February 13, 2014

RECEIVED
FEB 18 2014
SC Court of Appeals

To: South Carolina Court
of Appeals
1015 Sumter Street
Columbia, SC 29201

From: Barbara J. Hawkins Vs. Goodwill
Industries of Lower S C
WCC File No: 1023479
Date of Incident: 6/14/2010
Carrier: PA Manufacturers Association
Insurance Company - Claim No: W00557513

Dear South Carolina Court:

I am enclosing letters, Medical forms, legal forms and court documents regarding the claim that I have on file with South Carolina Workers' Compensation Commission.

I'm requesting an appeal hearing with the South Carolina Court of appeals. The areas that I have highlighted are referring to the court transcript from the attorney of Goodwill Industries of Lower South Carolina. I had called the telephone number (803-734-1890) on January, 13, 2014 and left a message on the answering machine, but I didn't get a call back.

Sincerely,
Barbara J. Hawkins

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FEB 18 2014
SC Court of Appeals

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH

Anne Veatch Noonan
Direct (843) 284-1097
Fax (843) 284-1081
avnoonan@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjcblaw.net

December 11, 2012

The Honorable T. Scott Beck
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Barbara Hawkins vs. Goodwill Industries of Lower SC
WCC File No.: 1023479 DOI: 6/14/2010
Carrier: PA Manufacturers Assn. Ins. Co. - Claim No.: W000557513
WJC&B File No.: 0135.00288

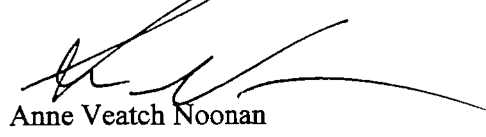
Dear Commissioner Beck:

Enclosed herein please find the defendants' Supplemental Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act. Specifically we are submitting APA (2), medical records from Franklin C. Fetter.

By copy of this letter, I am providing a copy of these forms and reports to Barbara J. Hawkins, pro se claimant.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



Anne Veatch Noonan

AVN/ems

Enclosures
cc (w/enclosures): Barbara J. Hawkins
Ms. May Oo (via e-mail)

Social Security Administration accepted her for Social Security Disability due to her left leg only. The Claimant testified "yes, that's exactly what I'm saying." (Hrg. Tr. p. 27, line 10). When asked whether she has anything from the Social Security Administration to support her claims that she is on disability for her left leg she replied "well, I mean, you can only take my word for it." (Hrg. Tr. p. 28, line 24). The Claimant later agreed she does not have any documentation showing that she is on any type of Social Security Disability.

When asked on cross examination whether the Claimant has any type of medical evidence showing that she had reported a work injury to a physician, she testified that the Defendants have her medical records. The Claimant further testified that Goodwill Industries did not send her for any medical treatment after her June 14, 2010 injury nor was she told that any workers' compensation claim or work injury would be accepted by Goodwill Industries. Claimant further testified that she was never sent to a doctor for evaluation by workers' compensation. She also stated that Goodwill Industries never made her an appointment for any type of medical evaluation. Claimant testified that she did not have any documentation or information regarding her injury as her house was condemned by the City of North Charleston in 2011 and that all the papers that she had were in the house.

In regards to questioning regarding the Claimant being reprimanded at work, the Claimant testified that she called her supervisor, Stacy Brown, and told her that she had said some things she should not have said. "I was waiting outside in the hot sun for a long time, and I mean, my leg was swollen, and I was having difficulty walking. I was waiting for the Goodwill van to pick me up. For over two hours, I was out there waiting. And what happened, one of the persons, he drove up and picked up another one of the co-workers, and he left me out there standing. I mean that's his car and he has a right to do that, but the fact would I - - what made me angry was the security guard told me that - - he said "the people in the car said the reason why they didn't pick me up was

Current Date: 07/12/2012

WCC File #: 1023479
Carrier File #: W000 557513
Carrier Code #: 447
Employer FEIN #: 57-0632511

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

Claimant's Name: Barbara J. Hawkins SSN: 248-04-6393 Employer's Name: Goodwill Industries of Lower SC
Address: 4040 Gullah Ave, Apt. 209 Address: 2150 Eagle Drive, Building 100
City: North Charleston State: SC Zip: 29405 City: North Charleston State: SC Zip: 29406
Home Phone: (843) 452-3416 Work Phone: ( ) — Insurance Carrier: Pennsylvania Manufactures Indemnity Co.
Preparer's Name: May Oo Law Firm: — Preparer's Phone #: (888) 476-2669

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** June 14, 2010

☑ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an injury to The left leg and Knee (Part(s) of Body Injured) on 06/14/2010 (Month/Day/Year) in Charleston county, state of SC.

