



Your Medical Plan

Below is an overview of the University-provided medical plan, administered by UnitedHealthcare (UHC).

Medical Plan Summary		
Benefit	Choice Plus 80	
	In-Network	Out-of-Network*
Annual Deductible Individual Family	\$500 per person	\$850 per person
Coinsurance	80% after deductible	60% after deductible
Out-of-pocket Maximum Individual Family	\$3,750 \$7,500	\$5,250 \$10,500
Preventive Care	100%	60% after deductible
Physician Office Visits, including specialists (Additional services may have additional charges)	\$30 copay	60% after deductible
Laboratory/Radiology Services, including services rendered in a physician's office	80% after deductible	60% after deductible
Inpatient Hospital Care	80% after deductible	60% after deductible; Precertification required
Outpatient Hospital Care	80% after deductible	60% after deductible; Precertification required
Mental Health and Substance Abuse—Inpatient care	80% after deductible	60% after deductible; Precertification required
Mental Health and Substance Abuse—Outpatient programs	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required
Mental Health and Substance Abuse—Outpatient counseling	\$30 copay	70% after deductible
Emergency Room	\$150 copay (waived if admitted)	
Basic and Comprehensive Infertility Treatment	Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination	
Advanced Infertility Treatment	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT	
Prescription Drug coverage with OptumRx**	Retail (30 days) <ul style="list-style-type: none"> • Tier I: \$10 copay • Tier II: \$25 copay • Tier III: \$45 copay <ul style="list-style-type: none"> • Eligible specialty medications will be processed through PillarRx with a 30% coinsurance, offset by the manufacturer discount. You will be notified in advance if you need to enroll. 	Mail-order (90 days) <ul style="list-style-type: none"> • Tier I: \$15 copay • Tier II: \$50 copay • Tier III: \$90 copay

* Eligible Expenses are determined in accordance with the Claims Administrator's reimbursement policy as described in the Summary Plan Description.

** \$30,000 lifetime maximum for infertility medication.

In the Choice Plus 80 plan, in-network deductible, coinsurance, and medical and prescription copays accumulate toward the in-network out-of-pocket maximum. In addition, out-of-network out-of-pocket eligible expenses accumulate toward the in-network out-of-pocket maximum.

⚠ Important: UHC's Choice network is a national provider network and does not require a primary care physician or referrals to see specialists. UHC requires precertification for some services. If you use an in-network provider, your participating network physician or hospital generally handles the precertification process. However, it is your responsibility to confirm that your provider has obtained the necessary authorizations from UHC.