



MUHA Employee Benefits Summary

2021 Monthly insurance premiums for MUHA employees

| | MUSC Health | TRICARE SUPP | Dental | Dental Plus | Vision |
|-------------------|-------------|--------------|---------|-------------|---------|
| Employee Only | \$97.68 | \$62.50 | \$0.00 | \$25.96 | \$5.80 |
| Employee/spouse | \$253.36 | \$121.50 | \$7.64 | \$60.12 | \$11.60 |
| Employee/children | \$143.86 | \$121.50 | \$13.72 | \$74.26 | \$12.46 |
| Full Family | \$306.56 | \$162.50 | \$21.34 | \$99.98 | \$18.26 |

Effective: First day of the Following Month after hire date

2021 MUHA Retirement Options

| | SC Retirement System Defined Benefit | SC Optional Retirement Program Defined Contribution | SHARP* Defined Contribution |
|-----------------------------------|---|--|--------------------------------|
| Employee Contribution | 9% | 9% | None |
| Employer Contribution as % of Pay | 14.41% | 5% | 5.15% |
| Vesting | 8 Years | Immediately | Tiered Scheduled |

[It's your choice \(SCRS or State ORP\) Video](#)

*Eligible nursing and patient support staff

Total Compensation Includes:

[Employee Assistance Program](#)

[MUSC Perks & Discounts](#)

[Tuition Reimbursement](#)

[Certification Incentives](#)

[Lactation Rooms](#)

[Health](#)

[Dental](#)

[Vision](#)

[Retirement](#)

[23 Paid Time Off Days](#)

(Includes 9 Holidays)

[Extended Sick Leave](#)

[Health Screenings](#)

[Discounted Gym Membership](#)

[Life Insurance](#)

[PEBA Benefits](#)

MUHA Employee Benefits Summary

Optional Life Insurance

| Age | Monthly Rate |
|-------------|--------------|
| Under 35 | \$0.58 |
| 35-39 | \$0.78 |
| 40-44 | \$0.86 |
| 45-49 | \$1.22 |
| 50-54 | \$1.94 |
| 55-59 | \$3.36 |
| 60-64 | \$6.00 |
| 65-69 | \$13.50 |
| 70-74 | \$24.22 |
| 75-79 | \$37.50 |
| 80 and over | \$62.04 |

Supplemental Long Term Disability

| Age | 90-day | 180-day |
|-------|---------|---------|
| <31 | 0.00062 | 0.00049 |
| 31-40 | 0.00086 | 0.00067 |
| 41-50 | 0.00170 | 0.00126 |
| 51-60 | 0.00343 | 0.00263 |
| 61-65 | 0.00412 | 0.00316 |
| >65 | 0.00504 | 0.00387 |

Tobacco Surcharge

| | |
|---------------------|---------|
| Single coverage | \$40.00 |
| Non-single coverage | \$60.00 |

Rates shown per \$10,000 of coverage