



Choice of Medical Plans*

Northwell Health offers four medical plans. All plans cover you 100% for in-system/in-network qualified preventive care visits.

New Medical Plan Option in 2017

Northwell Health CareConnect High Deductible Plan and Health Savings Account is a high deductible health plan that includes access to 20,000+ providers throughout the New York metropolitan area, Long Island and Westchester County. The health savings account (HSA) is a triple-tax-advantaged, medical savings account. You can put aside up to \$2,900 in pre-tax money if you elect single coverage and \$5,750 in pre-tax money if you elect family coverage. These are per paycheck deductions and you can change your contributions monthly. To help offset your deductible Northwell will also fund your account, \$500 for single and \$1,000 for family coverage. The total maximum employee and employer contributions into the HSA account is \$3,400 for single coverage and \$6,750 for family coverage.

The CareConnect Northwell Health Employee Plan includes access to 20,000+ providers throughout the New York metropolitan area, Long Island and Westchester County. This increased access also comes with lower copays and no cost for generic prescriptions. This plan is designed for those who use Northwell Health providers and/or those who are looking for access and choices in the five boroughs and Westchester County. There is no access to out-of-network care.

Northwell Health Value Plan is designed for those who utilize in-system providers and Northwell Health facilities but would like access to out-of-network care.

Northwell Health Buy-Up Plan is designed for those who do not exclusively use in-system services. If you frequently seek care outside the Northwell Health network you will pay a lower deductible and coinsurance compared to the Value Plan but you will pay more via paycheck deductions.

To check Value/Buy-Up listing of providers visit: Northwell.edu/insystem

*Note: By enrolling in a Northwell Health medical plan your enrolled dependents and you may be contacted by a service provider (may be a Northwell Health employee) offering information, support or assistance, related to the usage of plan benefits. Any participation in, or cooperation with, such services or providers is completely voluntary and without extra charge. Any personal health information that is voluntarily provided will not be used for purposes other than the services offered.



What's a High Deductible Health Plan?

A high-deductible health plan (HDHP) is a health insurance plan with lower premiums but higher deductibles than a traditional health plan. Being covered by a high-deductible health plan (HDHP) is a requirement to have a health savings account (HSA).

What's a Health Savings Account (HSA)?

- It's a medical savings account administered by WageWorks
- You can put aside up to \$2,900 in pre-tax money if you elect single coverage and \$5,750 in pre-tax money if you elect family coverage. These are per paycheck deductions and you can change your contributions monthly. To help offset your deductible Northwell will also fund your account, \$500 for single and \$1,000 for family coverage. The total maximum employee and employer contributions into the HSA account is \$3,400 for single coverage and \$6,750 for family coverage.
- Employees 55 and older can contribute an additional \$1,000
- A triple-tax-advantage way to save for medical expenses, your contributions are not taxed, no tax on earnings and no tax on distributions. Once you have an account balance of \$1000, You can invest your money in mutual funds
- Employer annual funding of \$500 single/\$1,000 family/ annually prorated per paycheck.
 - Single coverage: \$19.23 for biweekly pay and \$20.83 for semi-monthly
 - Family coverage: \$38.46 for biweekly pay and \$41.67 for semimonthly

If you elect to enroll in the CareConnect HSA and have a balance in your Flexible Savings Account (FSA) as of December 31, 2016, you will not be able to make or receive contributions towards the CareConnect HSA until April 1, 2017

- Unlike a Flexible Spending Account (FSA), HSA funds roll over and accumulate year to year if they are not spent
- This account can serve as a saving account to pay your medical expenses during retirement
- If you are 65 or older or you collect social security, you cannot participate in this plan
- If you participate in this plan you are only eligible for a limited purpose FSA

What is an HSA-Compatible FSA or a Limited Purpose FSA?

