

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 90		Choice In-Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network
Annual Deductible Individual Family	\$400 per person	\$850 per person	\$0	N/A
Coinsurance	90% after deductible	60% after deductible	100%	N/A
Out-of-Pocket Maximum Individual Family	\$3,250 \$6,500	\$5,250 \$10,500	\$3,500 \$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	90% after deductible	60% after deductible	\$150 copay if hospital** 100% after deductible if non-hospital location	N/A
Inpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	\$500 copay per admission; 100% after the deductible for inpatient professional services	N/A
Outpatient Hospital Care	90% 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	90% 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) • Tier I: \$10 copay • Tier II: \$30 copay • Tier III: \$50 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.		Mail-order (90 days) • Tier I: \$15 copay • Tier II: \$60 copay • Tier III: \$100 copay	

* 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.