

**2004 HEALTH BENEFITS COMPARISON**

| TYPE                                   | PREFERRED PROVIDER ORGANIZATION   |   | HMO WITH POS OPTION   |   | TRADITIONAL HMO  |  |
|--|---|---|---|---|--|--|
|  | *Plan   | SHP-ECONOMY   | SHP- STANDARD   | MUSC OPTIONS  | COMPANION  | CIGNA  |
| <b>MONTHLY PREMIUMS</b>                |   |   |   |   |  |  |
| Employee Only                          | \$66.48   | \$69.50   | \$72.28   | \$77.08   | \$74.56  |  |
| Employee/Spouse                        | \$170.12  | \$189.58  | \$194.68  | \$218.46  | \$213.10   |  |
| Employee/Child                         | \$96.10   | \$106.52  | \$143.36  | \$179.36  | \$175.10   |  |
| Full Family                            | \$206.20  | \$234.68  | \$296.08  | \$382.86  | \$375.62   |  |
| <b>ANNUAL DEDUCTIBLE</b>               |   |   | <u>In-Network</u>   | <u>Out of Network</u>   |  |  |
| Single                                 | \$500.00  | \$350.00  | None  | \$300.00  | None   | None   |
| Family                                 | \$1,000.00  | \$700.00  |   | \$900.00  |  |  |
| <b>Hospitalization/ Emergency Care</b> | Outpatient: \$75<br>Emergency: \$125  | Outpatient: \$75<br>Emergency: \$125  | Inpatient: \$300<br>Outpatient: \$100<br>Emergency: \$100   | Annual Deductible<br>In/Outpatient<br>Emergency: \$100  | Inpatient: \$200<br>Outpatient: \$75 (1 <sup>st</sup> 3 visits)<br>Emergency: \$75   | Inpatient: \$500<br>Outpatient: \$250<br>Emergency: \$100  |
| <b>COINSURANCE</b>                     | <u>In Network</u>   <u>Out of Network</u><br>Plan Pays 75%   Plan Pays 55%<br>You pay 25%   You Pay 45%   | <u>In Network</u>   <u>Out of Network</u><br>Plan Pays 80%   Plan Pays 60%<br>You pay 20%   You Pay 40%   | HMO pays 100%<br>after co-pay   | HMO pays 60% of<br>allowable<br>You pay 40%   | HMO pays 90%<br>You pay 10%  | HMO pays 80%<br>You pay 20%  |
| <b>COINSURANCE MAXIMUM</b>             |   |   |   |   |  |  |
| Single                                 | \$2,000   | \$2,000   | N/A   | \$3,000   | \$1,500  | \$3,000  |
| Family                                 | \$4,000<br>(excludes deductibles)   | \$4,000<br>(excludes deductibles)   |   | \$9,000 (excludes deductibles)  | \$3,000<br>(excludes co-pays)  | \$6,000<br>(excludes co-pays & co-ins)   |
| <b>PHYSICIAN VISITS</b>                | \$10 per visit deductible then:<br>In-Network   Out-of-Network<br>Plan Pays 75%   Plan Pays 45%   | \$10 per visit deductible<br>In-Network   Out-of-Network<br>Plan Pays 80%   Plan Pays 60%   | \$15 Primary<br>\$15 OB/GYN<br>\$25 Specialist<br>\$45 without referral   | 60% of allowable<br>after deductible<br>No Preventative<br>Care out-of-network  | \$15 Primary<br>\$15 OB/GYN Well Woman<br>\$25 Specialist co-pay<br>\$35 Urgent Care   | \$20 Primary<br>\$40 OB/GYN Well Woman<br>\$40 Specialist  |
| <b>PRESCRIPTION DRUGS</b>              | \$10 generic<br>\$25 preferred brand<br>\$40 non-preferred brand<br>(up to 31-day supply)<br>Mail Order (up to 90-day supply)<br>\$23 generic; \$56 preferred;\$90 non-preferred Out-of-Pocket Max: \$2,500 | \$10 generic<br>\$25 preferred brand<br>\$40 non-preferred brand<br>(31 day supply)<br>Mail Order (up to 90 day supply)<br>\$23 generic; \$56 preferred;\$90 non-preferred Out-of-Pocket Max: \$2,500 | \$10 generic<br>\$25 preferred brand<br>\$40 non-preferred brand<br>(31-day supply)<br>Mail Order (90-day supply)<br>\$15 generic<br>\$50 preferred brand<br>\$80 non-preferred brand | \$7 generic<br>\$25 preferred brand<br>\$40 non-preferred brand<br>(31-day supply)<br>Mail Order (90-day supply)<br>\$21 generic<br>\$75 preferred brand<br>\$120 non-preferred brand | \$10 generic<br>\$20 preferred brand<br>\$50 non-preferred brand<br>(30-day supply)<br>Mail Order (90-day supply)<br>\$20 generic<br>\$40 preferred brand<br>\$100 non-preferred brand |  |
| <b>MENTAL HEALTH/ SUBSTANCE ABUSE</b>  | Participating providers only:<br>1-800-221-8699<br><br>Subject to deductibles and coinsurance   | Participating providers only:<br>1-800-221-8699<br><br>Subject to deductibles and coinsurance   | \$300 inpatient<br>\$25 outpatient<br>with referral<br>\$45 outpatient<br>without referral  | 60% of allowable<br>after annual<br>deductible  | Participating providers only:<br>1-800-868-1032<br>\$200 inpatient co-pay then<br>plan pays 90%<br>\$25 outpatient specialist  | Participating providers only<br><br>\$500 inpatient co-pay then<br>plan pays 80%<br>\$40 outpatient specialist |
| <b>LIFETIME MAXIMUM</b>                | \$1,000,000   | \$1,000,000   | \$1,000,000   | \$1,000,000   | \$1,000,000  | \$1,000,000  |

