

Comparison of Health Plans

This chart is for comparison purposes only.

For more detailed information on these plans, please refer to the Public Employee Benefit Authority (PEBA) 2022 Insurance Benefits Guide online: www.peba.sc.gov.

PLAN	STATE HEALTH PLAN — SAVINGS PLAN	STATE HEALTH PLAN — STANDARD PLAN
AVAILABILITY	COVERAGE WORLDWIDE	COVERAGE WORLDWIDE
Annual Deductible Single Family	(no copayments) \$3,600 \$7,200	\$490 \$980
Coinsurance	In-Network Plan pays 80% You pay 20% Out-of-Network Plan pays 60% You pay 40%	In-Network Plan pays 80% You pay 20% Out-of-Network Plan pays 60% You pay 40%
Coinsurance Maximum Single Family	In-Network \$2,400 \$4,800 (excludes deductible) Out-of-Network \$4,800 \$9,600	In-Network \$2,800 \$5,600 Out-of-Network \$5,600 \$11,200 (excludes deductible & copayments)
Physicians Office Visits	No copayments You pay full allowed amount until you meet your deductible. Then you pay your coinsurance. Chiropractic - \$500 limit per covered person	\$14 copayment, then: In-Network Plan pays 80% You pay 20% Out-of-Network Plan pays 60% You pay 40% Chiropractic - limited to \$2,000 a year per covered person
Hospitalization or Emergency Care	No copayments for outpatient facility services or emergency care. You pay full allowed amount until you meet your deductible. Then you pay your coinsurance.	Outpatient facility services: \$105 copayment Emergency Care: \$175 copayment, then: In-Network Plan pays 80% You pay 20% Out-of-Network Plan pays 60% Plan pays 40%
Prescription Drugs	Participating pharmacies and mail order: You pay the State Health Plan's allowed amount until your annual deductible is met. Then you pay your coinsurance. Drug costs are applied to your coinsurance maximum. When you reach the maximum, you can get medications at no cost.	Participating pharmacies only (up to 30-day supply): \$9 - Tier 1 (generic) \$42 - Tier 2 (brand higher cost alternative) \$70 - Tier 3 (brand highest cost alternative) Mail order & Retail Maintenance Network pharmacies (up to 90-day supply): Tier 1 = \$22, Tier 2 = \$105, Tier 3 = \$175 Copay maximum: \$3,000 (no annual deductibles)

(Tobacco users will pay a \$40/month for employee or \$60/month for dependents surcharge in addition to health premiums.)