

## 2008 NYU Retiree Health Plan Summary of Benefits for Participants Under Age 65

The chart below provides an overview of the schedule of services and copays for the HIP HMO Plan.

Plan Feature	HIP HMO
<b>PCP visit (other than routine physical)</b>	\$20 PCP copay
<b>Specialist office visit</b>	\$30 Specialist copay
<b>Routine physical</b>	\$20 PCP copay
<b>Deductible (does not apply to services with copays)</b>	None
▪ Individual	None
▪ Family	None
<b>Out-of-pocket maximum (includes deductible, does not apply to services with copays)</b>	None
▪ Individual	None
▪ Family	None
<b>Lifetime maximum</b>	None
<b>Inpatient hospital stays</b>	\$200 copay per admission
<b>Outpatient surgery</b>	No copay
<b>Emergency room visits</b>	\$50 copay (waived if admitted)
<b>NYU Prescription Drug Plan* (Administered by Caremark, Inc.) for Participants Under Age 65</b>	
<b>Annual Deductible</b>	None
<b>Annual Maximum</b>	None
<b>Lifetime Maximum</b>	None
<b>Prescription Drugs – Retail (30-day supply)</b>	<b>Prescription Drugs – Mail Order (90 day supply)</b>
\$5 Generic	\$10 Generic
\$20 Brand-name on Caremark’s Primary Drug List	\$40 Brand - Preferred
\$35 Brand-name not on Caremark Primary Drug List	\$60 Brand Non-Preferred
	<b>Prescription Drugs – Mail Order (180 day supply)</b>
	\$20 Generic
	\$80 Brand - Preferred
	\$120 Brand Non-Preferred
<b>Notes:</b>	
▪ Two fills of maintenance drugs are covered at retail pharmacy per calendar year; third and subsequent fills of maintenance drugs at retail pharmacy are subject to a <u>\$50 copayment</u> . Contact Caremark to determine if your medication is considered “maintenance.”	
▪ If you purchase a brand-name drug that is not on Caremark’s Primary Drug List because there is no other brand on the market, you will pay the Primary Drug List copay.	