

At a Glance: A Comparison of Syracuse University's Health Care Plans for 2022

| | SUBlue | SUBlue | SUOrange | SUPro | SUPro |
|---|---|--|--|---|--|
| | In-Network | Out-of-Network | In-Network Only | In-Network | Out-of-Network |
| Annual Deductible (Single/Family) | \$150 / \$300 | \$300 / \$1,000 | \$150 / \$300 | \$200 / \$400 | \$300 / \$1,000 |
| Coinsurance | No coinsurance (specific exceptions as listed in the medical benefits booklet) | 30% of Excellus BCBS's allowable amount plus difference between submitted charges and allowable amount (specific exceptions as listed in the medical benefits booklet) | No coinsurance (specific exceptions as listed in the medical benefits booklet) | 20% of Excellus BCBS's allowable amount (specific exceptions as listed in the medical benefits booklet) | 30% of Excellus BCBS's allowable amount plus difference between submitted charges and allowable amount (specific exceptions as listed in the medical benefits booklet) |
| Annual Out-of-Pocket Maximum (Single/Family) | \$2,000 / \$4,000 | \$6,000 / \$12,000 | \$2,000 / \$4,000 | \$1,500 / \$3,000 | \$6,000 / \$12,000 |
| Referral Required | No | No | No | No | No |
| International Claims | <p>Eligible services provided through a participating BlueCross BlueShield (BCBS) Global Core Network provider: Member pays in-network deductible, copay and/or coinsurance at time of service.</p> <p>Eligible services provided through a non-participating provider: Member pays total due at time of service, and then is reimbursed through Excellus BCBS once paperwork is submitted. Eligible services are based on submitted amount, and the responsibility of the member is the in-network deductible, copay and/or coinsurance.</p> | Same as In-Network | Eligible international claims incurred through the BCBS Global core network only | <p>Eligible services provided through a participating BlueCross BlueShield (BCBS) Global Core Network provider: Member pays in-network deductible and coinsurance at time of service.</p> <p>Eligible services provided through a non-participating provider: Member pays total due at time of service, and then is reimbursed through Excellus BCBS once paperwork is submitted. Eligible services are based on submitted amount, and the responsibility of the member is the in-network deductible and coinsurance.</p> | Same as In-Network |
| Preventive Care | 100% covered | Deductible plus coinsurance | 100% covered | 100% covered | Deductible plus coinsurance |
| Primary Care Physician | Deductible plus \$35 copay | Deductible plus \$35 copay plus coinsurance | Deductible plus \$35 copay | Deductible plus coinsurance | Deductible plus coinsurance |
| Specialist | Deductible plus \$50 copay | Deductible plus \$50 copay plus coinsurance | Deductible plus \$50 copay | Deductible plus coinsurance | Deductible plus coinsurance |
| Telemedicine/Telehealth | Deductible plus copay associated with in-person visit | Deductible plus copay associated with in-person visit plus coinsurance | Deductible plus copay associated with in-person visit | Deductible plus coinsurance | Deductible plus coinsurance |
| Inpatient Hospitalization | Deductible plus \$350 copay | Deductible plus \$350 copay plus coinsurance | Deductible plus \$350 copay | Deductible plus 5% coinsurance | Deductible plus 5% coinsurance |

| | SUBlue | SUBlue | SUOrange | SUPro | SUPro |
|--|--|--|---|--|---|
| | In-Network | Out-of-Network | In-Network Only | In-Network | Out-of-Network |
| Outpatient Surgery | Deductible plus \$200 copay | Deductible plus \$200 copay plus coinsurance | Deductible plus \$200 copay | Deductible plus coinsurance | Deductible plus coinsurance |
| Ambulatory Surgery | Deductible plus \$150 copay | Deductible plus \$150 copay plus coinsurance | Deductible plus \$150 copay | Deductible plus coinsurance | Deductible plus coinsurance |
| Physical Therapy | Deductible plus \$35 copay | Deductible plus \$35 copay plus coinsurance | Deductible plus \$35 copay | Deductible plus coinsurance | Deductible plus coinsurance |
| Diagnostic Machines Tests, X-Rays, and Radiology (Including MRIs, PET and CT Scans) | Deductible plus \$50 copay | Deductible plus \$50 copay plus coinsurance | Deductible plus \$50 copay | Deductible plus coinsurance | Deductible plus coinsurance |
| Urgent Care | Deductible plus \$50 copay | Deductible plus \$50 copay plus coinsurance | Deductible plus \$50 copay | Deductible plus coinsurance | Deductible plus coinsurance |
| Emergency Room | Deductible and \$150 copay | In-network deductible and \$150 copay | Deductible and \$150 copay (includes out-of-network coverage but in-network deductible applies) | Deductible plus coinsurance | In-network deductible plus in-network coinsurance |
| PRESCRIPTION DRUGS | SUBlue & SUOrange | | | SUPro | |
| Annual Deductible | No deductible | | | No deductible | |
| Out-of-Pocket Maximum | \$2,000 single / \$4,000 family | | | \$2,000 single / \$4,000 family | |
| Retail, Tier One | 20% coinsurance* | | | 15% coinsurance* | |
| Retail, Tier Two | 25% coinsurance | | | 25% coinsurance | |
| Retail, Tier Three | 45% coinsurance | | | 40% coinsurance | |
| Mail Order, Tier One | \$20 copay for up to a 90 day supply* | | | Lesser of \$15 or 15% coinsurance* | |
| Mail Order, Tier Two | \$50 copay for up to a 90 day supply | | | Lesser of \$45 or 25% coinsurance | |
| Mail Order, Tier Three | \$90 copay for up to a 90 day supply | | | Lesser of \$90 or 40% coinsurance | |
| Specialty Mail Order | Same as Mail Order except up to a 30 day supply | | | Same as Mail Order except up to a 30 day supply | |
| Infertility Medications | Follows above schedule for retail, mail order and specialty with a \$20,000 lifetime maximum | | | Follows above schedule for retail, mail order and specialty with a \$20,000 lifetime maximum | |

Prescription drug coverage is not applicable to Medicare-eligible individuals participating in the Retiree Medical Plan.

| *SUBlue, SUOrange and SUPro Certain Generic Prescription Drugs: \$0 Copay Age, Gender and Other Restrictions Apply. Contact OptumRx at 866.854.2945 for more details (TTY: 711) |
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| Aspirin Breast Cancer Prevention Drugs Cholesterol Medications FDA-Approved Tobacco Cessation Drugs and OTC Products Fluoride Folic Acid Iron Supplements Pre-exposure Prophylaxis (PrEP) Therapies Preparatory Prescriptions associated with Colonoscopies Vitamin D Supplements Women's Contraceptives |

Every effort has been made to ensure that the information contained within this document is accurate. However, benefits are governed by legal documents (which, in certain circumstances, may include insurance contracts). If there is any difference between the information in this document and the official documents, the official documents will control. As is the case with all of Syracuse University's benefit plans, the University reserves the right to modify or terminate these benefits at any time.