1b. Body part(s) affected are: The left leg and Knee
Briefly describe how the accident occurred. A Goodwill janitor employee assaulted me with a company's garbage container.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the Employer on 06/12/2012 (Month/Day/Year) in the following manner:
By telephone conversation and a handwritten letter.

☑ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for:
☑ (b) additional medical examination and treatment for: Mental distress and physical leg trauma.

☑ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
09/14/2010 thru present

☑ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☑ (1) General Disability: ☑ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial
☑ (3) Wage Loss

☑ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
Inflammation in leg and knee (left), Noticeable limp of the leg.

10a. At the time of the injury, the Claimant was paid weekly wages of $139.00 and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
S.C. Vocational Rehabilitation Department (The Training Center) 4360 Dorchester Rd N. Chas, SC 29405

11a. Further grounds or unusual aspects of claim:
The Goodwill Industries supervisors and managers had failed to report the incident.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Bon Secours-St. Francis Hospital Charleston, SC and Mental Health Center Charleston, SC

11c. To the best of your knowledge, did you have any prior permanent disability? None other than edima to the right leg.
If yes, describe: I was treated for edima to the right leg by Franklin C. Fetter Family Health Center prior to the incident at Goodwill Industries.

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.**

☑ 13b. **I am requesting a hearing. A $25 fee is required.**

14. Estimated time needed for hearing: ½ hour to one hour

I verify the contents of this form are accurate and true to the best of my knowledge.

Barbara Jean Hawkins	Self		09/10/2012
Preparer's Signature	Title	Email	Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1023479
Carrier File # W000557513
Carrier Code #
Employer FEIN

Claimant's Name: Barbara J. Hawkins
SSN:
Address: 4040 Gullah Avenue Apt. 209 | City: N. Chas. | State: SC | Zip: 29405
Home Phone #: (843) 452-3416
Work Phone #: ( )
Employer's Name: Goodwill Industries of Lower SC, Inc
Address: 2150 Eagle Dr. Bldg. 100 | City: North Chas. | State: SC | Zip: 29406
Insurance Carrier: PA Manufacturers Association Ins. Co.
Preparer's Name: Barbara J. Hawkins | Address: 4040 Gullah avenue Apt. 209 N. Chas, SC 29405 | Phone #: (843) 452-3416

TO: Mrs. Eraliva Cohen

RECEIVED
FEB 18 2014
Court of Appeals

☑ **YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: Goose Creek Magistrate
303 B North Goose Creek Bldv.
for direction Call (843) 471-2456

ROOM: Court Room 3

DATE AND TIME: 12/20/2012 @ 11:30 a.m.

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: ______ DATE AND TIME: ______

☐ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects):

PLACE: ______ DATE AND TIME: ______

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: ______ DATE AND TIME: ______

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

ISSUING OFFICER'S SIGNATURE AND TITLE: [signature]
PHONE #: ( )
DATE: 12.13.12

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

Some exclusions include, but are not limited to: *Cosmetic, or bariatric procedures, sterilization reversals or erectile dysfunctions, or accounts indicating third party involvement, or accounts non urgent or emergent in nature, or accounts without a valid physician's order and/or schedule procedure (excluding ER visits) currently will not be considered for Financial Assistance.*

Barbara Hawkins
4040 Gullah Ave Apt 209
N. Charleston, SC 29405

Re: Barbara Hawkins vs Goodwill Industries of Lower SC
WCC File No.: 1023479
DOL: 6/14/2010
Carrier: PA Manufacturers Assn. Ins. Co. - Claim No: W00-0557-513

November 12, 2012

Re: Current Status of your Charity Application: **PENDING**: ***Due to Lack of Information.***

Account Number: C11097-01412 HAWKINS,BARBARA

Our records indicate that you shared concerns regarding your RSFH Hospital and/or RSF Physician Partner account balance(s) and expressed a need for financial assistance. We cannot process your application without the required information. If you would like us to consider your application for charitable assistance the below information marked must be received; otherwise, we will not be able to complete your application.

1. ____ **Completed**/Signed Financial Assistance Application
2. XX 2011 Federal Income Tax Return
3. ____ Most current W-2 Forms (2011)
4. ____ Social Security Benefits Letter (2012) 800-772-1213
5. ____ Proof of U.S. Citizenship
6. ____ Copy of current Tourist, Work, or Student Visa (your Green Card)
7. ____ Proof of Retirement or Pension Benefits
8. ____ Proof of Workers Compensation Benefits
9. ____ Notarized letter from employer
10. ____ Current Food Stamp Award Letter

Without this information, we will NOT be able to calculate any financial assistance and will continue to bill for any balances that may be due.

