

## SLU Medical and Prescription Drug Plans

**Plus Plan** – The Plus Plan is a traditional PPO plan. If you utilize a SLUCare or SSM provider, you will be charged the office visit copay. All other network provider office visits will be subject to deductible and coinsurance. Choosing a SLUCare or SSM provider can result in significant savings. Under the Plus Plan, preventive care is covered at 100% and there are copays for prescription drugs. See plan changes in bold under “Medical and Prescription Drug Plan Comparison.”

**QHDHP** – The QHDHP option has lower premiums but a higher deductible. Routine preventive care, as well as certain preventive medications, are covered under the plan at 100%. All other services and prescriptions are subject to deductible and coinsurance. An important benefit of participating in the QHDHP is the ability to contribute to a Health Savings Account (HSA). An HSA is an individually owned bank account which can be used to pay for health, dental, or vision expenses. One major benefit to an HSA is that it allows you to save and roll over the unspent money each year. There is no “use it or lose it rule”. In addition, the money in the HSA is always yours, and will remain in your account even if you change health plans. The QHDHP is only available to pre-65 retirees, and there are eligibility requirements which must be met to open and contribute to an HSA. See plan changes in bold under “Medical and Prescription Drug Plan Comparison.”

Coverage Type	UHC Plus Plan	UHC QHDHP
<b>Pre-65 Retirees</b>	<b>Monthly Premiums</b>	
Retiree	\$1,124.17	\$1,035.40
Retiree and Spouse	\$2,361.33	\$2,169.54
Retiree and Child(ren)	\$1,808.23	\$1,672.24
Family	\$3,295.05	\$3,019.60
<b>Post-65 Retirees</b>	<b>Monthly Premiums</b>	
Retiree	\$676.73	Not eligible
Retiree and Spouse	\$1,421.15	
Retiree and Child(ren)	\$1,251.96	
Family	\$2,212.94	



## Medical and Prescription Drug Plan Comparison

UHC	Plus Plan			QHDHP Plan		
	SLUCare+SSM	In-Network	Out-of-Network	SLUCare+SSM	In-Network	Out-of-Network
<b>Deductible</b>				Non-Embedded: (One member can satisfy entire family deductible)		
Individual	\$350	\$850	\$2,200	\$1,500	\$1,850	\$3,700
Family	\$700	\$1,700	\$4,400	\$3,000	\$3,700	\$7,400
Coinsurance	10%	20%	40%	10%	20%	40%
<b>Out-of-Pocket Maximum (includes medical deductibles and medical copays)</b>				Non-Embedded: (One member can satisfy entire family OOP Max)		
Individual	\$2,000	\$2,250	\$6,750	\$2,000	\$4,000	\$8,000
Family	\$4,000	\$4,500	\$13,500	\$4,000	\$8,000	\$16,000
<b>Physician Office Visits</b>						
Primary Care	\$10 copay	20% after ded.	40% after ded.	0% after ded.	20% after ded.	40% after ded.
Specialist Care	\$20 copay			10% after ded.		
Preventive Care	100%	100%	100%	100%	100%	100%
<b>Inpatient Hospital</b>						
	10% after ded.	20% after ded.	40% after ded.	10% after ded.	20% after ded.	40% after ded.
<b>Emergency Room</b>						
	\$250 copay	\$250 copay	\$250 copay	10% after ded.	20% after ded.	20% after ded.
<b>Urgent Care Center</b>						
	\$60 copay	\$60 copay	40% after ded.	10% after ded.	20% after ded.	40% after ded.

\*“Non-Embedded” means the one family member could meet the entire deductible or out-of-pocket maximum.

Express Scripts	Plus Plan		QHDHP Plan	
	Retail (34-day supply)	Mail Order (90-day supply)	Retail (34-day supply)	Mail Order (90-day supply)
<b>Prescription Drug Costs</b>				
Tier 1	\$10	\$25	Medical deductible, then 10% coinsurance	
Tier 2	25% coinsurance \$30 min-\$50 max	25% coinsurance \$75 min-\$125 max	Medical deductible, then 10% coinsurance	
Tier 3	50% coinsurance \$50 min-\$100 max	50% coinsurance \$125 min-\$250 max	Medical deductible, then 25% coinsurance	
Tier 4	20% coinsurance up to \$200 max	N/A	Medical deductible, then 10% coinsurance	N/A
Preventive Medications	Priced according to the tier in which they fall		Covered at 100%, no deductible	
<b>Out-of-Pocket Maximum (Includes Rx Copays and Coinsurance)</b>				
Individual	\$1,500		Combined with Medical	
Family	\$3,000		Combined with Medical	

This Benefit Enrollment Overview is only intended to highlight some of the major benefit provisions of the University plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan’s Summary Plan Descriptions (SPD) for further detail. Should this guide differ from the SPD, the SPD prevails.