

Comparing the 2021 Standard Plan and Savings Plan



Your insurance needs are as unique as you are. You may meet your deductible each year, or maybe you can't remember the last time you saw a doctor. No matter your situation, the State Health Plan gives you two options to cover your expenses: the Standard Plan or the Savings Plan.

The Standard Plan has higher premiums and lower deductibles. The Savings Plan has lower premiums and higher deductibles. Learn more about the plans at peba.sc.gov/health.

| | 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 |
| Coinsurance² | 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 visits³ | 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 allowed amount until you meet your deductible. Then, you pay your coinsurance. |
| Blue CareOnDemandSM | 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 allowed amount 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 allowed amount until you meet your deductible. Then, you pay your coinsurance. |
| Inpatient hospitalization⁶ | 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. |
| Prescription drugs^{7,8} <i>(30-day supply/90-day supply at network pharmacy)</i> | Tier 1 (generic): \$9/\$22 Tier 2 (preferred brand): \$42/\$105 Tier 3 (non-preferred brand): \$70/\$175 You pay up to \$3,000 in prescription drug copayments. Then, you pay nothing. | You pay the full allowed amount until you meet your deductible. Then, you pay your coinsurance. |
| Tax-favored accounts | Medical Spending Account | Health Savings Account Limited-use Medical Spending Account |

The TRICARE Supplement Plan provides secondary coverage to TRICARE for members of the military community who are not eligible for Medicare. For eligible employees, it provides an alternative to the State Health Plan.



2021 Monthly premiums

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

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

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, and your coinsurance maximum is different. An out-of-network provider may bill you more than the State Health Plan's allowed amount. Learn more about out-of-network benefits at peba.sc.gov/health.

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 (PCMH) provider will not be charged the \$14 copayment for a physician's office visit. After Standard Plan and Savings 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, electroconvulsive therapy and psychiatric medication management.

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

⁶ Inpatient hospitalization requires preauthorization for the State Health Plan to provide coverage. Not calling for preauthorization may lead to a \$490 penalty.

⁷ Prescription drugs are not covered at out-of-network pharmacies.

⁸ With Express Scripts' Patient Assurance Program, members in the Standard and Savings plans will pay no more than \$25 for a 30-day supply of insulin in 2021. This program is year-to-year and may not be available in the following year. It does not apply to Medicare members, who will continue to pay regular copays for insulin.

Tobacco-use premium

If you are a State Health Plan subscriber with single coverage and you use tobacco or e-cigarettes, you will pay an additional \$40 monthly premium. If you have employee/spouse, employee/children or full family coverage, and you or anyone you cover uses tobacco or e-cigarettes, the additional premium will be \$60 monthly.

The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Quit For Life[®] tobacco cessation program. The tobacco-use premium does not apply to TRICARE Supplement Plan subscribers.