

Comparison of Health Plan

Plan	SHP Savings Plan		SHP Standard Plan ³		BlueChoice HealthPlan ³
Availability	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties Coverage worldwide
Active Employee Monthly Premiums <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28		\$ 93.46		\$126.62
	\$ 72.56		\$237.50		\$369.88
	\$ 20.28		\$142.46		\$272.18
	\$108.56		\$294.58		\$547.26
Please note that premiums for optional employer groups, such as local					
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000 ⁴		\$350 \$700		\$250 \$500
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	HMO pays 90% after copays You pay 10%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$1,500 \$3,000 (excludes deductible)
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:		\$15 PCP copayment \$15 OB/GYN well woman exam \$30 specialist copay
	No per-occurrence deductible or copayments				
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	
Hospitalization/ Emergency Care	No per-occurrence deductibles or copayments		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$75 copay/first 3 visits Emergency care: \$100 copay HMO pays 90% after copays You pay 10% \$35 urgent care copay, then HMO pays 100%
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowable cost until the annual deductible is met. Afterward, the plan will reimburse 80% of the allowable cost; you pay 20%. When coinsurance maximum is reached, the plan will reimburse 100% of the allowable charge.		Participating pharmacies only (up to 31-day supply): \$10 generic, \$25 preferred brand, \$40 non-preferred brand Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand Copayment max: \$2,500 per person		Participating pharmacies only (31-day supply): \$8 generic, \$30 preferred brand, \$50 non-preferred brand, \$75 specialty pharmaceuticals Mail order (Up to 90-day supply): \$16 generic, \$60 preferred brand, \$100 non-preferred brand

Premiums

¹This table is for comparison purposes only.

²There is no copayment for services performed at MUSC outpatient facilities.

³Refer to the Retirees/Disability Retirees chapter in this guide for information on how this plan coordinates with Medicare.

⁴If more than one family member is covered, no family member will receive benefits, other than preventive, until the \$6,000 annual family deductible is met.

Benefits Offered for 2007¹

CIGNA HMO ³	MUSC Options ³		Medicare Supplemental Plan ³
Available in all South Carolina counties, except: <i>Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick and Saluda counties</i>	Available in these South Carolina counties: <i>Berkeley, Charleston, Colleton and Dorchester counties</i>		Same as Medicare Available to retirees and covered dependents/survivors who are eligible for Medicare
<p>\$124.10 \$359.60 \$263.74 \$531.32</p>	<p>\$178.08 \$468.36 \$316.72 \$594.26</p>		Refer to the premium tables on pages 200-202 for rates
subdivisions, may vary. To verify your rates, contact your benefits office.			
NONE	In-network NONE	Out-of-network \$500 \$1,500	Pays Medicare Part A and Part B deductibles
HMO pays 80% after copays You pay 20%	HMO pays 100% after copays	HMO pays 60% of allowance You pay 40%	Pays Part B coinsurance of 20%
<p>\$2,000 \$4,000 (includes inpatient, outpatient, copays and coinsurance)</p>	N/A	<p>\$3,000 \$9,000 (excludes deductible)</p>	None
<p>\$20 PCP copayment \$40 OB/GYN exam \$40 specialist copay</p>	<p>\$25 personal physician copay; \$25 OB/GYN well woman exam; \$55 specialist copay</p>	<p>HMO pays 60% of allowance after annual deductible You pay 40%. No preventive care benefits out-of-network</p>	Pays Part B coinsurance of 20%
<p>Inpatient: \$500 copay per admission. Then HMO pays 80% after copays Outpatient facility: \$250 copay per admission. Then HMO pays 80% after copays, Emergency care: \$100 copay. Then HMO pays 100%</p>	<p>Inpatient: \$300 copay Outpatient facility: \$100² copay Emergency Care: \$150 copay; Urgent care: \$50 copay</p>	<p>HMO pays 60% of allowance after annual deductible You pay 40% Emergency care: \$150 copay</p>	<p>For inpatient hospital stays, the Plan pays: Medicare deductible; coinsurance for days 61-90; coinsurance for days 91-150; 100% beyond 150 days (Medi-Call approval required)</p> <p>For skilled nursing facility care, the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 per year.</p>
<p>Participating pharmacies only (up to 30-day supply): \$7 generic, \$25 preferred brand, \$50 non-preferred brand Mail order (up to 90-day supply): \$14 generic, \$50 preferred brand, \$100 non-preferred brand</p>	<p>Participating pharmacies only \$100 per person deductible, then: (up to 30-day supply): \$10 generic, \$30 preferred brand, \$50 non-preferred brand, \$100 specialty pharmaceuticals Mail order (up to 90-day supply): \$25 generic, \$75 preferred brand, \$125 non-preferred brand, \$250 specialty pharmaceuticals</p>	<p>Participating pharmacies only (up to 31-day supply): \$10 generic, \$25 preferred brand, \$40 non-preferred brand Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand; Copayment max: \$2,500</p>	

Premiums