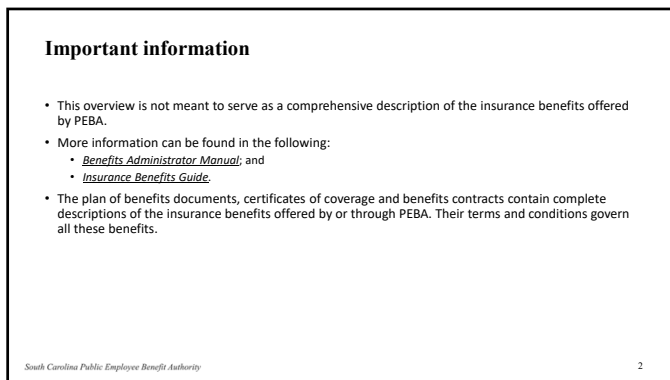
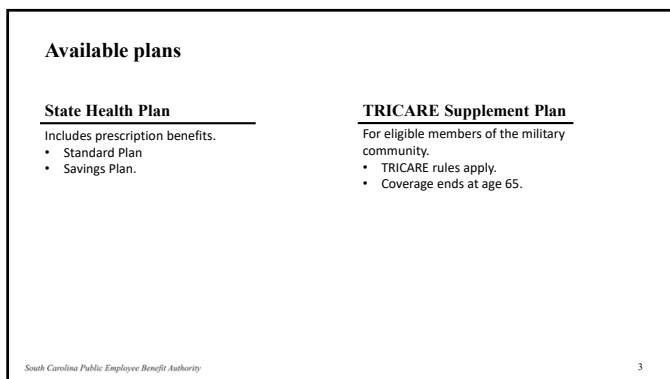


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State Health Plan

- 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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State Health Plan: Standard Plan and Savings Plan

- Common features.
- Worldwide coverage.
- Network and out-of-network benefits.
 - Pharmacy network.
- Prior authorization for certain services.
- Online access at StateSC.SouthCarolinaBlues.com.

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State Health Plan provider network

- Worldwide coverage under Standard Plan and Savings Plan.
- Subscribers pay copayments, deductible and coinsurance.
- Network provider files claims and accepts the Plan's allowed amount, even if its charges are higher.
 - Subscribers who use an out-of-network provider may have to file claims and could be balance billed. They pay a higher coinsurance, too.
- Use Find Care link under Resources at StateSC.SouthCarolinaBlues.com to find a network provider near you.

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State Health Plan prescription drug benefit

- Administered by Express Scripts.
- Must use network pharmacy.
 - No benefits paid for out-of-network prescription drugs.
- Prior authorization required for certain drugs.
- Prescription birth control covered at no cost for primary subscribers, covered spouses and covered child dependents.
- Compare costs online at www.express-scripts.com.

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Standard Plan

Annual deductible	Individual: \$515 Family: \$1,030
Coinsurance ¹	In network: <ul style="list-style-type: none">Subscriber pays 20%; Plan pays 80%.Coinsurance maximum of \$3,000 per individual or \$6,000 per family.
Physician's office visit ²	\$15 copayment
Outpatient facility ³	\$115 copayment
Emergency care ⁴	\$193 copayment
Tax-favored accounts	Medical Spending Account

¹Out of network, subscribers will pay 40% coinsurance, and the coinsurance maximum is different.

²The \$15 copayment is waived for routine mammograms, adult well visits, well woman visits and well child visits.

³The \$115 copayment for outpatient facility services is waived for emergency room services, oncology services, dialysis, clinic visits (an office visit at an outpatient facility), partial hospitalization, intensive outpatient services, electroconvulsive therapy and psychiatric medication management. The outpatient hospital copay is reduced to the office visit copay of \$15 for physical therapy, occupational therapy, cardiac rehabilitation and pulmonary rehabilitation.

⁴The \$193 copayment for emergency care is waived if admitted.

