# Comparing your medical plans

Below is an overview of the two medical plans, administered by UnitedHealthcare (UHC). **Changes for 2027 in bold.**

| Benefit | Choice Plus 80 | | Choice In-Network | |
|---|---|---|---|---|
| | In-Network | Out-of-Network* | In-Network | Out-of-Network |
| Annual Deductible<br>Individual<br>Family | $400<br>per person | $600<br>per person | $0 | N/A |
| Coinsurance | 80% after deductible | 60% after deductible | 100% | N/A |
| Out-of-Pocket Maximum<br>Individual<br>Family | $3,000<br>$6,000 | $4,500<br>$9,000 | $3,500<br>$7,000 | N/A |
| Preventive Care | 100% | 60% after deductible | 100% | N/A |
| Physician Office Visits, including Specialists (excludes additional services) | $30 copay | 60% after deductible | $30 copay | N/A |
| Laboratory/Radiology Services, including services rendered in a physician's office | 80% after deductible | 60% after deductible | $150 copay if hospital**<br>100% after deductible if non-hospital location | N/A |
| Inpatient Hospital Care | 80% after deductible | 60% after deductible; Precertification required | $500 copay per admission; 100% after the deductible for inpatient professional services | N/A |
| Outpatient Hospital Care | 80% after deductible | 60% after deductible; Precertification required | $150 copay (including lab and radiology);**100% after the deductible for hospital professional services | N/A |
| Mental Health and Substance Abuse–Inpatient Care | 80% after deductible | 60% after deductible; Precertification required | $500 copay per admission | N/A |
| Mental Health and Substance Abuse–Outpatient Programs | $30 copay | 70% after deductible for facility-based care including intensive outpatient programs; Precertification required | $30 copay | N/A |
| Mental Health and Substance Abuse–Outpatient Counseling | $30 copay | 70% after deductible | $30 copay | N/A |
| Emergency Room | **$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 |
| Prescription Drug Coverage with Optum RxRetail | **Retail (30 days)**<br>• Tier I: $10 copay<br>• **Tier II: $30 copay**<br>• **Tier III: $50 copay** | | **Mail-order (90 days)**<br>• Tier I: $15 copay<br>• **Tier II: $60 copay**<br>• **Tier III: $100 copay** | N/A |
| | **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.

** 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.

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.