

Comparison of Key Components

	EPO Plan	PPO Plan	ULH Plan		PCA High Plan	PCA Low Plan
			ULH (UofL) Provider	Anthem Provider		
Benefits	You Receive					
Network	Anthem network coverage only ¹	Anthem network coverage and out-of-network coverage provided	Anthem network coverage only ¹ (even higher coverage when you see ULH providers considered high performing by Anthem)		Anthem network and out-of-network coverage provided	Anthem network and out-of-network coverage provided
Annual Allowance Amount from UofL in an HRA that can be applied toward the deductible. Any unused balance rolls to the next year, up to 1x the annual amount	Does not apply				<ul style="list-style-type: none"> \$500 employee \$1,000 ee + spouse/QA \$2,000 ee + child(ren) \$2,000 ee + family 	
In-Network Benefits	You Pay					
Annual Deductible						
Per Person	\$0	\$250	\$0	\$500	\$1,000	\$2,000
Per Family	\$0	\$750	\$0	\$1,000	\$3,000	\$4,000
Annual Medical Out-of-Pocket Maximum (Copays, coinsurance and deductibles accumulate toward the out-of-pocket max)						
Per Person	\$2,000	\$2,250	\$2,000	\$4,500	\$4,000	\$5,000
Per Family	\$4,000	\$4,750	\$4,000	\$9,000	\$9,000	\$10,000
Doctor's Office Visits (OB/GYN visits covered as primary doctor.)						
Primary Doctor						
• UofL Physician	\$0	\$0	\$0		10% after deductible ²	20% after deductible ²
• Non UofL Physician	\$20	\$20		\$25	10% after deductible	20% after deductible
Specialist	\$35	\$35	\$0	\$50	10% after deductible	20% after deductible
Telehealth ³ through Anthem's LiveHealth Online	\$20	\$20	\$20	\$25	10% after deductible	20% after deductible
Preventive Care (routine physicals, gynecological exams, mammograms, well-child care, and routine immunizations; labs, x-rays or other preventive tests)						
Preventive care	0% (fully covered)	0% (fully covered)	0% (fully covered)	0% (fully covered)	0% (fully covered)	0% (fully covered)
Inpatient Care						
Inpatient (hospital and physician care)	10%	10% after deductible	\$300	30% after deductible	10% after deductible	20% after deductible

¹ Only emergency care is covered out-of-network.

² A \$20 discount applies when you see a ULH physician.

³ Your physician may also offer telehealth. These virtual visits with a UofL primary doctor are covered like other visits (either \$0 or subject to coinsurance with a \$20 discount, depending on plan).

	EPO Plan	PPO Plan	ULH Plan		PCA High Plan	PCA Low Plan
			ULH (UofL) Provider	Anthem Provider		
Outpatient Care						
Outpatient surgery - facility	Outpatient Hospital: 10% Freestanding Ambulatory Surgery 0% after \$100 copay	10% after deductible	\$100	30% after deductible	10% after deductible	20% after deductible
Physician outpatient services, other than office visit	10%	\$20 ¹ Specialist \$35	\$0 Specialist \$0	\$25 ¹ Specialist \$50	10% after deductible	20% after deductible
Lab Services	0% (fully covered)	0% (fully covered)	\$0	30% after deductible	0% (fully covered)	0% (fully covered)
Diagnostics (X-ray and major diagnostics)	10%	10% after deductible	\$75	30% after deductible	10% after deductible	20% after deductible
Occupational, Physical and Speech Therapy	\$35 ³	10% after deductible ³	\$20 ³	30% after deductible ³	10% after deductible ³	20% after deductible ³
Urgent and Emergency Care						
Urgent Care	\$35	\$30	\$30	\$50	10% after deductible	20% after deductible
Emergency Room	\$150	\$150	\$150	\$150	10% after deductible	20% after deductible
Mental Health and Substance Abuse						
Inpatient care	10%	10% after deductible	\$300	30% after deductible	10% after deductible	20% after deductible
Physician office services (per visit)	\$20	\$20	\$0	\$25		
Out-of-Network Benefits						
For full out-of-network coverages, refer to the Summary of Benefits documents for each plan at louisville.edu/hr/benefits/health						
Out-of-network non-emergency care	100% Out of network services not covered in this plan	40% Deductible: \$500/ \$1500 Out-of-pocket max: \$5,000/ \$15,000	100% Out of network services not covered in this plan	100% Out of network services not covered in this plan	40% Deductible: \$2,000/ \$6,000 Out-of-pocket max: \$10,000/ \$24,000	50% Deductible: \$4,000/ \$8,000 Out-of-pocket max: \$14,000/ \$28,000
Out-of-network emergency room care	\$150	\$150	\$150	\$150	10% after deductible; 40% non-emergency	20% after deductible; 50% non-emergency

¹ Out-of-network emergency care is covered.

² A \$20 discount applies when you see a ULH physician.

³ Limited to 50 visits per year for physical and occupational therapy combined, and limited to 25 visits per year for speech therapy.

Health Plan Summary of Benefits and Coverage

The Summary of Benefits and Coverage (SBC) for the University of Louisville medical plans along with all required notices pertaining to UofL's benefit plans can be found on our website at <https://louisville.edu/hr/benefits/medical>.