

## 2018 MUSC Health Plan Summary of Benefits

This is a summary of coverage for the MUSC Health Plan services within the MUSC Health Plan network only. MUSC Health Plan members are also eligible for Standard State Health Plan benefits as detailed in the Insurance Benefits Guide.

<b>Network</b>	Includes all MUSC providers, approved pediatricians, National Allergy and Asthma, Doctors Care (SC locations)	
<b>Annual Deductible</b>		
<i>Single</i>	\$385	
<i>Family</i>	\$770	
<b>Coinsurance</b>	Plan pays 80%, You pay 20% as stated below Deductible & coinsurance not applicable for physician office visits, certain outpatient services, and the hospital facility charges associated with an inpatient hospital stay. Physical therapy, occupational therapy and speech therapy are subject to deductible & coinsurance.	
<b>Services &amp; Procedures at MUSC Hospital Based Settings</b>	Includes Main Hospital, Rutledge Tower, Ashley River Tower, North Charleston Specialty Care, & all MUSC Children's Hospital After Hours Care	
Primary care physician visit	\$25	A visit to treat an injury or illness.
Adult or Pediatric specialist visit with referral	\$45	
Adult or Pediatric specialist visit without referral	\$45	At this time, no referral is required to qualify for the lower copay.
General pediatrician visit	\$25	A visit to treat an injury or illness.
Well child visit	\$0	A visit that includes a well child exam and recommended immunization. Services must be billed as outlined under the Affordable Care Act.
Well child visit w/ add'l diagnosis of illness or injury	\$0 + \$25	A well child visit that includes discovery of an illness or injury will have an additional copay for the professional service provided.
Ob/Gyn visit	\$25	
Annual well woman exam	\$0	
ACA approved preventive screening	\$0	Services must be billed as outlined under the Affordable Care Act.
Pathology/Labs	\$20	Certain specialty labs may incur a \$35 copay per service for professional interpretation.
Radiology (X-ray, CT, MRI, PET)	\$45	Copay will be applied to the professional services.
Physical Therapy	deductible & 20% coinsurance	
Primary care physician visit w/ labs	\$25 + \$20	The additional copay is for laboratory services.
Primary care physician visit w/ labs and radiology	\$25 + \$20 + \$45	The additional copay is for the professional service provided (ex: radiologist).

Services and procedures at hospital based settings continued.

Adult or pediatric specialist visit with procedure	\$45	If additional physicians provide services related to the procedure, there will be an additional \$35 copay for each.
ACA approved preventive screening at PCP w/ diagnosis	\$0 + \$25	A screening that includes discovery of an illness or injury will have an additional copay for the professional service provided.
ACA approved preventive screening at specialist w/ diagnosis	\$0 + \$45	A screening that includes discovery of an illness or injury will have an additional copay for the professional service provided.
ACA approved colonoscopy screening	\$0	The preventive screening is for adults age 50 and over.
ACA approved colonoscopy screening w/ anesthesia	\$0 + up to \$45	The additional copay is for the professional who administers the anesthesia.
ACA colonoscopy screening w/ anesthesia, diagnosis, & labs	\$0 + up to \$45 + \$45 + \$20	The additional copays are for each of the professional services provided (ex: gastroenterologist, anesthesiologist or pathologist) and laboratory services.
Diagnostic colonoscopy w/ anesthesia & labs	\$45 + up to \$45 + \$20	The additional copays are for each of the professional services provided (ex: gastroenterologist, anesthesiologist or pathologist) and laboratory services.
Mental health office visit	\$25	
Outpatient Major Surgery	\$265	Additional copays may apply for each professional service provided, radiology and/or pathology services.
Outpatient Minor Surgery	\$75	Additional copays may apply for each professional service provided, radiology and/or pathology services.
Emergency room visit	\$159 copay, deductible & 20% coinsurance	The deductible & coinsurance apply to all services. Additional copays may apply for each professional service provided. The \$150 copay is waived if you are admitted.
Inpatient Hospital	deductible & 20% coinsurance	There is no copay for the hospital facility charges.
Urgent Care at Doctors Care	\$75	At any Doctors Care location in SC
<b>Services &amp; Procedures at MUSC Office Based Settings</b>	Includes East Cooper, West Ashley Specialty Care, MUSC Physicians Primary Care (formerly Carolina Family Care) and other MUSC Physician offices.	
Primary care physician visit	\$25	A visit to treat an injury or illness.
Adult or Pediatric specialist visit with referral	\$45	
Adult or Pediatric specialist visit without referral	\$45	At this time, no referral is required to qualify for the lower copay.
General pediatrician visit	\$25	A visit to treat an injury or illness.
Well child visit	\$0	A visit that includes a well child exam and recommended immunization.
Well child visit w/ diagnosis	\$0 + \$25	A well child visit that includes discovery of an illness or injury will have an additional copay for the professional service provided.
Ob/Gyn visit	\$25	Additional copays may apply for each professional service provided, radiology and/or pathology services.
Annual well woman exam	\$0	Services must be billed as outlined under the Affordable Care Act.
ACA approved preventive	\$0	Services must be billed as outlined under the Affordable Care