The HSA-Compatible Flexible Spending Account (FSA) or Limited Purpose FSA means that if you have both HSA and FSA accounts, you can only use an HSA account for medical expenses, and use an FSA to pay only for dental and vision expenses. The Limited Purpose FSA limit is the same as regular (the Full Purpose) FSA. For 2017 the IRS limit is \$2,600.

HSA Account

- Funds roll over and accumulate year to year if not spent, no carry-over cap
- Pay for your deductibles from your HSA account
- May serve as a saving account for medical expenses during retirement
- Annual gym reimbursement = \$100
- Lowers taxable income
- Lowest paycheck deductions
- Preventative care covered at 100%
- HSA monies are used to cover health care-related costs now or in the future



Northwell Health CareConnect High Deductible and Health Savings Account Plan NEW In-Network Medical Plan Option in 2017	
Deductible	\$1,500 individual/\$3,000 family- Must pay entire deductible prior to paying copays
Employer Contributions Toward Deductible	\$500 Individual/ \$1,000 family
Out-of-Pocket Max (includes medical deductibles, coinsurance and copays)	\$3,500 individual \$7,000 family
Lifetime Maximum	Unlimited (Except for certain fertility benefits)
Home/Office/Outpatient Care – CareConnect Network Only	
Preventive Care (annual exams, well visits, immunizations, well woman care)	100% covered
Office Visits	Deductible/\$15 Primary Care copay /\$35 Specialist copay
Emergency Room Visit	Deductible/\$200 copay (waived if admitted)
Urgent Care	Deductible/\$20 copay at GoHealth, ProHEALTH & CareMount Urgent Care, \$60 copay at all other urgent care centers
Maternity Care	Deductible/100% covered (Pre-Authorization)
Home Health care	Deductible/100% covered/no copay (200 visits max per calendar year) (Pre-Authorization)
Home Infusion Therapy	Deductible/100% covered/no copay (Pre-Authorization)
Hospice Care	Deductible/100% covered/no copay (Pre-Authorization)
Outpatient Surgery, Pre-Surgical Testing	Deductible/100% covered/no copay (Pre-Authorization)
Anesthesia	Deductible/100% covered/no copay
Chemotherapy, Radiation	Deductible/100% covered/no copay (Pre-Authorization)
Lab tests, X-Rays, MRI, MRA, CAT, PET and Nuclear Scans	Deductible/100% covered/no copay (Pre-Authorization)
Artificial Insemination	Deductible/100% covered at participating CareConnect network provider, no lifetime max (Pre-Authorization)
Assisted Reproductive Technology	Deductible/80% covered up to 3 cycles/Lifetime at Center for Human Reproduction (300 Community Drive) (Pre-Authorization)
Fertility Medication	Deductible/20% to maximum \$150 copay, covered with \$15,000, lifetime max for Assisted Reproductive Technology. Must be filled at Vivo Specialty Pharmacy (Pre-Authorization)
Chiropractic Care, Acupuncture, Second Surgical Opinion	Deductible/\$35 copay
Kidney Dialysis	Deductible/100% covered
Physical Therapy, Speech/Language, Occupational, Development Delay	Deductible/\$0 copay at all in system facilities/\$25 copay at all other participating locations (60 visits max annually) (Pre-Authorization)
Substance Abuse	Deductible/100% covered (Pre-Authorization)



