

2011-2012 Spartanburg County BLUECHOICE HEALTHPLAN

	<i>What You Pay In Network</i>	<i>What You Pay Out of Network</i>
Deductible:		
Individual	\$1,500	\$3,000
Family	\$4,500	per individual
Coinsurance	80% plan coverage; You pay 20%	60% plan coverage; You pay 40%
Coinsurance Maximum:		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Physician Services:		
<i>Employee Health Clinic</i>	<i>FREE</i>	<i>FREE</i>
Primary Care Physicians	\$35 Copay	Deductible + 40%
Specialists	\$50 Copay	Deductible + 40%
Urgent Care	\$35 Copay	Deductible + 40%
Routine Mammograms	100%	Deductible + 40%
Routine Colonoscopies	100%	Deductible + 40%
Routine GYN Exam	\$35 Copay	Deductible + 40%
Mandated Preventive Care	100%	Not Covered
Maternity Care	Deductible + 20%	Deductible + 40%
Chiropractic Care (\$1,000 max annually)	\$50 Copay	Not Covered
Hospital (inpatient, outpatient, ambulatory and Emergency Room care)	Deductible + 20%	Deductible + 40%
Hospital Benefits:		
Inpatient Hospital Copay	\$500 copay	Deductible + 40%
Inpatient Hospital Services	Copay + 20%	Deductible + 40%
Outpatient Hospital Copay	Deductible + 20%	Deductible + 40%
Outpatient Hospital Services	Deductible + 20%	Deductible + 40%
Emergency Services:		
Emergency Services Copay	\$200 copay	\$200 copay
Emergency Services Charges	Copay + 20%	Copay + 20%
Retail Drugs (31-day supply)		
Value Generic Copay	\$8	Not Covered
Generic Copay	\$15	Not Covered
Preferred Brand Name Copay	\$35	Not Covered
Non-Preferred Brand Name Copay	\$55	Not Covered
<i>You will have to pay more if you choose a brand-name drug instead of a generic.</i>		
Specialty Pharmaceuticals	\$125	Not Covered
Mail Order Drugs (90-day supply)		
Value Generic Copay	\$20.00	Not Covered
Generic Copay	\$37.50	Not Covered
Preferred Brand Name Copay	\$87.50	Not Covered
Non-Preferred Brand Name Copay	\$137.50	Not Covered
Vision:		
Exam for corrective lenses	One per year at no cost	Not Covered
Exam for contact lenses	\$45 copay once per year	Not Covered
Eyewear	Once every two years	Not Covered

This is intended to only be a brief overview of your benefits.

Please review the contract for specific information.