COLUMBIA UNIVERSITY
HR Benefits

2020 Medical Plan Comparison Chart for Retired Officers Over Age 65

BENEFIT	UHC Indemnity Plan	UHC Choice Plus 100	
	No Network*	**In-Network***	**Out-of-Network ***
Annual Deductible Individual Family	 $250 $500	 $200 per person	 $850 per person
Coinsurance/Plan Pays	80% of Medicare Allowable Amount after deductible	100% of Medicare Allowable Amount after deductible	60% of Medicare Allowable Amount after deductible
Annual Out-of-pocket Maximum Individual Family	 $1,250 (includes deductible) $2,500 (includes deductible)	 $4,750 (includes deductible) $9,500 (includes deductible)	 $5,250 (includes deductible) $10,500 (includes deductible)
Preventive Care	Not covered	100%	Not covered
Physician Office Visits	80% of Medicare Allowable Amount after deductible	100% of the Medicare Allowable amount after a $30 copay	60% of Medicare Allowable Amount after deductible
Emergency Room	80% of Medicare Allowable Amount after deductible	100% of the Medicare Allowable Amount after a $150 copay (Waived if admitted)	100% of the Medicare Allowable Amount after a $150 copay (Waived if admitted)
Inpatient Hospital*	**Facility**: 100% of Medicare Allowable Amount after deductible **Inpatient Services**: 80% of Medicare Allowable Amount after deductible	**Facility**: 100% of the Medicare Allowable Amount after a $500 copay per admission **Inpatient Services**: 100% of the Medicare Allowable Amount after deductible	60% of Medicare Allowable Amount after deductible
Outpatient Care*	Facility: 100% of Medicare Allowable Amount after deductible	100% of the Medicare Allowable Amount after a $150 copay (including lab and radiology)**	60% of Medicare Allowable Amount after deductible
Outpatient Services*	Surgeon's fee, Non-surgical, Laboratory/Radiology including pre-admission testing: 80% of Medicare Allowable Amount after deductible	100% of the Medicare Allowable Amount after a $150 copay (including lab and radiology)**	60% of Medicare Allowable Amount after deductible
Mental Health and Substance Abuse – Inpatient care*	100% of Medicare Allowable Amount after deductible	**Facility**:100% of the Medicare Allowable Amount after a $500 copay per Admission **Inpatient Services:** 100% of the Medicare Allowable Amount after the deductible	60% of Medicare Allowable Amount after deductible
Mental Health and Substance Abuse – Outpatient programs*	80% of Medicare Allowable Amount after deductible	100% of the Medicare Allowable amount after a $30 copay	70% of Medicare Allowable Amount after deductible for facility-based care including intensive outpatient programs
Mental Health and Substance Abuse – Outpatient counseling*	80% of Medicare Allowable Amount after deductible	100% of the Medicare Allowable amount after a $30 copay	70% of Medicare Allowable Amount after deductible
Vision Care	None	None	None
Hearing Care	None	None	None
Laboratory/Radiology	80% of Medicare Allowable Amount after deductible	100% of Medicare Allowable Amount	60% of Medicare Allowable Amount after deductible
Prescription Drug Coverage (from OptumRx)	Retail (30-day supply) • Generic: $10 copay • Single-source: $25 copay • Multi-source: $45 copay	Mail-order (90-day supply) • Generic: $15 copay • Single-source: $50 copay • Multi-source: $90 copay	

***** Since Medicare is your primary coverage, Medicare generally controls when precertification is necessary. If you use a provider that participates in Medicare, your doctor or hospital generally takes care of precertifications with Medicare. However, it's always good to double-check that your provider has obtained the necessary authorizations from Medicare.
** No copay for lab and radiology at certain NYP locations.