

Choose the Health Plan That's Right for You

Resources are available to help guide your decision about which health plan may provide the best coverage and value for your money.

Third-Party Administrator

The University of Rochester has partnered with Excellus BlueCross BlueShield to be the third-party administrator (TPA) for our health care plans. TPAs are responsible for processing medical insurance claims from doctors, hospitals, and pharmacies, in addition to helping your health plan stay in compliance with federal regulations.

Contact Excellus

For dedicated University of Rochester customer service and assistance with finding a participating Doctor or Hospital, please contact Excellus at 1-800-659-2808 or via TTY at 1-800-662-1220. Information can also be found at www.excellusbcbs.com/UR.

Important Terms to Know

Deductible: The amount of out-of-pocket expenses that you must pay before the Plan begins to pay benefits for many covered services.

Coinsurance: The percent the Plan will pay for certain covered expenses once you have met your deductible.

Copay: A fixed dollar amount you must pay to a provider at the time services are received.

Out-of-Pocket Maximum: The maximum amount you could pay each calendar year for your share of covered services. Throughout the year, your out-of-pocket expenses, including your deductible, coinsurance, copays, and prescription costs will count toward your out-of-pocket maximum. If you reach your out-of-pocket maximum, your covered expenses will be covered at 100 percent for the remainder of the calendar year.

Accountable Health Partners (AHP): A network of hospitals and physicians that make up the Tier 1 network for the UR Health Plans. To find an AHP Provider in your area, use the Provider Search tool on the AHP website (www.ahpnetwork.com) or call AHP customer service toll free at (888) 457-7463 or direct at (585) 784-8855.

In-Network: Doctors, hospitals, or other health care facilities that are affiliated with Excellus.

Out-of-Network: Doctors, hospitals, or other health care facilities that are not affiliated with Excellus.

Plan Information for the Health Care Plans and FSAs

The University Plan Administrator for Health Care Plans Coverage is:

Associate Vice President for Human Resources
University of Rochester (ID No. 16-0743209)
Office of Human Resources, Benefits Office
60 Corporate Woods, Suite 310
PO Box 270453
Rochester, NY 14627
Telephone: (585) 275-2084

The Associate Vice President for Human Resources is the agent for legal process in any action involving the University of Rochester Health Care Plans.

The Plan Year for the Health Care Plans is from January 1 to December 31. The Plan Number is 517.

The University reserves the right to modify, amend, or terminate the Plans at any time, including actions that may affect coverage, cost-sharing or covered benefits, as well as benefits that are provided to current and future retirees. This document provides only a summary of the main features of the plans. Detailed information on the benefit plans is available on the Total Rewards website www.rochester.edu/totalrewards. A paper copy of this information is available for free from the Office of Total Rewards.

Notice of Medical Plan Grandfather Status under the Patient Protection and Affordable Care Act

As of January 1, 2013, the University's Health Plan was no longer grandfathered under the Patient Protection and Affordable Care Act.

2021 HEALTH PLANS COMPARISON CHART

The University of Rochester Health Plans offer coverage to help meet the health care needs of you and your family. This chart is designed to help you compare the features of each health plan so that you can make informed decisions.

YOUR PPO Plan			YOUR HSA-Eligible Plan		
<i>Generally higher employee premium contributions</i>			<i>Generally lower employee premium contributions</i>		
Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Excellus Using AHP	Excellus National Network	Out-of-Network	Excellus Using AHP	Excellus National Network	Out-of-Network

Overall Coverage (Single)						
	YOUR PPO Plan deductible only applies to all inpatient, outpatient, emergency room and urgent care services.			YOUR HSA-Eligible Plan deductible applies to all medical and pharmacy expenses.		
Deductible	\$500	\$1,250	\$3,000 ⁷	\$1,500	\$2,250	\$4,000 ⁷
Coinsurance	Plan pays 90%	Plan pays 75%	Plan pays 60%	Plan pays 90%	Plan pays 75%	Plan pays 60%
Out-of-Pocket Maximum (includes deductible, coinsurance and copays) Full-time employees earning less than \$62,100/year ¹² and SMH Residents or Fellows	\$2,000	\$3,000	\$5,000	\$2,500	\$4,000	\$6,750
Out-of-Pocket Maximum (includes deductible, coinsurance and copays) Full-time employees earning more than \$62,100/year ¹² and all part-time employees	\$2,750	\$4,250	\$6,500	\$3,000	\$4,500	\$6,750
Lifetime Maximum	Unlimited					
Flexible Spending Account and/or Health Savings Account	Flexible Spending Account maximum: \$2,750			Health Savings Account maximum: \$3,600 Health Care Flexible Spending Account and Limited Flexible Spending Account Maximum: \$2,750 ³		

