

New York University

Faculty, Administrators, and Professional Research Staff

Point of Service Plan (POS)

also known as United HealthCare Select Plus

Benefits Summary

Administered By

United HealthCare

For information about these plan benefits
please call United HealthCare's Member Services at 1-866-633-2474.

Plan Provision	In-Network You Pay	Out-of-Network You Pay
Annual Deductible The amount you pay each year before the plan begins covering your medical expenses. (This does not apply to services for which you pay a copayment.)	None	Individual - \$400 Family - \$1,000
Coinsurance The percentage of medical expenses shared by you and the plan after you meet your deductible	10%	20% of R&C covered expenses after deductible
Annual Hospital Admission Copayment The amount you pay out-of-pocket the first time you are confined to a hospital, skilled nursing facility or inpatient rehabilitation facility in a calendar year.	\$200 per year	20% of R&C covered expenses after deductible
Outpatient Surgery Copayment The amount you pay for each outpatient surgery.	10%	20% of R&C covered expenses after deductible
Out-of-Pocket Maximum Total amount you pay out-of-pocket in one calendar year before the plan pays 100% of your medical expenses.	Individual- \$1,000 Family - \$2,000	Individual - \$2,000 Family- \$4,000
Non-notification Penalty for Hospital Precertification The amount you must pay if you do not precertify your hospital stay.	Does not apply, PCP does for you	\$400 benefit reduction
Non-notification Penalty for Ambulatory Procedures The amount you must pay if you do not call Medical Management when required.	Does not apply, PCP does for you	\$400 benefit reduction
Feature / Service	In-Network You Pay	Out-of-Network You Pay
Physician Services Office visits for routine care; diagnosis and treatment of an illness or injury.	\$5 NYU PCP/Spec*** \$10 UHC I'CP/Spec	20% of R&C covered expenses after deductible.
Preventive Care Periodic checkups, school physicals, well-child care, immunizations, mammography and well-woman care.	\$5/\$10 per office visit***	Not covered except for mammography. 20% of R & C covered expenses after deductible
Inpatient Hospital Services Semiprivate room and board charges, intensive care, cardiac care, etc.	10% after \$200 copay	20% of R&C covered expenses after deductible.*
Emergency Room Care Services administered for conditions meeting the definition of an emergency.	\$50 per emergency visit for all medically necessary treatment. If you are admitted, copayment is waived and you must call your PCP' within 24 hours of admission	
Surgery Anesthesia and use of an operating room or related facility in a hospital or authorized outpatient center	10%	20% Of R&C covered expenses after deductible.*
Lab and X-Ray Services X-rays or laboratory tests for diagnosis or treatment. Other than physician's office.	10%	20% of R&C covered expenses after deductible.*

Feature / Service	In-Network You Pay	Out-of-Network You Pay
Managed Mental Health and Chemical Dependency Outpatient short-term evaluation; crisis intervention; alcohol or drug detoxification; medical complication of chemical dependency (Plan administered by UBH.)	Outpatient - \$5/\$10 per office visit	20% of R&C covered expenses after deductible.
	30 visit per year combined in/out of network maximum for outpatient care	
	Inpatient-10%	20% of R&C covered expenses after deductible
	Inpatient limit of 60 days per calendar year.	Inpatient limit of 30 days per calendar year – reduces in-network maximum when in and out of network benefits are used (730 day lifetime maximum).
Outpatient Rehabilitation/Physical Therapy Short-term physical, occupational or speech therapies.	\$5/\$10 per office visit*** No day limit (when managed by your PCP).	20% of R&C covered expenses after deductible. 33 visits per year
Home Health Care Services provided in the home by an RN, LPN or contracted therapist.**	10%	20% of R&C covered expenses after deductible. 200 days per calendar year limit
Skilled Nursing Facility Confinement for skilled nursing services in a hospital or specialized facility.**	10%	20% of R&C covered expenses\ after deductible. 365 days per calendar year limit
Hospice Care Room and board in a licensed facility or services of medical personnel in your home**.	Nothing (Plan pays 100%)	Nothing (Plan pays 100%)
Durable Medical Equipment Splints, braces, nonsurgically implanted prostheses, specified medical equipment for use in the home.	10%	20% of R&C covered expenses after deductible
Lifetime Maximum	Unlimited	\$1,000,000-reduced by benefits used under the New York University Medical Plan.

Only medically necessary services are covered.

*You also may be charged the Hospital Admission Copayment if these services are performed while you are confined to a hospital.

**Must have prior approval of Medical Management.

***You pay \$5 when you receive care from an NYU Medical Center doctor who is in the New York University Medical Center UPN/IPA and is part of the United HealthCare Network. You pay \$10 when you receive care from any other provider in the United HealthCare Network.

This summary only highlights the NYU Point-of-Service Plan. It is not intended to be a full description of the plan, nor is it intended to replace, amend, or supersede the Plan description.

To Access Provider Directories on the Internet:

1. Go to the United Healthcare (<http://www.provider.uhc.com/>)
2. You are now in "Welcome to the Online provider Directory"
3. Fill in "required" information and click on "search" (Please note: All states do not have directories online)

10/28/98
TNEW Y005
rev. 11-02

This is a general summary of your benefits. A more complete description of your benefits and the terms under which they are provided, including limitations and exclusions are contained in the plan documents. If there are any discrepancies between the information contained in this comparison of plan benefits and the provisions of the plan documents, the plan documents are the controlling documents.

Like most group medical plans and insurance policies, this plan contains certain exceptions, waiting periods, reductions, limitations and terms. Ask your group representative for complete details.

<http://www.unitedhealthcare.com>

Group medical insurance, except in New York, provided by or through: United HealthCare Insurance Company

(all products may not be available in all states)

Administrative service to self-insured plans outside of New York provided by: United HealthCare Insurance Company United HealthCare Services, Inc.

Group medical insurance in New York provided by or through: United HealthCare Insurance Company of New York

Administrative services to self-insured plans in New York provided by: United HealthCare Service Corp.

Group medical insurance in Ohio provided by: United HealthCare Insurance Company of Ohio
United HealthCare Insurance Company

Group medical insurance in Illinois provided by: United HealthCare Insurance Company of Illinois
United HealthCare Insurance Company