Durable Medical Equipment	Deductible/10% coinsurance (Pre-Authorization)	
Orthotics (when medically necessary)	Not covered	
Ambulance	Deductible/\$100 copay	
Inpatient Care - CareConnect Network Only		
Inpatient Hospital (as many days as medically needed)	Deductible/100% covered (Pre-Authorization)	
Surgery, Surgical Assistance	Deductible/100% covered (Pre-Authorization)	
Anesthesia	Deductible/100% covered	
Skilled Nursing Facility	Deductible/\$250 per admission (200 days max per calendar year) (Pre-Authorization)	
Mental Health- CareConnect Network Only		
Outpatient in Office	Deductible/100% covered (Pre-Authorization)	
Inpatient Substance Abuse Rehab	Deductible/100% covered (Pre-Authorization)	
Inpatient Substance Abuse Detox	Deductible/100% covered (Pre-Authorization)	
Prescription Drug Plan through CareConnect Plan – CVS Caremark		
Benefit for CareConnect	Retail Cost	Mail Order Cost
Tier 1 – Generic	Deductible/\$0 copay	Deductible/\$0 copay (90-day supply)
Tier 2 – preferred	Deductible/\$50 copay	Deductible/\$125 copay (90-day supply)
Tier 3 – non-preferred	Deductible/50% to maximum \$500 copay	Deductible/50% to \$1,250 maximum (90-day supply)
Specialty Medications	Deductible/20% to maximum \$150 copay	N/A
CVS Caremark maintains a network of over 70,000 pharmacies in their national network including Vivo Health Pharmacy and local independent neighborhood pharmacies and the well-known chains including CVS, Duane Reade, Walgreens, Rite Aid and others.		

Notes:

1. Preauthorization may be required for certain Covered Services. Please refer to your SPD or contact a Service Connector at 855-706-7545, Monday through Friday, 8 a.m. to 11 p.m., and weekends, 9 a.m. to 5 p.m.
2. Please note that CareConnect HSA Plan only offers coverage for services rendered by an in-network provider. Please refer to your schedule of benefits for a full plan description.
3. A non-embedded deductible for a family plan means that the combined out-of-pocket spending on medical bills (Medical and RX) for all of the family members has to reach the annual deductible before the copays will apply.
4. For a listing of participating providers, please visit our website at www.CareConnect.com or call a CareConnect Service Connector at 855-706-7545.
5. If you use Northwell Diabetes Program copays are \$0.



CareConnect Northwell Health Employee Medical Plan In-Network Medical Plan Option in 2017	
Deductible	\$0
Out-of-Pocket Max (includes medical deductibles, coinsurance and copays)	\$3,000 individual \$6,000 family
Lifetime Maximum	Unlimited (Except for certain fertility benefits)
Home/Office/Outpatient Care – CareConnect Network Only	
Preventive Care (annual exams, well visits, immunizations, well woman care)	100% covered
Office Visits	\$15 Primary Care copay /\$35 Specialist copay
Emergency Room Visit	\$200 copay (waived if admitted)
Urgent Care	\$20 copay at GoHealth, ProHEALTH & CareMount Urgent Care \$60 copay at all other urgent care centers
Maternity Care	100% covered(Pre-Authorization)
Home Health care	100% covered/no copay (200 visits max per calendar year) (Pre-Authorization)
Home Infusion Therapy	100% covered/no copay (Pre-Authorization)
Hospice Care	100% covered/no copay (Pre-Authorization)
Outpatient Surgery, Pre-Surgical Testing	100% covered/no copay (Pre-Authorization)
Anesthesia	100% covered
Chemotherapy, Radiation	100% covered/no copay (Pre-Authorization)
Lab tests, X-Rays, MRI, MRA, CAT, PET and Nuclear Scans	100% covered/no copay (Pre-Authorization)
Artificial Insemination	100% covered at participating CareConnect network provider, no lifetime max (Pre-Authorization)
Assisted Reproductive Technology	80% covered up to 3 cycles/Lifetime at Center for Human Reproduction (300 Community Drive, Manhasset)
Fertility Medication	20% to maximum \$150 copay, covered with \$15,000, lifetime max for Assisted Reproductive Technology. Must be filled at Vivo Specialty Pharmacy (Pre-Authorization)
Chiropractic Care, Acupuncture, Second Surgical Opinion	\$35 copay
Kidney Dialysis	100% covered (Pre-Authorization)
Physical Therapy, Speech/Language, Occupational, Development Delay	\$0 copay at all in system facilities/\$25 copay at all other participating locations (60 visits max annually) (Pre- Authorization)
Substance Abuse	100% covered (Pre-Authorization)
Durable Medical Equipment	10% coinsurance (Pre-Authorization)



