

# 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*
<b>Annual Deductible</b>		
Individual	\$500 per person	\$850 per person
Family		
<b>Coinsurance</b>	80% after deductible	60% after deductible
<b>Out-of-Pocket Maximum</b>		
Individual	\$3,750	\$5,250
Family	\$7,500	\$10,500
<b>Preventive Care</b>	100%	60% after deductible
<b>Physician Office Visits, including specialists</b> (excludes additional services)	\$30 copay	60% after deductible
<b>Laboratory/Radiology Services, including services rendered in a physician's office</b>	80% after deductible	60% after deductible
<b>Inpatient Hospital Care</b>	80% after deductible	60% after deductible; Precertification required
<b>Outpatient Hospital Care</b>	80% after deductible	60% after deductible; Precertification required
<b>Mental Health and Substance Abuse—Inpatient care</b>	80% after deductible	60% after deductible; Precertification required
<b>Mental Health and Substance Abuse—Outpatient programs</b>	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required
<b>Mental Health and Substance Abuse—Outpatient counseling</b>	\$30 copay	70% after deductible
<b>Emergency Room</b>	\$150 copay (waived if admitted)	
<b>Basic and Comprehensive Infertility Treatment</b>	Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination	
<b>Advanced Infertility Treatment</b>	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT	
<b>Prescription Drug coverage with Optum Rx**</b>	Retail (30 days) <ul style="list-style-type: none"> <li>• Tier I: \$10 copay</li> <li>• Tier II: \$25 copay</li> <li>• Tier III: \$45 copay</li> </ul>	Mail-order (90 days) <ul style="list-style-type: none"> <li>• Tier I: \$15 copay</li> <li>• Tier II: \$50 copay</li> <li>• Tier III: \$90 copay</li> </ul>
	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	

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.

\* 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.