2009 medical plans: Employee out-of-pocket costs

	Incentive PPO (UnitedHealthcare Options)		Purdue 500 (UnitedHealthcare Options)		UnitedHealthcare (UnitedHealthcare Choice Plus)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network*
Deductible: individual / family	\$400 / \$800	\$800 / \$1,600**	\$500 / \$1,000	\$500 / \$1,000	\$0 / \$0	\$500 / \$1,000
Primary care office visit charge	10%*** – no deductible	40% after deductible	20%*** – no deductible	50% after deductible	\$15 copay	30% after deductible
Other office visit	15%	40%	30%	50%	\$30 copay	30%
Hospital inpatient stays and outpatient surgery	15%	40%	30%	50%	\$300 copay	30%
Ambulatory surgical center (freestanding)	15%	40%	30%	50%	\$150 copay	30%
Lab (at approved labs)	0% – no deductible	40% after deductible	0% – no deductible	50% after deductible	0% – no deductible	30% after deductible
Preventive care Past \$400 = 15% after Plus: immunizations = count against \$400 pr	= 0% (do not	40% after deductible	\$400 at 0%, no deductible. Past \$400 = 30% after deductible	50% after deductible	Office visit = \$15 copay. immuniz. & tests = 0%	Not covered
Preventive colonoscopy or sigmoidoscopy	0% – no deductible	40% after deductible	0% — no deductible	50% after deductible	0% – no deductible	30% after deductible
Out-of-pocket maximum, including deductible: individual / family	\$1,800 / \$3,600	\$3,600 / \$7,200**	\$2,500 / \$5,000	\$2,500 / \$5,000	None / None	\$4,000 / \$8,000

^{*} Under the UnitedHealthcare plan, the lifetime maximum for out-of-network services is \$1,000,000 per person. Some services are not covered out-of-network.

SOURCE: STAFF BENEFITS

^{**} Includes in-network amounts.

^{***} For West Lafayette, Calumet and North Central campuses, provider must be in UnitedHealthcare Options PPO network. For Fort Wayne campus, provider must be in Signature Care network. UnitedHealthcare Options PPO providers do not qualify as Primary Care Benefit providers for Fort Wayne campus employees.