Orthotics (when medically necessary)	Not covered	
Ambulance	\$100 copay	
Inpatient Care - CareConnect Network Only		
Inpatient Hospital (as many days as medically needed)	100% covered (Pre-Authorization)	
Surgery, Surgical Assistance	100% covered (Pre-Authorization)	
Anesthesia	100% covered	
Skilled Nursing Facility	\$250 per admission (200 days max per calendar year) (Pre-Authorization)	
Mental Health- CareConnect Network Only		
Outpatient in Office	100% covered (Pre-Authorization)	
Inpatient Substance Abuse Rehab	100% covered (Pre-Authorization)	
Inpatient Substance Abuse Detox	100% covered (Pre-Authorization)	
Prescription Drug Plan through CareConnect Plan – CVS Caremark		
Out-of-Pocket Max for Prescriptions	\$3,000 individual/\$6,000 family	
Benefit for CareConnect	Retail Cost	Mail Order Cost
Tier 1 – Generic	\$0 copay	\$0 copay (90-day supply)
Tier 2 – preferred	\$50 copay	\$125 copay (90-day supply)
Tier 3 – non-preferred	50% to maximum \$500 copay	50% to \$1,250 maximum (90-day supply)
Specialty Medications	20% to maximum \$150 copay	N/A
CVS Caremark maintains a network of over 70,000 pharmacies in their national network including Vivo Health Pharmacy and local independent neighborhood pharmacies and the well-known chains including CVS, Duane Reade, Walgreens, Rite Aid and others.		

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2. Please note that CareConnect only offers coverage for services rendered by an in-network provider. Please refer to your schedule of benefits for a full plan description.
3. For a listing of participating providers, please visit our website at www.CareConnect.com or call a CareConnect Service Connector at 855-706-7545.
4. If you use Northwell Diabetes Program copays are \$0.



VALUE PLAN	Northwell Health In-System	United Healthcare In-Network	Out-of-Network
Deductible	\$0	\$1,000 Individual/ \$2,000 Family	\$3,000 Individual/ \$6,000 Family
Deductible Out-of-Area Plan	\$0	\$750 Individual/ \$1,500 Family	\$2,500 Individual/ \$5,000 Family
Coinsurance		30%	50%
Out-of-Pocket Max <i>(Includes deductibles, coinsurance/copays)</i>	\$5,000 Individual/ \$10,000 Family	\$5,000 Individual/ \$10,000 Family	\$8,500 Individual/ \$17,000 Family
Hospital Copay	\$0	\$1,250 Per Admission Deductible/30% Coinsurance	\$1,500 Per Admission Deductible/50% Coinsurance
Hospital Copay Out-of-Area Plan	\$0	No Copay Deductible/30% Coinsurance	\$1,250 Per Admission Deductible/50% Coinsurance
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Home/Office/Outpatient Care			
Preventive Care -Annual Exams -Immunizations	100% Covered	100% Covered	Deductible/50% Coinsurance
Office Visits	\$20 Primary Care \$40 Specialist Copay	Deductible/30% Coinsurance	Deductible/50% Coinsurance
Office Visits For Out-of-Area	\$20 Primary Care/ \$40 Specialist Copay	\$20 Primary Care/ \$40 Specialist Copay	Deductible/50% Coinsurance
Emergency Room Visit	\$200 Copay (Waived if admitted within 24 hrs)	\$200 Copay (Waived if admitted within 24 hrs)	\$200 Copay (waived if admitted within 24 hrs)
Urgent Care	\$20 Copay at GoHealth, ProHEALTH, PM Pediatrics, CareMount Urgent Care	\$60 Copay	Deductible/50% Coinsurance
Maternity Care (Out-of-Area included)	100% Covered	\$20 Copay for Office Visit (first visit only) For Delivery Deductible/Coinsurance and hospital copay (waived for Out-of-Area)	Deductible/50% Coinsurance
Home Healthcare	100% Covered	100% Covered 200 visits max per calendar year	Deductible/50% Coinsurance 200 visits max per calendar year
Home Infusion Therapy	100% Covered	Deductible/30% Coinsurance	Deductible/50% Coinsurance



