



Health and Wellness: Your Benefits Resources

2021

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What we will cover

- State Health Plan overview.
- PEBA Perks.
- Adult well visits.
- Health and wellness benefits.
- Online tools and resources.

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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.

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PEBA Perks

Value-based benefits at no cost

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PEBA Perks

- Value-based benefits available at no cost to State Health Plan primary members at network providers and pharmacies.
- Benefits can help make it easier for you and your family to stay healthy.
- www.PEBAPerks.com.



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PEBA Perks

- Preventive screenings.
- Flu vaccine.
- Adult vaccinations.
- Well child benefits (exams and immunizations).
- Colorectal cancer screening.
- Cervical cancer screening.
- No-Pay Copay.
- Mammography.
- Diabetes education.
- Tobacco cessation.
- Breast pumps.

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Preventive screenings

- Available to State Health Plan primary subscribers, non-Medicare eligible retirees, COBRA subscribers and covered spouses.
- Screenings, worth more than \$300, include:
 - Blood work;
 - Health risk appraisal;
 - Height and weight measurements;
 - Blood pressure check; and
 - Lipid panels.

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Flu vaccine

- Available to State Health Plan primary members.
- Members may get the shot from a participating network pharmacy for a \$0 copay.
 - Children ages 3 and older can now receive a flu shot at a network pharmacy.
- If a member receives the shot at a network doctor's office, the vaccine and the administration fee will be covered at no cost.
 - Any costs associated with the office visit will be processed according to regular Plan coverage rules.

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Adult vaccinations

- Available to State Health Plan primary members.
- Covered as recommended by the U.S. Centers for Disease Control and Prevention.
- If a member receives a shot at a network doctor's office, the vaccine and the administration fee will be covered at no cost.
 - Any costs associated with the office visit will be processed according to regular Plan coverage rules.

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Well child benefits

- Available to covered dependents through age 18.
- Plan pays 100 percent of the allowed amount for approved exams and immunizations at a network provider.
- American Academy of Pediatrics recommends services at certain ages.
- U.S. Centers for Disease Control and Prevention recommends immunizations.

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Colorectal cancer screening

- Available to State Health Plan primary members at a qualified network provider.
- Routine screening covered based on age range recommended by the United States Preventive Services Task Force.
 - Eligible members can also opt for some take-at-home tests.
- Diagnostic screenings available at any age.
- Benefit covers only pre-surgical consultation, generic prep kit, procedure and anesthesia.
- Any associated lab work as a result of the screening will be processed according to normal Plan provisions.

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Cervical cancer screening

- Available to State Health Plan primary women ages 18-65.
- Covers a Pap test each calendar year at no cost.
- Benefit covers only the lab fee and portion of the office visit associated with the Pap test.
- Based on the recommendation of the United States Preventive Services Task Force, the Plan will pay a benefit for HPV testing once every five years for women ages 30-65, or as otherwise recommended by the USPSTF.

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No-Pay Copay

- Available to State Health Plan primary subscribers and covered spouses.
- Qualify for the program on a quarterly basis through Rally, which you'll hear more about later in the presentation, by completing certain quarterly and annual activities.
- Receive certain generic medications for the following conditions:
 - High blood pressure and high cholesterol;
 - Cardiovascular disease, congestive heart failure and coronary artery disease; and
 - Diabetes.

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Mammography

- Available to State Health Plan primary women.
- One baseline routine mammogram (four views) for women ages 35-39.
- One routine mammogram (four views) each calendar year for women ages 40 and older.
- Diagnostic mammograms are processed according to regular Plan coverage rules.

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Diabetes education

- Available to State Health Plan primary members.
- Diabetes education helps diabetics understand their condition and how to better manage it.
- People who receive diabetes education are more likely to
 - Use primary care and preventive services;
 - Take medications as prescribed; and
 - Control their blood glucose, blood pressure and cholesterol levels.

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Tobacco cessation

- Available to State Health Plan primary subscribers and covered spouses and dependent children ages 13 or older.
- Enroll in Quit For Life® program at www.quitnow.net/SCStateHealthPlan or 800.652.7230.
- Includes a \$0 copay for eligible tobacco cessation medications to eligible participants.

