

Comparison of health plans offered for 2016

This brief overview of your medical plan is for comparison only. The Plan of Benefits governs the Standard, Savings and Medicare Supplemental plans offered by the state.

Please note: The \$12 Standard Plan physician office visit copayment is not charged for services received at a BlueCross BlueShield of South Carolina- (BCBSSC-) affiliated Patient-Centered Medical Home (PCMH). Savings Plan and Standard Plan members pay 10 percent coinsurance, rather than 20 percent coinsurance, for services received at a BCBSSC-affiliated PCMH.

Plan ¹	SHP Savings Plan		SHP Standard Plan ²	
	In-network	Out-of-network ³	In-network	Out-of-network ³
Availability	Coverage worldwide		Coverage worldwide	
Annual deductible	<ul style="list-style-type: none"> • Single: \$3,600 • Family: \$7,200⁴ 		<ul style="list-style-type: none"> • Single: \$445 • Family: \$890 	
Coinsurance⁵	<ul style="list-style-type: none"> • Plan pays 80% • You pay 20% 	<ul style="list-style-type: none"> • Plan pays 60% • You pay 40% 	<ul style="list-style-type: none"> • Plan pays 80% • You pay 20% 	<ul style="list-style-type: none"> • Plan pays 60% • You pay 40%
Coinsurance maximum	<ul style="list-style-type: none"> • Single \$2,400 • Family \$4,800 • Excludes deductible 	<ul style="list-style-type: none"> • Single \$4,800 • Family \$9,600 • Excludes deductible 	<ul style="list-style-type: none"> • Single \$2,540 • Family \$5,080 • Excludes deductible and copayments 	<ul style="list-style-type: none"> • Single \$5,080 • Family \$10,160 • Excludes deductible and copayments
Physicians office visits⁵	<ul style="list-style-type: none"> • No copayment • Plan pays 80% • You pay 20% • Chiropractic payments limited to \$500 a year, per person 	<ul style="list-style-type: none"> • No copayment • Plan pays 60% • You pay 40% • Chiropractic payments limited to \$500 a year, per person 	<ul style="list-style-type: none"> • \$12 copayment • Plan pays 80% • You pay 20% • Chiropractic payments limited to \$2,000 a year, per person 	<ul style="list-style-type: none"> • \$12 copayment • Plan pays 60% • You pay 40% • Chiropractic payments limited to \$2,000 a year, per person
Hospitalization/emergency care^{6,7}	No copayments for outpatient facility services or emergency care		<ul style="list-style-type: none"> • Outpatient facility services: \$95 copayment • Emergency care: \$159 copayment • Plan pays 80% • You pay 20% 	<ul style="list-style-type: none"> • Outpatient facility services: \$95 copayment • Emergency care: \$159 copayment • Plan pays 60% • You pay 40%
Prescription drugs⁸	<p>Participating pharmacies and mail order: You pay the State Health Plan's allowed amount until your annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20% in coinsurance.</p> <p>Drug costs are applied to your coinsurance maximum. When your coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount.</p>		<p>Participating pharmacies only (up to 31-day supply)</p> <ul style="list-style-type: none"> • Tier 1 (generic-lowest cost alternative): \$9 • Tier 2 (brand-higher cost alternative): \$38 • Tier 3 (brand-highest cost alternative): \$63 <p>Mail order and retail maintenance network pharmacies (up to 90-day supply)</p> <ul style="list-style-type: none"> • Tier 1: \$22 • Tier 2: \$95 • Tier 3: \$158 • Copay maximum: \$2,500 	
Prescription drug deductible per year			No annual deductible	
Lifetime maximum	None		None	
Tax-favored medical accounts	<ul style="list-style-type: none"> • Health Savings Account • Limited-use Medical Spending Account 		Medical Spending Account	

Footnotes available on following page.

Plan ¹	Medicare Supplemental Plan
Availability	<ul style="list-style-type: none"> • Same as Medicare • Available to retirees and covered dependents/survivors who are eligible for Medicare
Annual deductible	Pays Medicare Part A and Part B deductibles
Coinsurance⁵	Pays Part B coinsurance of 20%
Coinsurance maximum	None
Physicians office visits⁵	Pays Part B coinsurance of 20%
Hospitalization/emergency care^{6,7}	<p>Inpatient hospital stays</p> <ul style="list-style-type: none"> • Plan pays Medicare deductible, coinsurance for days 61-150; (Medicare benefits may end sooner if the member has previously used any of his 60 lifetime reserve days) • Plan pays 100% beyond 150 days (Medi-Call approval required) <p>Skilled nursing facility care</p> <ul style="list-style-type: none"> • Plan pays coinsurance for days 21-100 • Plan pays 100% of approved days beyond 100 days, up to 60 days per year
Prescription drugs⁸	<p>Participating pharmacies only (up to 31-day supply)</p> <ul style="list-style-type: none"> • Tier 1 (generic-lowest cost alternative): \$9 • Tier 2 (brand-higher cost alternative): \$38 • Tier 3 (brand-highest cost alternative): \$63 <p>Mail order and retail maintenance network pharmacies (up to 90-day supply)</p> <ul style="list-style-type: none"> • Tier 1: \$22 • Tier 2: \$95 • Tier 3: \$158 <ul style="list-style-type: none"> • Copay maximum: \$2,500

Footnotes for comparison chart on Pages 33-34

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

²Refer to the *When You Become Eligible for Medicare* handbook for information on how this plan coordinates with Medicare.

³An out-of-network provider may bill you for more than the plan's allowed amount for services.

⁴If more than one family member is covered, no family member will receive benefits, other than preventive benefits, until the \$7,200 annual family deductible is met.

⁵\$12 copayment waived for routine Pap tests, routine mammograms and well child care visits. Standard Plan subscribers who receive care at a BlueCross BlueShield of South Carolina-affiliated PCMH provider will not be charged the \$12 copayment for a physician office visit. After Savings Plan and Standard Plan subscribers meet their deductible, they will pay 10 percent coinsurance, rather than 20 percent, for care at a PCMH.

⁶\$95 copayment for out-patient facility services waived for emergency room, physical therapy, speech therapy, occupational therapy, oncology and dialysis services, routine mammograms and Pap tests, clinic visits, partial hospitalization, intensive out-patient services, electro-convulsive therapy and psychiatric medication management.

⁷\$159 copayment for emergency care waived if admitted.

⁸Prescription drugs are not covered out of network.