

University of Rochester  
**University High Deductible Plan**  
**SUMMARY OF BENEFITS**

COVERAGE	In - Network	Out - of - Network
Deductible-Family	\$1,250	\$2,500
Coinsurance	Plan pays 80%	Plan pays 60%
Out of Pocket Maximum (Family) <i>(Includes deductible)</i>	\$5,000 \$3,750*	\$10,000
* If full time earnings are less than \$40,000.		
Lifetime maximum	Unlimited	Unlimited
<b>PREVENTIVE CARE SERVICES</b>		
In-network coverage includes physicals, well-baby/well-child visits, immunizations, mammograms, cholesterol screenings, bone scans for osteoporosis, colorectal & prostate cancer screenings, Pap tests & pelvic exams, and more.	Plan pays 100%, no deductible or co-payment.	Not covered
<b>PRESCRIPTION DRUGS (GENERIC/PREFERRED BRAND/NON-PREFERRED BRAND)</b>		
Retail (up to 30 days' supply)	\$10/\$25/\$40 co-payment **	Not covered
Mail order (up to 90 days' supply)	2.5 times retail **	N/A
** Prescription drugs do not count toward the deductible and out-of-pocket maximum.		
<b>OTHER SERVICES – No referral needed.</b>		
Office Visit	Plan pays 80% after deductible has been met.  No referral needed.	Plan pays 60% (up to R&C) after deductible has been met.  No referral needed.
Specialist Visit		
Inpatient Admission (facility)		
Diagnostic x-ray		
Lab and pathology; chemotherapy/radiation		
Auditory exam ( limit 1 per year)		
Physical, speech and occupational Therapy (Combined limit 45 visits per year)		
Inpatient Physician and Surgery Services		
Emergency room care <i>(Covered at in-network levels)</i>		
Ambulance		
Maternity hospital		
Maternity: Prenatal and Postnatal care		
Mental Health-Inpatient (minimum of 30 days per year may apply) <i>(In compliance with Timothy's Law, limits on mental health benefits do not apply to biologically-based mental illnesses.)</i>		
Mental Health-Outpatient (minimum of 20 days per year may apply) <i>(In compliance with Timothy's Law, limits on mental health benefits do not apply to biologically-based mental illnesses.)</i>		
Substance Abuse – Detoxification (Limit of 7 days per year, up to 2 times per lifetime)		
Substance Abuse – Outpatient (Limit of 60 visits per year)		
Skilled Nursing Facility Care (Limit of 120 days per year)		
Home Health Care		
Hospice Care		
Durable Medical Equipment (DME)		
Allergy Tests and equipment		
Chiropractic Care		
Acupuncture (Limit 10 per year)		
Vision – Exam (Limit: 1 per year)		
Vision – Lens & Frames (Limit 1 per year)	\$60 maximum allowance once every year (20%-50% discounts on lenses and frames at participating optical providers)	
Diabetic Supplies and Equipment	Covered under Prescription Drugs and DME	