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Breast pumps

- Available to State Health Plan primary women.
- Receive certain electric or manual breast pump.
- Learn more by enrolling in Coming Attractions.
 - Log in to your [My Health Toolkit](#) account. Select Wellness, then Health Coaching.
 - Call 803.699.3337 or 800.925.9724.
- Coming Attractions program supports mothers throughout pregnancy and baby's first year of life.
- Lactation consultations are available at no cost through Blue CareOnDemand.

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Adult well visits

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Adult well visits covered by Standard Plan

- Covered as a contractual service by the Standard Plan.
- Visit is subject to copayment, deductible and coinsurance.
- Evidence-based services, with an A or B recommendation by the United States Preventive Services Task Force (USPSTF), included.

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Adult well visit eligibility for Standard Plan members

- Available to all non-Medicare primary adults ages 19 and older.
- The Standard Plan will cover only one visit in covered years based on the following schedule:

	Once a year	Once every two years	Once every three years
Ages 19-39			✓
Ages 40-49		✓	
Ages 50 and up	✓		

- Eligible female members may use well visit at gynecologist or primary care physician, but not both, in a covered year.
 - If a female visits both doctors in the same covered year, only the first routine office visit received will be allowed.

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Adult well visit for Savings Plan members

- Includes evidence-based services with an A or B recommendation by the United States Preventive Services Task Force (USPSTF).
- Savings Plan will cover one well visit each year for members at no member cost.

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Where to go for an adult well visit

- Take advantage of this benefit at a network provider specializing in:
 - General practice;
 - Family practice;
 - Pediatrics;
 - Internal medicine;
 - Gerontology; or
 - Obstetrics and gynecology.

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Services not included as part of an adult well visit

- Those without an A or B recommendation by the USPSTF.
- 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, are subject to the copayment, deductible and coinsurance, as well as normal Plan provisions.
- Follow-up visits and services as a result of well visit are also subject to normal Plan provisions.

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How to get the most out of your benefits

- Step 1** Set aside money in your MoneyPlus account. Estimate how much you will spend on your adult well visit in a covered year or a non-covered year.
- Step 2** Get your preventive screening. You can receive a biometric screening at no cost, which will minimize cost to you at your adult well visit.
- Step 3** Have your adult well 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 4** 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 a well visit. Sharing your results will minimize the cost of your adult well visit.
- Step 5** Follow your doctor's recommendations and stay engaged with your health. We encourage you to take advantage of the other PEBBA Perks available to you. If you're eligible, sign up for No-Pay Copay to receive certain generic drugs at no cost to you.

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Health and wellness benefits

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Patient-centered medical home (PCMH)

- Focus is on coordinating care and preventing illnesses rather than waiting until an illness occurs and treating it.
- Physician office visit copay is waived for Standard Plan members.
- Members pay a 10 percent coinsurance, rather than 20 percent coinsurance, once meeting their deductible.
- Learn more and find a list of PCMH providers at www.StateSC.SouthCarolinaBlues.com.

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Blue CareOnDemand

- Available to State Health Plan primary members ages 18 and older.
 - Dependent children can use the benefit with an adult member.
- Connect with health care professionals via computer or smartphone 24/7/365.
- Maximum cost of \$59.
 - Cost is subject to regular Plan coverage rules, including annual deductible and coinsurance.
- peba.sc.gov/telehealth.

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Health issues appropriate for a BCOD visit

- Cold and flu symptoms.
- Allergies.
- Bronchitis and other respiratory infections.
- Urinary tract infections.
- Rashes and other skin irritations.
- Sinus problems.
- Migraines.
- Pinkeye.

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Other types of Blue CareOnDemand visits

- Behavioral health:
 - Video chat with a licensed counselor, therapist, psychologist or psychiatrist from the comfort of your home.
 - Schedule follow-up visits at the time and frequency that are right for you.
 - Cost of the visit will vary based on the type of provider.
- Lactation consultations:
 - Video chat with a lactation consultant at no cost and get help for many of the common issues associated with breastfeeding.
 - Schedule follow-up appointments at a time and frequency that are right for you.

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MUSC Health Virtual Care

- State Health Plan members, including Medicare-primary members, have access to MUSC's telehealth option at no cost.
- Opt for non-video visits or video visits.
- Common conditions treated include allergies, pinkeye, sinus infections, skin rashes, sore throat, urinary tract infections and flu.

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MUSC Health Virtual Care

- A member does not need to be a South Carolina resident; however, a member must be in South Carolina at the time of the visit.
- Members ages 18 and older can create an account.
- Members can also add dependents to their account. Visits for dependent children younger than age 18 must be completed by a parent.
- peba.sc.gov/telehealth.