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Prescription drugs for Standard Plan^{1,2}

Tier 1 (generic)	Tier 2 (preferred brand)	Tier 3 (non-preferred brand)
30-day supply: \$13 90-day supply: \$32	30-day supply: \$46 90-day supply: \$115	30-day supply: \$77 90-day supply: \$192

Pay up to \$3,000 in prescription drug copayments.

¹Prescription drugs are not covered at out-of-network pharmacies. Specialty medications are limited to a 30-day supply per fill.

²You 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.

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Savings Plan

Annual deductible	Individual: \$4,000 Family: \$8,000 ¹
Coinsurance ²	In network: <ul style="list-style-type: none">Subscriber pays 20%; Plan pays 80%.Coinsurance maximum of \$3,000 per individual or \$6,000 per family.
Prescription benefits ^{3,4}	Pay full allowed amount for prescriptions until meeting deductible. Then, pay coinsurance.
Tax-favored accounts	<ul style="list-style-type: none">Health Savings AccountLimited-use Medical Spending Account

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, subscribers will pay 40% coinsurance, and the coinsurance maximum is different.
³Prescription drugs are not covered at out-of-network pharmacies. Specialty medications are limited to a 30-day supply per fill.
⁴You will pay a lower copayment for a 90-day supply of prescription drugs at your local network pharmacy that participates in the SmartRx Network than if you purchased the medication one month at a time.

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Medical treatment prior authorization

- Prior authorization is required for some medical treatment services, including inpatient hospital care, with Medi-Call.
- Must call at least two business days before receiving services for certain procedures.
- Emergency hospital admissions must be reported within 48 hours or the next business day.
- Call BlueCross at 800.925.9724.

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Radiology services prior authorization

- Prior authorization is required for radiology services with Evolent.
 - CT scan;
 - MRI;
 - MRA; and
 - PET scan.
- Call Evolent at 866.500.7664.
- If a network South Carolina physician or radiology center does not request prior authorization for advanced radiology services, the provider will not be paid for the service, and it cannot bill the subscriber for the service. If a subscriber or a covered family member receives advanced radiology services from an out-of-network provider in South Carolina or from any provider outside of South Carolina without prior authorization, the provider will not be paid by BlueCross and the subscriber will be responsible for the entire bill.

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Behavioral health services prior authorization

- Prior authorization is required for behavioral services with Companion Benefit Alternatives (CBA) and must be requested at least 24 hours before receipt of:
 - Inpatient hospital care.
 - Intensive outpatient hospital care.
 - Partial hospitalization care.
 - Outpatient electroconvulsive therapy.
 - Repetitive transcranial magnetic therapy.
 - Applied behavioral analysis therapy.
 - Psychological/neuropsychological testing.
- Some outpatient behavioral health services may not be covered by the Plan if you don't receive prior authorization.
- Claims subject to same deductibles, copayments and coinsurance as medical claims.
- Call CBA at 800.868.1032.

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Adult well visits and well woman visits

- The State Health Plan covers one well visit every year at no member 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 A or B recommendation by the United States Preventive Services Task Force (USPSTF) included.
- Available to all non-Medicare primary adults ages 19 and older.
- 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.

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TRICARE Supplement Plan

- Administered by Selman & Company.
- Provides secondary coverage to TRICARE.
 - Must be enrolled in TRICARE.
- No deductibles, coinsurance or out-of-pocket expenses for covered services.
- PEBA does not confirm eligibility.
 - Eligible individuals must register with Defense Enrollment Eligibility Reporting System (DEERS).
 - Must not be eligible for Medicare.
 - Must drop State Health Plan coverage to enroll.
- No COBRA rights.
- No employer contribution per federal regulations.
- Not subject to tobacco-use premium.

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2025 Monthly premiums

Premiums for optional employers may vary. Use [Monthly premium worksheet for optional employers](#).

	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

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Tobacco-use premium

- Applies to State Health Plan subscribers only.
- \$40 per month for subscriber-only coverage.
- \$60 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 Use](#) form; or
 - Certifies that all covered tobacco or e-cigarette users have completed the State Health Plan's tobacco cessation program.
- May pay tobacco-use premium pretax if enrolled in Pretax Group Insurance Premium feature.

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