

Plan Design For: South Carolina Student Health Insurance Consortium
Effective Date: August 1, 2018

The following Benefit Summary is only a brief, non-legal outline of the benefits offered.

Benefits	Student Health Center	In-Network	Out-of-Network
Deductible (Embedded)	Does Not Apply	\$750 Individual / \$1,500 Family	\$1,500 Individual / \$3,000 Family
Maximum Out Of Pocket (Includes Deductible, Coinsurance & Co-pays)	Does Not Apply	\$6,350 Individual / \$12,700 Family	\$15,000 Individual / \$30,000 Family
In Office Physician's Visit (Primary Care & Specialist)	100%; \$20 Co-pay if applicable	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Physician Services in the Office	100%	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Other Physician Services (Includes Treatment Modalities, IV's, Breathing Treatments and Other Diagnostic Services)	100%	Deductible, 80%	Deductible, 70%
Wellness Benefits	100%	100%	100%
Nutritional Counseling	100%	Deductible, 80%	Deductible, 70%
Inpatient Facility Charges (includes Pre-Admission, Surgery and other expenses)	Not Available	Deductible, 80%	Deductible, 70%
Skilled Nursing Facility Charges	Not Available	Deductible, 80%	Deductible, 70%
Maternity / Routine Newborn Care	Not Available	Deductible, 80%	Deductible, 70%
Organ Transplants	Not Available	Deductible, 80%	Deductible, 70%
Outpatient Facility Charges (includes Surgery and other expenses)	Not Available	Deductible, 80%	Deductible, 70%
Emergency Room Facility Charges (Co-pay Waived if Admitted)	Not Available	\$450 Co-pay, Deductible, 80%	\$450 Co-pay, Deductible, 80%
Emergency Room Professional Charges	Not Available	Deductible, 80%	Deductible, 80%
Urgent Care	Not Available	\$75 Co-pay, Deductible, 80%	\$75 Co-pay, Deductible, 70%
Ambulance	Not Available	Deductible, 80%	In-Deductible, 80%
Diagnostic Imaging Services	100%	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
CT Scans, MRI and/or PET Scans	Not Available	\$150 Co-pay, Deductible, 80%	\$300 Co-pay, Deductible, 70%
Chemotherapy and Radiation Therapy	Not Available	80%	70%
Outpatient Lab Services	100%	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Inpatient Rehabilitation Therapy (includes Physical, Occupational and Speech Therapy and Cardiac and/or Pulmonary Rehabilitation)	Not Available	Deductible, 80%	Deductible, 70%
Outpatient Rehabilitation Therapy (includes Physical, Occupational and Speech Therapy and Cardiac and/or Pulmonary Rehabilitation)	100%; \$20 Co-pay if applicable	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Allergy Testing	Not Available	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Allergy Injections / Treatment	100%	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Home Healthcare and Hospice Care	Not Available	Deductible, 80%	Deductible, 70%
Durable Medical Equipment (includes Prosthetic, Braces and Appliances)	\$20 Co-pay, then 100%	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Dialysis Care	Not Available	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Chiropractic Services	Not Available	Deductible, 80%	Deductible, 70%

