

## 2023 Comparison of Health Plan Benefits for MUSC Employees

		MUSC Health Plan		Dental				
<b>Monthly Premiums</b>	Employee	\$97.68		Employee	\$0.00	\$26.60		
	Employee/Spouse	\$253.36		Employee/Spouse	\$7.64	\$61.42		
	Employee/Children	\$143.86		Employee/Children	\$13.72	\$75.76		
	Full Family	\$306.56		Full Family	\$21.34	\$101.94		
				Basic	Plus			
<b>Availability</b>	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		Vision			
	Tier A	Tier B	Tier C		Employee	\$5.94		
<b>Annual Deductible</b>	Single Family	\$385		\$515		Employee/Spouse	\$11.88	
	Coinsurance	\$770		\$1030		Employee/Children	\$12.76	
	Plan pays 80%, you pay 20%		<u>Standard State Health Plan</u>	<u>Out-of-Network</u>		Full Family	\$18.70	
	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%				
<b>Coinsurance Maximum</b>	Single Family	\$2,200		\$3,000				
		\$4,400		\$6,000				
		(excludes deductible)		(excludes deductible)		(excludes deductible)		
	Add'l copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.							
<b>Physician Office Visits</b>	<u>Annual deductible &amp; coinsurance do not apply</u>		\$490 annual deductible first. \$15 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> Plan pays 80% You pay 20% (If PCMH, you pay 10%)		<u>Out-of-Network</u> Plan pays 60% You pay 40%				
	\$45 - Specialist Physician copay							
	\$0 - copay for ACA approved preventive visits & annual well-woman exam	Maximum Annual Chiropractic payments - \$2,000						
<b>Outpatient</b>	\$290 copay for hospital surgical out-patient major surgery, \$75/minor surgery, \$95 for radiology & \$20 for Pathology		\$115 copay, deductible & coinsurance.					
<b>Hospitalization</b>	Deductible and 20% coinsurance for physician fees, but no copay for inpatient hospital services.		Hospitalization subject to deductible & coinsurance.					
<b>Urgent/ Emergency Care</b>	Urgent: \$85 copay at Doctors Care; ER: \$193 copay, plus deductible & 20% coinsurance		Urgent: Deductible & coinsurance; ER: \$193 copay, deductible & coinsurance					
<b>Prescription Drugs</b>	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): \$13					
	Tier 2 (brand-higher cost alternative): \$30		Tier 2 (brand-higher cost alternative): \$46					
	Tier 3 (brand-highest cost alternative): \$50		Tier 3 (brand-highest cost alternative): \$77					
	90 day supply		Mail order (up to a 90 day supply)					
	Tier 1 (Generic): \$15		Tier 1 (Generic): \$32					
Tier 2 (Preferred brand): \$80		Tier 2 (Preferred brand): \$115						
Tier 3 (Non-preferred brand): \$140		Tier 3 (Non-preferred brand): \$192						
Copay maximum: \$2,500		Copay maximum: \$3,000						

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