

Choose the Health Plan That's Right for *You*

Resources are available to help guide your decision about which health plan may provide the best coverage and value for your money.

Choosing a Third-Party Administrator

When you elect a health care plan, you get to choose which Third-Party Administrator (TPA) will administer your plan—either Aetna or Excellus BlueCross BlueShield (Excellus). You may want to consider the network availability when choosing your TPA. The TPAs have each contracted with in-network providers to offer health care services at negotiated fees. To find out if your physician or other providers and facilities are members of either the Aetna or Excellus network, visit their network directories online at:

Aetna

Go to www.aetna.com/dse/search?site_id=universityofrochester.

Excellus

Go to www.excellusbcbbs.com and select Find a Doctor or Hospital and then Upstate New York Provider Network to find a local provider.

Accountable Health Partners (AHP)

To find an Accountable Health Partners Provider in your area, use the Provider Search tool on the AHP website (www.ahpnetwork.com) or call AHP customer service toll free at (888) 457-7463 or direct at (585) 784-8855.

Important Terms to Know

Deductible: The amount of out-of-pocket expenses that you must pay before the Plan begins to pay benefits for many covered services.

Coinsurance: The percent the Plan will pay for certain covered expenses once you have met your deductible.

Copay: A fixed dollar amount you must pay to a provider at the time services are received.

Out-of-Pocket Maximum: The maximum amount you could pay each calendar year for your share of covered services. Throughout the year, your out-of-pocket expenses, including your deductible, coinsurance, copays, and prescription costs will count toward your out-of-pocket maximum. If you reach your out-of-pocket maximum, your covered expenses will be covered at 100 percent for the remainder of the calendar year.

Plan Information for the Health Care Plans and FSAs

The University Plan Administrator for Health Care Plans Coverage is:

Associate Vice President for Human Resources
University of Rochester (ID No. 16-0743209)
Office of Human Resources, Benefits Office
60 Corporate Woods, Suite 310
PO Box 270453
Rochester, NY 14627
Telephone: (585) 275-2084

The Associate Vice President for Human Resources is the agent for legal process in any action involving the University of Rochester Health Care Plans.

The Plan Year for the Health Care Plans is from January 1 to December 31. The Plan Number is 517.

The University reserves the right to modify, amend, or terminate the Plans at any time, including actions that may affect coverage, cost-sharing or covered benefits, as well as benefits that are provided to current and future retirees. This document provides only a summary of the main features of the plans. Detailed information on the benefit plans is available on the Total Rewards website www.rochester.edu/totalrewards. A paper copy of this information is available for free from the Office of Total Rewards.

Notice of Medical Plan Grandfather Status under the Patient Protection and Affordable Care Act

As of January 1, 2013, the University's Health Plan was no longer grandfathered under the Patient Protection and Affordable Care Act.



2019 HEALTH PLANS COMPARISON CHART

IT'S YOUR CHOICE.

CHOOSE CONFIDENTLY.

2019 Health Plans Comparison

The University of Rochester Health Plans offer coverage to help meet the health care needs of you and your family. This chart is designed to help you compare the features of each health plan so that you can make informed decisions.

YOUR PPO Plan <i>Generally higher employee premium contributions</i>			YOUR HSA-Eligible Plan <i>Generally lower employee premium contributions</i>		
Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Accountable Health Partners	Aetna/Excellus National Network	Out-of-Network	Accountable Health Partners	Aetna/Excellus National Network	Out-of-Network

Overall Coverage (Single)						
	YOUR PPO Plan deductible only applies to all inpatient, outpatient, emergency room and urgent care services.			YOUR HSA-Eligible Plan deductible applies to all medical and pharmacy expenses.		
Deductible	\$500	\$1,000	\$2,000	\$1,500	\$2,000	\$3,000
Coinsurance	Plan pays 90%	Plan pays 75%	Plan pays 60%	Plan pays 90%	Plan pays 75%	Plan pays 60%
Out-of-Pocket Maximum (includes deductible, coinsurance and copays) Full-time employees earning less than \$52,000/year ¹² and SMH Residents or Fellows	\$2,000	\$3,000	\$5,000	\$2,500	\$4,000	\$6,000
Out-of-Pocket Maximum (includes deductible, coinsurance and copays) Full-time employees earning more than \$52,000/year ¹² and all part-time employees	\$2,500	\$3,500	\$5,000	\$3,000	\$4,500	\$6,000
Lifetime Maximum	Unlimited					
Flexible Spending Account and/or Health Savings Account	Flexible Spending Account maximum: \$2,650			Health Savings Account maximum: \$3,500 Health Care Flexible Savings Account and Limited Flexible Savings Account Maximum: \$2,650 ³		