Please mail this information to us as soon as possible:

Roper St. Francis Health Care
Customer Service Financial Assistance
1 South Park Centre Suite # 500
Charleston, South Carolina 29407

Also, should The Financial Counselors contact you, please respond and comply with their requests. They may be able to assist you in applying for important benefits should you qualify. If you have any questions regarding this request you may contact one of our Customer Service Representatives at 843-402-5200 or 1-800-242-9990, Monday through Friday, from 9:00-5:00pm, and they will be happy to assist you. We look forward to receiving this required information and assisting you with your RSFH hospital and/or your RSF Physician Partner account(s).

Thank you for selecting Roper St. Francis for your healthcare needs.
Sincerely,

Maddie C., Financial Assistance Representative
Patient Financial Services

ROPER HOSPITAL (ROP)
P.O. BOX 751137
CHARLOTTE, NC 28275-1137

5867

PHONE NO: TOLL FREE 866 448-1642
OFFICE HOURS: MONDAY - FRIDAY
10:00 AM - 2:00 PM (PACIFIC)
9:00 AM - 5:00 PM (EASTERN)
IRS #: 570828733

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT
☐ MASTERCARD ☐ VISA

Page 7 of 9

CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
5/16/02	124.00	00003983

Page: 1

SHOW AMOUNT PAID HERE $

ADDRESSEE:

BARBARA HAWKINS
5174 WEST ENTERPRISE ST
CHARLESTON, SC 29406

WCC # 1023479 Barbara J. Hawkins vs Goodwill Industries DOI: 6/14/2010

REMIT TO:

ROPER HOSPITAL (ROP)
P.O. BOX 751137
CHARLOTTE, NC 28275-1137

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

200002

DATE	PLACE	CPT	DESCRIPTION	DIAGNOSIS	AMOUNT
			PREVIOUS BALANCE:		124.00

FOR BILLING QUESTIONS YOU MAY E-MAIL US AT: mydoctorbill@marinabilling.com
MEDICARE PATIENTS ARE ONLY RESPONSIBLE FOR DEDUCTIBLES AND CO-PAYS.
FOR YOUR CONVENIENCE WE CAN ACCEPT YOUR CHECK PAYMENT OVER THE PHONE

PATIENT	ACCOUNT #	ATTENDING PHYSICIAN
BARBARA HAWKINS	00003983	

SERVICE DATE	ADMISSION DATE	DISCHARGE DATE	LOCATION OF SERVICE
01/10/02			OP) ROPER HOSPITAL

ROPER HOSPITAL (ROP)
P.O. BOX 751137
CHARLOTTE, NC 28275-1137
TOLL FREE 866 448-1642

MESSAGES
THIS IS THE BALANCE ON YOUR ACCOUNT
PLEASE SEND PAYMENT. THANK YOU.

PRIMARY INSURANCE
BLUE CROSS STATE-SC
SECONDARY INSURANCE

PLACE OF SERVICE
1.INPATIENT HOSPITAL
2.OUTPATIENT HOSPITAL
3.DOCTOR'S OFFICE\IND LAB
4.EMERGENCY ROOM
5.OFFICE
6.NURSING HOME
7.OTHER
8.CLINIC

STATEMENT DATE	CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS
5/16/02	.00	124.00	.00	.00

TOTAL AMOUNT DUE
124.00

5867*00614B35K000575

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY		STATE	ZIP
TELEPHONE ( )	MARITAL STATUS ☐ Single ☐ Married	☐ Separated ☐ Divorced ☐ Widowed	
EMPLOYER'S NAME		TELEPHONE ( )	
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME		
PRIMARY INSURANCE COMPANY'S ADDRESS	PHONE	
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER	
YOUR SECONDARY INSURANCE COMPANY'S NAME		
SECONDARY INSURANCE COMPANY'S ADDRESS	PHONE	
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER	

BILLING & INSURANCE POLICY

You alone, not your insurance company, are responsible for payment of your account. If after receiving this statement, you are unable to pay in full, you must contact our billing office. If we do not hear from you, we will expect prompt payment of this bill.

PLEASE NOTE: there will be a collection charge for checks that are not honored by your bank. Also, there may be a service charge added to past due accounts.

