

2020 COMPARISON OVERVIEW OF KEY HEALTH PLAN COMPONENTS

	EPO Plan	PPO Plan	PCA High Plan	PCA Low Plan
Benefits	You Receive	You Receive	You Receive	You Receive
Annual Allowance Amount of money employee receives annually from UofL in a HealthEquity account that can be applied towards the deductible. Any unused balance rolls to the next year, up to 3x the annual amount	Does not apply	Does not apply	\$500 employee \$1,000 ee + spouse/QA \$2,000 ee + child(ren) \$2,000 ee + family	\$500 employee \$1,000 ee + spouse/QA \$2,000 ee + child(ren) \$2,000 ee + family
	You Pay	You Pay	You Pay	You Pay
In-Network Benefits				
Coinsurance Member responsibility for services after deductible, unless otherwise noted	10%	10%	10%	20%
Annual Deductible				
Per Person	None	\$250	\$1,000	\$2,000
Per Family	None	\$750	\$3,000	\$4,000
Annual Medical Out-of-pocket Maximum (Copays and deductibles accumulate toward the out-of-pocket max)				
Per Person	\$2,000	\$2,250	\$4,000	\$5,000
Per Family	\$4,000	\$4,750	\$9,000	\$10,000
Doctor's Office Visits (OB/GYN visits covered as Primary Care Physician. ULP=UofL Physicians)				
Primary Care Physician (PCP)	\$20 copay	\$15 copay	10% after deductible	20% after deductible
Primary Care Physician (PCP) with ULP ¹	\$0 copay	\$0 copay	same as PCP & a \$20 discount	same as PCP & a \$20 discount
Specialist	\$35 copay	\$30 copay	10% after deductible	20% after deductible
Preventative Care (routine physicals, gynecological exams, mammograms, well-child care, and routine immunizations; labs, x-rays or other preventative tests)				
Preventative care	0% (fully covered)	0% (fully covered)	0% (fully covered)	0% (fully covered)
Inpatient Care				
Inpatient (hospital and physician care)	10%	10% after deductible	10% after deductible	20% after deductible
Outpatient Care				
Outpatient surgery - facility	Outpatient Hospital: 10% Freestanding Ambulatory Surgery 0% after \$100 copay	10% after deductible	10% after deductible	20% after deductible
Physician outpatient services, other than office visit	10%	0% after copays \$15; ULP ¹ \$0 Specialist \$30	10% after deductible	20% after deductible
Lab Services	0% (fully covered)	0% (fully covered)	0% (fully covered)	0% (fully covered)
Diagnostics (X-ray and major diagnostics)	10%	10% after deductible	10% after deductible	20% after deductible

	EPO Plan	PPO Plan	PCA High Plan	PCA Low Plan
Benefits	You Pay	You Pay	You Pay	You Pay
Emergency Care				
Emergency Room	\$150 copay	\$150 copay	10% after deductible	20% after deductible
Vision Exam - included in health plan (one routine screening per year)	\$20 copay	\$15 copay ULP ¹ \$0 Specialist \$30	10% after deductible	20% after deductible
Mental Health and Substance Abuse				
Inpatient care	10%	10% after deductible	10% after deductible	20% after deductible
Outpatient care (per visit)	\$20 copay \$0 copay ULP ¹	\$15 copay \$0 copay ULP ¹		
Out-of-Network Benefits				
For full out-of-network coverages, refer to the Summary of Benefits documents for each plan at http://louisville.edu/hr/benefits/health .	100% Out of network services not covered in this plan	40% Deductible: \$500/\$1500 Out-of-pocket max: \$4,500/\$13,500	60% Deductible: \$2,000/\$6,000 Out-of-pocket max: \$8,000/\$18,000	50% Deductible: \$4,000/\$8,000 Out-of-pocket max: \$10,000/\$20,000
Out-of-network emergency room coverage	\$100 copay; remainder is covered by plan	40% after deductible	10% after deductible; 40% non-emergency	20% after deductible; 40% non-emergency

¹ ULP = University of Louisville Physician

HEALTH PLAN SUMMARY OF BENEFITS AND COVERAGE

The Summary of Benefits and Coverage (SBC) for the University of Louisville health plans are available online at www.louisville.edu/hr/benefits. Hard copies are also available by contacting Benefits at 502-852-6258.

2020 HEALTH PLAN RATES

The following monthly rates are for full time active employees that are paid over 12 months. The rates below **do not include the \$40 per month premium incentive** for participation in the health management program, Get Healthy Now. If you plan to participate in Get Healthy Now, deduct \$40 from the monthly rate listed to get your final cost.

	EPO Plan	PPO Plan	PCA High Plan	PCA Low Plan
Employee Only	\$156	\$136	\$76	\$68
Employee + Spouse/QA	\$502	\$464	\$331	\$203
Employee + Child(ren)	\$295	\$263	\$160	\$72
Employee + Family	\$591	\$538	\$363	\$186
Two UofL Employee Family ¹	\$164	\$134	\$65	\$63

¹ Spouse/QA must be full-time employee and also have child(ren) covered in plan.