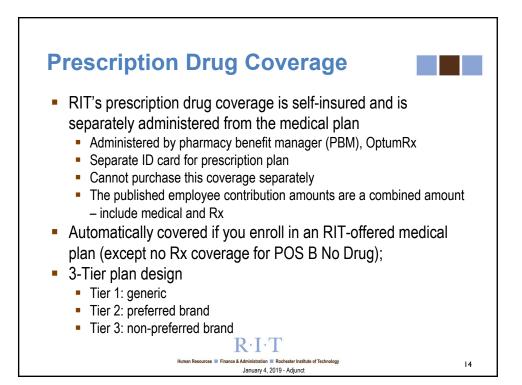
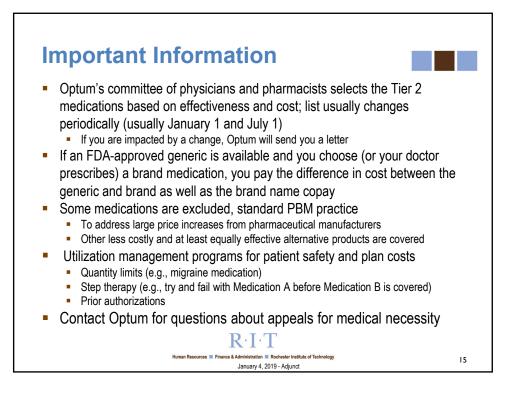
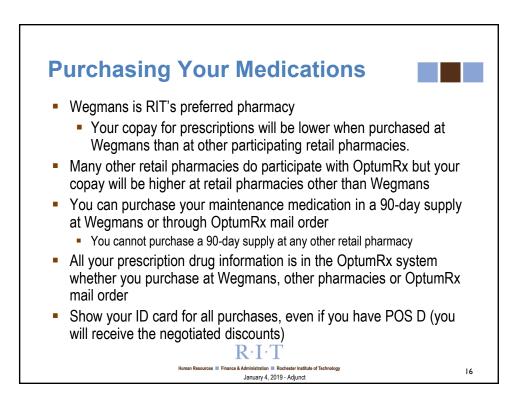


 In-Network and Out- Coverage Worldwide coverage for emer (contact PCP to ensure any referral particular) 	gencies and urgent care	
In-Network	Out of Network	
 Most, if not all, your care will be In- Network 31-county service area Must have Primary Care Physician (PCP) to coordinate care (can change any time) No specialist referrals needed Certain services do require pre- certification (e.g., hospitalization, physical therapy) 	 If you choose to go out of network (different than emergency) to a non-participating provider Pay deductible and co-insurance for covered services Provider can charge more than "allowed" amount. You pay any amount over the allowed; only allowed amount is applied toward deductible and OOP maximum. 	
Refer to the Medical Benefits Comparis $\mathbb{R} \cdot \mathbb{I}$	on Book for additional information T	
Human Resources 🔳 Finance & Administratio January 4	n III Rochester Institute of Technology 4, 2019 - Adjunct	12

Service	POS A	POS B and B No Drug	POS D
Telemedicine (urgent care)	\$10		
On-Campus Practice	\$15		
PCP Office Visit – Adult routine physical and Well Child visits	Covered in Full		
PCP Office Visit-diagnostic	\$20/RRH \$30/Others	\$25/RRH \$35/Others	\$30/RRH \$40/Others
Specialist Office Visit	\$25/RRH \$45/Others	\$30/RRH \$50/Others	\$35/RRH \$55/Others
Urgent Care	\$50	\$55	\$60
Inpatient hospitalization	\$125/RRH \$175/Others	\$275/RRH \$325/Others	\$375/RRH \$425/Others
Lab and pathology	Covered in Full		
Radiology (MRI, CT, X-ray)	\$45	\$50	\$55