Medical Evacuation and Repatriation	100%		
Non-Emergency Care Outside the United States	70% of Usual and Reasonable Charge subject to \$1,000 maximum per policy year		
Mental Health & Substance Use Inpatient Facility Charges	Not Available	Deductible, 80%	Deductible, 70%
Mental Health & Substance Use Inpatient Professional Charges	Not Available	Deductible, 80%	Deductible, 70%
Mental Health & Substance Use Outpatient Facility Charges	Not Available	Deductible, 80%	Deductible, 70%
Mental Health & Substance Use Outpatient Professional Charges	Not Available	Deductible, 80%	Deductible, 70%
Mental Health & Substance Use Emergency Room Facility Charges	Not Available	\$450 Co-pay, Deductible, 80%	\$450 Co-pay, Deductible, 80%
Mental Health & Substance Use Emergency Room Professional Charges	Not Available	Deductible, 80%	Deductible, 80%
Mental Health Office Visits	100%; \$20 Co-pay if applicable	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Substance Use Office Visits	100%; \$20 Co-pay if applicable	\$25 Co-pay, Deductible, 80%	\$40 Co-pay, Deductible, 70%
Prescription Drugs RX Deductible - \$100 applies to INN and OON only; waived at the SHC pharmacy	\$10 Co-pay Generic/\$20 Co-pay Preferred and Non-Preferred	\$20 Generic / \$40 Preferred / \$100 Non-Preferred	\$20 Generic / \$40 Preferred / \$100 Non-Preferred
ACA Contraceptives	100%	100%	Not Available
Specialty Drugs 31 day supply	\$20 Co-pay, then 100%	\$100 Co-pay, then 100%	Not Available
Adult Dental Care Preventive Services - Oral Exam (2 / Benefit Year) - Bitewing X-Rays (1 / Benefit Year) - Biopsy of Oral Tissue - Prophy (1 every 6 months)	Not Available	100%	100%
Adult Care Basic Services (up to 4 Surface Amalgam Fillings)	Not Available	80%	80%
Adult Eye Exam & Glasses (Limited 1 routine eye exam & 1 par of prescribed Lenses / Frames or Contact Lenses per Benefit Year)	\$20 Co-pay, then 100%	\$20 Co-pay, Deductible, 100%	\$20 Co-pay, Deductible, 100%
Children's Eye Exam & Glasses (Limited 1 routine eye exam & 1 par of prescribed Lenses / Frames)	100%	100%	100%
Pediatric Dental Care Preventive Services	Not Available	100%	100%
Pediatric Dental Care - Basic, Major & Orthodontic Services	Not Available	50%	50%

IMPORTANT NUMBERS

Customer Service: 1-800-760-9290 (Medical) / 1-888-963-7290 (Prescription Drugs)

Pre-Authorization: 1-800-327-3238

Pre-Authorization for MRI, MRA, PET, CT & CAT scans: 1-866-500-7664

Pre-Authorization for Mental Health and Substance Abuse: 1-800-868-1032

SERVICES AND SUPPLIES THAT ARE NOT PAID FOR

Some services or supplies you receive may not be covered under this health coverage. Expenses for the following will not be paid:

- Any service or supply that is not medically necessary. However, if a service is determined to be not medically necessary because it was not rendered in the least costly setting, covered expenses will be paid in an amount equal to the amount payable had the service been rendered in the least costly setting.
- Custodial care. This is care meant simply to help people who cannot take care of themselves.
- Cosmetic or re-constructive procedures, unless following a mastectomy.
- Investigational or experimental services.
- Any treatment for surgery for obesity, weight reduction, weight control or complications there from, reversal or re-constructive procedures resulting from such treatment.
- Services or supplies related to dysfunctional conditions of the muscles of mastication, malposition, or deformities of the jawbone, orthognathic deformities or TMJ (Temporomandibular Joint Disorder including, but not limited to, surgical treatment, appliances and orthodontia.)
- Treatment resulting from acts of war or military service.
- Services you are not charged for in VA hospitals or other kinds of hospitals or agencies.
- Any service or supply provided by a member of the patient's family or by the patient, including the dispensing of drugs. A member of the patient's family means spouse, parent, grandparent, brother, sister, child or spouse's parent.
- Services or supplies you received before you had coverage under this group contract or after you no longer have this coverage.
- Luxury or convenience items and travel expenses, whether or not recommended by a physician.
- Services or supplies payable by Medicare, workers compensation or any other government or private program.
- Private duty services by sitters or companions; private duty services by RNs and LPNs unless these services are part of an approved home health or hospice program.
- Reversals of tubal ligations or vasectomies.
- Prescription drugs bought at a doctor's office, skilled nursing home, hospital or any other place that is not a pharmacy licensed to dispense drugs in the state where it is operated.
- Any service or treatment for complications resulting from any non-covered procedures.
- Any service or supply rendered to a member for diagnosis or treatment of infertility.
- Any service or supply rendered to a member for the diagnosis or treatment to change gender or to improve or restore sexual function.
- Services and supplies related to routine foot care.
- Food supplements, even if the supplements are ordered or prescribed by a physician.
- Prescription drugs used for weight control, obesity, cosmetic purposes, smoking cessation, hair growth or fertility.
- Any service or supply the member is not legally obligated to pay.
- Services for the removal of impacted teeth.
- Any medical social services, occupational, visual, speech, recreational, behavioral, educational or play therapy or bio-feedback, except when part of a pre-authorized home health plan or hospice care program.
- Services and supplies received for the treatment of any work related accident or illness.
- Services, supplies or treatment for varicose veins.
- Cranial Orthotics
- Hypnotism
- Pre-conception testing, pre-conception counseling or pre-conception genetic testing