VALUE PLAN	Northwell Health In-System	United Healthcare In-Network	Out-of-Network
Hospice Care	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Outpatient Surgery, Pre-surgical Testing, Anesthesia	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Chemotherapy, Radiation	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Lab Tests, X-Rays, MRI, MRA, CAT, PET and Nuclear Scans	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Artificial Insemination	100% covered at any IPA*, no lifetime max	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Assisted Reproductive Technology	80% Covered up to 3 cycles/Lifetime at CHR**	Not Covered	Not Covered
Fertility Medication	Covered with \$15K, lifetime max	Covered with \$15K, lifetime max	Covered with \$15K, lifetime max
Chiropractic Care	\$20 Specialist Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Acupuncture	\$20 Specialist Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Second Surgical Opinion	\$40 Specialist Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Kidney Dialysis	100% Covered/ No Copay	Deductible/ 30% Coinsurance	Deductible/ 50% Coinsurance
Physical Therapy, Speech/Language, Occupational, Developmental Delay	100% Covered/ No copay for all in- system facilities and IPA PTs only. (60 visits max annually)	\$20 Copay (60 visits max annually)	Deductible/ 50% Coinsurance (60 visits max annually)
Substance Abuse	100% Covered/ No Copay	100% Covered/ No Copay	Deductible/50% Coinsurance

*[IPA](#) stands for Independent Physician Association. IPA includes the Northwell Health Premium Network, faculty and select community providers, with locations in Queens, NYC, Staten Island and Long Island.

**[CHR](#) stands for Center for Human Reproduction, located at 300 Community Drive, Manhasset.



VALUE PLAN	Northwell Health In-System	United Healthcare In-Network	Out-of-Network
Durable Medical Equipment	100% Covered	100% Covered	Deductible/50% Coinsurance
Prosthetics, Orthotics (when medically necessary)	100% Covered	100% Covered	Deductible/50% Coinsurance
Ambulance	100% Covered	100% Covered	100% Covered
Inpatient Care			
Inpatient Hospital (as many days as medically needed)	100% Covered	Deductible/30% Coinsurance/and \$1,250 Per Admission Copay	Deductible/50% Coinsurance/and \$1,500 Per Admission Copay
Inpatient Hospital (as many days as medically needed) Out-of-Area Plan	100% Covered	Deductible/30% Coinsurance	Deductible/50% Coinsurance/and \$1,500 Per Admission Copay
Surgery, Surgical Assistance, Anesthesia	100% Covered	Deductible/30% Coinsurance	Deductible/50% Coinsurance
Skilled Nursing Facility (60 days max per calendar year)	100% Covered	Deductible/30% Coinsurance	Deductible/50% Coinsurance
Mental Health			
Outpatient	100% Covered	100% Covered	Deductible/50% Coinsurance
Inpatient Substance Abuse Rehab	100% Covered	100% Covered	Deductible/50% Coinsurance
Inpatient Substance Abuse Detox	100% Covered	100% Covered	Deductible/50% Coinsurance

Notes:

1. Coinsurance amounts are off of United Healthcare's contracted rates with providers.
2. Out-of-Network reimbursement= 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges.
3. Specialty drugs administered as home infusion, or in a physician's office, must be submitted through a prescription vendor.



Coinsurance

Coinsurance amounts are off of United Healthcare's contracted rates with providers. Out-of-Network reimbursement= 140% of Medicare. Participant pays the difference between United Healthcare payment and the provider charges. Please contact United Healthcare to check how much the plan will reimburse for your specific out-of-network procedure. If you use Northwell Diabetes Program copays are \$0.

