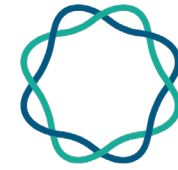

2026 PLAN OVERVIEW



INSTIL[®] HEALTH

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CONTENT

- Overview
- Contacts and Resources
- Available Benefits



OVERVIEW




WHAT IS INSTIL HEALTH?

Overview

- Budget-friendly health plan designed specifically for members living in Chesterfield, Darlington, Florence, Spartanburg and York counties.


Sample ID Card

 INSTIL HEALTH	
Member Name SUBSCRIBER NAME	InHealth
Member ID 123456789999	InHealth Network
RxBIN 021684	Referrals Required
RxGRP BXIH	
PLAN CODE C60	
www.InStilHealth.com	Out-of-Network Emergency Services Only

 INSTIL HEALTH	www.InStilHealth.com
Members: Report all emergency admissions within 24 hours.	Member Resources
Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. File claims with the local InStil Health Plan where member received services. Benefits are only available in network.	Member Service Center: 833-738-0978
Members have limited out-of-network benefits, which are only available when they receive services for an emergency medical condition.	24/7 Pharmacy Support: 833-730-1720
A primary care physician will be automatically assigned to you. Your PCP will request referrals for next levels of care except for emergency situations.	Mental Health & Substance Use Precertification: 800-868-1032
	Provider Resources
	Provider Services: 888-801-9746
	Medical Authorization: 888-801-9617
	Pharmacy Help Desk: 855-811-2218
	InStil Health Insurance Company PO Box 100324 Columbia, SC 29202
X36	

PCP ASSIGNMENT

- InStil Health members are assigned primary care providers (PCPs) and receive a letter notifying them of their assigned PCP.
- PCPs include:
 - General practice.
 - Family practice.
 - Internal medicine.
 - Pediatricians.
- PCP requests outside of the member's assigned PCP require a referral.

 INSTIL HEALTH

<<Date>>

<<First Name Last Name>>
<<Address 1>>
<<Address 2>>
<<City, State Zip>>

RE: <<ID Card Number>>

|
Dear <<First Name>>,

Thank you for being a member of InStil Health.

Why We Are Writing
Your InStil Health plan has a requirement that we assign a primary care physician for you and your dependents. They are your first step for all care needs and will request referrals to specialists or other doctors. Your InStil Health plan requires referrals for all next levels of care except for emergency situations.

The providers assigned to you and your dependents are as follows:

<<Subscriber>>: <<PCP Name>>, <<Practice>>
<<Spouse>>: <<PCP Name>>, <<Practice>>
<<Dependent>>: <<PCP Name>>, <<Practice>>
<<Dependent>>: <<PCP Name>>, <<Practice>>

What You Need To Do
If you need your current provider to keep treating you for an ongoing medical condition, please call us at 833-738-0978. We may approve continued coverage with your current provider for up to 90 days.

Additionally, we may approve continued coverage for pregnant members. If you are pregnant in your second or third trimester, or if you have had three or more visits with your current provider, we will approve coverage for you to keep seeing that provider through your postpartum checkup.

How To Contact Us
If you have any questions about this information, you can contact us:

