

## At a Glance: A Comparison of Syracuse University's Health Care Plans

MEDICAL PLAN OPTIONS	SUBBlue (Levels One, Two, and Three)			SUOrange	SUPro (In-Network and Out-of-Network)	
	Level 1 POMCO/PHCS/Multiplan With Referral, and All Eligible International Claims	Level 2 POMCO/PHCS/Multiplan Without Referral	Level 3 Out-of-Network		In-Network POMCO/PHCS/Multiplan, and All Eligible International Claims	Out-of-Network
Annual Deductible (single/family)	No deductible	No deductible	\$300 / \$1,000	No deductible	\$200 / \$400	\$300 / \$1,000
Coinsurance	No coinsurance	10% of Allowable Amount	30% of POMCO's Allowable Amount plus difference between Submitted Charges and Allowable Amount	No coinsurance	20% of POMCO's Allowable Amount	30% of POMCO's Allowable Amount plus difference between Submitted Charges and Allowable Amount
Annual Out-of-Pocket Maximum (Single/Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$6,000 / \$12,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$6,000 / \$12,000
Preventive Care	100% covered	100% covered	Deductible plus some subject to \$40 copay plus coinsurance	100% covered	100% covered	Deductible plus coinsurance
Primary Care Physician	\$25 copay	\$40 copay plus coinsurance	\$40 copay plus deductible plus coinsurance	\$25 copay	Deductible plus coinsurance	Deductible plus coinsurance
Specialist	\$40 copay	\$40 copay plus coinsurance	\$40 copay plus deductible plus coinsurance	\$40 copay	Deductible plus coinsurance	Deductible plus coinsurance
Inpatient Hospitalization	\$350 copay	\$350 copay plus coinsurance	\$350 copay plus deductible plus coinsurance	\$350 copay	Deductible plus 5% coinsurance	Deductible plus 5% coinsurance
Outpatient Surgery	\$200 copay	\$200 copay plus coinsurance	\$200 copay plus deductible plus coinsurance	\$200 copay	Deductible plus coinsurance	Deductible plus coinsurance
Ambulatory Surgery	\$150 copay	\$150 copay plus coinsurance	\$150 copay plus deductible plus coinsurance	\$150 copay	Deductible plus coinsurance	Deductible plus coinsurance
Physical Therapy	\$25 copay	\$25 copay plus coinsurance	\$25 copay plus deductible plus coinsurance	\$25 copay	Deductible plus coinsurance	Deductible plus coinsurance
Diagnostic Machines Tests, X-Rays, and Radiology (Including MRIs, PET and CT Scans)	\$40 copay	\$40 copay plus coinsurance	\$40 copay plus deductible plus coinsurance	\$40 copay	Deductible plus coinsurance	Deductible plus coinsurance

MEDICAL PLAN OPTIONS	SUBBlue (Levels One, Two, and Three)			SUOrange	SUPro (In-Network and Out-of-Network)	
	<b>Level 1</b> POMCO/PHCS/Multiplan With Referral, and All Eligible International Claims	<b>Level 2</b> POMCO/PHCS/Multiplan Without Referral	<b>Level 3</b> Out-of-Network	<b>Level 1</b> POMCO/PHCS/Multiplan With Referral	<b>In-Network</b> POMCO/PHCS/Multiplan, and All Eligible International Claims	<b>Out-of-Network</b>
Urgent Care	\$50 copay	\$50 copay plus coinsurance	\$50 copay plus deductible plus coinsurance	\$50 copay	Deductible plus coinsurance	Deductible plus coinsurance
Emergency Room (For True Medical Emergencies)	\$150 copay	\$150 copay	\$150 copay	\$150 copay	Deductible plus coinsurance	In-network deductible plus in-network coinsurance

PRESCRIPTION DRUGS	SUBBlue & SUOrange		SUPro
Annual Deductible	No deductible		No deductible
Out-of-Pocket Maximum	\$2,000 single / \$4,000 family		\$2,000 single / \$4,000 family
Retail Generic	20% coinsurance*		15% coinsurance*
Retail Brand Formulary	25% coinsurance		25% coinsurance
Retail Brand Non-Formulary	45% coinsurance		40% coinsurance
Mail Order Generic	\$20 copay for up to a 90 day supply*		Lesser of \$15 or 15% coinsurance*
Mail Order Brand Formulary	\$50 copay for up to a 90 day supply		Lesser of \$45 or 25% coinsurance
Mail Order Brand Non Formulary	\$90 copay for up to a 90 day supply		Lesser of \$90 or 40% coinsurance
Specialty Mail Order (All)	Same as Mail Order except up to a 30 day supply		Same as Mail Order except up to a 30 day supply
Contraceptives	Same as Other Rx for all tiers		Same as Other Rx for all tiers

*SUBBlue, SUOrange and SUPro Generic Prescription Drugs: \$0 Copay (Certain Age, Gender and Other Restrictions Apply)
Aspirin
Breast Cancer Prevention Drugs
FDA-Approved Tobacco Cessation Drugs and OTC Products
Fluoride
Folic Acid
Iron Supplements
Preparatory Prescriptions associated with Colonoscopies
Vitamin D Supplements
Women's Contraceptives