

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 certain features of each health plan so that you can make informed decisions. See the 2026 Health Program Guide or SPD for additional plan details and information.

YOUR PPO Plan			YOUR HSA-Eligible Plan		
Generally higher employee premium contributions			Generally lower employee premium contributions		
Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Excellus Using AHP Network	Excellus National Network	Out-of-Net-work	Excellus Using AHP Network	Excellus National Network	Out-of-Net-work

Overall Coverage Single						
	YOUR PPO Plan deductible applies to services as noted below.			YOUR HSA-Eligible Plan deductible applies to all medical and pharmacy expenses.		
Deductible <sup>13</sup>	\$500	\$1,250	\$3,000 <sup>7</sup>	\$1,800	\$3,000	\$4,000 <sup>7</sup>
Coinsurance	Plan pays 90%	Plan pays 75%	Plan pays 60%	Plan pays 85%	Plan pays 65%	Plan pays 60%
Out-of-Pocket Maximum <sup>13</sup> (includes deductible, coinsurance and copays) Full-time employees earning less than \$72,400/year <sup>12</sup> and SMH Residents or Fellows	\$2,000	\$3,000	\$5,000	\$3,500	\$6,000	\$6,750
Out-of-Pocket Maximum <sup>13</sup> (includes deductible, coinsurance and copays) Full-time employees earning \$72,400/year <sup>12</sup> or more and all part-time employees	\$2,750	\$4,250	\$6,500	\$4,000	\$6,500	\$6,750
Lifetime Maximum	Unlimited			Unlimited		
Flexible Spending Account and/or Health Savings Account	Flexible Spending Account maximum: \$3,300			Health Savings Account maximum: \$4,400 Health Care Flexible Spending Account and Limited Flexible Spending Account maximum: \$3,300 <sup>3</sup>		

Overall Coverage Employee and Spouse or Domestic Partner, Employee and Child(ren), or Family Coverage						
	YOUR PPO Plan deductible applies to services as noted below.			YOUR HSA-Eligible Plan deductible applies to all medical and pharmacy expenses.		
Deductible <sup>13</sup>	\$1,250 <sup>1</sup>	\$3,125 <sup>1</sup>	\$9,000 <sup>7</sup>	\$3,600	\$6,000	\$8,000 <sup>7</sup>
Coinsurance	Plan pays 90%	Plan pays 75%	Plan pays 60%	Plan pays 85%	Plan pays 65%	Plan pays 60%
Out-of-Pocket Maximum <sup>13</sup> (includes deductible, coinsurance and copays) Full-time employees earning less than \$72,400/year <sup>12</sup> and SMH Residents or Fellows	\$4,000 <sup>1</sup>	\$5,500 <sup>1</sup>	\$10,000 <sup>1</sup>	\$7,000	\$11,500 <sup>2</sup>	\$13,500
Out-of-Pocket Maximum <sup>13</sup> (includes deductible, coinsurance and copays) Full-time employees earning \$72,400/year <sup>12</sup> or more and all part-time employees	\$5,500 <sup>1</sup>	\$8,500 <sup>1</sup>	\$13,000 <sup>1</sup>	\$8,000	\$12,500 <sup>2</sup>	\$13,500
Lifetime Maximum	Unlimited			Unlimited		
Flexible Spending Account and/or Health Savings Account	Flexible Spending Account maximum \$3,300			Health Savings Account maximum: \$8,750 Health Care Flexible Spending Account and Limited Flexible Spending Account maximum: \$3,300 <sup>3</sup>		

Preventive Care Services

Please contact Excellus before seeking preventive care to ensure the service is considered preventive. View the 2026 Health Program Guide or Summary Plan Description (SPD) for additional information.

Physicals, Well-Baby/ Well-Child Exams, etc. <sup>4</sup>	Plan pays 100% (no deductible or copay)	Not Covered	Plan pays 100% (no deductible or copay)	Not Covered
Prescription Drugs <sup>5</sup>				
Retail, Generic (up to 30 days' supply) <sup>5</sup>	\$15 copay	Not Covered	\$15 copay after deductible	Not Covered
Retail, Preferred Brand (up to 30 days' supply) <sup>5</sup>	You pay 20% coinsurance (\$25 min, \$60 max)		You pay 20% coinsurance (\$35 min, \$80 max) after deductible	
Retail, Non-Preferred Brand (up to 30 days' supply) <sup>5</sup>	You pay 35% coinsurance (\$50 min, \$120 max)		You pay 35% coinsurance (\$70 min, \$160 max) after deductible	
Mail Order (up to 90 days' supply) <sup>5, 6</sup>	2.5 times 30-day retail		2.5 times 30-day retail after deductible	
Prescription Diabetic Supplies and Equipment (pharmacy purchase) <sup>5</sup>	You pay 10% (no deductible; \$15 copay maximum)		You pay 15% after deductible	

