

CHARLESTON SOUTHERN UNIVERSITY  
75/50 PREFERRED BLUE

IF YOU USE... PPC PROVIDERS	HOSPITAL INPATIENT \$0 per admission Copay then 75%	HOSPITAL OUTPATIENT \$350 deductible then 75%	PHYSICIAN	AMBULANCE \$350 ded. applies, then 75%
ALL OTHER PROVIDERS	\$100 per admission then 50%	\$350 deductible 50%	applies,	\$350 ded. applies then 50%

\$350 Benefit Year Deductible Maximum of three deductibles per family per benefit year

(Applies to all services except admission to a hospital)

\$100 copay per admission in all other hospitals

\$100 copay per Emergency Room visit

\$2500 out of pocket per year, up to three family members which is

\$7500 per year (Deductibles and copays do not apply to out of pocket expenses)

After deductible is met, benefits are paid as follows:

75% for services rendered by Preferred Providers

50% for services rendered by Non-Preferred Providers

Prescriptions are paid as follows:

- \$20 annual deductible for local pharmacy and mail in
- 40% for brand name drugs for local pharmacy and mail in
- 10% for generic drugs for local pharmacy and mail in
- Mail in prescriptions must have a 90 day order

Covered expenses include newborn nursery charges, initial pediatric exam, colon screening, prostate screening, routine paps and mammograms

COST CONTAINMENT FEATURES

- Pre-Admission Review or Emergency Admission Review required for all hospital admissions
- Length of hospital stay monitored through Continued Stay Review
- Pre-Authorization required for home health care, hospice care and durable medical equipment

COST FOR DEPENDENT CARE: \$358 PER MONTH