



What You Need to Know About Well Adult Benefits

Well visits can be a key part of preventive care. They can reassure members they are as healthy as they feel, or prompt them to ask questions about their health. Learn more at peba.sc.gov/well-visits.

How the benefit works

State Health Plan primary members are eligible for one well visit each year at no member cost. Evidence-based services, with an A or B recommendation by the [United States Preventive Services Task Force](#) (USPSTF), are included as part of an adult well visit under the State Health Plan (Standard and Savings Plans).

The benefit is available to all non-Medicare primary adults ages 19 and older who are covered by the Standard Plan or Savings Plan. Adult members can take advantage of this benefit at a network provider specializing in general practice, family practice, pediatrics, internal medicine or gerontology. Members should talk with their physician to determine the best plan for their care.

Eligible female members can also receive an annual adult well woman visit at no cost. Women can take advantage of the well woman benefit at a network provider specializing in obstetrics and gynecology, or they can have a well woman exam in conjunction with or in addition to their annual well visit with a network provider specializing in general practice, family practice, internal medicine or gerontology. A female member may receive both an adult well visit and a well woman visit in the same plan year, but the USPSTF-recommended services will not be covered more than once per plan year. Additionally, female members cannot receive the same service at both an adult well visit and a well woman visit in the same plan year; duplicate services will be denied.

How to get the most out of your benefits

The State Health Plan offers many value-based benefits at no member cost to its primary members through PEBA Perks. Learn how to coordinate your PEBA Perks benefits with your adult well visit below.

Step 1

Get your preventive screening. You can receive a biometric screening at no cost, which will minimize cost to the Plan at your adult well visit.

Step 2

Have your adult well visit and/or well woman visit after your preventive screening. USPSTF A and B recommendations are included as part of an adult well visit. After talking with your doctor during a visit, the doctor can decide which services you need and build a personal care plan for you.

Step 3

Share your preventive screening results with your doctor. You will receive a confidential report with your screening results, and we recommend you share it with your doctor to eliminate the need for retesting at an adult well visit. Sharing your results will minimize the cost of your adult well visit to the Plan.

Step 4

Follow your doctor's recommendations and stay engaged with your health. We encourage you to take advantage of the other PEBA Perks available to you. If you're eligible, sign up for No-Pay Copay to receive certain generic drugs at no cost to you.



Invest in your health

Through PEBA Perks, you can take advantage of a preventive screening worth more than \$300 at no cost to you. The screening includes blood work, a health risk appraisal, height and weight measurements, a blood pressure check and lipid panels.

Your work site might host a screening, or you can attend a regional screening to avoid receiving lab work at your doctor's office. The preventive screening benefit is more comprehensive than lab work that is part of the [USPSTF A and B recommendations](#). This means you will receive a more complete look at your overall health by sharing your preventive screening results with your doctor at your well visit. Identifying health issues early can really save you money.

Who is eligible?

This benefit is available to State Health Plan primary members, including employees, retirees, COBRA subscribers and their covered spouses, as well as former spouses.

Services not included as part of an adult well visit

Services not included as part of an adult well visit are those without an USPSTF A or B recommendation. Learn more at www.USPreventiveServicesTaskForce.org. Other services, including a complete blood count (CBC), EKG, PSA test and basic metabolic panel, if ordered by your physician to treat a specific condition, may still be covered. These services are subject to copayments, deductibles and coinsurance, as well as normal Plan provisions. Follow-up visits and services as a result of your well visit are also subject to normal Plan provisions.