

University of Nebraska Medical Options 2023

UMR:	Low Option Grandfathered*	Basic Option Grandfathered*	High Option Grandfathered*	QHDHP Option <small>(Qualified High Deductible Health Plan)</small>
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Deductible				
Preferred Tier	\$1,350 Single/\$2,600 Family	\$300 Single/\$600 Family	\$200 Single/\$400 Family	\$3,000 Single/\$6,000 Family
In-Network	\$1,550/\$3,100	\$450/\$900	\$300/\$600	\$3,000/\$6,000
Out of Network	\$1,950/\$3,900	\$650/\$1,300	\$450/\$900	\$6,000/\$12,000

Coinsurance				
Preferred Tier	85%/15%	85%/15%	90%/10%	100%/0%
In-Network	70%/30%	70%/30%	80%/20%	80%/20%
Out of Network	55%/45%	55%/45%	65%/35%	70%/30%

Out-of-Pocket Maximum <small>(Does not include deductible)</small>				
Preferred Tier	\$2,300 Single/\$4,700 Family	\$1,450 Single/\$2,900 Family	\$1,300 Single/\$2,600 Family	\$0 Single/\$0 Family
In-Network	\$2,500/\$5,000	\$1,600/\$3,200	\$1,400/\$2,800	\$800/\$1,700
Out of Network	\$2,900/\$5,800	\$2,000/\$4,000	\$1,700/\$3,400	\$1,500/\$3,000
All Services	Ded + Stop Loss	Ded + Stop Loss	Ded + Stop Loss	Ded + Stop Loss

Premium per Month <small>(Based on Full Time Employment)</small>				
Employee Only	\$111	\$187	\$279	\$111
Employee + Spouse	\$141	\$295	\$495	\$141
Employee + Child(ren)	\$113	\$248	\$467	\$123
Employee + Family	\$160	\$377	\$652	\$160

Preventative- Regular Services**	< Age 2 – 100% Age 2+ - 100% to \$250, then Ded & Coins	< Age 2 – 100% Age 2+ - 100% to \$250, then Ded & Coins	< Age 2 – 100% Age 2+ - 100% to \$250, then Ded & Coins	100% Preferred Tier & In-Network Ded & Coins Out of Network
Preventative- Enhanced Services***	< Age 2 – 100% Age 2+ - 100% to \$400, then Ded & Coins	< Age 2 – 100% Age 2+ - 100% to \$400, then Ded & Coins	< Age 2 – 100% Age 2+ - 100% to \$400, then Ded & Coins	

Medical Plan Eligibility				
FSA = Use it or Lose it HSA = Carries over year to year	Flexible Spending Account <i>WageWorks</i>	Flexible Spending Account <i>WageWorks</i>	Flexible Spending Account <i>WageWorks</i>	Health Savings Account <i>Fidelity Investments</i>

Prescription Coverage / 30-Day Supply				
Generic	\$9	\$9	\$9	Full price of drug applies to your deductible & co-insurance rates for more information visit: www.caremark.com/hdhp
Brand (On Formulary)	\$31	\$31	\$31	
Brand (Non-formulary)	\$52 <i>Brand Rx have a \$57 annual deductible/person</i>	\$52 <i>Brand Rx have a \$57 annual deductible/person</i>	\$52 <i>Brand Rx have a \$57 annual deductible/person</i>	

Infertility Treatment	Medical & drug plan coverage limited to \$15,000 per lifetime
PT/OT/ST/Chiro	Limited to 60 combined visits per calendar year
Teladoc	General medicine \$49; Dermatology \$85 – Preferred Tier deductible and coinsurance apply.

*Grandfathered = Exempt from a new law or regulation.
 **Regular Preventative Services refers to the Wellcare money that is automatically covered for each person under each plan.
 ***Enhanced Preventative Services are applicable to those that complete the Health Risk Assessment each year during NuFlex Open Enrollment.

UMR In-Network Provider Search - https://www.umar.com/oss/cms/UMR/University_of_Nebraska/index.html