

Comparison of health plans¹

| | Standard Plan ² | 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. ³ |
| Coinsurance⁴ Maximum excludes copayments and deductible | In network, you pay 20% up to \$3,000 per individual or \$6,000 per family. Out of network, you pay 40% up to \$6,000 per individual or \$12,000 per family. | In network, you pay 20% up to \$3,000 per individual or \$6,000 per family. |
| Physician's office visit⁵ | 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^{6,7} | 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 hospitalization⁷ | 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. |
| Chiropractic | \$2,000 limit per covered person | \$500 limit per covered person |
| Prescription drugs^{8,9} 30-day supply/90-day supply 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 |

1 State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage and \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

2 See the *Insurance Coverage for the Medicare-eligible Member* handbook, located at peba.sc.gov/publications, for information on how this plan coordinates with Medicare.

3 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.

4 An out-of-network provider may bill you for more than the State Health Plan's allowed amount.

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

6 The \$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.

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

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

9 With 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.