

# Comparison of Health Plan Benefits Offered for 2009<sup>1</sup>

Plan	SHP Savings Plan			SHP Standard Plan <sup>2</sup>			BlueChoice HealthPlan of South Carolina <sup>2</sup>	CIGNA HMO <sup>2</sup>
<b>Availability</b>	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties; Emergency and urgent coverage worldwide		<b>Not available</b> in Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick or Saluda counties; Emergency and urgent coverage worldwide	
<b>Active Employee Monthly Premiums</b> <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28 \$ 72.56 \$ 20.28 \$108.56			\$ 93.46 \$237.50 \$142.46 \$294.58			\$148.50 \$423.84 \$320.28 \$629.70	\$192.30 \$477.80 \$414.90 \$752.52
Please note that premiums for optional employer groups, such as local subdivisions, may vary. <u>To verify your rates, contact your benefits office.</u>								
<b>Annual Deductible</b> <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000		\$350 \$700		\$250 \$500		NONE	
<b>Coinsurance</b>	<b>In-network</b> Plan pays 80% You pay 20%	<b>Out-of-network</b> Plan pays 60% You pay 40%	<b>In-network</b> Plan pays 80% You pay 20%	<b>Out-of-network</b> Plan pays 60% You pay 40%	HMO pays 90% after copays You pay 10%		HMO pays 80% after copays You pay 20%	
<b>Coinsurance Maximum</b> <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)	\$1,500 \$3,000 (excludes deductible)		\$2,000 \$4,000 (includes inpatient, outpatient, copays and coinsurance)	
<b>Physicians Office Visits</b>	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:		\$15 PCP copay \$15 OB/GYN well-woman exam \$30 specialist copay		\$15 PCP copay \$15 OB/GYN exam \$30 specialist copay	
	No per-occurrence deductible or copays		<b>In-network</b> Plan pays 80% You pay 20%	<b>Out-of-network</b> Plan pays 60% You pay 40%				
	<b>In-network</b> Plan pays 80% You pay 20%	<b>Out-of-network</b> Plan pays 60% You pay 40%	<b>In-network</b> Plan pays 80% You pay 20%	<b>Out-of-network</b> Plan pays 60% You pay 40%				
<b>Hospitalization/ Emergency Care</b>	No per-occurrence deductibles or copays		Outpatient hospital: \$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 90% after copays. You pay 10% 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%	
<b>Prescription Drugs</b>	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): \$10 Tier 1 (generic-lowest cost alternative), \$25 Tier 2 (brand-higher cost alternative), \$40 Tier 3 (brand-highest cost alternative); Mail order (up to 90-day supply): \$25 Tier 1, \$62 Tier 2, \$100 Tier 3 Copoly maximum: \$2,500		Participating pharmacies only (31-day supply): \$7 generic, \$35 preferred brand, \$55 non-preferred brand, \$100 specialty pharmaceuticals; Mail order (Up to 90-day supply): \$14 generic, \$70 preferred brand, \$110 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	

<sup>1</sup>Premiums for subscribers of experience-rated 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.

<sup>2</sup>Refer to your 2008 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.