

2022 Comparison of Health Plan Benefits for MUSC Employees

		MUSC Health Plan		Dental			
Monthly Premiums	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	
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		Vision		
	Tier A	Tier B	Tier C		Employee	\$5.94	
Annual Deductible	Single Family	\$385		\$490		Employee/Spouse	\$11.88
	Coinsurance	\$770		\$980		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%				
Coinsurance Maximum	Single Family	\$2,200	\$2,800	\$5,600			
		\$4,400	\$5,600	\$11,200			
		(excludes deductible)	(excludes deductible)	(excludes deductible)			
	Add'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 \$0 - copay for ACA approved preventive visits & annual well-woman exam	Plan pays 80% You pay 20% (If PCMH, you pay 10%)		Plan pays 60% You pay 40%			
	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					

Version Date: 12/21/2020