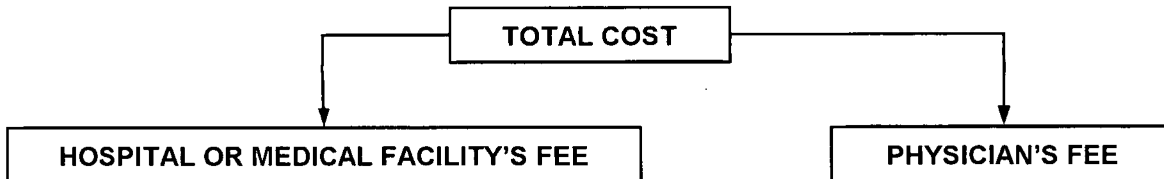
We will bill Medicare for you, however, you must provide us with your Medicare number and signed authorization form provided to you at the time of service. You will receive a regular monthly billing for any balance owing after payment by Medicare.

IF YOU HAVE RECEIVED THE SERVICES OF A HOSPITAL OR OTHER MEDICAL FACILITY.

YOU MAY RECEIVE TWO SEPARATE BILLS.

ONE FROM THE HOSPITAL OR MEDICAL FACILITY & ONE FROM THE PHYSICIAN PROVIDING SERVICES.

THE HOSPITAL OR OTHER MEDICAL FACILITY'S BILL MAY BE SEPARATE FROM THE PHYSICIAN'S BILL.



The total cost for many medical services may be comprised of two fees. Each fee may be billed separately by the provider of the services.

The hospital or other medical facility's fee covers the cost of providing the technicians, equipment and supplies involved in performance of your service.

The physician's fee is for services provided by your physician or for services provided by a physician for the supervision, interpretation and consultation with your personal physician. The physician is an independent physician and may not be an employee of a hospital or medical facility and therefore may bill separately for his or her professional service.

5867

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

SOCIAL SECURITY
1463 TOBIAS GADSON BLV
CHARLESTON SC 29407

•040118N2012652•NOTAFP.X3.F6SSIEN.OTII.R121212.PAM 000000000 0003010C5563765715032840506396S9

Date: December 19, 2012
Claim Number: 248-04-6393 DI

052286 1 MB 0.404 0230 LTR T16 M02 1212
585 12S1739E12577

BARBARA JEAN HAWKINS
4040 GULLAH AVE
APT 209
NORTH CHARLESTON SC 29405-6396

WCC File # 1023479 Barbara J. Hawkins
Vs Goodwill Industries of Lower South Carolina
DOI: 6/14/2014

We are writing to tell you about changes in your Supplemental Security Income (SSI) payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for future months. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
January 1, 2013	Continuing	$655.00

Your Payment Is Based On These Facts

- You were found disabled on June 1, 2012.
- You are living in the State of South Carolina for January 2013 on.
- The amount of money we pay you from the State where you live depends on its rules.

  You are living in the State of South Carolina for January 2013 on. We do not pay money for the State of South Carolina.

See Next Page

- You have monthly income which must be considered in figuring your eligibility as follows:

    The food or shelter you get from someone. We value the food or shelter at $75.00 for November 2012 on.

Information About Your Back Payments

- We owe you back SSI payments of $3,858.00 for July 2012 through December 2012. Because of the large amount, the law says we cannot pay all of the money in one lump sum. Instead, we must pay it in up to three installments, six months apart.
- When the back SSI payments are at least 3 times the maximum monthly payment, including any money the State tells us to pay its residents, we generally must pay this money in installments. Usually, this amount is also the limit for what we can pay in the first and second installment payments. If a third installment is needed, it will be for the balance of the back payments after we have paid the first and second installments.
- Your bank or other financial institution should have received the first installment payment of $2,094.00 by December 16, 2012.

    We will send another letter in 6 months when we send the next installment.

Getting More of the Back Payments Right Away

In the following situations, you may be able to get larger installment payments or get your back payments more quickly.

- We can pay all of the back payments at once to a person who:
    - -- is not eligible for SSI now and it appears that he or she will not be eligible for the 12 months after we first wrote to him or her about the back payments, or
    - -- has a terminal illness and is not expected to live beyond 12 months.
- We can pay a larger installment payment amount to a person who has certain debts or expenses. We can increase the installment by the amount of:
    - -- current debts related to food; clothing; shelter; medicine; or medically necessary services, supplies, or equipment.
    - -- current or expected expenses in the near future for medicine; or medically necessary services, supplies, or equipment; or the purchase of a home.

