

## ← 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.

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*
<b>Annual Deductible</b>								
<b>Individual</b>	\$1,700	\$3,400	\$600	\$850	\$400	\$850	\$200	\$850
<b>Family</b>	\$3,400	per person	per person**	per person	per person	per person	per person	per person
<b>Coinsurance</b>	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible	100% after deductible	60% after deductible
<b>Out-of-Pocket Maximum</b>								
<b>Individual</b>	\$3,750	\$7,500	\$3,750	\$5,250	\$3,250	\$5,250	\$4,750	\$5,250
<b>Family</b>	\$7,500	\$15,000	\$7,500	\$10,500	\$6,500	\$10,500	\$9,500	\$10,500
<b>Preventive Care</b>	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible
<b>Physician Office Visits (excludes additional services)</b>	90% after deductible	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible
<b>Laboratory/Radiology Services, including services rendered in a physician's office</b>	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
<b>Inpatient Hospital Care</b>	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
<b>Outpatient Hospital Care</b>	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
<b>Mental Health and Substance Abuse-Inpatient Care</b>	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
<b>Mental Health and Substance Abuse-Outpatient Programs</b>	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
<b>Mental Health and Substance Abuse-Outpatient Counseling</b>	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](https://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.

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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*
<b>Emergency Room</b>	90% after in-network deductible		\$150 copay (Waived if admitted)		\$150 copay (Waived if admitted)		\$150 copay (Waived if admitted)	
<b>Basic and Comprehensive Infertility Treatment</b>	Unlimited benefit for diagnosis and basic medical treatment							
<b>Advanced Infertility Treatment</b>	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT, ZIFT and artificial insemination							
<b>Prescription Drug coverage with OptumRx **</b>	<ul style="list-style-type: none"> <li>Preventive care medications follow the Choice Plus plans copay amounts.</li> <li>Non-Preventive care medications are subject to the annual in-network deductible before copay amounts apply.</li> </ul>		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> <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>			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>		

\* 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](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.