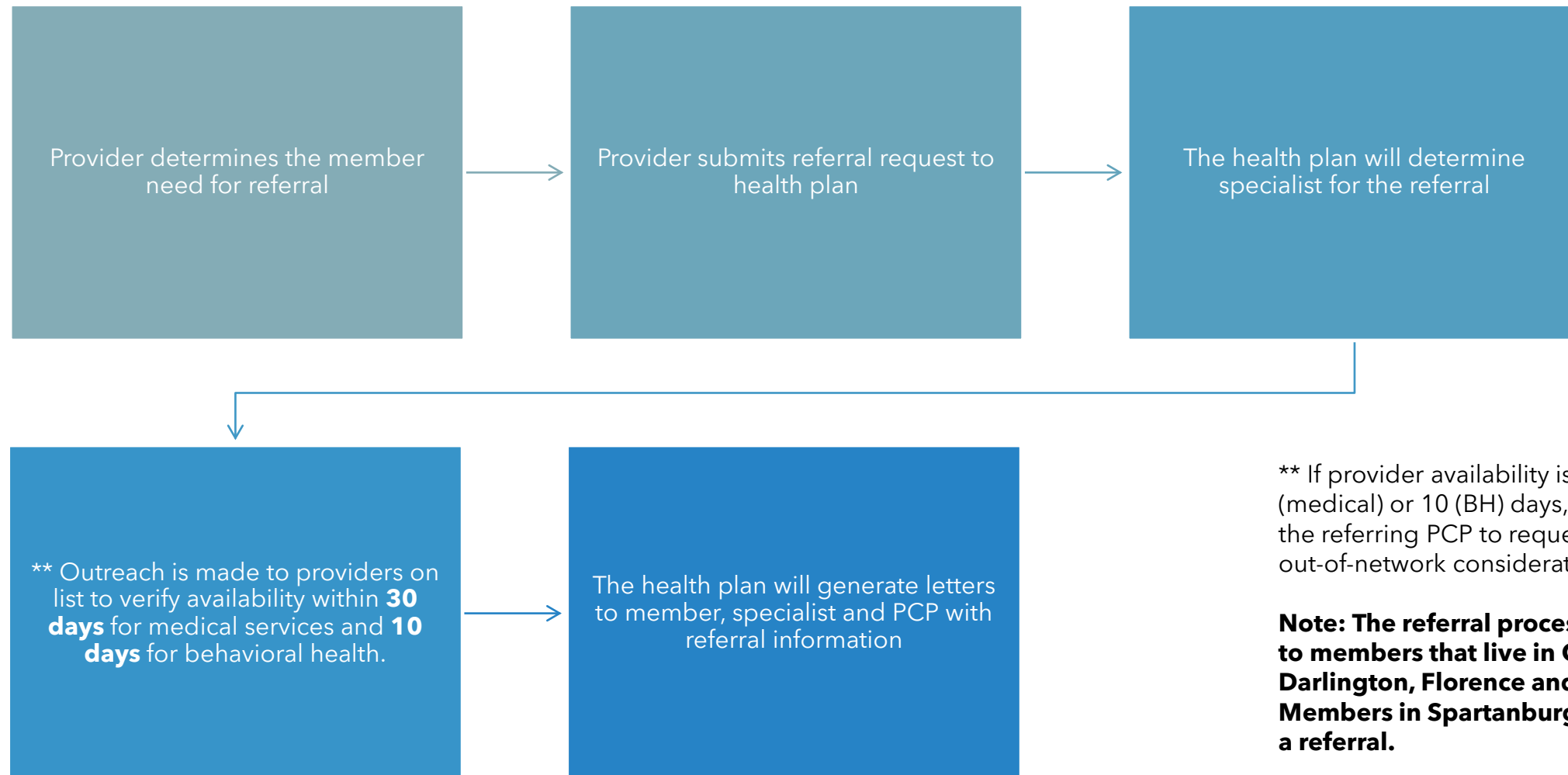
- Call us at 833-738-0978 from 8:30 a.m. – 5:30 p.m. Monday – Friday.
- Email us at Instil.Membership@instilhealth.com.
- Use the *Ask Customer Service* chat function on My Health Toolkit® at www.InStilHealth.com.

Thank you for allowing us to serve you.

PO BOX 100324
COLUMBIA SC 29202-3324

INSTILHEALTH.COM
833-738-0978

REFERRAL PROCESS (MEDICAL AND BEHAVIORAL HEALTH)



** If provider availability is greater than 30 (medical) or 10 (BH) days, notice is sent to the referring PCP to request clinicals for out-of-network consideration.

Note: The referral process only applies to members that live in Chesterfield, Darlington, Florence and York counties. Members in Spartanburg do not require a referral.

