

## ← Comparing your medical plans

Below is an overview of the two medical plans, administered by UnitedHealthcare (UHC).

Benefit	Choice Plus 80		Choice In-Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network
<b>Annual Deductible</b> Individual Family	\$400 per person	\$600 per person	\$0	N/A
<b>Coinsurance</b>	80% after deductible	60% after deductible	100%	N/A
<b>Out-of-Pocket Maximum</b> Individual Family	\$3,000 \$6,000	\$4,500 \$9,000	\$3,500 \$7,000	N/A
<b>Preventive Care</b>	100%	60% after deductible	100%	N/A
<b>Physician Office Visits, including Specialists</b> (excludes additional services)	\$30 copay	60% after deductible	\$30 copay	N/A
<b>Laboratory/Radiology Services, including services rendered in a physician's office</b>	80% after deductible	60% after deductible	\$150 copay if hospital** 100% after deductible if non-hospital location	N/A
<b>Inpatient Hospital Care</b>	80% after deductible	60% after deductible; Precertification required	\$500 copay per admission; 100% after the deductible for inpatient professional services	N/A
<b>Outpatient Hospital Care</b>	80% after deductible	60% after deductible; Precertification required	\$150 copay (including lab and radiology);**100% after the deductible for hospital professional services	N/A
<b>Mental Health and Substance Abuse-Inpatient Care</b>	80% after deductible	60% after deductible; Precertification required	\$500 copay per admission	N/A
<b>Mental Health and Substance Abuse-Outpatient Programs</b>	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required	\$30 copay	N/A
<b>Mental Health and Substance Abuse-Outpatient Counseling</b>	\$30 copay	70% after deductible	\$30 copay	N/A
<b>Emergency Room</b>	\$150 copay (waived if admitted)			
<b>Basic and Comprehensive Infertility Treatment</b>	Unlimited benefit for diagnosis and basic medical treatment			N/A
<b>Advanced Infertility Treatment***</b>	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT, ZIFT and artificial insemination			N/A
<b>Prescription Drug Coverage with Optum RxRetail</b>	Retail (30 days) • Tier I: \$10 copay • Tier II: \$25 copay • Tier III: \$45 copay  • 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) • Tier I: \$15 copay • Tier II: \$50 copay • Tier III: \$90 copay	N/A

\* 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](https://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.

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

➕ Go to [humanresources.columbia.edu](https://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.