

2012 Plan Designs

Cardinal Care; Limited to UofL Hospital, Kosair & UofL Physicians			EPO: Limited to United HealthCare Choice Network		PPO: United HealthCare Choice Plus Network		PCA HIGH: United HealthCare Choice Plus Network		PCA LOW: United HealthCare Choice Plus Network	
TYPE OF SERVICE	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network
Annual Allowance	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply	\$500 Individual \$1,000 Employee+ Spouse \$2,000 Employee+ Child(ren) \$2,000 Family	Does not apply	\$500 Individual \$1,000 Employee+ Spouse \$2,000 Employee+ Child(ren) \$2,000 Family	Does not apply
Annual Deductible	None	None	None	None	\$250 per person	\$500 per person	\$1,000 per person	\$2,000 per person	\$2,000 per person	\$4,000 per person
	None	None	None		\$750 per family	\$1,500 per family	\$3,000 per family	\$6,000 per family	\$4,000 per family	\$8,000 per family
Annual Out-of-pocket (only the PPO includes deductible; the EPO does include copays)	\$2,000 per person	N/A	\$2,000 per person	N / A	\$2,250 per person	\$4,500 per person	\$3,000 per person	\$6,000 per person	\$3,000 per person	\$6,000 per person
	\$4,000 per family	N/A	\$4,000 per family		\$4,750 per family	\$13,500 per family	\$6,000 per family	\$12,000 per family	\$6,000 per family	\$12,000 per family
Physician office (OBGYN visits covered as Primary Care) PCP= Primary Care Physician	\$0 PCP	Not Covered	\$20 PCP; \$0 PCP UofL Physicians	Not Covered	\$15 PCP; \$0 PCP UofL Physicians	60% after deductible	90% after deductible; UofL Physicians PCP office visit cost reduced additional \$20 off normal discount	60% after deductible	80% after deductible; UofL Physicians PCP office visit cost reduced additional \$20 off normal discount	50% after deductible
	\$35 Specialist, UofL Physicians		\$35 Specialist	Not Covered	\$30 Specialist					
Preventive Care										
Routine physicals, Well-child check-ups and routine immunizations	\$0 PCP copay \$35 Specialist, UofL Physicians only	Not Covered	\$20 copay, \$35 Specialist; \$0 PCP UofL Physician	Not Covered	\$15 copay, \$30 Specialist; \$0 PCP UofL Physicians	60% after deductible.	100%	60% after deductible	100%	50% after deductible
Mammography screenings Routine GYN exams	100%		100%	Not Covered	100%	60% after deductible	100%	60% after deductible	100%	50% after deductible
Inpatient Hospital										
Inpatient care	100% after \$500 copay per admission UofL Hospital only	Not Covered	90% limited to out of pocket max	Not Covered	90% after deductible limited to out of pocket max	60% after deductible.	90% after deductible.	60% after deductible.	80% after deductible.	50% after deductible.
Physician Inpatient care	100% UofL Hospital only	Not Covered	90% limited to out of pocket max	Not Covered	90% after deductible limited to out of pocket max	60% after deductible.	90% after deductible.	60% after deductible.	80% after deductible.	50% after deductible.
Outpatient Hospital										

Outpatient surgery – facility	100% after \$50 copay	Not Covered	100% after \$100 copay	Not Covered	90% after deductible limited to out of pocket max	60% after deductible.	90% after deductible.	60% after deductible.	80% after deductible.	50% after deductible.
Physician Outpatient services	\$20 copay	Not Covered	100% after \$100 copay	Not Covered	90% after deductible limited to out of pocket max	60% after deductible.	90% after deductible.	60% after deductible.	80% after deductible.	50% after deductible.
	\$35 Specialist**									
Non-surgical (lab, x-ray, etc.)	100%	Not Covered	90% limited to out of pocket max	Not Covered	90% after deductible limited to out of pocket max	60% after deductible.	90% after deductible.	60% after deductible.	80% after deductible.	50% after deductible.
Emergency Room										
	100% after \$75 copay	100% after \$75 copay	100% after \$100 copay	100% after \$100 copay	100% after \$100 copay	60% after deductible.	90% after deductible.	90% after deductible.	80% after deductible.	80% after deductible.
Mental Health & Substance Abuse										
Inpatient care	100% after \$500 copay per admission UofL Hospital only	Not Covered	90% limited to out of pocket max	Not Covered	90% after deductible limited to out of pocket max	60% after deductible.	90% after deductible.	60% after deductible.	80% after deductible.	50% after deductible.
Outpatient care – per visit	\$35 copay	Not Covered	\$35 copay	Not Covered	\$30 copay	60% after deductible.	90% after deductible.	60% after deductible.	80% after deductible.	50% after deductible.
Vision										
Eye Exam (one vision exam every 12 months with Cardinal Care, EPO and PPO plans only)	100% after \$35 copay through UofL Physician	Not Covered	100% after \$20 copay	Not Covered	100% after \$15 copay	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Lifetime Maximum	Cardinal Care		EPO		PPO		PCA HIGH		PCA LOW	
	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Prescription Drug Generic Retail	Cardinal Care Member – Generic Retail – \$5.00		Generic Retail – \$8.00		Generic Retail – \$8.00		Generic Retail – \$8.00		Generic Retail – \$8.00	
Prescription Drug Brand Formulary Retail	Cardinal Care Brand Formulary Retail – You Pay 20%, up to \$50 maximum		Brand Formulary Retail – You Pay 25%, up to \$60 maximum		Brand Formulary Retail – You Pay 25%, up to \$60 maximum		Brand Formulary Retail – You Pay 25%, up to \$60 maximum		Brand Formulary Retail – You Pay 25%, up to \$60 maximum	
Prescription Drug Non Formulary Retail	Cardinal Care Non-Formulary Retail – You pay 40%, up to \$100 maximum		Non- Formulary Retail – You Pay 40%, up to \$100 maximum		Non- Formulary Retail – You Pay 40%, up to \$100 maximum		Non- Formulary Retail – You Pay 40%, up to \$100 maximum		Non- Formulary Retail – You Pay 40%, up to \$100 maximum	
Prescription Drug Generic Mail Order	Cardinal Care Member – Generic Mail Order – \$7.50		Generic Mail Order – \$16.00		Generic Mail Order – \$16.00		Generic Mail Order – \$16.00		Generic Mail Order – \$16.00	
Prescription Drug Brand Formulary Mail Order	Cardinal Care Brand Formulary Mail Order – 1 1/2 copay cost for 90 day supply		Brand Formulary Mail Order – You Pay 15%, up to \$120 maximum		Brand Formulary Mail Order – You Pay 15%, up to \$120 maximum		Brand Formulary Mail Order – You Pay 15%, up to \$120 maximum		Brand Formulary Mail Order – You Pay 15%, up to \$120 maximum	
Prescription Drug Non-Formulary Mail Order	Cardinal Care Non-Formulary Mail Order – You Pay 35%, up to \$200 maximum		Non-Formulary Mail Order – You Pay 35%, up to \$200 maximum		Non-Formulary Mail Order – You Pay 35%, up to \$200 maximum		Non-Formulary Mail Order – You Pay 35%, up to \$200 maximum		Non-Formulary Mail Order – You Pay 35%, up to \$200 maximum	

