

MUSC Health

2022 Benefits Summary



MUHA 2022 Benefits Summary

MUSC Health Plan		<u>Care Team Member Health Monthly Premium</u>	
	Care Team Member	\$97.68	
	Care Team Member/Spouse	\$253.36	
	Care Team Member/Child(ren)	\$143.86	
	Full Family	\$306.56	
		** Tobacco users pay a \$40 (self) or \$60 per-month (family) surcharge in addition to their health premium. **	
	Availability	MUSC Network, approved pediatricians, National Allergy & Asthma, and Doctors Care	Outside MUSC Network - Standard State Health Plan approved providers BC/BS Network
MUSC Health Plan		<u>Tier A</u>	<u>Tier B</u>
	<u>Annual Deductible</u>		
	Single	\$385	\$490
	Family	\$770	\$980
		<u>Tier A</u>	<u>Tier B</u>
	Coinsurance	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. After deductible, plan pays 80%, you pay 20%.	Plan pays 80% You pay 20%
		<u>Tier C</u>	<u>Tier C</u>
MUSC Health Plan	<u>Coinsurance Maximum</u>		
	Single	\$2,200	\$2,800
	Family	\$4,400	\$5,600
		(excludes deductible)	(excludes deductible)
		Additional copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.	
		<u>Tier A</u>	<u>Tier B</u>
		<u>Tier C</u>	<u>Tier C</u>
MUSC Health Plan	Physician Office Visits	Annual deductible & coinsurance do not apply \$25 - Rapid Access Clinic & Primary Care Physician copay \$45 - Specialist Physician copay \$0 - copay for ACA approved preventive visits & annual well-woman exam	\$490 annual deductible first. \$14 copay, then coinsurance: 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%) Maximum Annual Chiropractic payments - \$2,000
	Outpatient	\$265 copay for hospital surgical out-patient, \$75 for radiology & \$20 for Pathology.	\$105 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: \$75 copay at Doctors Care; ER: \$175 copay, plus deductible & 20% coinsurance	Urgent: Deductible & coinsurance; ER: \$175 copay, deductible & coinsurance
	Prescription Drugs	<u>MUSC Retail Pharmacies</u> Tier 1 (generic-lowest cost alternative): \$6 Tier 2 (brand-higher cost alternative): \$30 Tier 3 (brand-highest cost alternative): \$50 <u>Mail Order (90 day supply)</u> Tier 1 (Generic): \$15 Tier 2 (Preferred brand): \$80 Tier 3 (Non-preferred brand): \$140 Copay maximum: \$2,500	<u>Participating pharmacies only (up to a 31 day supply)</u> Tier 1 (generic-lowest cost alternative): \$9 Tier 2 (brand-higher cost alternative): \$42 Tier 3 (brand-highest cost alternative): \$70 <u>Mail order (up to a 90 day supply)</u> Tier 1 (Generic): \$22 Tier 2 (Preferred brand): \$105 Tier 3 (Non-preferred brand): \$175 Copay maximum: \$3,000
State Basic Dental and Dental Plus Plans	Two dental plans offered: Dental Plus pays more and has higher premiums and lower out-of-pocket costs. Basic Dental pays less and has lower premiums and higher out-of-pocket costs. Changes to dental plan allowed during open enrollment in odd-numbered years		
		<u>Basic Dental Plan Monthly Premium</u>	<u>Dental Plus Plan Additional Premium</u>
	Care Team Member	\$0.00	\$26.60
	Care Team Member/Spouse	\$7.64	\$61.42
	Care Team Member/Child(ren)	\$13.72	\$75.76
	Full Family	\$21.34	\$101.94
		<u>Basic Dental Plan Benefits (\$1,000 max per person/year)</u>	<u>Dental Plus Plan Benefits (\$2,000 max per person/year)</u>
State Basic Dental and Dental Plus Plans	Plan Benefits	Diagnostic/ Preventive	No deductible; plan pays 100% lower allowed amount; provider can charge difference in cost & allowed amount
		Basic	Up to \$25 deductible; plan pays 80% lower allowed amount; provider can charge difference in cost & allowed amount
		Prosthodontics	Up to a \$25 deductible; plan pays 50% of lower allowed amount; provider can charge difference in cost & allowed amount
		Orthodontics	No deductible; \$1,000 lifetime benefit for each covered child.

