



Your health options

Insurance Orientation and Education
2026

Serving those who serve South Carolina

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State Health Plan

- Self-funded insurance plan:
 - Members' and employers' premiums are held in a trust fund, and these funds are used to pay claims.
 - BlueCross BlueShield of South Carolina processes health claims.
 - CVS Caremark processes prescription claims.
- Cost of the State Health Plan compares favorably to other plans.
 - Learn more at peba.sc.gov/facts.
- Health management is key to maintaining a low cost for the Plan and premiums.

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State Health Plan provider network

- Worldwide coverage under Standard Plan and Savings Plan.
- You pay copayments, deductible and coinsurance.
- Network provider files claims and accepts the Plan's allowed amount, even if its charges are higher.
 - If you use an out-of-network provider, you may have to file claims and could be balance billed. You pay a higher coinsurance, too.
- Use Find Care link under Resources at StateSC.SouthCarolinaBlues.com to find a network provider near you.

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Terms to know

| | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Annual deductible The amount you pay for covered services before the health plan begins to pay. | Coinurance The percentage of the cost of health care you pay after meeting your deductible. | Copayments The fixed amount you pay for a covered health care service. |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

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Standard Plan vs. Savings Plan

| Standard Plan | Savings Plan |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Annual deductible You pay up to \$515 per individual or \$1,030 per family. | You pay up to \$4,000 per individual or \$8,000 per family. ¹ |
| Coinurance² In network, you pay 20% up to \$3,000 per individual or \$6,000 per family. | In network, you pay 20% up to \$3,000 per individual or \$6,000 per family. |
| Physician's office visit³ You pay a \$15 copayment plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance. | You pay the full allowed amount until you meet your deductible. Then, you pay your coinsurance. |

¹If more than one family member is covered, no family member will receive benefits, other than preventive benefits, until the \$8,000 annual family deductible is met.
²Out of network, you will pay 40% coinsurance, and your coinsurance maximum is different. An out-of-network provider may bill you more than the Plan's allowed amount. Learn more about out-of-network benefits at peba.sc.gov/health.
³The \$15 copayment is waived for routine mammograms, adult well visits, well woman visits and well child visits.

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Standard Plan vs. Savings Plan

| Standard Plan | Savings Plan |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Outpatient facility/ emergency care^{1,2} You pay a \$115 copayment (outpatient services) or \$193 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 allowed amount until you meet your deductible. Then, you pay your coinsurance. |
| Inpatient hospitalization You pay the full allowed amount until you meet your deductible. Then, you pay your coinsurance. | You pay the full allowed amount until you meet your deductible. Then, you pay your coinsurance. |

¹The \$115 copayment for outpatient facility services is waived for dialysis services, partial hospitalizations, intensive outpatient services, electroconvulsive therapy and psychiatric medication management.
²The \$193 copayment for emergency care is waived if admitted.

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Standard Plan vs. Savings Plan

| | Standard Plan | Savings Plan |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Tier 1: \$13/\$32 | |
| Prescription drugs¹ 30-day supply/90-day supply at network pharmacy. | Tier 2: \$46/\$115 Tier 3: \$77/\$192 | You pay the full allowed amount until you meet your deductible. Then, you pay your coinsurance. Drug costs are applied to your coinsurance maximum. When you reach the maximum, you pay nothing. |
| | You pay up to \$3,000 in prescription drug copayments. Then, you pay nothing. | |

¹Prescription drugs are not covered at out-of-network pharmacies. Specialty medications and GLP-1s are limited to a 30-day supply per fill.

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TRICARE Supplement Plan

- Administered by [Selman & Company](#).
- Provides secondary coverage to TRICARE.
 - Must be enrolled in TRICARE.
- No deductibles, coinsurance or out-of-pocket expenses for covered services.
- PEBA does not confirm eligibility.
 - Eligible individuals must register with [Defense Enrollment Eligibility Reporting System](#).
 - Must not be eligible for Medicare.
 - Must drop State Health Plan coverage to enroll.

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2026 Monthly premiums

If you work for an optional employer, verify your rates with your benefits office.

| | Standard Plan | Savings Plan | TRICARE Supplement |
|--------------------------|---------------|--------------|--------------------|
| Employee | \$97.68 | \$9.70 | \$62.50 |
| Employee/spouse | \$253.36 | \$77.40 | \$121.50 |
| Employee/children | \$143.86 | \$20.48 | \$121.50 |
| Full family | \$306.56 | \$113.00 | \$162.50 |

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Tobacco-use premium

- Applies to State Health Plan subscribers only.
- \$40 per month for subscriber-only coverage.
- \$60 per month for other levels of coverage.
- Automatically charged unless subscriber:
 - Certifies as non-tobacco or e-cigarette user during online enrollment or via [Certification Regarding Tobacco or E-cigarette Use](#) form; or
 - Certifies that all covered tobacco or e-cigarette users have completed the State Health Plan's tobacco cessation program.

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