



Comparing the Standard Plan and Savings Plan

Not everyone needs the same level of health insurance coverage. That's why your State Health Plan gives you a choice – would you like lower deductibles and higher premiums, or would you rather have it the other way around?

The choice between the plans is a choice between paying more in advance, or more as you need the coverage. If you know you will go to the doctor regularly, then the Standard Plan may offer you real value, but if you have reason to believe that you will not go to the doctor often and your health costs are going to be lower, then the Savings Plan might suit you better.

Standard Plan		Savings Plan	
Monthly premium	\$97.68 for single member; up to \$306.56 for full family	Monthly premium	\$9.70 for single member; up to \$113 for full family
Deductible (you will pay the full allowed amounts every year until you reach this amount)	\$445 for single member; \$890 for full family	Deductible (you will pay the full allowed amounts every year until you reach this amount)	\$3,600 for single member; \$7,200 for full family
Coinsurance after meeting deductible ¹	In-network: you pay 20 percent of allowed amount; Out-of-network: you pay 40 percent of allowed amount	Coinsurance after meeting deductible ¹	In-network: you pay 20 percent of allowed amount; Out-of-network: you pay 40 percent of allowed
Copayment ¹ (a fixed payment for every instance of care. When you pay it, it does count toward the allowed amount you'll owe, but it doesn't count toward the overall deductible)	\$12 for an office visit; \$95 for outpatient services; \$159 for emergency care	Copayment	None
Maximum annual coinsurance (excludes amounts spent reaching deductible and all copayments)	In-network: \$2,540 for single member, \$5,080 for full family; Out-of-network: \$5,080 for single member, \$10,160 for full family	Maximum annual coinsurance (excludes amounts spent reaching deductible)	In-network: \$2,400 for single member, \$4,800 for full family; Out-of-network: \$4,800 for single member, \$9,600 for full family
Prescription drug costs for a monthly supply (network pharmacy only)	\$9 for generics, \$38 or \$63 for brand drugs – restrictions apply Copay maximum: \$2,500	Prescription drug costs (network pharmacy only)	Full allowed amount until deductible is met, then 20 percent of allowed amount

¹ If you receive care at a BlueCross-affiliated patient-centered medical home (PCMH) provider, your \$12 copayment is waived. Also, you will pay 10 percent of the allowed amounts and the State Health Plan will pay 90 percent of the allowed amounts.

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There are some additional considerations – for example, if your doctor is not in the Plan’s network and charges more than the allowed amount, you will be responsible for that extra amount.

MoneyPlus tax-favored spending account options

If you enroll in the Standard Plan, you can use a Medical Spending Account (MSA), which like other spending accounts, serves as a way to set aside money – up to \$2,600 per covered employee – for eligible health care expenses before it is taxed and increase your spendable income. You can spend the money with a special debit card or seek reimbursement with online or paper forms and documentation. Any money you place into an MSA and do not spend by December of that year must be spent by the following March 15, and cannot be recovered otherwise.

If you enroll in the Savings Plan, you can use a Health Savings Account (HSA). While HSAs also let you save money pretax and therefore increase your spending ability, they differ from MSAs in that they can roll over from year to year, and you can take them with you if you leave your job or retire. Because of this, you can save up for eventual expenses and reduce the impact of the Savings Plan’s high deductible. Current yearly contribution limits are \$ 3,400 for a subscriber with single coverage and \$6,750 for family coverage, as well as catch-up contributions of \$1,000 for an account holder age 55 or older. HSAs also offer mutual fund investment options once your balance is large enough, and you will not be taxed on the funds unless you take them out for something other than eligible medical expenses.

Although Savings Plan participants cannot use MSAs, they can have a Limited-use MSA as long as they have an HSA, and can make contributions to it beyond the contribution limits of the HSA. Limited-use MSAs work the same way as MSAs – tax-deferred savings, money that can only be used during the plan year – except that they can only be used for dental and vision care expenses. Limited-use MSAs also cannot be used to pay for deductibles, coinsurance, copayments or over-the-counter items.

You can find a full list of expenses eligible for these flexible spending accounts at www.peba.sc.gov/moneyplus.html.

More information

- PEBA’s website
www.peba.sc.gov
- *Insurance Benefits Guide*
www.peba.sc.gov/assets/insurancebenefitsguide.pdf
- *Standard Plan Summary of Benefits and Coverage*
www.peba.sc.gov/assets/sbcstandardplan.pdf
- *Savings Plan Summary of Benefits and Coverage*
www.peba.sc.gov/assets/savingsplan.pdf

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