THE UNIVERSITY OF CHICAGO | Human Resources

2019 Medical Plan Comparison Chart

Plan Feature	Blue Cross Blue Shield Maroon Plan			Blue Cross Blue Shield Maroon Savings Choice Plan		University of Chicago Health Plan (UCHP)	Blue Cross Blue Shield HMO Illinois Plan
	University of Chicago Medical Center (UCMC)	**Inside BCBSIL Network**	**Outside BCBSIL Network**	**Inside BCBSIL Network**	**Outside BCBSIL Network**		
Choice of doctor	Limited to UCMC	Limited to BCBSIL network	Any provider	Limited to BCBSIL network	Any provider	Limited to network	Limited to network
Deductible	Individual - $300 Family - up to $600	Individual - $500 Family - up to $1,000	Individual - $500 Family - up to $1,000 Additional $200 per hospital admission	Individual - $2,000 Family - $4,000	Individual - $4,000 Family - $8,000 Additional $200 per hospital admission	None	None
Benefit payment percentage	You pay 10%; Plan pays 90% of covered expenses	You pay 20%; Plan pays 80% of covered expenses	You pay 35%[2]; Plan pays 65% of the costs	You pay 20%; Plan pays 80% of covered expenses	You pay 35%[2]; Plan pays 65% of the costs	You pay nothing or a minimal copayment; Plan pays 100%	You pay nothing or a minimal copayment; Plan pays 100%
Out-of-pocket maximum	$1,750/Individual $3,500/Family	$2,500/Individual $5,000/Family		$3,000/Individual $6,000/Family	$6,000/Individual $12,000/Family	$1,500/Individual $3,000/Family	$1,500/Individual $3,000/Family
Health Savings Account (University Contribution)	None			$500/Individual $1,000/Family		None	None
Physician office visits	You pay 10%; Plan pays 90% of covered expenses for "non-preventive services."	You pay 20%; Plan pays 80% of covered expenses for "non-preventive services."	You pay 35%[2]; Plan pays 65% of the costs	You pay 20%; Plan pays 80% of covered expenses for "non-preventive services."	You pay 35%[2]; Plan pays 65% of the costs	You pay a $25 copayment for a PCP[1] visit and $45 for a specialist visit; Plan covers the remainder	You pay a $25 copayment for a PCP[1] visit and $45 for a specialist visit; Plan covers the remainder
Hospital: Inpatient	You pay 10%; Plan pays 90% of covered expenses	You pay 20%; Plan pays 80% of covered expenses	You pay 35% (after $200 deductible)[2]; Plan pays 65% of the costs	You pay 20%; Plan pays 80% of covered expenses	You pay 35% (after $200 deductible)[2]; Plan pays 65% of the costs	You pay $350 copayment per admission; Plan covers the remainder	You pay $350 copayment per admission; Plan covers the remainder
Hospital: Outpatient	You pay 10%; Plan pays 90% of covered expenses	You pay 20%; Plan pays 80% of covered expenses	You pay 35%[2]; Plan pays 65% of the costs	You pay 20%; Plan pays 80% of covered expenses	You pay 35%[2]; Plan pays 65% of the costs	Provided in full	Provided in full
Preventive care/wellness	Provided in full			Provided in full		$0 copay	$0 copay
Ongoing therapy, occupational therapy, physical therapy and speech therapy	20 visits maximum per condition			20 visits maximum per condition		Limit of 60 combined treatments per calendar year	Limit of 60 combined treatments per calendar year, $25 copayment per visit
Hearing services	Not covered			Not covered		Exam provided in full; no coverage for hearing aids	$25 PCP[1]/$45 specialist; no coverage for hearing aids
Vision services	Contact the plan at (866) 390-7772			Contact the plan at (866) 390-7772		Contact the plan at (855) 824-3632	Contact the plan at (800) 892-2803

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Prescriptions (Generic/preferred Brand-Name/Non-preferred Brand-Name/Specialty)	Covered under a separate prescription drug plan administered by CVS Caremark Retail (30-day supply): $10/$30/$45/$75 copayment Mail service (90-day supply): $20/$60/$90 copayment			Covered under a separate prescription drug plan administered by CVS Caremark; Retail (30-day supply): $10/$30/$45/$75 copayment Mail service (90-day supply): $20/$60/$90 copayment **You are responsible for the full cost of non-preventive drugs until the plan deductible has been met, after the deductible copays apply**		Retail (30-day supply): $10/$30/$45/$75 copayment; 50% copayment for maintenance medications after 2nd refill; Mail service at DCAM Pharmacy (90-day supply): $10/$30/$60 copayment; Mail service (90-day supply) with CVS Caremark: $20/$60/$90 copayment	Retail (34-day supply): $10/$30/$45/$75 copayment Mail service (90-day supply): $20/$60/$90 copayment $50 copay for self-injectables
Emergency room	You pay 10%; Plan pays 90% of covered expenses	You pay 20%; Plan pays 80% of covered expenses	You pay 20%[2]; Plan pays 80% of the costs	You pay 20%; Plan pays 80% of covered expenses	You pay 20%[2]; Plan pays 80% of the costs	$125 copayment; waived if admitted	$125 copayment; waived if admitted
Mental health: Outpatient	You pay 10%; Plan pays 90% of covered expenses	You pay 20%; Plan pays 80% of covered expenses	You pay 35%[2]; Plan pays 65% of the costs	You pay 20%; Plan pays 80% of covered expenses	You pay 35%[2]; Plan pays 65% of the costs	$25 copayment per visit (waived for initial visit)	$25 copayment per visit

[1] PCP = Primary Care Physician.
[2] You are also responsible for 100% of the charges in excess of the prevailing fee schedule.
[3] 100% applies to the surgery only; doctor visits subject to applicable coinsurance.
[4] DCAM = Duchossois Center for Advanced Medicine at the University of Chicago Medicine.
[5] Specialty prescription drugs are not available through mail service.