



# Comparing the 2026 Standard Plan and Savings Plan

Your insurance needs are as unique as you are. You might meet your deductible each year, or maybe you can't remember the last time you saw a doctor. Regardless of your situation, the State Health Plan gives you two options to cover your expenses: the Standard Plan and 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](http://peba.sc.gov/health).

## Comparison of health plans

	Standard Plan	Savings Plan
<b>Annual deductible</b>	You pay up to <b>\$515</b> per individual or <b>\$1,030</b> per family.	You pay up to <b>\$4,000</b> per individual or <b>\$8,000</b> per family. <sup>1</sup>
<b>Coinsurance<sup>2</sup></b> Maximum excludes copayments and deductible	In network, you pay <b>20%</b> up to <b>\$3,000</b> per individual or <b>\$6,000</b> per family.	In network, you pay <b>20%</b> up to <b>\$3,000</b> per individual or <b>\$6,000</b> per family.
<b>Physician's office visit<sup>3</sup></b>	You pay a <b>\$15</b> copayment, plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.
<b>Outpatient facility/emergency care<sup>4,5</sup></b>	You pay a <b>\$115</b> copayment (outpatient services) or <b>\$193</b> copayment (emergency care), plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.
<b>Inpatient hospitalization<sup>6</sup></b>	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.
<b>Prescription drugs<sup>7</sup></b> 30-day supply/90-day supply <sup>8</sup> at a network pharmacy	Tier 1: <b>\$13/\$32</b> Tier 2: <b>\$46/\$115</b> Tier 3: <b>\$77/\$192</b>  You pay up to <b>\$3,000</b> in prescription drug copayments. Then, you pay nothing.	You pay the <b>full allowed amount</b> 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.
<b>Tax-favored accounts</b>	Medical Spending Account	Health Savings Account Limited-use Medical Spending Account

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# Adult well visits and well woman visits

State Health Plan primary members are eligible for one well visit each year at no member cost. Eligible female members can take advantage of the annual adult well visit and also receive an annual well woman visit at no member cost. Evidence-supported services, advised by United States Preventive Services Task Force A and B recommendations, are included as part of an adult well visit and well woman visit. Schedule your preventive screening before your well visit and share your results with your doctor during your well visit to minimize cost to the Plan.

## 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.

Women ages 18-65 can also receive a Pap test each calendar year at no member cost through PEBA Perks.

# 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

<sup>1</sup>If 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.

<sup>2</sup>Out of network, you will pay 40% coinsurance, and your coinsurance maximum is different. An out-of-network provider can bill you more than the State Health Plan's allowed amount. Learn more about out-of-network benefits at [peba.sc.gov/health](https://peba.sc.gov/health).

<sup>3</sup>The \$15 copayment is waived for routine mammograms, adult well visits, well woman visits and well child visits.

<sup>4</sup>The \$115 copayment for outpatient facility services is waived for dialysis services, partial hospitalizations, intensive outpatient services, electroconvulsive therapy and psychiatric medication management.

<sup>5</sup>The \$193 copayment for emergency care is waived if admitted.

<sup>6</sup>Inpatient hospitalization requires prior authorization for the State Health Plan to provide coverage.

<sup>7</sup>Prescription drugs are not covered at out-of-network pharmacies. Specialty medications are limited to a 30-day supply per fill.

<sup>8</sup>You will pay a lower copayment for a 90-day supply of prescription drugs at select local network pharmacies 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 they cover uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Plan's tobacco cessation program. The tobacco-use premium does not apply to TRICARE Supplement Plan subscribers.