KEY NOTES ON REFERRALS

- **Emergency room (ER) visit**
 - If the member was seen in the ER and the ER referred to the specialist, only one visit is approved.
 - For future visits with the specialist, the member's PCP must request a new referral.
- **Referrals are required for:**
 - All services **unless** there is an emergency, or a primary care provider (PCP) visit with the member's assigned PCP.
 - PCP outside of the member's assigned PCP requires a referral.
 - Services without a referral will be denied.
- **Referral and prior authorization requests:**
 - Email: Med.Auth.Request@instilhealth.com
 - A PDF form is available online for submission.
 - Medical Phone: 888-801-9617
 - Behavioral Health Phone: 800-868-1032

Note: The referral process only applies to members that live in Chesterfield, Darlington, Florence and York counties. Members in Spartanburg do not require a referral.

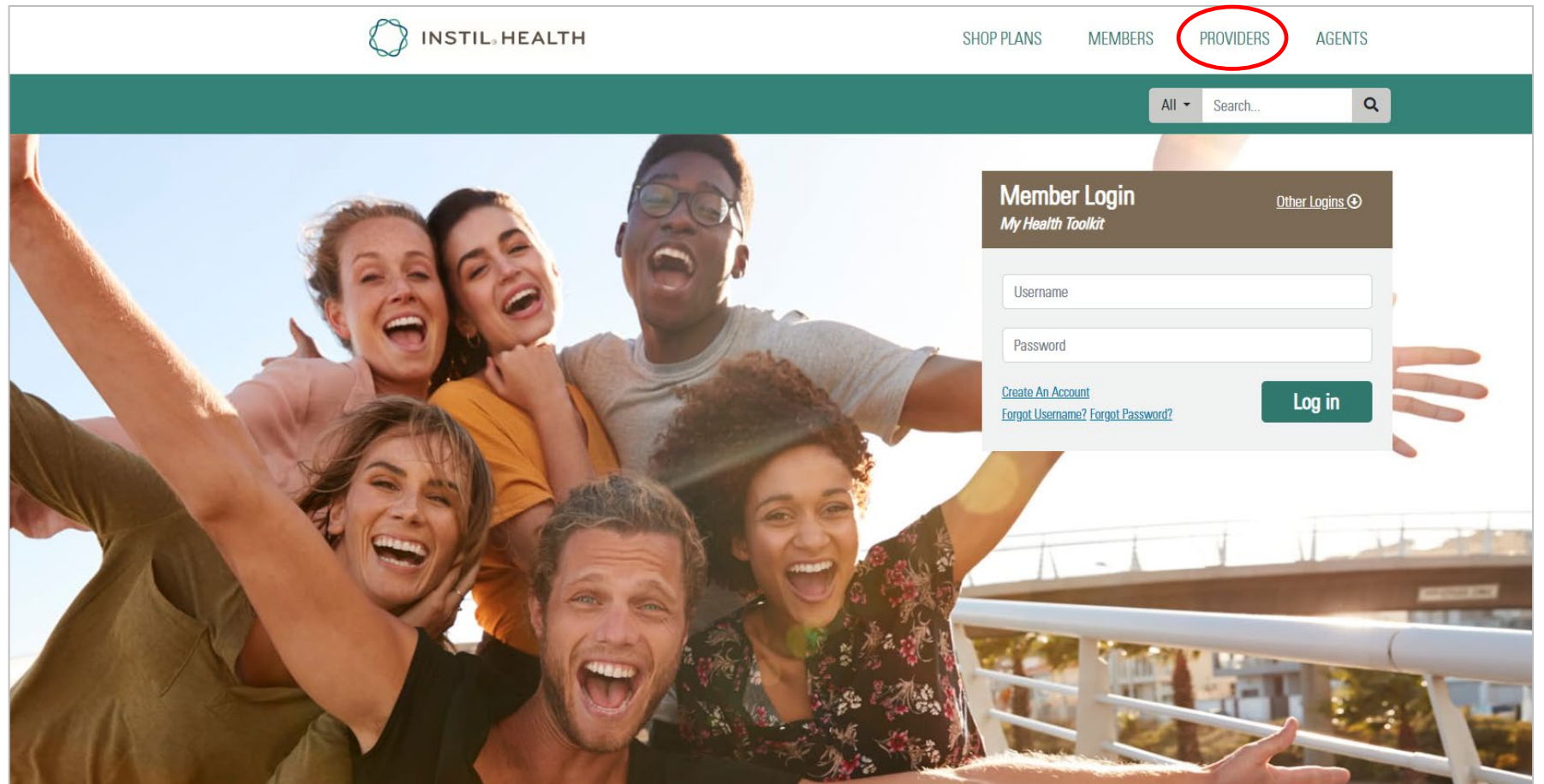


CONTACTS AND RESOURCES



WEBSITE

- www.InStilHealth.com



MEMBER CONTACTS

- Customer Service - Monday - Friday, 8:30 a.m. to 5:30 p.m.
 - Phone: 833-738-0978
 - TTY: 855-8894325
 - Fax: 803-870-9439
 - Email: InStil.Membership@instilhealth.com
 - Address: InStil Health
P.O. Box 100324
Mail Code: AX-F37
Columbia, SC 29202-3324

PROVIDER CONTACTS AND RESOURCES

- Provider Services – Monday – Friday, 8 a.m. to 6 p.m.; Closed 12:30 p.m. to 1:30 p.m. for lunch.
 - Portal: My Insurance ManagerSM
 - Phone: 888-801-9746
 - Address: InStil Health
P.O. Box 100324
Mail Code: AX-F37
Columbia, SC 29202-3324
- Prior Authorization
 - Email: Med.Auth.Request@instilhealth.com
 - Medical Phone: 888-801-9617
 - Behavioral Health Phone: 800-868-1032
- Provider Education
 - InStil.Education@instilhealth.com

PROVIDER CONTACTS AND RESOURCES (CONTINUED)

- Refunds
 - Address: InStil Health Insurance Company
