

2009 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 Point of Service Advantage Plan.

Plan Feature	United Healthcare POS Advantage	
	In-Network	Out-of-Network
PCP visit (other than routine physical)	\$20 PCP copay	You pay 40% of R&C* covered expenses after deductible
Specialist office visit	\$30 Specialist copay	You pay 40% of R&C* covered expenses after deductible
Routine physical	\$20 PCP copay	Not Covered
Deductible (does not apply to services with copays)		
▪ Individual	\$300	\$2,500
▪ Family	\$600	\$5,000
Out-of-pocket maximum (includes deductible, does not apply to services with copays)		
▪ Individual	\$2,000	\$8,000
▪ Family	\$5,000	\$15,000
Lifetime maximum	Unlimited	\$1,000,000
Inpatient hospital stays	You pay 10% of discounted fee after deductible	You pay 40% of R&C* covered expenses after deductible (failure to pre-certify results in \$400 benefit reduction)
Outpatient surgery	You pay 10% of discounted fee after deductible	You pay 40% of R&C* covered expenses after deductible
Emergency room visits	\$75 copay (waived if admitted; call your PCP within 24 hours of admission)	

*In general, reasonable & customary (R&C) charges are the normal range of fees for care and service charged by health care providers in a given geographic area. When you use out-of-network providers, benefits are paid based on reasonable & customary.

NYU Prescription Drug Plan* (Administered by Caremark, Inc.) for Participants Under Age 65

Annual Deductible	None	
Annual Maximum	None	
Lifetime Maximum	None	
Prescription Drugs – Retail (30-day supply)	Prescription Drugs – Mail Order (90 day supply)	Prescription Drugs – Mail Order (180 day supply)
\$5 Generic	\$10 Generic	\$20 Generic
\$20 Brand-name on Caremark's Primary Drug List	\$40 Brand - Preferred	\$80 Brand - Preferred
\$35 Brand-name not on Caremark Primary Drug List	\$60 Brand Non-Preferred	\$120 Brand Non-Preferred

Notes:

- 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 \$50 copayment. 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.
- You now have more flexibility when filling your prescriptions for maintenance prescription drugs. The new cost-saving option, called "Maintenance Choice," lets you choose which is more convenient for you and your covered dependents -- getting your long-term maintenance prescriptions mailed to your home, or picking up the maintenance at your local CVS pharmacy. The copay will be the same either way. After the first time you fill a maintenance medication through mail order you will receive a notice from CVS/Caremark offering you the choice of how you want your maintenance medications filled.