

2019 Comparison of Health Plan Benefits for MUSC Employees

	MUSC Health Plan ¹			SHP Savings Plan		Dental		
***** Tobacco users will pay a \$40 or \$60 per-month surcharge in addition to their health premium. ² *****								
Monthly Premiums						Basic	Plus	
Employee	\$97.68			\$9.70		Employee	\$0.00	\$27.12
Employee/Spouse	\$253.36			\$77.40		Employee/Spouse	\$7.64	\$54.80
Employee/Children	\$143.86			\$20.48		Employee/Children	\$13.72	\$63.20
Full Family	\$306.56			\$113.00		Full Family	\$21.34	\$82.10
Availability	MUSC Network, approved pediatricians, National Allergy & Asthma, and Doctors Care	Outside MUSC Network - Standard State Health Plan approved providers	Not in MUSC Network and not a Standard State Health Plan approved provider	Coverage worldwide		Vision		
	Tier A	Tier B	Tier C			Employee		\$8.00
Annual Deductible				No copayments		Employee/Spouse		\$16.00
Single	\$385		\$445	***\$3,600***		Employee/Children		\$17.16
Family	\$770		\$890	***\$7,200 ³ ***		Full Family		\$25.16
Coinsurance	Plan pays 80%, you pay 20%	<u>Standard State Health Plan</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>			
	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	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%			
Coinsurance Maximum								
Single	\$2,200	\$2,800	\$5,600	\$2,400	\$4,800			
Family	\$4,400 (excludes deductible)	\$5,600 (excludes deductible)	\$11,200 (excludes deductible)	\$4,800 (excludes deductible)	\$9,600 (excludes deductible)			
	Add'l copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.							
Physicians Office Visits	<u>Annual deductible & coinsurance do not apply</u>	\$490 annual deductible first. \$14 copay, then coinsurance: Copay waived if service performed at a Patient Centered Medical Home (PCMH)		\$7,200 annual deductible applies, then:				
	\$25 - Rapid Access Clinic & Primary Care Physician copay \$45 - Specialist Physician copay \$0 - copay for ACA approved preventive visits & annual well-woman exam	<u>In-Network</u> Plan pays 80% You pay 20% (If PCMH, you pay 10%)	<u>Out-of-Network</u> Plan pays 60% You pay 40%	<u>In-Network</u> Plan pays 80% You pay 20%	<u>Out-of-Network</u> Plan pays 60% You pay 40%			
		Maximum Annual Chiropractic payments - \$2,000		Maximum Annual Chiropractic payments - \$500				
Outpatient	\$265 copay for hospital surgical out-patient, \$75 for radiology & \$20 for Pathology.	\$95 copay, deductible & coinsurance.						
Hospitalization	Deductible and 20% coinsurance for physician fees, but no copay for inpatient hospital services.	Hospitalization subject to deductible & coinsurance.		Deductible & coinsurance. No copayments.				
Urgent/Emergency Care	Urgent: \$75 copay at Doctors Care; ER: \$175 copay, plus deductible & 20% coinsurance	Urgent: Deductible & coinsurance; ER: \$159 copay, deductible & coinsurance						
Prescription Drugs	MUSC Retail Pharmacies Tier 1 (generic-lowest cost alternative): \$6 Tier 2 (brand-higher cost alternative): \$30 Tier 3 (brand-highest cost alternative): \$50 90 day supply Tier 1 (Generic): \$15 Tier 2 (Preferred brand): \$80 Tier 3 (Non-preferred brand): \$140 Copay maximum: \$2,500	Participating pharmacies only (up to a 31 day supply) Tier 1 (generic-lowest cost alternative): \$9 Tier 2 (brand-higher cost alternative): \$42 Tier 3 (brand-highest cost alternative): \$70 Mail order (up to a 90 day supply) Tier 1 (Generic): \$22 Tier 2 (Preferred brand): \$105 Tier 3 (Non-preferred brand): \$175 Copay maximum: \$3,000		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 allowable amount.				

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.

¹Refer to your 2018 Insurance Benefits Guide for information on how this plan coordinates with Medicare.

²Subscribers 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.

³If 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.