Attn: Lock Box
P.O. Box 100216
Columbia, SC 29202-3216
- Electronic Data Interchange (EDI)
 - EDI.Services@instilhealth.com
- Manual and Guides
 - www.InStilHealth.com
 - Providers>Tools and Resources



AVAILABLE BENEFITS



InHealth Basic 1

	COST SHARE 3	COST SHARE 2	COST SHARE 1	BASE
Deductible	Individual: \$0 Family: \$0	Individual: \$400 Family: \$800	Individual: \$4,900 Family: \$9,800	Individual: \$6,500 Family: \$13,000
Coinsurance	20%	50%	50%	50%
Out-of-Pocket Maximum	Individual: \$1,800 Family: \$3,600	Individual: \$3,400 Family: \$6,800	Individual: \$8,450 Family: \$16,900	Individual: \$10,600 Family: \$21,200
Primary Care Physician (PCP)	\$0 copay	\$15 copay	\$25 copay	\$25 copay
Telehealth	PCP: \$0 Specialist: \$10	PCP: \$15 Specialist: \$50	PCP: \$25 Specialist: \$60	PCP: \$25 Specialist: \$60
Specialist	\$10 copay	\$50 copay	\$60 copay	\$60 copay
Urgent Care	\$10 copay	\$50 copay	\$60 copay	\$60 copay
Emergency Room Services	20% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient Hospitalization	20% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Separate RX Deductible	Individual: \$2,400 Family: \$4,800	Individual: \$3,500 Family: \$7,000	Individual: \$8,450 Family: \$16,900	Individual: \$10,600 Family: \$21,200
Separate RX Coinsurance	0%	0%	0%	0%
Prescription Drugs* Per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$2 Tier 2: \$15 Tier 3 - 4: 0% coinsurance after Rx deductible is met.	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tier 3 - 4: 0% coinsurance after Rx deductible is met.	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tier 3 - 4: 0% coinsurance after Rx deductible is met.	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tier 3 - 4: 0% coinsurance after Rx deductible is met.

InHealth Basic 1 + Vision (Adult Vision: \$25 Copay on Eye Exam; \$50 Copay for Lenses)