SERVICES AND SUPPLIES REQUIRING PREAUTHORIZATION

For Pre-Authorization: Call 1-800-327-3238 for the following Services:

- Durable Medical Equipment over \$500, network only
- All inpatient hospital or skilled nursing facility admissions and in-patient psychiatric
- Home health care, hospice care or inpatient physical rehabilitation
- Outpatient psychiatric care, outpatient procedures for Chemotherapy or Radiation Therapy (one time notification), Hysterectomy, Septoplasty, all Cosmetic procedures, Investigational procedures performed in outpatient or office setting, all inpatient hospital or skilled nursing facility admissions.
- Services and supplies related to human organ and tissue transplants required to use Blue Distinction Centers of Excellence.
- Benefits will be reduced or declined if required pre-authorizations are not obtained.
- To receive pre-authorization for the following procedures: computed tomography (CT), computerized axial tomography (CAT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) or positron emission tomography (PET) scans. Call 1-866-500-7664
- Mental Health and Substance Abuse Services must be Pre-Authorized by CBA prior to services being rendered. Call 1-800-868-1032

NOTICE OF OUR PRIVACY POLICIES AND PRACTICES

This Notice has been prepared to inform you that we do not disclose, and we reserve no right to disclose, to our affiliates or to nonaffiliated third parties any nonpublic personal financial information about you that we collect and maintain, except as described in this notice. We will treat information about you in accordance with this Notice even after our customer relationship ends. We may disclose any information we collect about you as necessary to provide our products and services to you. We may also disclose any information about you to third parties that perform services on our behalf, with your permission, or as otherwise permitted by law.

If you are a plan sponsor or group policyholder, this Privacy Notice describes our practices for safeguarding nonpublic personal financial information about employee benefit plan participants and beneficiaries.

Information we collect and maintain: We collect information about you from the following sources:

- Information we receive from you on applications or on other forms
- Information we obtain from your transactions with us, our affiliates, or others
- Information we receive from consumer-reporting agencies

How we protect information: We restrict access to information about you to our employees who need to know the information to provide our products and services to you and as permitted by law. We maintain physical, electronic and procedural safeguards that comply with applicable legal requirements to guard your nonpublic personal financial information. We have installed usernames, passwords and other safety features on our Web applications to help ensure that the information about you that we collect and maintain remains safe and secure.

Changes to this Notice: We may amend our privacy policies and practices at any time, and we will inform you of any material changes as required by law.

**YOU DO NOT NEED TO DO ANYTHING IN RESPONSE TO THIS NOTICE.
THIS NOTICE IS MERELY TO INFORM YOU ABOUT OUR
PRIVACY POLICIES AND PRACTICES**

(06/2017)



Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800- 537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 0189-396-844-1 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険 についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

ی تشاذهب برنامہ ی نیا یرہاب در ی تلاؤس دینک ی کمک او ہب ہک یدرف ای ہامش رگا ناگیرا روط ہب را دوخ نابز ہب تا علاطا و کمک ہک دیدار را نیا قح ، ہدیشاب ہتشد ا یرہامش اب افاظک ، م جرتہ اب دنرک تبحص ی ارب . دینک تفایدر 1-844-398-6233 لصاح سامت نمایند . (Persian-Farsi)