Navigating your benefits

south carolina peba SM
state health plan | retirement systems

# Comparing the 2019 Standard Plan and Savings Plan

| Plan | Standard Plan | Savings Plan |
|---|---|---|
| **Annual deductible** | You pay up to **$490** per individual or **$980** per family. | You pay up to **$3,600** per individual or **$7,200** per family[1]. |
| **Coinsurance[2]** | In network, you pay **20%** up to **$2,800** per individual or **$5,600** per family. | In network, you pay **20%** up to **$2,400** per individual or **$4,800** per family. |
| **Physician's office visits[3]** | You pay a **$14** copayment plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance. | You pay the full cost until you meet your deductible. Then, you pay your coinsurance. |
| **Blue CareOnDemand℠** | You pay a **$14** copayment plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance. | You pay the full cost until you meet your deductible. Then, you pay your coinsurance. |
| **Outpatient facility/ emergency care[4,5]** | You pay a **$105** copayment (outpatient services) or **$175** copayment (emergency care) plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance. | You pay the full cost until you meet your deductible. Then, you pay your coinsurance. |
| **Inpatient hospitalization** | You pay the full cost until you meet your deductible. Then, you pay your coinsurance. | You pay the full cost until you meet your deductible. Then, you pay your coinsurance. |
| **Chiropractic** | **$2,000** limit per covered person | **$500** limit per covered person |
| **Prescription drugs[6]** (30-day supply/90-day supply at network pharmacy) | Tier 1 (generic): **$9/$22**<br>Tier 2 (preferred brand): **$42/$105**<br>Tier 3 (non-preferred brand): **$70/$175**<br>You pay up to **$3,000** in prescription drug copayments. | You pay the allowed amount until you meet your annual deductible. Then, you pay your coinsurance. |
| **Tax-favored accounts** | Medical Spending Account | Health Savings Account<br>Limited-use Medical Spending Account |

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## Footnotes

[1]If more than one family member is covered, no family member will receive benefits, other than preventive benefits, until the $7,200 annual family deductible is met.

[2]Out of network, you will pay 40 percent coinsurance. An out-of-network provider may bill you more than the Plan's allowed amount. Learn more about out-of network benefits at www.peba.sc.gov/healthplans.html.

[3]The $14 copayment is waived for routine mammograms and well-child visits. Standard Plan members who receive care at a BlueCross-affiliated patient centered medical home provider will not be charged the $14 copayment for a physician office visit. After Savings Plan and Standard Plan members meet their deductible, they will pay 10 percent coinsurance, rather than 20 percent, for care at a PCMH.

[4]The $105 copayment for outpatient facility services is waived for physical therapy, speech therapy, occupational therapy, dialysis services, partial hospitalizations, intensive outpatient services, electro-convulsive therapy and psychiatric medication management.

[5]The $175 copayment for emergency care is waived if admitted.

[6]Prescription drugs are not covered at out-of-network pharmacies.

## Learn more

- Insurance Summary | A summary of active employee benefits
- *Insurance Benefits Guide* | A detailed explanation of all insurance benefits
- www.peba.sc.gov
- PEBA Customer Contact Center: 803.737.6800 or 888.260.9430