



Comparing Your Medical Plans

Only you can decide which coverage levels are best for you and your family. Below is an overview of the four medical plans, all administered by UnitedHealthcare (UHC), to consider before enrolling.

UHC MEDICAL PLAN COMPARISON CHART

Benefit	High Deductible Health Plan		Choice Plus 80		Choice Plus 90		Choice Plus 100	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Annual Deductible Individual Family	\$1,600 \$3,200	\$2,900 per person	\$600 per person**	\$850 per person	\$400 per person	\$850 per person	\$200 per person	\$850 per person
Coinsurance	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible	100% after deductible	60% after deductible
Out-of-pocket Maximum Individual Family	\$3,650 \$7,300	\$6,850 \$13,700	\$3,750 \$7,500	\$5,250 \$10,500	\$3,250 \$6,500	\$5,250 \$10,500	\$4,750 \$9,500	\$5,250 \$10,500
Preventive Care	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible
Physician Office Visits (excludes additional services)	90% after deductible	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible
Laboratory/Radiology Services, including services rendered in a physician's office	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible	100% after deductible if non-hospital location \$150 copay if hospital***	60% after deductible
Inpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	80% after deductible	60% after deductible; Precertification required	90% after deductible	60% after deductible; Precertification required	\$500 copay per admission; 100% after the deductible for inpatient professional services	60% after deductible; Precertification required
Outpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	80% after deductible	60% after deductible; Precertification required	90% after deductible	60% after deductible; Precertification required	\$150 copay (including lab and radiology)***; 100% after the deductible for hospital professional services	60% after deductible; Precertification required
Mental Health and Substance Abuse—Inpatient care	90% after deductible	60% after deductible; Precertification required	80% after deductible	60% after deductible; Precertification required	90% after deductible	60% after deductible; Precertification required	\$500 copay per admission	60% after deductible; Precertification required
Mental Health and Substance Abuse—Outpatient programs	90% after deductible for facility-based care including intensive outpatient programs	70% after deductible for facility-based care including intensive outpatient programs; Precertification required	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required	\$30 copay****	70% after deductible for facility-based care including intensive outpatient programs; Precertification required
Mental Health and Substance Abuse—Outpatient counseling	90% after deductible	70% after deductible	\$30 copay	70% after deductible	\$30 copay	70% after deductible	\$30 copay	70% after deductible

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

** To meet the requirements of the U.S. Department of State, J-1 Visa holders will have a \$500 per person deductible applied.

*** 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.

**** No copay for partial hospitalization/intensive outpatient treatment.

UHC MEDICAL PLAN COMPARISON CHART (continued)

Benefit	High Deductible Health Plan		Choice Plus 80		Choice Plus 90		Choice Plus 100	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Emergency Room	90% after in-network deductible		\$150 copay (Waived if admitted)		\$150 copay (Waived if admitted)		\$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 **	<ul style="list-style-type: none"> Preventive care medications follow the Choice Plus plans copay amounts. Non-Preventive care medications are subject to the annual in-network deductible before copay amounts apply. 		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.

The Medical Plan Comparison chart represents highlights of Plan provisions. Clinical medical management restrictions and other limits apply.

➕ Go to humanresources.columbia.edu; click "Forms & Documents"; search "SPD" to view the Summary Plan Descriptions.

! UHC's Choice network is a national provider network and does not require referrals to see specialists. UHC requires precertification for some services; it is your responsibility to confirm that your provider has obtained the necessary authorizations from UHC.

Dental Coverage



The University offers two comprehensive dental plans, through Aetna.

COLUMBIA DENTAL PLAN

Under the Aetna Columbia Dental Plan you can go to a broad range of dentists including the national Aetna PPO network and the Columbia Preferred Dental Network. The Columbia Preferred Network gives you access to ColumbiaDoctors Dentistry—some of the country's leaders in oral health care—and provides comprehensive care across all specialties. This plan network was uniquely designed to support a broad range of dental needs of Columbia University faculty and staff and has added benefits, such as higher annual maximum care allotments when receiving services with in-network providers. Under this plan you may also see an out-of-network dentist, although your cost may be significantly higher.

DENTAL MAINTENANCE ORGANIZATION

Under the Aetna Dental Maintenance Organization (DMO), you choose one primary care dentist in advance from a select group of Aetna in-network providers able to offer lower rates. Please confirm your current dentist is in the DMO network prior to enrolling. Columbia Dentistry does not participate in the DMO network, nor is the DMO available outside the U.S. and in some states.

➕ For a list of participating dentists, go to humanresources.columbia.edu/directory. For more information, go to humanresources.columbia.edu/officers-dental.