Overall Coverage (Employee and Spouse or Domestic Partner, Employee and Child(ren), or Family Coverage)						
	YOUR PPO Plan deductible only applies to all inpatient, outpatient, emergency room and urgent care services.			YOUR HSA-Eligible Plan deductible applies to all medical and pharmacy expenses.		
Deductible	\$1,250 ¹	\$3,125 ¹	\$9,000 ⁷	\$3,000	\$4,500	\$8,000 ⁷
Coinsurance	Plan pays 90%	Plan pays 75%	Plan pays 60%	Plan pays 90%	Plan pays 75%	Plan pays 60%
Out-of-Pocket Maximum (includes deductible, coinsurance and copays) Full-time employees earning less than \$62,100/year ¹² and SMH Residents or Fellows	\$4,000 ¹	\$5,500 ¹	\$10,000 ¹	\$5,000	\$8,000 ²	\$13,500
Out-of-Pocket Maximum (includes deductible, coinsurance and copays) Full-time employees earning more than \$62,100/year ¹² and all part-time employees	\$5,500 ¹	\$8,500 ¹	\$13,000 ¹	\$6,000	\$9,000 ²	\$13,500
Lifetime Maximum	Unlimited					
Flexible Spending Account and/or Health Savings Account	Flexible Spending Account maximum \$2,750			Health Savings Account maximum: \$7,200 Health Care Flexible Spending Account and Limited Flexible Spending Account Maximum: \$2,750 ³		

Preventive Care Services

Please contact Excellus before seeking preventative care to ensure the service is considered preventative.
View the 2021 Health Program Guide or Summary Plan Description (SPD) for additional information.

Physicals, Well-Baby/ Well-Child Exams, etc. ⁴	Plan pays 100% (no deductible or copay)	Not Covered	Plan pays 100% (no deductible or copay)	Not Covered
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Prescription Drugs⁵

Retail, Generic (up to 30 days' supply) ⁵	\$15 copay	Not Covered	\$15 copay after deductible	Not Covered
Retail, Preferred Brand (up to 30 days' supply) ⁵	You pay 20% coinsurance (\$25 min, \$60 max)		You pay 20% coinsurance (\$25 min, \$60 max) after deductible	
Retail, Non-Preferred Brand (up to 30 days' supply) ⁵	You pay 35% coinsurance (\$50 min, \$120 max)		You pay 35% coinsurance (\$50 min, \$120 max) after deductible	
Mail Order (up to 90 days' supply) ^{5, 6}	2.5 times 30-day retail		2.5 times 30-day retail after deductible	
Prescription Diabetic Supplies and Equipment (pharmacy purchase) ⁵	You pay 10% (no deductible; \$15 copay maximum)		You pay 10% after deductible	

Physician's Office and Diagnostic/Lab Services

Office & Virtual Visit/Office Care	\$20 copay	\$35 copay	Plan pays 60% afterdeductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% afterdeductible ⁷
Specialist Visit/Specialist Care	\$35 copay	\$65 copay				
Diagnostic X-ray	Plan pays 90% after deductible	Plan pays 75% after deductible				
Lab and Pathology, Chemotherapy/ Radiation Therapy						

Maternity Services

Prenatal ⁸	Plan pays 100%, (no deductible or copay)		Plan pays 60% after deductible ⁷	Plan pays 100%, (no deductible)		Plan pays 60% after deductible ⁷
Postnatal						
Hospital Care for Mother	Plan pays 90% after deductible	Plan pays 75% after deductible		Plan pays 90% after deductible	Plan pays 75% after deductible	

Inpatient Hospital Services

Inpatient Admission (facility)	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷
Inpatient Physician and Surgery Services						