State Vision Plan			In-network Vision Cost	Out-of-Network Reimbursement	Benefits
		Vision Monthly Premium			
	Care Team Member	\$5.94	\$10 copay	Up to \$35	Comprehensive exam w/ dilation if needed
	Care Team Member/Spouse	\$11.88	Up to \$39	None	Retinal imaging
	Care Team Member/Children	\$12.76	\$0 copay, 80% balance over \$150	Up to \$75	Frames
	Full Family	\$18.70	\$10 copay.	Up to \$55.	Standard plastic lenses
			\$35 copay.	Up to \$55.	Standard progressive lenses
		One exam per year; choose either frames/lenses or contacts	\$35–\$80 for Tiers 1–3; Tier 4, copay and 80% of cost, less \$120 allowance.	Up to \$55.	Premium progressive lenses
			\$0 copay.	Up to \$40.	Standard contact lenses fit & follow-up
			\$0 copay; 85% of balance over \$130 allowance.	Up to \$40.	Premium contact lenses fit & follow-up
			A \$0 copay and 85% of balance over \$130 allowance.	Up to \$104.	Conventional contact lenses
			A \$0 copay and balance over \$130 allowance.	Up to \$104.	Disposable contact lenses
Short Term Disability (STD)	Enrollment	Enroll within 45 days of hire date coverage guaranteed without evidence of good health; certain pre-x conditions (e.g., pregnancy) may not be covered for a period of time			
	Benefit Waiting Period	7-day waiting period			
	Benefit Amount	Benefits are non-taxable and paid in addition to any accrued PTO and ESL used during the absence; choose the % of monthly benefit at enrollment			
	Maximum benefit period	Maximum 3 month benefit			
Basic Long-Term Disability (LTD)	Enrollment	Guaranteed if enrolled in the MUSC Health Plan			
	Benefit Waiting Period	90 days			
	Monthly benefit %	62.5% of your pre-disability earnings, reduced by deductible income including PTO and/or ESL			
	Maximum benefit	\$800 per month			
	Maximum benefit period	To age 65 if you become disabled before age 62. If you become disabled at age 62 or older, the maximum benefit period is based on your age at the time of the disability. The maximum benefit period for age 69 and older is one year			
Supplemental Long-Term Disability (SLTD)	Enrollment	Within 30 days only of hire date without evidence of good health			
	Benefit Waiting Period	Plan one: 90 days Plan two: 180 days			
	Monthly benefit %	65% of the first \$12,307 of your pre-disability earnings, reduced by deductible income			
	Minimum & Maximum benefit	\$100 per month minimum and \$8,000 per month maximum			
	Maximum benefit period	To age 65 if you become disabled before age 62. If you become disabled at age 62 or older, the maximum benefit period is based on your age at the time of disability. The maximum benefit period for age 69 and older is one year			
	Monthly premium rate	Calculated based on your age, plan selection, and monthly earnings			
	Other benefits	Survivor’s benefits for eligible dependents; Coverage for injury, physical disease, mental disorder or pregnancy; Return-to-work incentive; SLTD conversion insurance; Cost-of-living adjustment; and Lifetime security benefit			
		Multiply the premium factor for your age and plan selection by your monthly earnings to determine your monthly premium.			
		90-day waiting period plan		180-day waiting period plan	
	Rates Based on Age Preceding January 1	Under 31 0.00062 31-40 0.00086 41-50 0.00170 51-60 0.00343 61-65 0.00412 66 and older 0.00504	Under 31 0.00049 31-40 0.00067 41-50 0.00129 51-60 0.00263 61-65 0.00316 66 and older 0.00387		
Basic Life Insurance	Care Team Member Life	\$3,000 of coverage free for Care Team Members enrolled in the MUSC Health Plan			
Optional Term Life Insurance	Care Team Member Life	May elect coverage up to 3 X base annual salary rounded down to the closest \$10K without evidence of good health – cost is based on age and amount of coverage – can apply for up to \$500,000 subject to underwriting			
	Spouse Life	May insure spouses for either \$10K or \$20K – without evidence of good health- can apply for up to 50% of employee coverage with a max of \$100k. Cost based on employee’s age and amount			
	Rates Based on Age Preceding December 31	Premiums are determined by your or your spouse’s age. Rates shown are per \$10,000 of coverage. Your monthly premium will change when your age bracket changes.			
		Age Rate		Age Rate	
		Under 35 \$0.58	60-64 \$6.00		
		35-39 \$0.78	65-69 \$13.50		
40-44 \$0.86		70-74 \$24.22			
	45-49 \$1.22	75-79 \$37.50			
	50-54 \$1.94	80 and older \$62.04			
	55-59 \$3.36				
	Dependent Child(ren) Life	Child(ren) may be insured for \$15K of coverage at a cost of \$1.26 per month, for any number of child(ren), up to age 19 or full-time student to age 25.			

