COLUMBIA UNIVERSITY
HR Benefits

2027 Medical Plan Comparison Chart for Retired Officers Under Age 65

BENEFIT	Choice Plus 80		Choice Plus 90		Choice Plus 100	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Annual Deductible Individual Family	$600 per person	$850 per person	$400 per person	$850 per person	$200 per person	$850 per person
Coinsurance	80% after deductible	60% after deductible	90% after deductible	60% after deductible	100% after deductible	60% after deductible
Annual Out-of-pocket ***Maximum Individual Family	$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
Physician Office Visits, including specialists	$30 copay	60% after deductible	$30 copay	60% after deductible	$30 copay	60% after deductible
Laboratory and Radiology Services, including services rendered in a physician's office	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 Facility Inpatient Services	80% after deductible 80% after deductible	60% after deductible; *Precertification required*	90% after deductible 90% after deductible	60% after deductible; *Precertification required*	$500 copay per admission 100% after deductible	60% after deductible; *Precertification required*
Outpatient Hospital Care	80% after deductible	60% after deductible; *Precertification required*	90% after deductible	60% after deductible; *Precertification required*	$150 copay (including lab and radiology)**	60% after deductible; *Precertification required*
Mental Health and Substance Abuse – Inpatient Facility Inpatient Services	80% after deductible 80% after deductible	60% after deductible; *Precertification required*	90% after deductible 90% after deductible	60% after deductible; *Precertification required*	$500 copay per admission 100% after deductible	60% after deductible; *Precertification required*
Mental Health and Substance Abuse – Outpatient programs	$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 – but no copay for partial hospitalization/ intensive outpatient treatment	70% after deductible for facility-based care, including intensive outpatient programs; *Precertification required*
Mental Health and Substance Abuse – Outpatient counseling	$30 copay	70% after deductible	$30 copay	70% after deductible	$30 copay	70% after Deductible
Emergency Room	**$175 copay** (Waived if admitted)	**$175 copay** (Waived if admitted)	**$175 copay** (Waived if admitted)	**$175 copay** (Waived if admitted)	**$175 copay** (Waived if admitted)	**$175 copay** (Waived if admitted)

COLUMBIA UNIVERSITY
HR Benefits

2027 Medical Plan Comparison Chart for Retired Officers Under Age 65

BENEFIT	Choice Plus Plans	
Prescription Drug coverage with OptumRx	Retail (30-day supply) • Tier I: $10 copay • Tier II: **$30 copay** • Tier III: **$50 copay**	Mail-order (90-day supply) • 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.
**No copay for Lab and Radiology at designated New York Presbyterian (NYP) locations. Go to humanresources.columbia.edu/documents and search "New York-Presbyterian (NYP) Outpatient Laboratory Locations" for the list.

***Prescription drug copays count toward the medical plans annual in-network out-of-pocket maximums.

Important note: Most services require precertification. If you use a network provider, your participating network physician or hospital generally takes care of the precertification process for you. However, it's always good to double-check that your provider has obtained the necessary authorizations from your health plan carrier. If you see a provider who is out-of-network, you are responsible for obtaining pre-certification.

Basic Vison Coverage

BENEFIT	Choice Plus Plans
	Benefits Apply Both In-Network and Out-of Network
Vision Care	(See Vision Care Network below for instructions on accessing the Vision Care Network) Child is defined as a member less than age 19. Provider might require payment in full at the time of service. The patient then submits a claim to UHC for reimbursement.
Routine Eye Exams	**Adult*:** One exam every 12 months, with $10 copy **Children**: One exam every 12 months, with $10 copy
Lenses	**Adult*:** Every 24 months, $20 Allowance for single lenses, $30 for bifocal, $40 for trifocal, and $75 for lenticular **Children**: Lenses covered in full every 12 months (more if medically necessary)
Frames	**Adult*:** $30 allowance every 12 months **Children**: up to $100 covered in full every 12 months (more frequent if medically necessary). Cost above $100 covered at 60%
Contact Lenses	**Adult*:** $75 allowance every 12 months **Children:** Purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months

*Available for either frames and lenses *or* contact lenses.

Vision Care Network: go to myUHC.com, select "Vision" from the "Benefits & Coverage" tab, then click "Vision Benefit Highlights" and you will be taken directly to the UnitedHealthcare Vision website. Then, use the Provider Locator feature or call UnitedHealthcare Member Services (say "Benefits," then "Vision") for help locating a vision care provider.