Hospital Pre-Certification Applies to Northwell Health Value and Buy-Up Plans

The medical plans require pre-certification before you are admitted to an out-of-network hospital. To receive the maximum hospital benefits under your medical plan, you or your primary care physician must call the carrier's pre-certification phone number to pre-certify your hospital admission or emergency visit. You may have to pay a penalty if you do not receive authorization from your medical plan. For pre-certification, call 888-254-3698.

Prescription Drug Plan for Value or Buy-Up Plan with Express Scripts

Your prescriptions will automatically be covered if you enroll in a medical plan. Express Scripts offers convenient services such as the mail order plan and a mobile app for your on-the-go pharmacy needs.

Benefit for Value or Buy-Up	Cost	Mail Order Cost
Generic Drug	\$10 Copay	\$20 Copay (90-day supply)
Brand Formulary	30% or \$40 Minimum/\$80 Maximum	30% or \$80 Minimum/ \$160 Maximum (90-day supply)
Brand Non-Formulary	50% or \$80 Minimum/\$160 Maximum	50% or \$160 Minimum/ \$320 Maximum (90-day supply)
Specialty Drug (must submit through Vivo)	20% Up to \$200 Maximum	20% up to \$200 Maximum (30-day supply)
Out-of-Pocket Max	\$1,600 Individual/ \$3,200 Family	

Notes:

1. If you are using specialty medication, check with your manufacturer on their copay assistance program to see if you can apply.
2. After **3 refills** of a maintenance medication at retail, your copay will be 100% at retail unless you refill through home delivery (mail order).
3. Northwell currently has in place the Member Pay the Difference. This means that when there is a brand dispensed per your request when generic is available, you will be charged the generic copay plus the difference in cost between the brand and generic.
4. Northwell Health employees are encouraged to take advantage of the convenience and value that our in-system pharmacy, Vivo Health, offers. Northwell Health has teamed up with Vivo to provide reduced pricing on specific medications for all employees, as well as a full line of Over-The-Counter medications, convenient delivery services and more.
 - 90-day medications offered for the same co-pay as mail order through Express-Scripts
 - Specialty medications delivery to your home or office for FREE
 - Access to a dedicated and knowledgeable team who can collaborate with your providers to provide you with the highest level of care
 - Medication Therapy Management
 - Patient education and drug counseling services
 - 24 hour a day full time access for assistance to ensure your pharmaceutical care



BUY-UP PLAN	Northwell Health In-System	United Healthcare In-Network	Out-of-Network
Deductible	\$0	\$750 Individual/ \$1,500 Family	\$2,500 Individual/ \$5,000 Family
Deductible Out-of-Area Plan	\$0	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family
Coinsurance		10%	40%
Coinsurance Out-of-Area Plan		10%	30% (applies to all OOA out-of-network benefits)
Out-of-Pocket Max (includes deductibles, coinsurance/copays)	\$5,000 Individual / \$10,000 Family	\$5,000 Individual / \$10,000 Family	\$8,500 Individual/ \$17,000 Family
Hospital Copay	\$0	\$1,250 Per Admission Deductible/10% Coinsurance	\$1,500 Per Admission Deductible/40% Coinsurance
Hospital Copay Out-of-Area Plan	\$0	No Copay Deductible/10% Coinsurance	\$1,250 Per Admission Deductible/30% Coinsurance
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Home/Office/Outpatient Care			
Preventive Care -Annual Exams -Immunizations	100% Covered	100% Covered	Deductible/40% Coinsurance
Office Visits	\$20 Primary Care \$40 Specialist Copay	Deductible/10% Coinsurance	Deductible/40% Coinsurance
Office Visits For Out-of-Area	\$20 Primary Care/ \$40 Specialist Copay	\$20 Primary Care/ \$40 Specialist Copay	Deductible/30% Coinsurance
Emergency Room Visit	\$200 Copay (waived if admitted within 24 hrs)	\$200 Copay (waived if admitted within 24 hrs)	\$200 Copay (waived if admitted within 24 hrs)
Urgent Care	\$20 Copay at GoHealth, ProHEALTH, PM Pediatrics & CareMount Urgent Care	\$60 Copay	Deductible/40% Coinsurance
Maternity Care (Out-of-Area included)	100% Covered	\$20 Copay for Office Visit (first visit only) For Delivery Deductible/Coinsurance and hospital copay (waived for Out-of-Area)	Deductible/40% Coinsurance
Home Healthcare	100% Covered	100% Covered 200 visits max per calendar year	Deductible/40% Coinsurance/ 200 visits max per calendar year
Home Infusion Therapy	100% Covered	Deductible/10% Coinsurance	Deductible/40% Coinsurance