screening		Act.
Services and procedures at office based settings continued.		
Pathology/Labs performed in an office based setting	\$25	This copay is for labs only.
Radiology (X-ray, CT, MRI, PET)	\$75	
Physical Therapy	deductible & 20% coinsurance	
Primary care physician visit w/ labs	\$25 + \$25	The additional copay is for laboratory services.
Primary care physician visit w/ labs and radiology	\$25 + \$25 + \$75	The additional copay is for the professional service provided (ex: radiologist).
Adult or Pediatric specialist visit with procedure	\$45	
ACA approved preventive screening at PCP w/ diagnosis	\$0 + \$25	A screening that includes discovery of an illness or injury will have an additional copay for the professional service provided.
ACA approved preventive screening at specialist w/ diagnosis	\$0 + \$45	A screening that includes discovery of an illness or injury will have an additional copay for the professional service provided.
ACA approved colonoscopy screening	\$0	The preventive screening is for adults age 50 and over.
ACA approved colonoscopy screening w/ anesthesia	\$0 + up to \$45	The additional copay is for the professional who administers the anesthesia.
ACA colonoscopy screening w/ anesthesia, diagnosis, & labs	\$0 + up to \$45 + \$45 + \$20	The additional copays are for each of the professional services provided (ex: gastroenterologist, anesthesiologist or pathologist) and laboratory services.
Diagnostic colonoscopy w/ anesthesia & labs	\$45 + up to \$45 + \$20	The additional copays are for each of the professional services provided (ex: gastroenterologist, anesthesiologist or pathologist) and laboratory services.
Mental health office visit	\$25	
Outpatient Major Surgery	\$265	Additional copays may apply for each professional service provided, radiology and/or pathology services.
Outpatient Minor Surgery	\$75	Additional copays may apply for each professional service provided, radiology and/or pathology services.
Urgent Care at Doctors Care	\$75	At any Doctors Care location in SC
<b>Services &amp; Procedures under Standard State Health Plan Benefits</b>	Subscribers can still see providers within the MUSC Health Plan Network; claims are filed under SHP benefits.	
Ambulance Services	Deductible and 20% coinsurance, unless noted otherwise. See the Insurance Benefits Guide for exclusions, visit limits, and/or benefit maximums.	
Chiropractic Care		
Durable Medical Equipment		
Hospice Care		
Home Health Care		
Rehabilitation Care		
Skilled Nursing Facility		
Infertility	Deductible & 30% coinsurance	

<p><b>Medi-Call Preauthorization 800-925-9724</b></p>	<p>Certain services require preauthorization before you receive them, regardless of if you see a MUSC Health Plan or Standard State Health Plan provider. It is your responsibility to ensure that the service has been preauthorized. If you do not receive preauthorization, you may be subject to a penalty and the coinsurance maximum may not apply.</p>
<p><b>Exclusions</b></p>	<p>There are some medical expenses the MUSC Health Plan/Standard Health Plan do not cover. Please review the Insurance Benefits Guide for a complete list.</p>
<p><b>Wellness &amp; other personal health programs</b></p>	<p>Please review the Insurance Benefits Guide for more information.</p>
<p>MUSC Health Plan Appointments</p>	<p>(843) 792-9191</p>
<p>MUSC Health Plan Claim Questions</p>	<p>(800) 868-2520 (BlueCross BlueShield)</p>
<p><a href="http://www.musc.edu/medcenter/MUSChealthplan">www.musc.edu/medcenter/MUSChealthplan</a></p>	
<p>This guide is an overview of common services provided and is not a comprehensive list of benefits. Additional copays may apply for each professional service provided.</p>	