

Comparison of Health Plan Benefits Offered for 2012¹

This chart is for comparison purposes only. For more information on these plans, please refer to your 2011 Insurance Benefits Guide.

Plan	SHP Savings Plan	SHP Standard Plan ²	BlueChoice HealthPlan HMO ²	CIGNA HMO ²	Medicare Supplemental Plan ²
Availability	Coverage worldwide	Coverage worldwide	Available in all South Carolina counties Emergency and urgent coverage worldwide	Not available in Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick or Saluda counties; emergency and urgent coverage worldwide	Same as Medicare Available to retirees and covered dependents/survivors who are eligible for Medicare
Active Employee Monthly Premiums <i>Subscriber Only</i> <i>Subscriber/Spouse</i> <i>Subscriber/Children</i> <i>Full Family</i>	Tobacco users will pay a \$40- or \$60-per-month surcharge in addition to their health premium.				
	\$ 9.70 \$ 77.40 \$ 20.48 \$113.00	\$ 97.68 \$253.36 \$143.86 \$306.56	\$201.82 \$558.76 \$384.74 \$769.48	\$ 379.18 \$ 891.48 \$ 712.96 \$1,282.60	
	Please note that premiums for optional employer groups, such as local subdivisions, may vary. <u>To verify your rates, contact your benefits office.</u>				
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000 ³		\$350 \$700	\$250 \$500	None Pays Medicare Part A and Part B deductibles
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%	HMO pays 85% after copays or deductible You pay 15% HMO pays 80% after copays You pay 20% Pays Part B coinsurance of 20%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible) \$2,000 \$4,000 (includes inpatient, outpatient, copays and coinsurance) None
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		Chiropractic payments limited to \$2,000 a year, per person		\$15 PCP copay \$15 OB/GYN well-woman exam \$40 specialist copay \$15 PCP copay \$15 OB/GYN exam \$30 specialist copay Pays Part B coinsurance of 20%
	No per-occurrence deductible or copays		\$10 per-occurrence deductible, then:		
	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%	
Hospitalization/ Emergency Care	No per-occurrence deductibles or copays		Outpatient facility services: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$100 copay/ first 3 visits Emergency care: \$125 copay, HMO pays 85% after copays You pay 15% Urgent care: \$35 copay, then HMO pays 100% Inpatient: \$500 copay per admission, then HMO pays 80% Outpatient facility: \$250 copay per admission, then HMO pays 80% Emergency room: \$100 copay, then HMO pays 100% For inpatient hospital stays, the Plan pays: Medicare deductible; coinsurance for days 61-150; 100% beyond 150 days (Medi-Call approval required) For skilled nursing facility care, the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 per year.
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowed amount until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount.		Participating pharmacies only (up to 31-day supply): \$9 Tier 1 (generic-lowest cost alternative), \$30 Tier 2 (brand-higher cost alternative), \$50 Tier 3 (brand-highest cost alternative) Mail order (up to 90-day supply): \$22 Tier 1, \$75 Tier 2, \$125 Tier 3 Copay maximum: \$2,500		Participating pharmacies only (31-day supply): \$8/\$15 generic, \$35 preferred brand, \$55 non-preferred brand, \$80/\$125 specialty pharmaceuticals Mail order (Up to 90-day supply): \$20/\$37.50 generic, \$87.50 preferred brand, \$137.50 non-preferred brand Participating pharmacies only (up to 30-day supply): \$7 generic, \$25 preferred brand, \$50 non-preferred brand Mail order (up to 90-day supply): \$14 generic, \$50 preferred brand, \$100 non-preferred brand

¹ Premiums for subscribers of optional employer groups (such as cities, counties and other local subdivisions) may increase, decrease or remain the same, based on the group's rating. If you are a subscriber of an experience-rated group, your benefits office will announce next year's rates.

² Refer to your 2011 Insurance Benefits Guide 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, until the \$6,000 annual family deductible is met.

**State Health Plan Monthly Contribution Rates by Level of Coverage
2011 and Proposed Effective January 1, 2012**

EMPLOYER RATES
ALL HEALTH PLANS

	<u>2011</u>	<u>2012</u>
Enrollee Only	\$279.36	\$291.92
Enrollee/ Spouse	\$539.08	\$578.24
Enrollee/Children	\$443.44	\$448.06
Full Family	\$695.10	\$724.00

ENROLLEE RATES
Savings Plan

	<u>2011 Non-tobacco</u>	<u>2012 Non-tobacco</u>
Enrollee Only	\$ 9.28	\$ 9.70
Enrollee/ Spouse	\$ 72.56	\$ 77.40
Enrollee/Children	\$ 20.28	\$ 20.48
Full Family	\$108.56	\$113.00

	<u>2011 Tobacco</u>	<u>2012 Tobacco</u>
Enrollee Only	\$ 49.28	\$ 49.70
Enrollee/ Spouse	\$ 132.56	\$ 137.40
Enrollee/Children	\$ 80.28	\$ 80.48
Full Family	\$ 168.56	\$ 173.00

Standard Plan/ Medicare Supplement

	<u>2011 Non-tobacco</u>	<u>2012 Non-tobacco</u>
Enrollee Only	\$93.46	\$ 97.68
Enrollee/ Spouse	\$237.50	\$ 253.36
Enrollee/Children	\$142.46	\$ 143.86
Full Family	\$294.58	\$ 306.56

	<u>2011 Tobacco</u>	<u>2012 Tobacco</u>
Enrollee Only	\$133.46	\$ 137.68
Enrollee/ Spouse	\$297.50	\$ 313.36
Enrollee/Children	\$202.46	\$ 203.86
Full Family	\$354.58	\$ 366.56

Note: Employer and Enrollee rate increases by coverage level vary according to anticipated experience by coverage level. In aggregate, the Employer rates and Enrollee rates were each increased by 4.5%, consistent with the amount funded in the recently-passed fiscal 2012 Appropriation Act.