

South Carolina Fire Fighters' Association Health Plan

Network Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Deductible	\$500 (2 per Family)	\$1,000 (2 per Family)	\$1500 (2 per Family)	\$2,500 (2 per Family)	\$1,500-\$3,000/ Family	\$2,500-\$5,000/ Family
Coinsurance	80%	80%	70%	70%	100%	100%
Outpatient Diagnostic Tests	\$150 Copay then 20%	\$150 Copay then 20%	\$150 Copay then 30%	\$150 Copay then 30%	Deductible then 100%	Deductible then 100%
Generalist Office Visit	\$20 Copay	\$25 Copay	\$30 Copay	\$30 Copay	Deductible then 100%	Deductible then 100%
Specialist Office Visit	\$30 Copay	\$40 Copay	\$50 Copay	\$50 Copay	Deductible then 100%	Deductible then 100%
Vision Screening	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Preventative	100% \$500 Max benefit	100% \$500 Max benefit	100% \$500 Max benefit	100% \$500 Max benefit	100% \$500 Max benefit	100% \$500 Max benefit
Urgent Care If Billed As Office	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	Deductible then 100%	Deductible then 100%
Prescription Drugs Retail 31 Day Supply Mail-Order \$20/\$65/\$110	\$10 Generic \$30 Name Brand \$50 Non-Preferred	\$10 Generic \$30 Name Brand \$50 Non-Preferred	\$10 Generic \$30 Name Brand \$50 Non-Preferred	\$10 Generic \$30 Name Brand \$50 Non-Preferred	Deductible then 100%	Deductible then 100%
Emergency Room	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	Deductible then 100%	Deductible then 100%
Coinsurance Maximum	\$1,500 Employee \$3,000 Family	\$2,000 Employee \$4,000 Family	\$2,500 Employee \$5,000 Family	\$3,000 Employee \$6,000 Family	\$0 Employee \$0 Family	\$0 Employee \$0 Family