

Home Builders Association of SC 2020 Medical Benefits Network Benefits

	Deductible Single/Family	Plan Coins	Plan Copays				RX Copays Retail 31 Day Supply / Mail-Order 90 Day Supply				Standard Out-of-Pocket	Maximum Out-of-Pocket
			PCP	Specialist	Urgent Care	ER	Generic	Preferred	Non- Preferred	Specialty Drugs	Deductible & Coinsurance	Deductible, Coinsurance & Copays
Plan 1	\$500/\$1,000	80%	\$20	\$35	\$50	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,000/\$8,000	\$7,350/\$14,700
Plan 2	\$1,000/\$2,000	80%	\$25	\$40	\$50	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,500/\$9,000	\$7,350/\$14,700
Plan 3	\$1,500/\$3,000	80%	\$20	\$40	\$50	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,000/\$8,000	\$7,350/\$14,700
Plan 4	\$2,000/\$4,000	80%	\$25	\$40	\$50	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,500/\$9,000	\$7,350/\$14,700
Plan 5	\$1,500/\$3,000	70%	\$30	\$60	\$60	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 6	\$2,500/\$5,000	75%	\$25	\$50	\$50	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$5,000/\$10,000	\$7,350/\$14,700
Plan 7	\$2,500/\$5,000	70%	\$30	\$60	\$60	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 8	\$3,000/\$6,000	75%	\$30	\$60	\$60	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 9	\$2,000/\$4,000	50%	\$30	\$50	\$50	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 10	\$3,500/\$7,000	75%	\$30	\$60	\$60	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 11	\$6,000/\$12,000	75%	\$30	\$60	\$60	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125		\$7,350/\$14,700
Plan 12	\$2,800/\$5,600	100%										\$2,800/\$5,600
Plan 13	\$3,000/\$6,000	100%										\$3,000/\$6,000
Plan 14	\$4,000/\$8,000	100%										\$4,000/\$8,000
Plan 15	\$5,000/\$10,000	100%										\$5,000/\$10,000
Plan 16	\$6,350/\$12,700	100%										\$6,350/\$12,700
HIA Plan 1	\$2,000/\$4,000	80%	\$25	\$40	\$50	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,500/\$9,000	\$7,350/\$14,700
HIA Plan 2	\$3,500/\$7,000	75%	\$30	\$60	\$60	\$300	\$15/\$25	\$40/\$90	\$70/\$175	\$125		\$7,350/\$14,700
PCP Office Visit Copay	All inclusive - to include surgery in PCP office						Plans 12 through 16 are high deductible health plans eligible for					
Additional Preventive Benefits	\$500 max, PCP Copay						health savings accounts.					
Annual vision screening	\$150 max (Plans 1 - 11)						No family member will meet more than the single deductible					
Chiropractic Benefits	\$500 max, Specialist copay						The HIA plans offer deductible reduction for tasks completed					
Emergency Room Services	\$300 Copay + Deductible + Coinsurance						HIA 1 reduces the network deductible by up to \$500					
Inpatient Benefits	Deductible + Coinsurance						HIA 2 reduces the network deductible by up to \$750					