

2020 Comparison of Health Plan Benefits for MUSC Employees

Version Date: 01/24/19

	MUSC Health Plan			Dental		
				Basic	Plus	
Monthly Premiums						
Employee	\$97.68			Employee	\$0.00	\$25.96
Employee/Spouse	\$253.36			Employee/Spouse	\$7.64	\$60.12
Employee/Children	\$143.86			Employee/Children	\$13.72	\$74.26
Full Family	\$306.56			Full Family	\$21.34	\$99.98
Availability	MUSC Network, approved pedatricians, 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	Vision		
	Tier A	Tier B	Tier C	Employee	\$5.80	
Annual Deductible				Employee/Spouse	\$11.60	
Single	\$385	\$490		Employee/Children	\$12.46	
Family	\$770	\$980		Full Family	\$18.26	
Coinsurance	Plan pays 80%, you pay 20%	<u>Standard State Health Plan</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%			
Coinsurance Maximum						
Single	\$2,200	\$2,800	\$5,600			
Family	\$4,400	\$5,600	\$11,200			
	(excludes deductible)	(excludes deductible)	(excludes deductible)			
	Addt'l copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.					
Physician 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)				
	\$25 - Rapid Access Clinic & Primary Care Physician copay	<u>In-Network</u>	<u>Out-of-Network</u>			
	\$45 - Specialist Physician copay	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%			
	\$0 - copay for ACA approved preventive visits & annual well-woman exam	(If PCMH, you pay 10%)				
		Maximum Annual Chiropractic payments - \$2,000				
Outpatient	\$265 copay for hospital surgical out-patient, \$75 for radiology & \$20 for Pathology.	\$105 copay, deductible & coinsurance.				
Hospitalization	Deductible and 20% coinsurance for physician fees, but no copay for inpatient hospital services.	Hospitalization subject to deductible & coinsurance.				
Urgent/ Emergency Care	Urgent: \$75 copay at Doctors Care; ER: \$175 copay, plus deductible & 20% coinsurance	Urgent: Deductible & coinsurance; ER: \$175 copay, deductible & coinsurance				
Prescription Drugs	MUSC Retail Pharmacies	Participating pharmacies only (up to a 31 day supply)				
	Tier 1 (generic-lowest cost alternative): \$6	Tier 1 (generic-lowest cost alternative): \$9				
	Tier 2 (brand-higher cost alternative): \$30	Tier 2 (brand-higher cost alternative): \$42				
	Tier 3 (brand-highest cost alternative): \$50	Tier 3 (brand-highest cost alternative): \$70				
	90 day supply	Mail order (up to a 90 day supply)				
	Tier 1 (Generic): \$15	Tier 1 (Generic): \$22				
	Tier 2 (Preferred brand): \$80	Tier 2 (Preferred brand): \$105				
	Tier 3 (Non-preferred brand): \$140	Tier 3 (Non-preferred brand): \$175				
	Copay maximum: \$2,500	Copay maximum: \$3,000				

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 2020 Insurance Summary 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.