The Health Plan Cost Estimator is an online tool that will estimate how much you’ll pay in out-of-pocket expenses under each of the plans available to you based on your health care profile. You can also use this tool to determine how much you could potentially save on taxes by paying your eligible expenses with a Health Care Flexible Spending Account or a Health Savings Account.

To use the Health Plan Cost Estimator, simply go to the University of Rochester Benefits home page at www.rochester.edu/benefits/health and select the Health Plan Cost Estimator link.

The University of Rochester Medical 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 medical plan so that you can make informed decisions.

### 2013 Medical Plans At-a-Glance

#### Choose the Medical Plan that’s Right for You

A variety of resources are available to help guide your decision about which medical plan may provide the best coverage and value for your money.

### Health Plan Cost Estimator

The Health Plan Cost Estimator is an online tool that will estimate how much you’ll pay in out-of-pocket expenses under each of the plans available to you based on your health care profile. You can also use this tool to determine how much you could potentially save on taxes by paying your eligible expenses with a Health Care Flexible Spending Account or a Health Savings Account.

To use the Health Plan Cost Estimator, simply go to the University of Rochester Benefits home page at www.rochester.edu/benefits/health and select the Health Plan Cost Estimator link.

### Third-Party Administrator (TPA) Plan Specific Cost of Care Estimating Tools

Both Aetna and Excellus offer personalized cost estimator tools to facilitate plan selection and other resources to help take the challenge out of benefits selection, make informed health care decisions and know what you may pay out-of-pocket before ever making an appointment.

**Aetna**

To access the Plan Selection and Cost Estimator tool:

- Login to Aetna Navigator at www.aetna.com (first-time users will have to register and create an account)
- Select Cost of Care from the left navigation bar
- Select a condition from the drop-down menu to see both in- and out-of-network costs specific to your geographical area

**Excellus**

To access the Treatment Cost Advisor and Provider Selection Advisor tools:

- Go to www.excellusbcbs.com and click on Excellus BCBS administers my UR Health Care Plan
- Type in your login and password (first-time users will have to register and create an account)
- Click on Your UR Health from the top navigation bar, then Decision Support Tools.

### Plan Information for the Health Care Plans and FSAs:

The University Plan Administrator for Health Care Plans Coverage is:

- **Associate Vice President of Human Resources**
  - University of Rochester (ID No. 16-0743209)
  - Office of Human Resources Benefits Office
  - 70 Crittenden Boulevard
  - Rochester, NY 14642
  - Telephone: 585-275-2084

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

The Plan Year is from January 1 to December 31

The Plan Number is 517

For Strong Memorial Hospital Residents and Fellows, the Health Care Plan Year is from July 1 to June 30 and the Plan Number is 509.

The University of Rochester medical plans will no longer be considered ‘grandfathered health plans’ under the Patient Protection and Affordable Care Act (the Affordable Care Act or health care reform) effective January 1, 2013.

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.

The Plan Year is from January 1 to December 31

The Plan Number is 517

For Strong Memorial Hospital Residents and Fellows, the Health Care Plan Year is from July 1 to June 30 and the Plan Number is 509.

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### Comparing the University Health Care Plans

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>University Low Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$600/$1,500</td>
<td></td>
<td>$1,250/$2,500</td>
<td></td>
<td>$2,500/$5,000</td>
<td></td>
</tr>
<tr>
<td><strong>University High Deductible</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$1,200/$3,000</td>
<td></td>
<td>$2,750/$5,500</td>
<td></td>
<td>$5,000/$10,000</td>
<td></td>
</tr>
<tr>
<td><strong>University HSA-Eligible</strong></td>
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</tr>
<tr>
<td>Deductible</td>
<td>$1,800/$4,500</td>
<td></td>
<td>$4,500/$9,000</td>
<td></td>
<td>$9,000/$18,000</td>
<td></td>
</tr>
</tbody>
</table>

### Coverage

- **PREVENTIVE CARE SERVICES**
  - **Pharmacy, Well-Child, etc.**
  - **In-Network:** No coinsurance on a copay.
  - **Out-of-Network:** No coverage.

- **PRESCRIPTION DRUGS**
  - **Retail**
    - **In-Network:** Plan pays 100%, no deductible or copay.
    - **Out-of-Network:** Not covered
  - **30-Day Retail**
    - **In-Network:** Plan pays 80% after deductible
    - **Out-of-Network:** Not covered
  - **Inpatient/Facility**
    - **Plan pays 80% after deductible**
      - **In-Network:** $2,000/$5,000
      - **Out-of-Network:** $4,000/$10,000

- **PHYSICIAN OFFICE AND DIAGNOSTIC/LAB SERVICES**
  - **Office Visit**
    - **In-Network:** Plan pays 100% after deductible
    - **Out-of-Network:** Plan pays 60% after deductible
  - **Diagnostic X-ray**
    - **In-Network:** Plan pays 90% after deductible
    - **Out-of-Network:** Plan pays 80% after deductible

- **MOTHER’S SERVICES**
  - **Maternity Care**
    - **In-Network:** Plan pays 100% after deductible
    - **Out-of-Network:** Plan pays 60% after deductible

- **EMERGENCY CARE**
  - **Emergency Room**
    - **In-Network:** Plan pays 80% after deductible
    - **Out-of-Network:** Plan pays 50% after deductible

- **Mental Health**
  - **Inpatient**
    - **In-Network:** Plan pays 90% after deductible
    - **Out-of-Network:** Plan pays 60% after deductible
  - **Outpatient**
    - **In-Network:** Plan pays 90% after deductible
    - **Out-of-Network:** Plan pays 80% after deductible

- **Durable Medical Equipment (DME)**
  - **Physical, Speech and Occupation Therapy**
    - **In-Network:** Plan pays 60% after deductible
    - **Out-of-Network:** Plan pays 50% after deductible

### Other Information

- Includes deductible.
- Full-time earning less that $45,100.
- Specialty drugs filled at URMC Employee Pharmacy qualify for the 25% reduction in copay under the High Deductible, Low Deductible and Copay Plans, and the HSA-Eligible Plan after deductible is met.
- If you elect the University HSA-Eligible Plan, you have the option to contribute to an HSA and Limited Purpose FSA. If you enroll in this plan, but do not elect to contribute to an HSA, you may contribute to a Health Care FSA.
- 9 Includes women’s health screenings, breast feeding support, supplies and counseling, contraceptive methods, patient education and counseling.

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1 Includes deductible.
2 Full-time earning less that $45,100.
3 You are prescribed a brand-name drug when a generic equivalent exists, you will be reimbursed for the copay plus the cost difference between the brand name and generic equivalent.
4 Specialty drugs filled at URMC Employee Pharmacy qualify for the 25% reduction in copay under the High Deductible, Low Deductible and Copay Plans, and the HSA-Eligible Plan after deductible is met.
5 Non-Emergency Care in a Hospital Emergency Room is not covered.
6 Covered under Durable Medical Equipment (DME). For a list of qualified diabetic supplies, see Appendix C of the 2013 Decision Guide.
7 If you elect the University HSA-Eligible Plan, you have the option to contribute to an HSA and Limited Purpose FSA. If you enroll in this plan, but do not elect to contribute to an HSA, you may contribute to a Health Care FSA.
8 Applies to in-patients, outpatient and surgical care services.
9 Includes women’s health screenings, breast feeding support, supplies and counseling, contraceptive methods, patient education and counseling.