

Comparing the 2023 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.

The TRICARE Supplement Plan provides secondary coverage to TRICARE members of the military community who are not eligible for Medicare. For eligible employees, it provides an alternative to the State Health Plan. Learn more about the plans at peba.sc.gov/health.

	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
Coinsurance² Maximum excludes copayments and deductible	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.
Outpatient facility/emergency care^{4,5}	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 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} 30-day supply/90-day supply ⁹ at a network pharmacy	Tier 1 (generic): \$13/\$32 Tier 2 (preferred brand): \$46/\$115 Tier 3 (non-preferred brand): \$77/\$192 You pay up to \$3,000 in prescription drug copayments. Then, you pay nothing.	You pay the full allowed amount until you meet your annual deductible. Then, you pay your coinsurance. Drug costs are applied to your coinsurance maximum. When you reach the maximum, you pay nothing.
Tax-favored accounts	Medical Spending Account	Health Savings Account Limited-use Medical Spending Account



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Adult well visits

State Health Plan primary members are eligible for one well visit each year at no member cost. Evidence-supported services, based on United States Preventive Services Task Force (USPSTF) A and B recommendations, are included as part of an adult well visit under the State Health Plan. After talking with your doctor during a visit, the doctor can decide which services you need and build a personal care plan for you.

Who is eligible?

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, gerontology, and obstetrics and gynecology.

Eligible female members may use their well visit at their gynecologist or their primary care physician, but not both. If a woman visits both doctors in the same year, only the first routine office visit received will be covered. Women ages 18-65 can also receive a Pap test each calendar year at no member cost through PEBA Perks.

2023 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

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 State Health Plan's allowed amount. Learn more about out-of-network benefits at peba.sc.gov/health.

³The \$15 copayment is waived for routine mammograms and well-child visits. Standard Plan members who receive in-person care at a BlueCross-affiliated patient-centered medical home (PCMH) provider will not be charged the \$15 copayment for a physician's office visit. After Standard Plan and Savings Plan members meet their deductible, they will pay 10% coinsurance, rather than 20%, for care at a PCMH.

⁴The \$115 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.

⁵The \$193 copayment for emergency care is waived if admitted.

⁶Inpatient hospitalization requires prior authorization for the State Health Plan to provide coverage. Not calling for prior authorization may lead to a \$515 penalty.

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

⁸With Express Scripts' Patient Assurance Program, members in the Standard and Savings plans will pay no more than \$25 for a 30-day supply of preferred and participating insulin products in 2023. 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.

⁹You will pay a lower copayment for a 90-day supply of prescription drugs at your local network pharmacy that participates in the Smart90 Network than if you purchased the medication one month at a time.

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 monthly premium will be \$60. 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.