

## At a Glance: A Comparison of Syracuse University's Health Care Plans for 2024

	SUBBlue	SUBBlue	SUOrange	SUPro	SUPro
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network
<b>Annual Deductible (Single/Family)</b>	\$150 / \$300	\$300 / \$1,000	\$150 / \$300	\$200 / \$400	\$300 / \$1,000
<b>Coinsurance</b>	No coinsurance (specific exceptions as listed in the medical benefits booklet)	30% of Excellus BCBS's allowable amount plus difference between submitted charges and allowable amount (specific exceptions as listed in the medical benefits booklet)	No coinsurance (specific exceptions as listed in the medical benefits booklet)	20% of Excellus BCBS's allowable amount (specific exceptions as listed in the medical benefits booklet)	30% of Excellus BCBS's allowable amount plus difference between submitted charges and allowable amount (specific exceptions as listed in the medical benefits booklet)
<b>Annual Out-of-Pocket Maximum (Single/Family)</b>	\$2,000 / \$4,000	\$6,000 / \$12,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$6,000 / \$12,000
<b>Referral Required</b>	No	No	No	No	No
<b>International Claims</b>	<p><b>Eligible services provided through a participating BlueCross BlueShield (BCBS) Global Core Network provider:</b> Member pays in-network deductible, copay and/or coinsurance at time of service.</p> <p><b>Eligible services provided through a non-participating provider:</b> Member pays total due at time of service, and then is reimbursed through Excellus BCBS once paperwork is submitted. Eligible services are based on submitted amount, and the responsibility of the member is the in-network deductible, copay and/or coinsurance.</p>	Same as In-Network	Eligible international claims incurred through the BCBS Global core network only	<p><b>Eligible services provided through a participating BlueCross BlueShield (BCBS) Global Core Network provider:</b> Member pays in-network deductible and coinsurance at time of service.</p> <p><b>Eligible services provided through a non-participating provider:</b> Member pays total due at time of service, and then is reimbursed through Excellus BCBS once paperwork is submitted. Eligible services are based on submitted amount, and the responsibility of the member is the in-network deductible and coinsurance.</p>	Same as In-Network
<b>Preventive Care</b>	100% covered	Deductible plus coinsurance	100% covered	100% covered	Deductible plus coinsurance
<b>Primary Care Physician</b>	Deductible plus \$35 copay	Deductible plus \$35 copay plus coinsurance	Deductible plus \$35 copay	Deductible plus coinsurance	Deductible plus coinsurance
<b>Specialist</b>	Deductible plus \$50 copay	Deductible plus \$50 copay plus coinsurance	Deductible plus \$50 copay	Deductible plus coinsurance	Deductible plus coinsurance
<b>Telemedicine/Telehealth</b>	Deductible plus copay associated with in-person visit	Deductible plus copay associated with in-person visit plus coinsurance	Deductible plus copay associated with in-person visit	Deductible plus coinsurance	Deductible plus coinsurance
<b>Inpatient Hospitalization</b>	Deductible plus \$350 copay	Deductible plus \$350 copay plus coinsurance	Deductible plus \$350 copay	Deductible plus 5% coinsurance	Deductible plus 5% coinsurance

	SUBlue	SUBlue	SUOrange	SUPro	SUPro
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network
<b>Outpatient Surgery</b>	Deductible plus \$200 copay	Deductible plus \$200 copay plus coinsurance	Deductible plus \$200 copay	Deductible plus coinsurance	Deductible plus coinsurance
<b>Ambulatory Surgery</b>	Deductible plus \$150 copay	Deductible plus \$150 copay plus coinsurance	Deductible plus \$150 copay	Deductible plus coinsurance	Deductible plus coinsurance
<b>Physical Therapy</b>	Deductible plus \$35 copay	Deductible plus \$35 copay plus coinsurance	Deductible plus \$35 copay	Deductible plus coinsurance	Deductible plus coinsurance
<b>Diagnostic Machines Tests, X-Rays, and Radiology (Including MRIs, PET and CT Scans)</b>	Deductible plus \$50 copay	Deductible plus \$50 copay plus coinsurance	Deductible plus \$50 copay	Deductible plus coinsurance	Deductible plus coinsurance
<b>Urgent Care</b>	Deductible plus \$50 copay	Deductible plus \$50 copay plus coinsurance	Deductible plus \$50 copay	Deductible plus coinsurance	Deductible plus coinsurance
<b>Emergency Room</b>	Deductible and \$150 copay	In-network deductible and \$150 copay	Deductible and \$150 copay (includes out-of-network coverage but in-network deductible applies)	Deductible plus coinsurance	In-network deductible plus in-network coinsurance
<b>PRESCRIPTION DRUGS</b>	<b>SUBlue &amp; SUOrange</b>			<b>SUPro</b>	
<b>Annual Deductible</b>	No deductible			No deductible	
<b>Out-of-Pocket Maximum</b>	\$2,000 single / \$4,000 family			\$2,000 single / \$4,000 family	
<b>Retail, Tier One</b>	20% coinsurance*			15% coinsurance*	
<b>Retail, Tier Two</b>	25% coinsurance			25% coinsurance	
<b>Retail, Tier Three</b>	45% coinsurance			40% coinsurance	
<b>Mail Order, Tier One</b>	\$20 copay for up to a 90 day supply*			Lesser of \$15 or 15% coinsurance*	
<b>Mail Order, Tier Two</b>	\$50 copay for up to a 90 day supply			Lesser of \$45 or 25% coinsurance	
<b>Mail Order, Tier Three</b>	\$90 copay for up to a 90 day supply			Lesser of \$90 or 40% coinsurance	
<b>Specialty Mail Order</b>	Same as Mail Order except up to a 30 day supply			Same as Mail Order except up to a 30 day supply	
<b>Infertility Medications</b>	Follows above schedule for retail, mail order and specialty with a \$20,000 lifetime maximum			Follows above schedule for retail, mail order and specialty with a \$20,000 lifetime maximum	

Prescription drug coverage is not applicable to Medicare-eligible individuals participating in the Retiree Medical Plan.

**\*SUBlue, SUOrange and SUPro: Certain Preventive Care Prescription Drugs - \$0 Copay  
Age, Gender and Other Restrictions Apply. Contact Optum Rx at 866.854.2945 for more details  
(TTY: 711)**