

2018 Comparison of Health Plan Benefits

Version Date: 09/14/17

	MUSC Health Plan ¹			SHP Savings Plan		Dental	
***** Tobacco users will pay a \$40 or \$60 per-month surcharge in addition to their health premium. ² *****							
Monthly Premiums						Basic	Plus*
Employee	\$97.68			\$9.70		Employee	\$0.00 \$27.12
Employee/Spouse	\$253.36			\$77.40		Employee/Spouse	\$7.64 \$54.80
Employee/Children	\$143.86			\$20.48		Employee/Children	\$13.72 \$63.20
Full Family	\$306.56			\$113.00		Full Family	\$21.34 \$82.10
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	Coverage worldwide		*enrollees must pay both premiums for Plus	
	Tier A	Tier B	Tier C			Vision	
Annual Deductible	Single \$385 Family \$770	\$445 \$890		No copayments ***\$3,600*** ***\$7,200 ³ ***		Employee	\$8.00
Coinsurance	Plan pays 80%, you pay 20% 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	<u>Standard State Health Plan</u> Plan pays 80% You pay 20%	<u>Out-of-Network</u> Plan pays 60% You pay 40%	<u>In-Network</u> Plan pays 80% You pay 20%	<u>Out-of-Network</u> Plan pays 60% You pay 40%	Employee/Spouse	\$16.00
Coinsurance Maximum	Single \$2,200 Family \$4,400 (excludes deductible)	\$2,540 \$5,080 (excludes deductible)	\$5,080 \$10,160 (excludes deductible)	\$2,400 \$4,800 (excludes deductible)	\$4,800 \$9,600 (excludes deductible)	Employee/Children	\$17.16
	Additional copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.					Full Family	\$25.16
Physician Office Visits	<u>Annual deductible & coinsurance do not apply</u> \$25 - Rapid Access Clinic & Primary Care Physician copay \$45 - Specialist Physician copay \$0 - copay for ACA approved preventive visits & annual well-woman exam	<u>\$445 annual deductible first. \$12 copay, then coinsurance:</u> Copay waived if service performed at a Patient Centered Medical Home (PCMH) <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%		<u>\$7,200 annual deductible applies, then:</u> <u>In-Network</u> Plan pays 80% You pay 20% <u>Out-of-Network</u> Plan pays 60% You pay 40%			
		Maximum Annual Chiropractic payments - \$2,000		Maximum Annual Chiropractic payments - \$500			
Outpatient	\$265 copay for hospital surgical out-patient, \$75 for radiology & \$20 for Pathology.	\$95 copay, deductible & coinsurance.		Deductible & coinsurance. No copayments.			
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: \$159 copay, plus deductible & 20% coinsurance	Urgent: Deductible & coinsurance; ER: \$159 copay, deductible & coinsurance					
Prescription Drugs	MUSC Retail Pharmacies Tier 1 (generic-lowest cost alternative): \$6 Tier 2 (brand-higher cost alternative): \$30 Tier 3 (brand-highest cost alternative): \$50 90 day supply Tier 1 (Generic): \$15 Tier 2 (Preferred brand): \$80 Tier 3 (Non-preferred brand): \$140 Copay maximum: \$2,500	Participating pharmacies only (up to a 31 day supply) Tier 1 (generic-lowest cost alternative): \$9 Tier 2 (brand-higher cost alternative): \$38 Tier 3 (brand-highest cost alternative): \$63 Mail order (up to a 90 day supply) Tier 1 (Generic): \$22 Tier 2 (Preferred brand): \$95 Tier 3 (Non-preferred brand): \$158 Copay maximum: \$2,500		Participating pharmacies and mail order only: You pay the State Health Plan's allowed amount until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowable amount.			

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 2018 Insurance Benefits Guide 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.

³If more than one family member is covered; no family member will receive benefits, other than preventive, until the \$7,200.00 annual family deductible is met.