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Hospice Care	100% Covered/ No Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Outpatient Surgery, Pre-surgical Testing, Anesthesia	100% Covered/ No Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
Chemotherapy, Radiation	100% Covered/ No Copay	Deductible/ 10% Coinsurance	Deductible/ 40% Coinsurance
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Physical Therapy, Speech/Language, Occupational, Developmental Delay	100% Covered/ No copay for all in- system facilities and IPA PTs only. (60 visits max annually)	\$20 Copay (60 visits max annually)	Deductible/ 40% Coinsurance (60 visits max annually)
Substance Abuse	100% Covered/ No Copay	100% Covered/ No Copay	Deductible/40% Coinsurance

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Ambulance	100% Covered	100% Covered	100% Covered
Inpatient Care			
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Mental Health			
Outpatient	100% Covered	100% Covered	Deductible/40% Coinsurance
Inpatient Substance Abuse Rehab	100% Covered	100% Covered	Deductible/40% Coinsurance
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The medical plans require pre-certification before you are admitted to an out-of-network hospital. To receive the maximum hospital benefits under your medical plan, you or your physician must call the carrier's pre-certification phone number to pre-certify your hospital admission or emergency visit. You may have to pay a penalty if you do not receive authorization from your medical plan. For pre-certification, call 888-254-3698.

Prescription Drug Plan for Value or Buy-Up Plan with Express Scripts

Your prescriptions will automatically be covered if you enroll in a medical plan. Express Scripts offers convenient services such as the mail order plan and a mobile app for your on-the-go pharmacy needs.

Benefit for Value or Buy-Up	Cost	Mail Order Cost
Generic Drug	\$10 Copay	\$20 Copay (90-day supply)
Brand Formulary	30% or \$40 Minimum/\$80 Maximum	30% or \$80 Minimum/ \$160 Maximum (90-day supply)
Brand Non-Formulary	50% or \$80 Minimum/\$160 Maximum	50% or \$160 Minimum/ \$320 Maximum (90-day supply)
Specialty Drug (must submit through Vivo)	20% Up to \$200 Maximum	20% up to \$200 Maximum (30-day supply)
Out-of-Pocket Max	\$1,600 Individual/ \$3,200 Family	

Notes:

5. *If you are using specialty medication, check with your manufacturer on their copay assistance program to see if you can apply.*
6. *After **three refills** of a maintenance medication at retail, your copay will be 100% at retail unless you refill through home delivery (mail order).*
7. *Northwell currently has in place the Member Pay the Difference. This means that when there is a brand dispensed per your request when generic is available, you will be charged the generic copay plus the difference in cost between the brand and generic.*
8. *Northwell Health employees are encouraged to take advantage of the convenience and value that our in-system pharmacy, Vivo Health offers. Northwell Health has teamed up with Vivo to provide reduced pricing on specific medications for all employees, as well as a full line of Over-The-Counter medications, convenient delivery services and more.*
 - *90-day medications offered for the same co-pay as mail order through Express-Scripts*
 - *Specialty medications delivery to your home or office for FREE*
 - *Access to a dedicated and knowledgeable team who can collaborate with your providers to provide you with the highest level of care*
 - *Medication Therapy Management*
 - *Patient education and drug counseling services*
 - *24 hour a day full time access for assistance to ensure your pharmaceutical care*