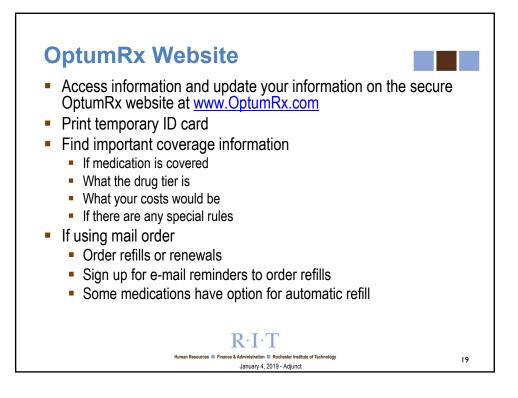


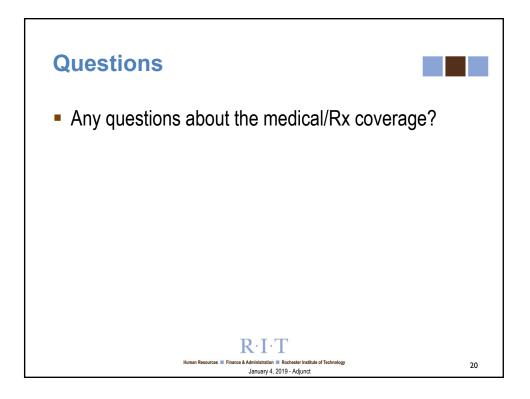


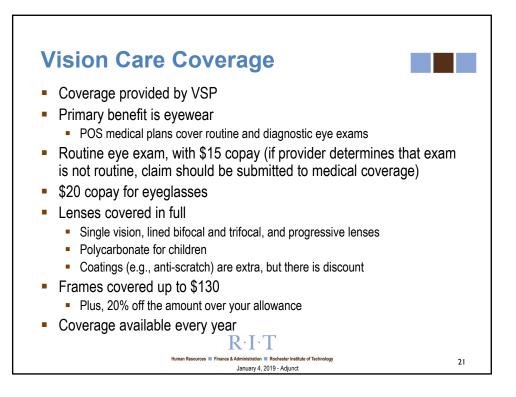


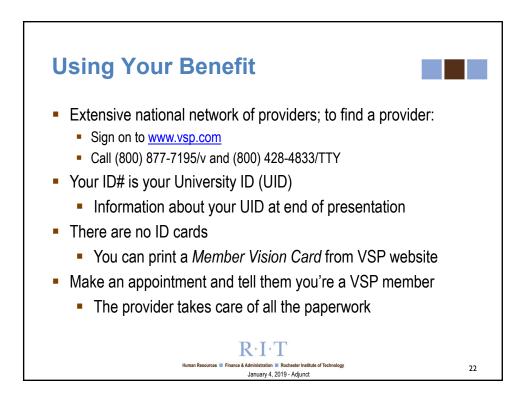
CATEGORY	WEGMANS PHARMACY		OTHER PARTICIPATING RETAIL		OPTUMRX MAIL ORDER
	30-day supply, no limit on fills	90-day supply	30-day supply, up to 3 fills	30-day supply 4th fill and after ⁽¹⁾	90-day supply
Tier 1: Generic Drugs	\$15.00	\$37.50	\$17.00	\$42.50	\$37.50
Tier 2: Brand Name Formulary Drugs	\$30.00	\$75.00	\$35.00	\$87.50	\$75.00
Tier 3: Brand Name Non- Formulary Drugs	\$45.00	\$112.50	\$55.00	\$137.50	\$112.50
⁽¹⁾ applies to maintenance medications only; certain controlled substances)	does not apply to ac	cute medications	or medications tha	at cannot be filled through	n mail order (e.g.,

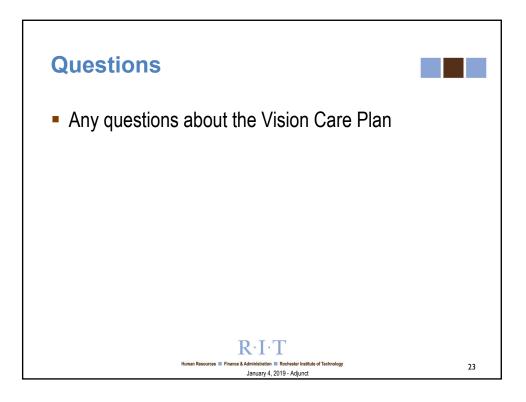
CATEGORY		WEGMANS PHARMACY		OTHER PARTICIPATING RETAIL	
	30-day supply, no limit on fills	90-day supply	30-day supply, up to 3 fills	30-day supply 4th fill and after ⁽¹⁾	MAIL ORDE
Annual Deductible - each pers charged in a plan year (<u>show y</u>					
Tier 1: Generic Drugs	\$25.00	\$62.50	\$30.00	\$75.00	\$62.50
Tier 2: Brand Name Formulary Drugs	\$62.50	\$162.50	\$75.00	\$187.50	\$162.50
Tier 3: Brand Name Non- Formulary Drugs	\$125.00	\$312.50	\$145.00	\$362.50	\$312.50













Service	Standard Plan	Enhanced Plan		
Preventive	Plan pays 100%, you pay 0%			
Deductible (minor and major restorative services)	You pay \$25 per person, maximum of \$75 per family	None		
Minor Restorative Services	Plan pays 80%, you pay 20%			
Major Restorative Services	Plan pays 50%, you pay 50%	Plan pays 80%, you pay 20%		
Restorative Plan Maximum (paid by plan in a calendar year)	\$1,250	\$2,500		
Orthodontia (lifetime maximum)	\$1,250 for children under age 19	\$2,500 for children and adults		
REMINDER : except in ve election until the enrollme	ery limited situations, you can ma nt for calendar year 2021.	ake no changes in your		
	dentist complete a pre-determina ocket costs for minor or major res			

