

2024 Comparison of Health Plan Benefits for MUSC Employees

		MUSC Health Plan		Dental	
Monthly Premiums	Employee	\$97.68		Employee	\$28.80
	Employee/Spouse	\$253.36		Employee/Spouse	\$65.88
	Employee/Children	\$143.86		Employee/Children	\$80.92
	Full Family	\$306.56		Full Family	\$108.64
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	\$6.30
Annual Deductible	Single Family	\$515		Employee/Spouse	\$12.60
	Coinsurance	\$1030		Employee/Children	\$13.54
	Plan pays 80%, you pay 20%	<u>Standard State Health Plan</u>	<u>Out-of-Network</u>	Full Family	\$19.84
	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	\$3,000		
		\$4,400 (excludes deductible)	\$6,000 (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>	\$515 annual deductible first. \$15 copay office visit, 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. No charge for adult well visits, mammograms, routine colonoscopy & contraceptives.					
Outpatient	\$290 copay for hospital surgical out-patient major surgery, \$75/minor surgery, \$85 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 \$115 copay/visit + coinsurance; ER: \$193 copay, deduct/coinsurance			
Prescription Drugs	MUSC Retail Pharmacies	Participating pharmacies only (up to a 31 day supply)			
	Tier 1 (generic-lowest cost alternative): \$10	Tier 1 (generic-lowest cost alternative): \$13			
	Tier 2 (brand-higher cost alternative): \$34	Tier 2 (brand-higher cost alternative): \$46			
	Tier 3 (brand-highest cost alternative): \$57	Tier 3 (brand-highest cost alternative): \$77			
	90 day supply	Mail order (up to a 90 day supply)			
	Tier 1 (Generic): \$25	Tier 1 (Generic): \$32			
Tier 2 (Preferred brand): \$90	Tier 2 (Preferred brand): \$115				
Tier 3 (Non-preferred brand): \$157	Tier 3 (Non-preferred brand): \$192				
Copay maximum: \$3000	Copay maximum: \$3,000				