



South Carolina

BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association



## South Carolina State Firefighters' Association

Association Health Plan Proposal For:

### Plan Grid

Effective Date: August 1, 2024

Network Benefits		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Deductible (Single / Family)		\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$2,500 / \$5,000
Coinsurance		80%	80%	80%	80%	70%	75%
PCP Office Visit		\$20 Copay	\$25 Copay	\$20 Copay	\$25 Copay	\$30 Copay	\$25 Copay
Specialist Office Visit		\$35 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$60 Copay	\$50 Copay
Preventive Care Not Covered by ACA		100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit
Urgent Care If Billed As Office		\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$60 Copay	\$50 Copay
Prescription Drugs Retail 31 Day Supply Mail-Order \$25/\$90/\$175		\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$15 Generic \$40 Name Brand \$70 Non-Preferred
Specialty Drugs		\$125	\$125	\$125	\$125	\$125	\$125
Emergency Room		\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies
Deductible and Coinsurance Standard Out-of-Pocket Maximum		\$4,000 Employee \$8,000 Family	\$4,500 Employee \$9,000 Family	\$4,000 Employee \$8,000 Family	\$4,500 Employee \$9,000 Family	N/A	\$5,000 Employee \$10,000 Family
Deductible, Coinsurance and Copay Maximum Out-of-Pocket		\$7,350 Employee \$14,700 Family	\$7,350 Employee \$14,700 Family	\$7,350 Employee \$14,700 Family	\$7,350 Employee \$14,700 Family	\$7,350 Employee \$14,700 Family	\$7,350 Employee \$14,700 Family
<b>Enrollment</b>		<b>Monthly Rates</b>					
Employee	0	\$0	\$0	\$0	\$0	\$0	\$0
Family	0	\$0	\$0	\$0	\$0	\$0	\$0
Employee/Spouse	0	\$0	\$0	\$0	\$0	\$0	\$0
Employee/ Child(ren)	0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Monthly Premium</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
PCP Office Visit copay services include surgery in the physicians office. Annual vision screening up to \$150 maximum							
Chiropractic services are covered subject to the specialist copay to a maximum annual benefit of \$500							
Plans 14 through 16 are high deductible health plans eligible for health savings accounts							
The HIA plans offer deductible reduction for tasks completed - HIA plan 1 reduces the network deductible by up to \$500 / HIA plan 2 reduces the network deductible by up to \$750.							
This is a summary, non-binding description of benefits. For a more complete description, please refer to the summary plan description.							

Decision Maker Signature

Plan #(s) Selected

Date



South Carolina

BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association



## South Carolina State Firefighters' Association

Association Proposal Prepared for:

### Plan Grid

Effective Date: August 1, 2024

Network Benefits		Plan 7	Plan 8	Plan 9	Plan 10	Plan 11	Plan 12
Deductible (Single / Family)		\$2,500 / \$5,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$2,800 / \$5,600
Coinsurance		70%	75%	50%	75%	50%	100%
PCP Office Visit		\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$50 Copay	Deductible & Coinsurance
Specialist Office Visit		\$60 Copay	\$60 Copay	\$50 Copay	\$60 Copay	\$100 Copay	Deductible & Coinsurance
Preventive Care Not Covered by ACA		100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit	\$500 Max Benefit
Urgent Care If Billed As Office		\$60 Copay	\$60 Copay	\$50 Copay	\$60 Copay	\$100 Copay	Deductible & Coinsurance
Prescription Drugs Retail 31 Day Supply Mail-Order \$25/\$90/\$175		\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$20 Generic \$45 Name Brand \$75 Non-Preferred	Deductible & Coinsurance
Specialty Drugs		\$125	\$125	\$125	\$125	\$250	Deductible & Coinsurance
Emergency Room		\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies	Deductible & Coinsurance
Deductible and Coinsurance Standard Out-of-Pocket Maximum		N/A	N/A	N/A	N/A	N/A	Deductible & Coinsurance
Deductible, Coinsurance and Copay Maximum Out-of-Pocket		\$7,350 Employee \$14,700 Family	\$7,350 Employee \$14,700 Family	\$7,350 Employee \$14,700 Family	\$7,350 Employee \$14,700 Family	\$8,500 Employee \$17,000 Family	\$2,800 Employee \$5,600 Family
<b>Enrollment</b>		<b>Monthly Rates</b>					
Employee	0	\$0	\$0	\$0	\$0	\$0	\$0
Family	0	\$0	\$0	\$0	\$0	\$0	\$0
Employee/Spouse	0	\$0	\$0	\$0	\$0	\$0	\$0
Employee/ Child(ren)	0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Monthly Premium</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
PCP Office Visit copay services include surgery in the physicians office. Annual vision screening up to \$150 maximum							
Chiropractic services are covered subject to the specialist copay to a maximum annual benefit of \$500							
Plans 14 through 16 are high deductible health plans eligible for health savings accounts							
The HIA plans offer deductible reduction for tasks completed - HIA plan 1 reduces the network deductible by up to \$500 / HIA plan 2 reduces the network deductible by up to \$750.							
This is a summary, non-binding description of benefits. For a more complete description, please refer to the summary plan description.							