	COST SHARE 3	COST SHARE 2	COST SHARE 1	BASE
Deductible	Individual: \$0 Family: \$0	Individual: \$400 Family: \$800	Individual: \$4,900 Family: \$9,800	Individual: \$6,500 Family: \$13,000
Coinsurance	20%	50%	50%	50%
Out-of-Pocket Maximum	Individual: \$1,800 Family: \$3,600	Individual: \$3,400 Family: \$6,800	Individual: \$8,450 Family: \$16,900	Individual: \$10,600 Family: \$21,200
Primary Care Physician (PCP)	\$0 copay	\$15 copay	\$25 copay	\$25 copay
Telehealth	PCP: \$0 Specialist: \$10	PCP: \$15 Specialist: \$50	PCP: \$25 Specialist: \$60	PCP: \$25 Specialist: \$60
Specialist	\$10 copay	\$50 copay	\$60 copay	\$60 copay
Urgent Care	\$10 copay	\$50 copay	\$60 copay	\$60 copay
Emergency Room Services	20% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient Hospitalization	20% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Separate RX Deductible	Individual: \$2,400 Family: \$4,800	Individual: \$3,500 Family: \$7,000	Individual: \$8,450 Family: \$16,900	Individual: \$10,600 Family: \$21,200
Separate RX Coinsurance	0%	0%	0%	0%
Prescription Drugs* Per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$2 Tier 2: \$15 Tier 3 - 4: 0% coinsurance after Rx deductible is met.	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tier 3 - 4: 0% coinsurance after Rx deductible is met.	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tier 3 - 4: 0% coinsurance after Rx deductible is met.	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tier 3 - 4: 0% coinsurance after Rx deductible is met.

Administered through VSP.

Exam Services	<ul style="list-style-type: none"> Comprehensive WellVision Exam covered in full after \$25 copay.
Lenses	<ul style="list-style-type: none"> Glasses or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full after \$50 glasses copay.
Lens Enhancements	<ul style="list-style-type: none"> The following lens enhancements are covered: Polycarbonate lenses, Scratch resistant coating, and UV coating. Members can elect additional lens enhancements and save an average of 20 - 25%.
Frame	<ul style="list-style-type: none"> Frames are covered in full* up to the retail allowance of \$100. 20% off any amount above the retail allowance. Members can choose from all frames available on the market today.
Additional Pairs of Glasses	<ul style="list-style-type: none"> Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor.
Elective Contact Lenses	<ul style="list-style-type: none"> Contact lens exam (fitting and evaluation): Standard and Premium fits are covered in full. Prescription contact lens materials are covered in full up to the retail allowance of \$100 (in lieu of frame & lenses). Members can choose from any available prescription contact lens materials.

InHealth Basic 2

	COST SHARE 3	COST SHARE 2	COST SHARE 1	BASE
Deductible	Individual: \$0 Family: \$0	Individual: \$1,100 Family: \$2,200	Individual: \$5,000 Family: \$10,000	Individual: \$5,300 Family: \$10,600
Coinsurance	10%	20%	30%	35%
Out-of-Pocket Maximum	Individual: \$3,450 Family: \$6,900	Individual: \$3,500 Family: \$7,000	Individual: \$8,300 Family: \$16,600	Individual: \$10,600 Family: \$21,000
Primary Care Physician (PCP)	\$5 copay	\$10 copay	\$25 copay	\$30 copay
Telehealth	PCP: \$5 Specialist: \$10	PCP: \$10 Specialist: \$25	PCP: \$25 Specialist: \$50	PCP: \$30 Specialist: \$55
Specialist	\$10 copay	\$25 copay	\$50 copay	\$55 copay
Urgent Care	\$10 copay	\$25 copay	\$50 copay	\$55 copay
Emergency Room Services	\$300 copay then 10% coinsurance	\$300 copay then 20% coinsurance after deductible	\$300 copay then 30% coinsurance after deductible	\$300 copay then 35% coinsurance after deductible
Inpatient Hospitalization	10% coinsurance	20% coinsurance after deductible	30% coinsurance after deductible	35% coinsurance after deductible
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Prescription Drugs* Per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$7 Tier 2: \$25 Tier 3: \$60 Tier 4: 50% coinsurance	Tier 0: \$0 Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: 50% coinsurance after deductible	Tier 0: \$0 Tier 1: \$20 Tier 2: \$55 Tier 3: \$100 Tier 4: 50% coinsurance after deductible	Tier 0: \$0 Tier 1: \$20 Tier 2: \$60 Tier 3: \$100 Tier 4: 50% coinsurance after deductible

