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 to consider before enrolling. All plans are administered by UnitedHealthcare (UHC). **Changes for 2027 in bold.**

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**	**$1,750** **$3,500**	**$3,500 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**	$3,750 $7,500	$7,500 $15,000	$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.

Comparing your medical plans

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		**$175 copay (Waived if admitted)**					
Basic, Comprehensive and Advanced Infertility Treatment	**Covered through Progyny, effective January 1, 2027.**	N/A	**Covered through Progyny, effective January 1, 2027.**	N/A	**Covered through Progyny, effective January 1, 2027.**	N/A	**Covered through Progyny, effective January 1, 2027.**	N/A
Prescription Drug coverage with OptumRx	• 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)** • Tier I: $10 copay • **Tier II: $30 copay** • **Tier III: $50 copay** **Mail-order (90 days)** • Tier I: $15 copay • **Tier II: $60 copay** • **Tier III: $100 copay** **Effective January 1, 2027, all specialty medications, including non-diabetic GLP-1s, will be covered at a Tier III copay.** Eligible specialty medications will be processed through PillarRx with a 30% coinsurance, offset by the manufacturer discount.					

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

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.