Decision Maker Signature

Plan #(s) Selected

Date



South Carolina

BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association



## South Carolina State Firefighters' Association

Association Proposal Prepared for:

### Plan Grid

Effective Date: August 1, 2024

Network Benefits	Plan 13	Plan 14	Plan 15	Plan 16	HIA Plan 1	HIA Plan 2
Deductible (Single / Family)	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$6,350 / \$12,700	\$2,000 / \$4,000	\$3,500 / \$7,000
Coinsurance	100%	100%	50%	100%	80%	75%
PCP Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$25 Copay	\$30 Copay
Specialist Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$40 Copay	\$60 Copay
Preventive Care Not Covered by ACA	\$500 Max Benefit	\$500 Max Benefit	\$500 Max Benefit	\$500 Max Benefit	100% after PCP copay \$500 Max Benefit	100% after PCP copay \$500 Max Benefit
Urgent Care If Billed As Office	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$50 Copay	\$60 Copay
Prescription Drugs Retail 31 Day Supply Mail-Order \$25/\$90/\$175	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$15 Generic \$40 Name Brand \$70 Non-Preferred	\$15 Generic \$40 Name Brand \$70 Non-Preferred
Specialty Drugs	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$125	\$125
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$300 Copay Deductible & Coinsurance Applies	\$300 Copay Deductible & Coinsurance Applies
Deductible and Coinsurance Standard Out-of-Pocket Maximum	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$4,500 Employee \$9,000 Family	N/A
Deductible, Coinsurance and Copay Maximum Out-of-Pocket	\$3,000 Employee \$6,000 Family	\$4,000 Employee \$8,000 Family	\$7,000 Employee \$14,000 Family	\$6,350 Employee \$12,700 Family	\$7,350 Employee \$14,700 Family	\$7,350 Employee \$14,700 Family
<b>Enrollment</b>	<b>Monthly Rates</b>					
Employee	0	\$0	\$0	\$0	\$0	\$0
Family	0	\$0	\$0	\$0	\$0	\$0
Employee/Spouse	0	\$0	\$0	\$0	\$0	\$0
Employee/ Child(ren)	0	\$0	\$0	\$0	\$0	\$0
<b>Monthly Premium</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
PCP Office Visit copay services include surgery in the physicians office. Annual vision screening up to \$150 maximum						
Chiropractic services are covered subject to the specialist copay to a maximum annual benefit of \$500						
Plans 14 through 16 are high deductible health plans eligible for health savings accounts						
The HIA plans offer deductible reduction for tasks completed - HIA plan 1 reduces the network deductible by up to \$500 / HIA plan 2 reduces the network deductible by up to \$750.						
This is a summary, non-binding description of benefits. For a more complete description, please refer to the summary plan description.						

Decision Maker Signature

Plan #(s) Selected

Date