• TRICARE SUPPLEMENTAL WILL BE OFFERED FOR ALL TRICARE-ELIGIBLE EMPLOYEES (MILITARY RETIREES AND DEPENDENTS) AND NON-MEDICARE RETIREES.

→ EMPLOYER MONTHLY CONTRIBUTION RATES ARE AS FOLLOWS:

\$210.28-EMPLOYEE ONLY

\$407.70-EMPLOYEE/SPOUSE

\$316.18-EMPLOYEE/CHILD

\$470.30-FULL FAMILY

THIS IS A SUMMARY, NOT A FULL ACCOUNT OR A CONTRACT OF SERVICES-REFER TO 2004 INSURANCE BENEFITS GUIDE FOR DETAILED INFORMATION AT [www.cip.state.sc.us](http://www.cip.state.sc.us)

## 2004 MONTHLY INSURANCE RATES FOR ACTIVE SUBSCRIBERS

| <b>EMPLOYER</b>        |               |                           |               |             |            |
|------------------------|---------------|---------------------------|---------------|-------------|------------|
|                        | <b>Health</b> | <b>TRICARE Supplement</b> | <b>Dental</b> | <b>Life</b> | <b>LTD</b> |
| <b>Employee Only</b>   | 206.70        | 63.50                     | 11.71         | .35         | 3.23       |
| <b>Employee/Spouse</b> | 404.12        | 122.50                    | 11.71         | .35         | 3.23       |
| <b>Employee/Child</b>  | 312.60        | 122.50                    | 11.71         | .35         | 3.23       |
| <b>Full Family</b>     | 466.72        | 163.50                    | 11.71         | .35         | 3.23       |

| <b>HEALTH EMPLOYEE</b> |                |                 |                  |              |             |                |                     |
|------------------------|----------------|-----------------|------------------|--------------|-------------|----------------|---------------------|
|                        | <b>Economy</b> | <b>Standard</b> | <b>Companion</b> | <b>Cigna</b> | <b>MUSC</b> | <b>Choices</b> | <b>TRICARE Supp</b> |
| <b>Employee Only</b>   | 66.48          | 69.50           | 77.08            | 74.56        | 72.28       | 86.10          | 0.00                |
| <b>Employee/Spouse</b> | 170.12         | 189.58          | 218.46           | 213.10       | 194.68      | 238.38         | 0.00                |
| <b>Employee/Child</b>  | 96.10          | 106.52          | 179.36           | 175.10       | 143.36      | 195.08         | 0.00                |
| <b>Full Family</b>     | 206.20         | 234.68          | 382.86           | 375.62       | 296.08      | 410.08         | 0.00                |

| <b>DENTAL EMPLOYEE</b> |              |             |
|------------------------|--------------|-------------|
|                        | <b>Basic</b> | <b>Plus</b> |
| <b>Employee Only</b>   | 0.00         | 17.50       |
| <b>Employee/Spouse</b> | 7.64         | 33.14       |
| <b>Employee/Child</b>  | 13.72        | 36.16       |
| <b>Full Family</b>     | 21.34        | 51.80       |

| <b>DEPENDENT LIFE</b> |      |
|-----------------------|------|
| 10,000                | 1.32 |

| <b>SUPPLEMENTAL LTD</b> |               |                | <b>STEPS TO CALCULATE SLTD MONTHLY PREMIUM</b> |
|-------------------------|---------------|----------------|--|
| <b>AGE</b>              | <b>90 DAY</b> | <b>180 DAY</b> |  |
| < 31                    | 0.00077       | 0.00059        |  |
| 31 – 40                 | 0.00105       | 0.00081        |  |
| 41 – 50                 | 0.00210       | 0.00161        |  |
| 51 – 60                 | 0.00423       | 0.00326        |  |
| 61 – 65                 | 0.00509       | 0.00392        |  |
| > 65                    | 0.00621       | 0.00478        |  |

1. Always select floating decimal (F) on your calculator.
2. Divide gross annual salary by 12 to determine monthly salary.
3. Multiply monthly salary by rate factor from table.
4. Drop digits to right of 2 decimal places; do not round.
5. If number is even, this is the monthly premium.
6. If number is odd, add .01, this is the monthly premium.