

2023 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
					Basic	Plus
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		Employee/Spouse	\$11.88	
	Coinsurance	\$770		Employee/Children	\$12.76	
	Plan pays 80%, you pay 20%	\$515		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	<u>Standard State Health Plan</u>	<u>Out-of-Network</u>			
		Plan pays 80% You pay 20%	Plan pays 60% You pay 40%			
Coinsurance Maximum	Single Family	\$2,200	\$3,000	\$5,600		
		\$4,400	\$6,000	\$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. \$15 copay, then coinsurance: Copay waived if service performed at a Patient Centered Medical Home (PCMH)				
	\$25 - Rapid Access Clinic & Primary Care Physician copay \$45 - Specialist Physician copay \$0 - copay for ACA approved preventive visits & annual well-woman exam	<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%			
		Maximum Annual Chiropractic payments - \$2,000				
Outpatient	\$290 copay for hospital surgical out-patient major surgery, \$75/minor surgery, \$95 for radiology & \$20 for Pathology	\$115 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: \$85 copay at Doctors Care; ER: \$193 copay, plus deductible & 20% coinsurance	Urgent: Deductible & coinsurance; ER: \$193 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): \$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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