WCC # 1023479
Barbara J. Hawkins Vs. Goodwill Industries

GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA, INC.
ABILITY ONE HEALTH & WELFARE PLAN YEAR 2010
EMPLOYEE ONLY PLAN
CLASS I & II

PLAN INCLUDES: Class Based on Hours Worked per Week	1 to 15 Class I	16 to 24 Class II
LIFE INSURANCE BENEFITS		
Employee Life Insurance Benefits	Refer to Assurant	Refer to Assurant
Accidental Death & Dismemberment	Refer to Assurant	Refer to Assurant
VISION CARE BENEFITS*		
Vision Examination (Once in every Plan Year)		
Lens Benefit (Once in every 2 Plan Years)	$300	$300
Frames (Once in every 2 Plan Years)		
DENTAL CARE BENEFITS		
Plan Year Maximum	$750	$1,500
Plan Year Deductible	$20	$20
Percent of Allowable Charges Paid for Diagnostic & Preventative Services	100%	100%
Percent of Allowable Charges Paid for Basic Maintenance & Procedures	80%	80%
Percent of Allowable Charges Paid for Major Restorative Care	50%	50%
SHORT TERM DISABILITY*		
Maximum Weekly Benefit (up to 13 Weeks Annually)	$100	$150
Percent of Weekly Base Wage	70%	70%
Paid from 8th day for Accident/8th day for Sickness		
EMPLOYEE ASSISTANCE PROGRAM (EAP)	Yes	Yes
PPO IN NETWORK BENEFITS - OUT OF NETWORK BENEFIT REDUCTION - 20%		
HOSPITAL ROOM & BOARD*		
Maximum Per Unrelated Confinement	N/A	$33,750
Maximum Daily Benefit	N/A	$750
MISCELLANEOUS HOSPITAL BENEFITS*		
Maximum Per Unrelated Confinement	N/A	$33,750
Maximum Daily Benefit	N/A	$750
ADDITIONAL FOR ICU & CORONARY CARE*		
Maximum Per Unrelated Confinement	N/A	$33,750
Maximum Daily Benefit	N/A	$750
PHYSICIAN'S HOSPITAL VISIT*		
Maximum Per Unrelated Confinement	N/A	$3,150
Maximum Daily Benefit	N/A	$70
ANESTHESIOLOGIST BENEFIT* (20% of Allowed Surgeons' Benefit)		
Maximum Benefit Per Unrelated Surgery	N/A	$2,650
SURGEONS' BENEFIT		
Maximum Benefit Per Unrelated Surgery (70% of Surgical Procedure)	N/A	$13,250
POTENTIAL PER CONFINEMENT MAXIMUM		
OUTPATIENT PHYSICIAN VISITS		
Annual Wellness Check-up Covered In Network	N/A	Yes
Plan Year Maximum for Wellness Check-up	N/A	$200
Per Visit Deductible- Out of Network	N/A	$25
Per Visit Deductible- In Network	N/A	$10
Co-payment for In Network Wellness Check-up	N/A	$0
Overall Plan Year Maximum	N/A	$1,100
X-RAY/LAB BENEFITS*		Yes
Annual Wellness Check-up Covered In Network	N/A	Yes
Plan Year Maximum for Wellness Check-up	N/A	$300
Overall Plan Year Maximum	N/A	$1,200
PRESCRIPTION COVERAGE		
Drug/Discount Card**	YES	Yes
Plan Year Maximum Plan Payment	$1,250	$2,500
Co-pay for Non-Formulary Brand Name Drugs (In the absence of Generic Equivalent)	$25	$25
Co-pay for Brand Name Drugs (In the absence of Generic Equivalent)	$10	$10
Co-pay for Generic Equivalent	$5	$5
SUPPLEMENTAL ACCIDENT BENEFIT		
Maximum Benefit per Accident	$500 N/A	$1,000
OUTPATIENT MENTAL & NERVOUS DISORDER & CHEMICAL DEPENDENDENCY CARE	N/A	Yes
OUTPATIENT SURGICAL BENEFIT	N/A	Covered Under Inpatient Surgical Benefit
MATERNITY	N/A	Covered Under Medical
WAITING PERIOD/COVERAGE TERMINATION		
Waiting Period	1st of the Month following 90 Days	1st of the Month following 90 Days
Coverage Termination	End of Month of Termination	End of Month of Termination

* NO DEDUCTIBLE or CO-PAYMENT REQUIRED.

** AFTER PLAN PAYS MAXIMUM, PARTICIPANT CONTINUES TO RECEIVE DISCOUNT PRICING ON PRESCRIPTION DRUGS.

Barbara J. Hawkins
4040 Gullah Avenue
Apartment 209
North Charleston, SC 29405

South Carolina
The Court of Appeals
1015 Sumter Street
Columbia, SC 29201