Overall Coverage (Employee and Spouse or Domestic Partner, Employee and Child(ren), or Family Coverage)						
	YOUR PPO Plan deductible only applies to all inpatient, outpatient, emergency room and urgent care services.			YOUR HSA-Eligible Plan deductible applies to all medical and pharmacy expenses.		
Deductible	\$1,250 ¹	\$2,500 ¹	\$6,000 ¹	\$3,000	\$4,000	\$6,000
Coinsurance	Plan pays 90%	Plan pays 75%	Plan pays 60%	Plan pays 90%	Plan pays 75%	Plan pays 60%
Out-of-Pocket Maximum (includes deductible, coinsurance and copays) Full-time employees earning less than \$52,000/year ¹² and SMH Residents or Fellows	\$4,000 ¹	\$5,500 ¹	\$10,000 ¹	\$5,000	\$8,000 ²	\$12,000
Out-of-Pocket Maximum (includes deductible, coinsurance and copays) Full-time employees earning more than \$52,000/year ¹² and all part-time employees	\$5,000 ¹	\$7,000 ¹	\$10,000 ¹	\$6,000	\$9,000 ²	\$12,000
Lifetime Maximum	Unlimited					
Flexible Spending Account and/or Health Savings Account	Flexible Spending Account maximum \$2,650			Health Savings Account maximum: \$7,000 Health Care Flexible Savings Account and Limited Flexible Savings Account Maximum: \$2,650 ³		

Preventive Care Services

Note: Check with your third-party administrator (Aetna or Excellus) before seeking preventive care to ensure the service is considered preventive. View the 2019 Health Program Guide or Summary Plan Description (SPD) for additional information.

Physicals, Well-Baby/ Well-Child Exams, etc. ⁴	Plan pays 100% (no deductible or copay)	Not Covered	Plan pays 100% (no deductible or copay)	Not Covered
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Prescription Drugs ⁵				
Retail, Generic (up to 30 days' supply) ⁵	\$15 copay	Not Covered	\$15 copay after deductible	
Retail, Preferred Brand (up to 30 days' supply) ⁵	You pay 20% coinsurance (\$25 min, \$60 max)		You pay 20% coinsurance (\$25 min, \$60 max) after deductible	
Retail, Non-Preferred Brand (up to 30 days' supply) ⁵	You pay 35% coinsurance (\$50 min, \$120 max)		You pay 35% coinsurance (\$50 min, \$120 max) after deductible	
Mail Order (up to 90 days' supply) ^{5,6}	2.5 times 30-day retail		2.5 times 30-day retail after deductible	
Prescription Diabetic Supplies and Equipment (pharmacy purchase) ⁵	You pay 10% (no deductible; \$15 copay maximum)		You pay 10% after deductible	

Physician's Office and Diagnostic/Lab Services						
Office Visit/Office Care	\$20 copay	\$35 copay	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷
Specialist Visit/Specialist Care	\$35 copay	\$65 copay				
Diagnostic X-ray	Plan pays 90% after deductible	Plan pays 75% after deductible				
Lab and Pathology, Chemotherapy/Radiation Therapy						

Maternity Services						
Prenatal ⁸	Plan pays 100%, (no deductible or copay)		Plan pays 60% after deductible ⁷	Plan pays 100%, (no deductible)		Plan pays 60% after deductible ⁷
Postnatal				Plan pays 90% after deductible	Plan pays 75% after deductible	
Hospital Care for Mother	Plan pays 90% after deductible	Plan pays 75% after deductible				

Inpatient Hospital Services						
Inpatient Admission (facility)	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷
Inpatient Physician and Surgery Services						

Outpatient Hospital Services						
Outpatient (facility) ¹¹	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷

