

Transylvania University - Health Insurance Plan Options for 2015

TYPE OF SERVICE	PCA Plan Option 1 (90/10)		PCA Plan Option 2 (80/20)		PPO Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Personal Care Account (PCA) Provided by Transylvania	\$1,000/individual \$2,000/employee +	\$1,000/individual \$2,000/employee +	\$1,000/individual \$2,000/employee +	\$1,000/individual \$2,000/employee +	\$0	\$0
DEDUCTIBLE individual/employee + or family	\$2,000/\$4,000	\$4,000 / \$8,000	\$3,000/\$6,000	\$6,000 / \$12,000	\$500 / \$1,000	\$1,000 / \$2,000
ANNUAL OUT OF POCKET MAXIMUM	\$3,000/individual \$6,000/employee +	\$6,000/individual \$12,000/employee +	\$4,000/individual \$8,000/employee +	\$8,000/individual \$16,000/employee +	\$2,500/individual \$5,000/employee +	\$5,000/individual \$10,000/employee +
Primary Care office visit	90% after ded.	70% after ded.	80% after ded.	60% after ded.	\$10 per visit	60% after ded.
Specialist office visit	90% after ded.	70% after ded.	80% after ded.	60% after ded.	\$10 per visit	60% after ded.
PREVENTIVE CARE						
Annual physical/health appraisal	100%	70% after ded.	100%	60% after ded.	Covered 100%	60% after ded.
Well-child checkups	100%	70% after ded.	100%	60% after ded.	Covered 100%	60% after ded.
Routine immunizations	100%	70% after ded.	100%	60% after ded.	Covered 100%	60% after ded.
Mammography screening	100%	70% after ded.	100%	60% after ded.	Covered 100%	60% after ded.
Colonoscopy	100%	70% after ded.	100%	60% after ded.	Covered 100%	60% after ded.
INPATIENT HOSPITAL						
Unlimited days	90% after ded.	70% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
OUTPATIENT HOSPITAL	90% after ded.	70% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
SURGERY						
Inpatient	90% after ded.	70% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
Outpatient	90% after ded.	70% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
Emergency Room (facility only)	90% after ded.	70% after ded.	80% after ded.	60% after ded.	100% after \$50 copay	60% after \$50 copay
MATERNITY/GYN						
Prenatal and Postpartum office visits	90% after ded.	70% after ded.	80% after ded.	60% after ded.	100% after \$10 copay for first visit	60% after ded.
Delivery (vaginal/ cesarean)	90% after ded.	70% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
Routine GYN exams	100%	70% after ded.	100%	60% after ded.	Covered 100%	60% after ded.
PRESCRIPTION DRUG						
Generic drugs	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered
Preferred brand drugs	\$30	Not Covered	\$30	Not Covered	\$30	Not Covered
Non-preferred brand drugs	\$50	Not Covered	\$50	Not Covered	\$50	Not Covered
Specialty drugs	25% to \$2,500 max.	Not Covered	25% to \$2,500 max.	Not Covered	25% to \$2,500 max.	Not Covered
MENTAL HEALTH/ SUBSTANCE ABUSE						
Inpatient	90% after ded.	70% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
Outpatient	90% after ded.	70% after ded.	80% after ded.	60% after ded.	\$10 per visit	60% after ded.
POLICY MAXIMUM	unlimited		unlimited		unlimited	

Monthly Plan Costs

PCA Plan Option 1 (90/10)	Employee Cost	Employee Cost with HRA Completion	Total Cost
Single	\$128	\$88	\$490
Employee + Spouse	\$330	\$290	\$1,078
Employee + Child(ren)	\$282	\$242	\$932
Family	\$448	\$408	\$1,568

PCA Plan Option 2 (80/20)	Employee Cost	Employee Cost with HRA Completion	Total Cost
Single	\$98	\$58	\$468
Employee + Spouse	\$266	\$226	\$1,030
Employee + Child(ren)	\$226	\$186	\$888
Family	\$354	\$314	\$1,496

PPO Plan	Employee Cost	Employee Cost with HRA Completion	Total Cost
Single	\$208	\$168	\$478
Employee + Spouse	\$514	\$474	\$1,052
Employee + Child(ren)	\$440	\$400	\$910
Family	\$714	\$674	\$1,530