

2021 Comparison of Health Plan Benefits for MUSC Employees

Version Date: 12/21/2020

	MUSC Health Plan			Dental	
				Basic	Plus
Monthly Premiums Employee Employee/Spouse Employee/Children Full Family		\$97.68		\$0.00	\$25.96
		\$253.36		\$7.64	\$60.12
		\$143.86		\$13.72	\$74.26
		\$306.56		\$21.34	\$99.98
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	
Annual Deductible Single Family	Tier A	Tier B	Tier C	Employee	\$5.80
	\$385 \$770	\$490 \$980		Employee/Spouse Employee/Children Full Family	\$11.60 \$12.46 \$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 Family					
	\$2,200 \$4,400 (excludes deductible)	\$2,800 \$5,600 (excludes deductible)	\$5,600 \$11,200 (excludes deductible)		
	Addtl 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> 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			
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 90 day supply	Tier 3 (brand-highest cost alternative): \$70 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 Copay maximum: \$2,500	Tier 3 (Non-preferred brand): \$175 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 2021 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.