



Comparing Your Medical Plans

Only you can decide which coverage is best for you and your family. Below is an overview of the two medical plans, administered by UnitedHealthcare (UHC).

UHC Medical Plan Comparison Chart				
Benefit	Choice Plus 90		Choice In-Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network
Annual Deductible Individual Family	\$400 per person	\$850 per person	N/A	N/A
Coinsurance	90% after deductible	60% after deductible	100% after deductible	N/A
Out-of-pocket Maximum Individual Family	\$3,250 \$6,500	\$5,250 \$10,500	\$3,500 \$7,000	N/A N/A
Preventive Care	100%	60% after deductible	100%	N/A
Physician Office Visits, including specialists (excludes additional services)	\$30 copay	60% after deductible	\$30 copay	N/A
Laboratory/Radiology Services, including services rendered in a physician's office	90% after deductible	60% after deductible	\$150 copay if hospital** 100% after deductible if non-hospital location	N/A
Inpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	\$500 copay per admission 100% after deductible for Inpatient Professional Services	N/A
Outpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	\$150 copay (including lab and radiology)** 100% after the deductible for hospital professional services	N/A
Mental Health and Substance Abuse—Inpatient care	90% after deductible	60% after deductible; Precertification required	\$500 copay per admission	N/A
Mental Health and Substance Abuse— Outpatient programs	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required	\$30 copay	N/A
Mental Health and Substance Abuse— Outpatient counseling	\$30 copay	70% after deductible	\$30 copay	N/A
Emergency Room	\$150 copay (Waived if admitted)			
Basic and Comprehensive Infertility Treatment	Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination			N/A
Advanced Infertility Treatment	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT			N/A
Prescription Drug coverage with OptumRx***	Retail (30 days) • Tier I: \$10 copay • Tier II: \$25 copay • Tier III: \$45 copay	Mail-order (90 days) • Tier I: \$15 copay • Tier II: \$50 copay • Tier III: \$90 copay		N/A
	• 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.			

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

** No copay for Lab and Radiology at certain designated New York Presbyterian (NYP) locations. Go to humanresources.columbia.edu/documents and search "New York-Presbyterian (NYP) Outpatient Laboratory Locations" for the list of locations.

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