

## 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 Point of Service Value Plan.

Plan Feature	United Healthcare POS Value	
	In-Network	Out-of-Network
<b>PCP visit (other than routine physical)</b>	\$20 PCP copay	You pay 50% of R&C* covered expenses after deductible
<b>Specialist office visit</b>	\$30 Specialist copay	You pay 50% of R&C* covered expenses after deductible
<b>Routine physical</b>	\$20 PCP copay	Not Covered
<b>Deductible (does not apply to services with copays)</b>		
▪ Individual	\$400	\$2,500
▪ Family	\$800	\$5,000
<b>Out-of-pocket maximum (includes deductible, does not apply to services with copays)</b>		
▪ Individual	\$3,500	\$8,000
▪ Family	\$6,000	\$15,000
<b>Lifetime maximum</b>	Unlimited	\$1,000,000
<b>Inpatient hospital stays</b>	You pay 20% of discounted fee after deductible	You pay 50% of R&C* covered expenses after deductible (failure to pre-certify results in \$400 benefit reduction)
<b>Outpatient surgery</b>	You pay 20% of discounted fee after deductible	You pay 50% of R&C* covered expenses after deductible
<b>Emergency room visits</b>	\$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

<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>	<b>Prescription Drugs – Mail Order (180 day supply)</b>
\$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
<b>Notes:</b>		
<ul style="list-style-type: none"> <li>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."</li> <li>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.</li> </ul>		