

For information on Medicare Advantage Plans, refer to individual summary included with package or on the benefits website: <https://hr.columbia.edu>

2012 Supplemental Medical Plan Comparison Chart – Post-65 Retirees

CIGNA Plan B

UHC POS 100

		In-network	Out-of-network*
Physician Office Visits	80% after deductible	\$30 copay	60% after deductible
Preventive Care	Not covered	100%	Not covered
Annual Deductible	Individual: \$250 Family: \$500	None	\$600 <i>per person</i>
Co-insurance/Plan Pays	80% after deductible	100%	60% after deductible
Out-of-Pocket Maximum			
Individual	\$1,250 (includes deductible)	None	\$3,500
Family	\$2,500 (includes deductible)		\$7,000
Out-of-Network Reimbursement			
Precertification required for most services		N/A	60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Hospital Services - Precertification required for all services			
Inpatient Care	<i>Precertification required</i> Room & board: 100% after deductible Surgeon: 80% after deductible Pre-admission testing: 100%	\$500 copay per admission	<i>Precertification required</i> 60% after deductible
Outpatient Care	<i>Precertification required</i> Surgery: 80%	100%	<i>Precertification required</i> 60% after deductible
Out-Patient Hospital Services	Surgeon's fees: 80% after deductible Non-surgical: 80% after deductible	\$150 copay	60% after deductible
Emergency Room	80% after deductible	\$150 copay; waived if admitted	



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		In-network	Out-of-network
Mental Health & Substance Abuse - Precertification Required for all services			
Inpatient	<i>Precertification required; then: 100% after deductible</i>	<i>Precertification required; then: \$500 copay per admission</i>	<i>Precertification required 60% after deductible</i>
Outpatient	<i>Precertification required 80% after deductible Annual max: 60 visits</i>	<i>Precertification required Mental Health: \$30 copay Substance Abuse: \$30 copay Annual Max: 60 visits</i>	<i>Precertification required 60% after deductible Annual max: 60 visit limit combined</i>
Vision Care	None	None	None
Hearing Care	None	None	None
Prescription Drugs	<i>From Medco</i>		<i>From Medco</i>
Retail Pharmacy (Up to 30-day supply)	\$10 generic \$25 single-source brand (product not available in generic) \$45 multi-source brand (choice between generic and brand)	\$10 generic \$25 single-source brand (product not available in generic) \$45 multi-source brand (choice between generic and brand)	
Home Delivery (Up to 90-day supply)	\$15 generic \$50 single-source brand (product not available in generic) \$90 multi-source brand (choice between generic and brand)	\$15 generic \$50 single-source brand (product not available in generic) \$90 multi-source brand (choice between generic and brand)	



*The percentage that will be considered for out-of-network reimbursement for the UHC Choice Plan is 150% of the Medicare maximum allowable charge.