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Lower copayment for preferred insulin

- The Patient Assurance Program enables State Health Plan members to get a 30-day supply of preferred and participating insulin products for \$25 (90-day supply for \$75) at a network pharmacy or through home delivery from Express Scripts Pharmacy.
- See if your insulin medication is eligible for the reduced copayment by logging in to your account at express-scripts.com or by calling 855.612.3128.

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Naturally Slim

- Teaches it's not what you eat, but when and how you eat that will help you lose and keep off weight.
- 10-week online program using video lessons and interactive tools.
- Participants watch lessons at their convenience on their computer, smartphone or tablet through iPhone or Android apps.
- Following the first 10 weeks, participants will receive:
 - Seven biweekly sessions; and
 - Six months of continued support, as needed.

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Naturally Slim eligibility

- Available at no cost to members.
 - Includes first 10 weeks, seven biweekly sessions and six months of continued support.
- State Health Plan members ages 18 and older can apply to participate. Also available to Medicare-primary members.
 - Some medical conditions or body mass indexes (BMIs) may prevent you from participating in the program.
- Apply for an upcoming program at peba.sc.gov/naturally-slim.

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Rally

- Digital health platform that offers State Health Plan primary members ages 16 and older a personalized experience.
- Link certain wearable devices to Rally.
 - Find your Rally Age, track your movement, complete missions and compete with others in challenges.
- Register by logging in to your [My Health Toolkit](#) account. Select Wellness, then Rally.



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Health coaching

- Available to State Health Plan subscribers and covered adult family members.
- Designed to help those with behavioral or chronic medical conditions.
- Automatically enrolled if you are identified through claims as someone who could benefit from one of the programs. You can opt out at any time.
- To self-enroll, call BlueCross at 855.838.5897.
- peba.sc.gov/health-coaching.

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Online tools and resources

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Navigating Your Benefits

- peba.sc.gov/nyb.
- Plain-language explanations of insurance and retirement benefits.
- Flyers and videos.



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Member messaging

- Text messages that can help you stay on top of your health.
- Receive benefits information, health and wellness reminders and cost-saving tips.
- Two ways to sign up:
 - Call 844.284.5417.
 - Text PERKS to 735-29.



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My Health Toolkit

- One-stop destination to manage your health benefits.
 - Learn more about your coverage.
 - Check medical and dental claims.
 - Manage your prescriptions.
 - Replace or view your identification card.
 - Find a doctor or hospital.
 - Improve your wellness with Rally.
- Download the mobile app to register or visit www.StateSC.SouthCarolinaBlues.com.



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How to register for My Health Toolkit

1. Search My Health Toolkit in your app store.
2. In the app, select Sign Up. You can also visit www.StateSC.SouthCarolinaBlues.com and select Create An Account.
3. Enter your member identification number on your State Health Plan identification card and your date of birth.
4. Choose a username and password.
5. Enter your email address and choose to go paperless.

For enhanced security, multi-factor authentication is required. If you have any questions about your My Health Toolkit account, call BlueCross at 877.274.1715.

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My Health Toolkit: for your entire family

- Subscribers, covered spouses and dependents ages 16 and older can create their own profile.

	Who can see information		
	Subscriber's claims/eligibility	Spouse's claims/eligibility	Dependent's claims/eligibility
Subscriber	✓	✓	✓
Spouse	✓	✓	
Dependent(s)			✓

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Manage your medicine with taps, not trips.

- Register at www.express-scripts.com or download the Express Scripts mobile app.
- Online tools include:
 - Refill and renew prescriptions.
 - View your identification card.
 - Check order status and view medicine cabinet.
 - Find and compare prices with Price a Medication.
 - Locate a network pharmacy near you.



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MyBenefits

- MyBenefits.sc.gov.
- Accessible online 24/7.
 - Review benefits statement;
 - Change contact information;
 - Update life insurance beneficiaries;
 - Change coverage during some special eligibility situations;
 - Make changes during open enrollment; and
 - Upload supporting documentation.

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Questions?

- Visit us online at peba.sc.gov.
- Call PEBA's Customer Contact Center at 803.737.6800 or 888.260.9430.
- For questions about health claims, call BlueCross customer service at 800.868.2520.
- For questions about prescription claims, call Express Scripts at 855.612.3128.

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