

2017 Plan Comparison – AAUP Faculty

For additional information, please refer to the Plan Summaries, Summary of Benefits and Plan Certificates for each plan. These documents are available on the HR Benefits’ website.

Plan	PPO 90/10 ¹ In-Network	PPO 90/10 ¹ Non-Network ³	PPO 80/20 ¹ In-Network	PPO 80/20 ¹ Non-Network ³	HDHP ² In-Network	HDHP ² Non-Network ³
Deductible	Individual \$125 Family \$250	Individual \$250 Family \$500	Individual \$250 Family \$500	Individual \$500 Family \$1,000	Single \$2,000 Family \$4,000	Single \$2,000 Family \$4,000
Out-of-Pocket Maximum	Individual \$1,000 Family \$2,000	Individual \$2,000 Family \$4,000	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000	Single \$2,000 Family \$4,000	Single \$4,000 Family \$8,000
Primary Care Physician (PCP) Specialty Care Physician (SCP)	\$15 Copayment \$25 Copayment	30% after Deductible 30% after Deductible	\$20 Copayment \$30 Copayment	40% after Deductible 40% after Deductible	0% after Deductible	30% after Deductible
Preventative Care Services	<i>No Cost Share</i>	30% after Deductible	<i>No Cost Share</i>	40% after Deductible	<i>No Cost Share</i>	30% after Deductible
Urgent Care Services	\$40 Copayment	30% after Deductible	\$40 Copayment	40% after Deductible	0% after Deductible	30% after Deductible
Ambulance Services	10% after Deductible	10% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	30% after Deductible
Emergency Room (waived if admitted)	\$200 Copayment	\$200 Copayment	\$200 Copayment	\$200 Copayment	0% after Deductible	30% after Deductible
Inpatient Facility Services	10% after Deductible	30% after Deductible	20% after Deductible	40% after Deductible	0% after Deductible	30% after Deductible
Outpatient Facility Services	10% after Deductible	30% after Deductible	20% after Deductible	40% after Deductible	0% after Deductible	30% after Deductible
Outpatient Therapy Services: Physician (PCP/SCP) Other Services	\$15 / \$25 10% after Deductible	30% after Deductible 30% after Deductible	\$20 / \$30 20% after Deductible	40% after Deductible 40% after Deductible	0% after Deductible	30% after Deductible
Home Care Services	<i>No Cost Share</i>	30% after Deductible	<i>No Cost Share</i>	40% after deductible	0% after Deductible	30% after Deductible
Hospice Care	<i>No Cost Share</i>	<i>No Cost Share</i>	<i>No Cost Share</i>	<i>No Cost Share</i>	0% after Deductible	30% after Deductible
Human Organ & Tissue Transplants	<i>No Cost Share</i>	50% after Deductible	<i>No Cost Share</i>	50% after Deductible	0% after Deductible	30% after Deductible
Durable Medical Equipment, Orthotics & Prosthetics	10% after Deductible	30% after Deductible	20% after Deductible	40% after Deductible	0% after Deductible	30% after Deductible
Prescription Drugs: Retail Pharmacy - 30-day supply Generic/Brand Formulary/Non-Formulary	\$8 / \$25 / \$40	50%, Min \$40	\$8 / \$25 / \$40	50%, Min \$40	0% after Deductible	30% after Deductible
Prescription Drugs: Mail Service - 90-day supply Generic/Brand Formulary/Non-Formulary	\$12 / 10%, Min \$22 / 10%, Min \$60	<i>Not Covered</i>	\$12 / 10%, Min \$22 / 10%, Min \$60	<i>Not Covered</i>	0% after Deductible	<i>Not Covered</i>

¹**Embedded Deductible:** For employee + 1 and employee + 2 or more, each covered family member has an individual and a family deductible. One of the two must be met before co-insurance is applied for that family member.

²**Non-Embedded Deductible:** For employee + 1 or employee + 2 or more, only the family deductible applies. For employee only coverage, the single deductible applies.

³**Non-Network Provider** rates are higher than the rates negotiated between Anthem and its In-Network providers. Even if Anthem pays some Non-Network services, you are responsible for the “balance” of the bill; there is no discount.