Outpatient Hospital Services

Outpatient (facility) ¹¹	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷
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Emergency Care

Emergency Room Care (Non-Emergency Care in a Hospital Emergency Room is not covered)	Plan pays 90% after Tier 1 deductible			Plan pays 90% after Tier 1 deductible		
Ambulance	Plan pays 90% after Tier 1 deductible			Plan pays 90% after Tier 1 deductible		
Urgent Care	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷

Mental Health and Chemical Dependence Services

Mental Health—Inpatient and Outpatient Facility	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷
Mental Health—Outpatient Physician's Office	\$20 copay					
Mental Health—Outpatient Services provided by Behavioral Health Partners (BHP) ⁹	Plan pays 100% (no deductible or copay)			Plan pays 100% after deductible		
Substance Abuse—Detoxification/Inpatient and Outpatient Facility	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷
Substance Abuse—Outpatient Physician's Office	\$20 copay					

Other Services

Auditory Exam-Audiologist (limit 1 per year)	\$35 copay	\$65 copay	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible ⁷
Acupuncture (limit 10 per year)						
Diabetic Supplies and Equipment ¹⁰ (non-pharmacy purchase)	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷
Durable Medical Equipment (DME)						
Physical, Speech and Occupational Therapy (combined limit 45 visits per year)	\$35 copay	\$65 copay				
Allergy Tests and Injections	\$20 Primary Care Provider copay \$35 Specialist copay	\$35 Primary Care Provider copay \$65 Specialist copay				

Skilled Nursing

Skilled Nursing Facility Care (limit of 120 days per year)	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible ⁷
Home Health Care		Plan pays 75% after deductible			Plan pays 75% after deductible	
Hospice Care						

1. YOUR PPO Plan includes an embedded deductible and out-of-pocket maximum; see the 2021 Health Program Guide or SPD for additional information.
2. The Tier 2 Excellus National Network out-of-pocket maximum includes an individual embedded out-of-pocket maximum; see the 2021 Health Program Guide or SPD for additional information.
3. Under the YOUR HSA-Eligible Plan, you have the option to contribute to an HSA and a Limited Purpose FSA or a Health Care FSA.
4. Includes women's health screening; breast feeding support, supplies, and counseling; contraceptive methods; patient education and counseling.
5. If you are prescribed a brand name drug when a generic equivalent exists, you will generally be responsible for the copay plus the cost difference between the brand name and generic equivalent. All prescription drugs, including Specialty Drugs, filled at the URM C Employee Pharmacy qualify for a discount under the YOUR PPO Plan and the YOUR HSA-Eligible Plan. Under the YOUR PPO Plan, Oral Chemotherapy drugs will be covered at 100%; under the YOUR HSA-Eligible Plan, they will be subject to the deductible and coinsurance. Specialty Drugs must be filled at the UR Employee Pharmacy. SaveOn Program under the YOUR PPO Plan offers savings for certain specialty prescriptions. Some preventive drugs are considered preventive care and are covered at 100%; see the 2021 Health Program Guide or SPD for additional information.
6. 90-day supplies of maintenance drugs filled at the URM C Employee Pharmacy are eligible for a discount. Please contact Excellus for details.
7. Services provided at the Tier 3 Benefit Level will be capped at the Reasonable and Customary levels; you may be balance billed.
8. Consult Excellus to determine which prenatal services are covered at 100%.
9. Services offered through Behavioral Health Partners are not subject to the annual deductible and are covered at 100% for employees and their eligible dependents age 18 and over enrolled in the YOUR PPO Plan. Employees and their eligible dependents age 18 and over enrolled in the YOUR HSA-Eligible Plan are covered at 100% once the annual deductible is met. Services offered by BHP include outpatient treatment for stress, depression and anxiety.
10. Covered under Durable Medical Equipment (DME)
11. Facility charges for Ambulatory Surgical Centers in Tier 2 will be covered at 90% after the Tier 1 deductible is met.
12. For a salaried faculty or staff member, annual salary is 12 times the regular monthly salary or 24 times the regular semimonthly salary. For faculty members under the School of Medicine and Dentistry Faculty Compensation plan, annual salary means the "Targeted Salary."