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

InHealth Basic Plus Standard

Deductible **Individual:** \$2,000
Family: \$4,000

Coinsurance 25%

Out-of-Pocket Maximum **Individual:** \$8,200
Family: \$16,400

Primary Care Physician (PCP) \$30 copay

Telehealth **PCP:** \$30
Specialist: \$60

Specialist \$60 copay

Urgent Care \$45 copay

Emergency Room Services 25% coinsurance after deductible

Inpatient Hospitalization 25% coinsurance after deductible

Ambulatory Surgery Center 25% coinsurance after deductible

Prescription Drugs*
Per 31-day supply
(up to 90-day supply maximum)
Tier 0: \$0
Tier 1: \$15
Tier 2: \$30
Tier 3: \$60
Tier 4: \$250

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

InHealth Basic Standard

	COST SHARE 3	COST SHARE 2	COST SHARE 1	BASE
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$2,200 Family: \$4,400	Individual: \$3,300 Family: \$6,600	Individual: \$7,400 Family: \$14,800	Individual: \$8,900 Family: \$17,800
Primary Care Physician (PCP)	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Telehealth	PCP: \$0 Specialist: \$10	PCP: \$20 Specialist: \$40	PCP: \$40 Specialist: \$80	PCP: \$40 Specialist: \$80
Specialist	\$10 copay	\$40 copay	\$80 copay	\$80 copay
Urgent Care	\$5 copay	\$30 copay	\$60 copay	\$60 copay
Emergency Room Services	25% coinsurance	30% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible
Inpatient Hospitalization	25% coinsurance	30% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible
Ambulatory Surgery Center	25% coinsurance	30% coinsurance after deductible	40% coinsurance after deductible	\$40% coinsurance after deductible
Prescription Drugs* Per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: %150	Tier 0: \$0 Tier 1: \$10 Tier 2: \$20 Tier 3: \$60 copay after deductible Tier 4: \$250 copay after deductible	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 copay after deductible Tier 4: \$350 copay after deductible	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 copay after deductible Tier 4: \$350 copay after deductible

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

CHIROPRACTIC COVERAGE

- Members with the following plans **do not** have benefits for chiropractic services in 2026:
 - InHealth Basic 1
 - InHealth Basic 1 + Vision
 - InHealth Basic 2
- Members with the following plans **do** have benefits for chiropractic services in 2026:
 - InHealth Basic Plus Standard
 - InHealth Basic Standard
 - **Subject to a \$25 copay with a \$500 max benefit per member, per benefit period**

PHARMACY

Prescription Drug Tiers

Tier	Description
Tier 0	Preventive drugs
Tier 1	Generic drugs
Tier 2	Preferred Brand-name drugs
Tier 3	Non-preferred Brand-name drugs
Tier 4	Specialty drugs

- 90-day drug supplies available through mail-order pharmacy.
- Tier 4 is only available for up to a 31-day supply.
- Visit www.InStillHealth.com for a full list of covered drugs.
 - Select **Members**, then **Prescription Drugs**.

PHARMACY (CONTINUED)

Formulary

- Narrow formulary with 2500+ drugs.
- Select brand name GLP-1s and insulins available.
- Retail and mail order through Optum Rx.
- Considerations for the formulary:
 - Members with an uncomplicated medical history.
 - Members who primarily use their prescription benefits for acute or seasonal conditions.
 - Members who primarily use generic medications.

PHARMACY (CONTINUED)

Tier 0 - Preventive Drugs

- Affordable Care Act benefit plans must cover certain preventive care medications at no cost-share to the member. These include:
 - Routine vaccines.
 - Statin preventive medications.
 - Tobacco cessation products.
 - Breast cancer preventive medications.
 - HIV preventive medications.
 - Birth control products.
 - Over-the-counter:
 - Aspirin.
 - Folic acid.
 - Bisacodyl.
 - Magnesium citrate.

PHARMACY (CONTINUED)

Inflammatory Agents

Drug Name	InStil Formulary
Cimzia	Included
Cosentyx	Not included
Dupixent	Not included
Enbrel	Included
Humira	Not included
Humira Biosimilar	Included
Simponi	Included
Skyrizi	Not included
Stelara	Not included
Taltz	Included
Tremfya	Not included