

State Health Plan Self-funded insurance plan: Members' and employers' premiums are held in a trust fund, and these funds are used to pay claims. BlueCross BlueShield of South Carolina processes health claims. Express Scripts processes prescription claims. Cost of the State Health Plan compares favorably to other plans. Learn more at peba.sc.gov/facts. Health management is key to maintaining a low cost for the Plan and premiums. Swath Carolina Public Employee Binefit Authority

State Health Plan provider network Worldwide coverage. You pay copayments, deductible and coinsurance. Network provider files claims and accepts the Plan's allowed amount, even if its charges are higher. If you use an out-of-network provider, you may have to file claims and could be balance billed. You pay a higher coinsurance, too. Use Find Care link under Resources at <u>StateSC.SouthCarolinaBlues.com</u> to find a network provider near you. 4 Non-Medicare-eligible health plan choices State Health Plan TRICARE Supplement Plan Includes prescription benefits. • Standard Plan • Savings Plan. For eligible members of the military community. • TRICARE rules apply. • Coverage ends at age 65. 5

Standard Plan for non-Medicare-eligible members

- Lower annual deductibles and higher monthly premiums.
- Pay copayments for office visits, outpatient facilities and emergency care.
- Pay copayments for prescription drugs.
- Coverage of adult well visits for primary members ages 19 and older. Eligible female members can also receive an annual well woman visit at no member cost in addition to the annual adult well visit.
 Evidence-based services with an <u>A or B recommendation</u> by the United States Preventive Services Task Force (USPSTF) included.

Savings Plan for non-Medicare-eligible members

- High-deductible plan with lower monthly premiums.
- · No copayments.
- Pay the allowed amount for prescription drugs until you meet your annual deductible. Then, you pay your coinsurance.
- Coverage of adult well visits for primary members each plan year at no cost. Eligible female members can also receive an annual well woman visit at no member cost in addition to the annual adult well visit.
 - Evidence-based services with an <u>A or B recommendation</u> by the United States Preventive Services Task Force (USPSTF) included.
- Eligible to contribute to a Health Savings Account (HSA) on a post-tax basis.

7

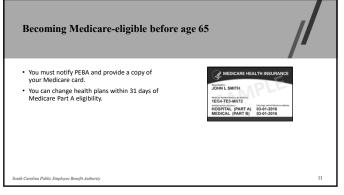
If you're eligible for Medicare Medicare will become your primary coverage and will start paying your claims first. Your PEBA coverage will be your secondary coverage.

8

Enrolling in Medicare

- Once eligible, you should enroll in Medicare Part A (hospital coverage) and Part B (medical coverage).
- The Medicare enrollment period begins three months before your 65th birthday.
- If receiving Social Security benefits, the Social Security Administration will contact you and enroll you automatically. Otherwise, you must contact Social Security to enroll.

2025 Medicare benefits				
There is no Medicare or Medicare Suppler	nental Plan coverage outside the U.S. and U.S	. territories.		
Part A (hospital benefits)	Part B (medical benefits)			
\$1,676 deductible per benefit period.1	\$257 annual deductible.1			
 No monthly premium if enough work credits established. 	 \$185 (standard monthly premium as determined by Medicare). 			
creats established.	Plan pays 80% of approved charges.			
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¹ Medicare deductibles are subject to change.				
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Medicare Supplemental Plan Includes prescription benefits. Carve-out Plan Includes prescription benefits. Includes prescription benefits.

2025 Medicare Supplemental Plan benefits	
Devis Mandianan Dank Andrewskille (AA CTC) 1	
Pays Medicare Part A deductible (\$1,676).	
 Pays Medicare Part B deductible (\$257).¹ 	
 Pays Medicare coinsurance, up to 100% of Medicare-approved charges. 	
Offers no coverage outside the U.S.	
Includes prescription drug benefit.	
Claims for non-Medicare subscribers are processed under the Standard Plan.	

Automatic enrollment in the Medicare Supplemental Plan

- Automatic enrollment at age 65 for those who participate in the State Health Plan.
- PEBA sends you a notification three months before your 65th birthday.
- Can choose to opt out of the Medicare Supplemental Plan and be covered under the Carve-out Plan.
- Medicare will be primary whether you opt out as long as you are not working in an insurance-eligible position on active coverage.
 If you enroll in the Carve-out Plan in retirement, Medicare will still pay first toward your expenses.

14

2025 Medicare Supplemental Plan benefits example If covered by Medicare and the Medicare Supplemental Plan, your claim will be processed like this: Next, the Medicare Supplemental Plan benefits are applied: Remaining bill \$1,676 Medicare-approved amount \$7,500 Medicare Supplemental Plan pays Medicare Part A deductible - \$1,676 2025 Medicare Part A deductible¹ - \$1,676 \$5,824 Medicare payment Your total payment \$0 Remaining bill \$1,676

If your provider accepts the amount Medicare allows as payment in full, the Carve-out Plan will pay the lesser of: The amount Medicare allows, minus what Medicare reported paying; or The amount the State Health Plan would pay in the absence of Medicare, minus what Medicare reported paying.

16

2025 Carve-out Plan benefits example If covered by Medicare and the Carve-out Next, the Carve-out Plan benefits are applied: Plan, your claim will be processed like this: State Health Plan allowed amount Medicare-approved amount \$7,500 2025 Carve-out Plan deductible - \$515 2025 Medicare Part A deductible¹ - \$1,676 Carve-out Plan allowance \$6,985 Medicare payment \$5,824 Carve-out Plan coinsurance × 80% Remaining bill \$1,676 Carve-out Plan payment in absence \$5,588 of Medicare Medicare payment is "carved out" of Carve-out Plan payment - \$5,824 Carve-out Plan payment \$0 Your total payment \$1,676

17

Medicare and the TRICARE Supplement Plan (Plan) If enrolled in the TRICARE Supplement Plan (Plan) (

2025 Health plan premi	ums	
Premium is determined by your coverage level: Retiree; Retiree/spouse; Retiree/children; and Full family.	Visit peba.sc.gov/monthly-premiums for details. Rates may vary for optional employers, charter schools that participate in insurance only and employers that do not participate in the trust fund. Contact your benefits administrator for your premiums.	
South Carolina Public Employee Benefit Authority	19	

Applies to State Health Plan subscribers only. S40 per month for subscriberonly coverage. S60 per month for other levels of coverage. S60 per month for other levels of coverage. Automatically charged unless subscriber: Certifies as non-tobacco or e-cigarette user during online enrollment or via Certification Regarding Tobacco or e-cigarette Users have completed the State Health Plan's tobacco cessation program. State Cerebra Pablic Replace Amedic Leaburg.

20

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