Physician's Office and Diagnostic/Lab Services						
Office & Virtual Visit/Office Care	\$20 copay	\$35 copay	Plan pays 60% after deductible <sup>7</sup>	Plan pays 85% after deductible	Plan pays 65% after deductible	Plan pays 60% after deductible <sup>7</sup>
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 <sup>8</sup>	Plan pays 100%, (no deductible or copay)		Plan pays 60% after deductible <sup>7</sup>	Plan pays 100% (no deductible)		Plan pays 60% after deductible <sup>7</sup>
Postnatal				Plan pays 85% after deductible	Plan pays 65% after deductible	
Childbirth/Delivery Facility Services	\$500 copay	\$1,000 copay				

Inpatient Hospital Services						
Inpatient Admission (facility)	\$500 copay	\$1,000 copay	Plan pays 60% after deductible <sup>7</sup>	Plan pays 85% after deductible	Plan pays 65% after deductible	Plan pays 60% after deductible <sup>7</sup>
Inpatient Physician and Surgery Services						

Outpatient Hospital Services						
Outpatient (facility)	Plan pays 90% after deductible	Plan pays 75% after deductible	Plan pays 60% after deductible <sup>7</sup>	Plan pays 85% after deductible	Plan pays 65% after deductible	Plan pays 60% after deductible <sup>7</sup>
Outpatient Surgery <sup>11</sup>	\$250 copay	\$250 copay: ambulatory surgery center; \$500 copay: all other facilities	Plan pays 60% after deductible <sup>7</sup>	Plan pays 85% after deductible	Plan pays 85% after deductible: ambulatory sugery center; Plan pays 65% after deductible: all other facilities	Plan pays 60% after deductible <sup>7</sup>

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 85% after Tier 1 deductible		
Ambulance	Plan pays 90% after Tier 1 deductible			Plan pays 85% after Tier 1 deductible		
Urgent Care	\$35 copay	Plan pays 75% after deductible	Plan pays 60% after deductible <sup>7</sup>	\$35 copay after deductible	Plan pays 65% after deductible	Plan pays 60% after deductible <sup>7</sup>

Mental Health and Chemical Dependence Services						
Mental Health—Outpatient Facility	\$35 copay	Plan pays 60% after deductible <sup>7</sup>	Plan pays 85% after deductible	Plan pays 85% after Tier 1 deductible	Plan pays 60% after deductible <sup>7</sup>	
Mental Health—Inpatient Facility	\$500 copay					
Mental Health—Outpatient Physician's Office	\$20 copay					
Mental Health—Outpatient Services provided by Behavioral Health Partners (BHP) <sup>9</sup>	Plan pays 100% (no deductible or copay)		Plan pays 100% after deductible			
Substance Abuse—Outpatient Facility	\$35 copay	Plan pays 60% after deductible <sup>7</sup>	Plan pays 85% after deductible	Plan pays 85% after Tier 1 deductible	Plan pays 60% after deductible <sup>7</sup>	
Substance Abuse—Detoxification/Inpatient Facility	\$500 copay					
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 <sup>7</sup>	Plan pays 85% after deductible	Plan pays 65% after deductible	Plan pays 60% after deductible <sup>7</sup>	
Acupuncture (limit 10 per year)							
Diabetic Supplies and Equipment <sup>10</sup> (non-pharmacy purchase)	Plan pays 90% after deductible	Plan pays 90% after Tier 1 deductible	Plan pays 60% after deductible <sup>7</sup>	Plan pays 85% after deductible	Plan pays 85% after Tier 1 deductible	Plan pays 60% after deductible <sup>7</sup>	
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)	\$500 copay		Plan pays 60% after deductible <sup>7</sup>	Plan pays 85% after deductible	Plan pays 85% after Tier 1 deductible	Plan pays 60% after deductible <sup>7</sup>
Home Health Care	Plan pays 90% after deductible	Plan pays 75% after deductible			Plan pays 65% after deductible	
Hospice Care						

1. YOUR PPO Plan includes an embedded deductible and out-of-pocket maximum; see the 2026 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 2026 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 UR 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. Access Guidance Services under the YOUR PPO Plan offers savings for certain specialty prescriptions. See the 2026 Health Program Guide or SPD for additional information.

6. 90-day supplies of maintenance drugs filled at the UR Employee Pharmacy are eligible for a discount. Please contact Navitus 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, anxiety, and Attention-Deficit/ Hyperactivity Disorder (ADHD).

10. Covered under Durable Medical Equipment (DME)

11. Facility charges for Ambulatory Surgical Centers in Tier 2 will be a \$250 copay on the YOUR PPO Plan. Facility charges for Ambulatory Surgical Centers in Tier 2 will be covered at 85% after the Tier 1 deductible is met on the YOUR HSA Eligible Plan.

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."

13. The cost of services received from Tier 1 and Tier 2 providers accrue together to reach your Tier 1 and Tier 2 deductible and out-of-pocket maximum. Tier 3 deductible and out-of-pocket maximum may only be met through receiving services from Tier 3 providers.



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