

# ZEUS EMPLOYEE BENEFIT PLAN SUMMARY

7/1/2016 - 6/30/2018



## Medical Plans through Blue Cross Blue Shield of South Carolina

Below is a brief summary that describes the Base options available to Zeus employees and dependents. The group prefix member ID code is PZI. This is the letter I and not a number 1.

Benefits	Base Plan	
	In-Network	Out-of-Network
<b>Copay</b>	Subject to the deductible	
• Primary care office visits	\$20; deductible does not apply	60%
• Specialist office visit	\$40; deductible does not apply	60%
• ER	\$100; deductible does not apply	\$100
• Inpatient	Coinsurance applies	\$200 copay, deductible, then 60%
• Outpatient	Coinsurance applies	60%
• Chiropractic visits	\$20; deductible does not apply	60%
• Occupational/Physical/ Speech Therapy	\$20; deductible does not apply	60%
<b>Deductible</b>		
• Individual	\$225	\$450
• Family	\$675	\$1,350
<b>Coinsurance (Plan Pays)</b>	Subject to the deductible	
• Inpatient	80%; deductible does not apply	60%
• Outpatient	80%; deductible applies	60%
<b>Out of Pocket Max</b>	Includes deductible and copays	
• Employee	\$2,725	\$5,450
• Family	\$8,175	\$16,350

\*This is only a brief summary of the provided benefits for the medical plans available. Please refer to the Blue Cross Blue Shield of South Carolina benefit summaries and Summary Plan Descriptions for a complete and detailed descriptions of benefit levels, limitations and exclusions.

Pre-Authorization is required **ONLY** for inpatient facility services, home health services, skilled nursing facilities, durable medical equipment over \$500, and hospice.

### Important Numbers

Medical Customer Service: 1-800-922-1185

Prescription Drug Customer Service: 1-888-963-7290

Pre-Authorization: 1-800-327-3238

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