to this life insurance. The policy is guaranteed issue and has policy amounts ranging from $10,000 to $50,000. The policy also includes an accelerated benefit to offer additional assurance in the event of a terminal illness.

+ CRITICAL ILLNESS
A critical illness has a dramatic and immediate impact on employees and their families. The costs associated with such illnesses create hardships for many families. Companion Life’s Group Critical Illness plan pays a tax-free, lump-sum cash benefit to insured employees upon the first occurrence, and even recurrence, of a covered critical illness. These benefit dollars can be used to help replace lost income, travel, child care, medical deductibles and other non-covered expenses.

+ VISION COVERAGE
Vision coverage includes convenient access to one of the largest national networks of retail providers, as well as private-practice optometrists and ophthalmologists. Each plan includes an allowance for an annual eye exam, eyewear and contact lens fitting.
Blue Dental
(Available to groups with 5-50 employees*)

Dental coverage gives your employees access to important care that adults and children need for good oral health — and we offer you more coverage choices. Through Blue Dental, we offer several flexible plan designs with rich benefits and access to thousands of dentists. When added to our health coverage plans, Blue Dental provides an integrated approach to whole health care.

CONVENIENCE OF ONE CARRIER, TWO PRODUCTS

Combining dental benefits with BlueCross health coverage is simple, with just one enrollment form needed for both health and dental coverage, along with one monthly bill. We also make it easy for members, who can use their health ID card to access dental services. Your employees also can get information on their dental benefits and claims securely and online at the same place they access their health info: through their personal account on My Health Toolkit.

ACCESS TO THOUSANDS OF DENTISTS

With our network, your employees can select an in-network dentist who will provide them with exceptional care at a reasonable cost. Blue Dental plans are available in Open Access or Select (PPO) variants:

Open Access: Members can choose any licensed dentist, in network or out of network.

Select: Members can choose any licensed dentist, but coinsurance for services from in-network dentists is lower than coinsurance for services from out-of-network dentists, so Select members will pay less for in-network care. Staying in network is easy to do, since our in-state dental network has grown to more than 2,200 access points. Members also can use the national Dental Grid Plus, with more than 260,000 dentists.

RICH PLAN BENEFITS

With Blue Dental, you get these important benefits:

• No deductible on preventive services (i.e., exams, cleanings, X-rays)
• Low deductible for basic and major restorative care
• Coverage for basic restorative services, such as X-rays, fillings and periodontal maintenance and scaling
• Coverage for major restorative services such as surgeries, root canals, crowns, dentures and bridges

ORTHODONTIC CARE**

Our flexible plan designs offer optional orthodontic coverage. Employees and dependents under age 19 are eligible for coverage.

*Blue Dental is available with five or more contracts, and participating employees must work a minimum of 30 hours per week to be eligible for coverage. The number of enrolled employees impacts the required employee contribution, as well as plan and rate options.

**The Orthodontic Care option is available to Preferred groups with 10 or more contracts and groups where at least 50 percent of employees are eligible for coverage and the employer pays at least 50 percent of the single premium. This option is not available with Standard coverage plans. There is a 12-month waiting period for orthodontic benefits. Creditable coverage applies.
Think Options

At BlueCross, we understand you need options to create the best coverage choices for your employees. That’s why we offer several additional, cost-saving options beyond traditional health coverage.

HEALTH REIMBURSEMENT ARRANGEMENTS (HRAs)

An HRA from BlueCross is a smart solution to maximize cost savings while offering your employees quality benefits that are flexible and affordable. By selecting your reimbursement model and plan structure, you design and control a benefit plan that best meets your needs, then fund HRA accounts through monthly contributions. Employees apply those funds toward medical expenses you deem qualified.

In combination with a Business BlueEssentials high-deductible health plan (HDHP), HRAs can save both employers and employees a considerable amount on health care costs. There are numerous benefits to the employer, such as:

Cost And Time Savings
■ Save money over traditional health plans.
■ Save time through automated setup and processing for integrated HRA and health plan administration.

Variety of Choices
■ Ability to define contribution amounts, choose from several plan options and outline which expenses are eligible for the HRA.
■ Option to offer HRA debit card for convenience, if you select the first-dollar (traditional) reimbursement model.

Program Education
■ Detailed member brochure that explains how HRA spending and reimbursements work.
■ Access to online tools to improve decision-making and a member’s overall health and wellness.

Plan Flexibility
■ Option to allow unused funds to roll over into the new plan year and, if so, how much can be carried forward.
■ Option to keep any unused funds if the employee leaves the company.

PLAN DESIGNS

Option 1: First-Dollar Reimbursement (Traditional HRA)

HRA funds are used first. After the HRA portion of the deductible is met, the member pays the remaining portion, if applicable. Then, health plan coverage begins.

Option 2: Second-Dollar Reimbursement (Deductible HRA)

The member pays first expenses. After the member portion of the deductible is met, HRA funds can combine with health plan coverage to pay qualifying expenses.

Option 3: Percentage Reimbursement (Cost-Share HRA)

HRA funds reimburse a percentage of expenses up to a defined amount. The member pays the remaining percentage. After the deductible is met, health plan coverage begins.
EXCLUDED SERVICES

We Will Not Pay Benefits For:

- Any services or benefits not specifically covered under the terms of this contract, that were received before this contract went into effect or after it terminates, or claims submitted after the time limit for filing claims has been exceeded.

- Services or charges for which the member is entitled to payment or benefits from other sources (e.g., workers’ compensation), for which the provider does not charge, or for which the member is not legally obligated to pay, including treatment provided in a government hospital or benefits provided under Medicare or other government programs (except Medicaid).

- Cosmetic surgery, or surgery or treatment for the purpose of weight reduction, including any complications from or reversal of these procedures, or reconstructive procedures made necessary by weight loss.

- Refractive care, such as radial keratotomy, laser eye surgery or LASIK.

- Services for the detection and correction of structural imbalance, distortion or subluxation (spinal subluxation) to remove nerve interference except when the optional Endorsement is purchased.

- Treatment, services or supplies received because of suicide, attempted suicide or intentionally self-inflicted injuries, unless it results from a medical (physical or mental) condition, even if the condition is not diagnosed before the injury.

- Treatment resulting from war or acts of war (whether declared or undeclared), while participating in a riot or uprising, or while in the military service or its auxiliary units.

- An illness you get or injury you receive while committing or attempting to commit a crime, felony or misdemeanor or while engaging or attempting to engage in an illegal act or occupation.

- We will not provide benefits for the following prescription drugs 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 and hair removal.

Other Services This Policy Does Not Cover

- Hospital or skilled nursing facility charges when preauthorization is not received. Please see preauthorization in your Certificate of Coverage.

- Services and supplies not medically necessary, investigational/experimental in nature, not needed for the diagnosis or treatment of an illness or injury, or not specifically listed in Covered Services.

- Any service or supply provided by a member of the patient’s family or by the patient, including the dispensing of drugs. This means the spouse, parent, grandparent, brother, sister, child or spouse’s parent.

- Charges for a missed appointment or for filling out claim forms.

- Services or supplies related to chewing or bite problems, pain in the face, ears, jaws or neck resulting from problems of the jaw joint(s), also known as temporomandibular joint disorders (TMJ).

This is a partial list of some of our exclusions. For a full list of excluded services and supplies, or for all limitations, please refer to your Certificate of Coverage.
FEARLESS IS FINDING A BETTER WAY

Fearless is stepping outside your comfort zone and breaking new ground. Everyone has a Live Fearless story. Tell us yours at LiveFearlessSC.com.

Fearless is within us all.