Emergency Care						
Emergency Room Care (Non-Emergency Care in a Hospital Emergency Room is not covered)	Plan pays 90% after Tier 1 deductible			Plan pays 90% after Tier 1 deductible		
Ambulance	Plan pays 90% after Tier 1 deductible			Plan pays 90% after Tier 1 deductible		
Urgent Care	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷

Mental Health and Chemical Dependence Services						
Mental Health—Inpatient and Outpatient Facility	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷
Mental Health—Outpatient Physician's Office	\$20 copay					
Mental Health—Outpatient Services provided by Behavioral Health Partners (BHP) ⁹	Plan pays 100% (no deductible or copay)			Plan pays 100% after deductible		
Substance Abuse—Detoxification/Inpatient and Outpatient Facility	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷
Substance Abuse—Outpatient Physician's Office	\$20 copay					

Other Services						
Auditory Exam-Audiologist (limit 1 per year)	\$35 copay	\$65 copay	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷
Chiropractic Care						
Acupuncture (limit 10 per year)						
Routine Vision Exam-Optometrist—(limit 1 per year)						
Vision—Lenses and Frames (limit 1 per year)	Adults: \$60 maximum allowance once every year (20%–50% discount on lenses and frames at participating optical providers) Pediatric Dependents through age 18: \$60 allowance plus the plan pays 5% coinsurance once every year (20%–50% discount on lenses and frames at participating optical providers)					
Diabetic Supplies and Equipment ¹⁰ (non-pharmacy purchase)	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 90% after deductible	Plan pays 60% after deductible ⁷
Durable Medical Equipment (DME)						
Physical, Speech and Occupational Therapy (combined limit 45 visits per year)	\$35 copay	\$65 copay				
Allergy Tests and Injections	\$20 Primary Care Provider copay \$35 Specialist copay	\$35 Primary Care Provider copay \$65 Specialist copay				

Skilled Nursing						
Skilled Nursing Facility Care (limit of 120 days per year)	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷
Home Health Care		Plan pays 75% after deductible			Plan pays 75% after deductible	
Hospice Care						

- YOUR PPO Plan includes an embedded deductible and out-of-pocket maximum; see the 2019 Health Program Guide or SPD for additional information.
- The Tier 2 Aetna/Excellus National Network out-of-pocket maximum includes an individual embedded out-of-pocket maximum, see the 2019 Health Program Guide or SPD for additional information.
- Under the YOUR HSA-Eligible Plan, you have the option to contribute to an HSA and a Limited Purpose FSA or a Health Care FSA.
- Includes women's health screening; breast feeding support, supplies, and counseling; contraceptive methods; patient education and counseling
- If you are prescribed a brand name drug when a generic equivalent exists, you will generally be responsible for the copay plus the cost difference between the brand name and generic equivalent. All prescription drugs, including Specialty drugs, filled at the URCM Employee Pharmacy qualify for a discount under the YOUR PPO Plan and the YOUR HSA-Eligible Plan. Under the YOUR PPO Plan, Oral Chemotherapy drugs will be covered at 100%; under the YOUR HSA-Eligible Plan, they will be subject to the deductible and coinsurance. Specialty Drugs must be filled at a designated specialty pharmacy. Some preventive drugs are considered preventive care and are covered at 100%; see the 2019 Health Program Guide or SPD for additional information .
- 90-day supplies of maintenance drugs at the URCM Employee Pharmacy are eligible for a discount.
- Services provided at the Tier 3 Benefit Level will be capped at the Reasonable and Customary levels; you may be balance billed.
- Consult your third-party administrator (Aetna or Excellus) to determine which prenatal services are covered at 100%.
- Services offered through Behavioral Health Partners are not subject to the annual deductible and are covered 100% for employees and their eligible dependents age 18 and over enrolled in the YOUR PPO Plan. Employees and their eligible dependents age 18 and over enrolled in the YOUR HSA-Eligible Plan are covered at 100% once the annual deductible is met. Services offered by BHP include outpatient treatment for stress, depression and anxiety.
- Covered under Durable Medical Equipment (DME)
- Facility charges for Ambulatory Surgical Centers in Tier 2 will be covered at 90% after the Tier 1 deductible is met.
- For a salaried faculty or staff member, annual salary is 12 times the regular monthly salary or 24 times the regular semimonthly salary. For faculty members under the School of Medicine and Dentistry Faculty Compensation plan, annual salary means the "Targeted Salary."