Flexible Spending Accounts	Dependent Care Account	You can use a Dependent Care Spending Account (DCSA) to pay for day care costs for children and adults. It cannot be used to pay for dependent medical care. You submit claims for reimbursement as you have eligible expenses. The funds can be used only for expenses incurred January 1, 2022, through March 15, 2023. You forfeit funds left in your account after the reimbursement deadline. You must re-enroll each year. The IRS maximum for 2022 is \$2,500 (married, filing separately), \$5,000 (single, head of household) or \$5,000 (married, filing jointly). Amount elected is only deducted from the remaining paychecks in the calendar year.			
	Medical Spending Account	Use your Medical Spending Account (MSA) to pay for eligible medical expenses, including copayments and coinsurance. You can use a debit card to pay point of service or submit claims for reimbursement. You can carry over up to \$570 in unused funds from your account into 2021. You forfeit funds over \$570 left in your account after the reimbursement deadline. You must re-enroll each year. The IRS maximum for 2022 is \$2,850. Amount elected is only deducted from the remaining paychecks in the calendar year.			
Employer Sponsored Retirement Plan SC State Public Employee Benefits Authority (PEBA) Choose 1 of 2 plans, some positions qualify for SHARP plan	Plan 1: SCRS Traditional Pension Plan	Defined Benefit Plan	Employer Sponsored Retirement Plan Special Health Care Alternative Retirement Plan (SHARP) Employer-sponsored defined contribution plan, certain positions qualify. 5.15% employer contribution, No employee contribution Tiered vesting schedule 2yrs/25%, 3yrs/50%, 4yrs/75%, 5yrs/100% 1 year distribution period, vested account balance		
	Employee Contribution	9%			
	Employer Contribution	Employer Contribution 22% of Pay- defined benefit state retirement fund. Employees not elig for employer contributions.			
	Retirement Benefit	Calculation of Average pay yrs of service and a multiplier of 1.82%			
	Buy in Time	Yes, specific eligibility rules			
	Elig to Retire	2 classes of vesting w/ varying milestones of age and/or service			
	Plan 2: SC Optional Retirement Plan (ORP)	Defined Contribution Plan; 1 of 4 vendors to choose from			
	Employee Contribution	9%			
	Employer Contribution	5%			
	Investment Control	Yes			
Vesting	100% at day one, distribution elig immediately				
Supplemental Retirement Plans	Type of Plan	Defined Contribution: 401(k), 457, 403(b)			
	Contributions	Voluntary- Employee Only (pre and post-tax)			
	Portability	Account balance			
	Distribution Waiting Period	None			
	Employee and Retiree Death Benefit	Account Balance			
Paid Time Off (PTO)	Vesting	100% of Contributions			
	Employees who occupy regular ("permanent") positions and work a minimum of 20 hours per week are eligible to accrue leave. PTO and ESL are accrued on a biweekly basis. Employees can carry over PTO and ESL each calendar year. PTO cash in is available				
	Accrual Schedule	Yrs of Service:	PTO	ESL	Total
	(Days per year)	0 up to 4:	23	8	31
	PTO Accrual includes Holidays	4 up to 8:	25	8	33
		8+	30	8	38
	Observed Holidays	New Year's Day, Marthin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day			
	PTO used for 9 Holidays				