### 2018 Comparison of Health Plan Benefits for MUSC Employees

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>SHP Savings Plan</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td><strong>Tier B</strong></td>
<td><strong>Basic</strong></td>
</tr>
<tr>
<td>$97.68</td>
<td>$9.70</td>
<td>$0.00</td>
</tr>
<tr>
<td>$253.36</td>
<td>$77.40</td>
<td>$7.64</td>
</tr>
<tr>
<td>$143.86</td>
<td>$20.48</td>
<td>$5.40</td>
</tr>
<tr>
<td><strong>Full Family</strong></td>
<td><strong>Tier C</strong></td>
<td><strong>Plus</strong></td>
</tr>
<tr>
<td>$306.56</td>
<td>$113.00</td>
<td>$13.72</td>
</tr>
<tr>
<td><strong>Employee/Spouse</strong></td>
<td></td>
<td>$7.64</td>
</tr>
<tr>
<td><strong>Employee/Children</strong></td>
<td></td>
<td>$5.40</td>
</tr>
</tbody>
</table>

#### Availability
- **MUSC Network**: approved pediatricians, National Allergy & Asthma, and Doctors Care
- **Outside MUSC Network**: approved providers
- **Not in MUSC Network and not a Standard State Health Plan approved provider**: Coverage worldwide

#### Coinsurance
- Deductible and coinsurance not applicable for physicians’ visits, certain outpatient services, and hospital facility charges associated with an inpatient hospital stay. PT, OT, & Speech Therapy are subject to deductible and coinsurance.

#### Annual Deductible
- **Tier A**: $385
- **Tier B**: $445
- **Tier C**: $3,600

#### Coinsurance Maximum
- **Single Family**: $2,200 (excludes deductible)
- **Employee/Spouse**: $2,540 (excludes deductible)
- **Employee/Children**: $5,080 (excludes deductible)

#### Co-insurance
- **In-Network**: Plan pays 80%
- **Out-of-Network**: Plan pays 60%

#### Prescription Drugs
- **MUSC Retail Pharmacies**
  - Tier 1 (generic-lowest cost alternative): $6
  - Tier 2 (brand-higher cost alternative): $30
  - Tier 3 (brand-higher cost alternative): $50
- **Outpatient**
  - Mail order (up to a 90 day supply)
    - Tier 1 (Generic): $15
    - Tier 2 (Preferred brand): $80
    - Tier 3 (Non-preferred brand): $140
    - Copay maximum: $2,500

#### Physicians Office Visits
- **Outpatient**: $265 copay for hospital surgical out-patient, $75 for radiology & $20 for Pathology.
- **Hospitalization**: Deductible and 20% coinsurance for physician fees, but no copay for inpatient hospital services.

Please refer to the website (https://www.musc.edu/medcenter/MUSCHealthplan/index.html) to ensure that you are viewing the latest version of this chart.

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1. Refer to your 2018 Insurance Benefits Guide for information on how this plan coordinates with Medicare.
2. Subscribers who use tobacco or cover dependents who use tobacco will pay a tobacco surcharge - $40 monthly surcharge for subscriber-only coverage, $60 monthly for other levels of coverage.
3. If more than one family member is covered, no family member will receive benefits, other than preventive, until the $7,200.00 annual family deductible is met.

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