



Comparing the Standard Plan and Savings Plan

Plan ¹	Standard Plan ²		Savings Plan	
	In-network	Out-of-network ³	In-network	Out-of-network ³
Availability	Coverage worldwide		Coverage worldwide	
Annual deductible	Single: \$445 Family: \$890		Single: \$3,600 Family: \$7,200 ⁴	
Coinsurance⁵	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%
Coinsurance maximum	Single: \$2,540 Family: \$5,080 Excludes deductible and copayments	Single: \$5,080 Family: \$10,160 Excludes deductible and copayments	Single: \$2,400 Family: \$4,800 Excludes deductible	Single: \$4,800 Family: \$9,600 Excludes deductible
Physician's office visits⁵	\$12 copay Plan pays 80% You pay 20%	\$12 copay Plan pays 60% You pay 40%	No copay Plan pays 80% You pay 20%	No copay Plan pays 60% You pay 40%
Blue CareOnDemand	\$12 copay Plan pays 80% You pay 20%		No copayment Plan pays 80% You pay 20%	
Hospitalization/emergency care^{6,7}	Outpatient facility services: \$95 copay Emergency: \$159 copay Plan pays 80% You pay 20%	Outpatient facility services: \$95 copay Emergency: \$159 copay Plan pays 60% You pay 40%	No copays for outpatient facility services or emergency care	
Chiropractic	\$2,000 limit per covered person		\$500 limit per covered person	
Prescription drugs⁸	Retail pharmacies (up to 30-day supply) <ul style="list-style-type: none"> Tier 1 (generic): \$9 Tier 2 (brand): \$38 Tier 3 (brand): \$63 Retail maintenance network and mail-order pharmacies (up to 90-day supply) <ul style="list-style-type: none"> Tier 1: \$22 Tier 2: \$95 Tier 3: \$158 Copay maximum: \$2,500		Retail pharmacies and mail order You pay the State Health Plan's allowed amount until your annual deductible is met. Afterward, the Plan will pay 80% of the allowed amount; you pay 20% in coinsurance. Drug costs are applied to your coinsurance maximum. When you reach the maximum, the Plan will pay 100% of the allowed amount, and you can obtain medications at no cost.	
Tax-favored medical accounts	Medical Spending Account		Health Savings Account Limited-Use Medical Spending Account	

Footnotes available on following page.

Footnotes

1 State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage and \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

2 See the *Insurance Coverage for the Medicare-eligible Member* handbook, located at www.peba.sc.gov/assets/medicarehandbook.pdf, for information on how this plan coordinates with Medicare.

3 An out-of-network provider may bill you for more than the Plan's allowed amount for services.

4 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.

5 The \$12 copayment is waived for routine Pap tests, routine mammograms and well-child visits. Standard Plan members who receive care at a BlueCross-affiliated patient-centered medical home provider will not pay the \$12 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.

6 \$95 copayment for outpatient facility services is waived for emergency room, physical therapy, speech therapy, occupational therapy, oncology and dialysis services, routine mammograms and Pap tests, clinic visits, partial hospitalizations, intensive outpatient services, electro-convulsive therapy and psychiatric medication management.

7 \$159 copayment for emergency care is waived if admitted.

8 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 benefits
- www.peba.sc.gov
- PEBA Customer Contact Center: 803.737.6800 or 888.260.9430