

University of Nebraska Medical Options 2022

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	\$2,800 Single/\$5,400 Family
In-Network	\$1,550/\$3,100	\$450/\$900	\$300/\$600	\$2,800/\$5,400
Out of Network	\$1,950/\$3,900	\$650/\$1,300	\$450/\$900	\$5,400/\$10,800

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 (Does not include deductible)

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	\$900/\$1,700
Out of Network	\$2,900/\$5,800	\$2,000/\$4,000	\$1,700/\$3,400	\$1,800/\$3,600
All Services	Ded + Stop Loss	Ded + Stop Loss	Ded + Stop Loss	Ded + Stop Loss

Premium per Month (Based on Full Time Employment)

Employee Only	\$101	\$170	\$254	\$101
Employee + Spouse	\$128	\$269	\$451	\$128
Employee + Child(ren)	\$103	\$226	\$425	\$112
Employee + Family	\$146	\$343	\$594	\$146

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
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	Ded & Coins Out of Network

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>
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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	\$52	\$52	
	<i>Brand Rx have a \$57 annual deductible/person</i>	<i>Brand Rx have a \$57 annual deductible/person</i>	<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