

Your Medical Insurance

To help protect both our physical health and our financial health, Teachers College offers this package of employee benefits.

BENEFITS COMPARISON CHART: Applicable for full-time members of the faculty, instructors, and professional staff

	Oxford Access Plan		Oxford Direct Plan		Oxford Exclusive Plan	Oxford Value Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	In-Network	Out-of-Network ¹
Annual Deductible							
Single	None	\$500	\$300	\$750	N/A	\$1,000	\$1,000
Family	None	\$1,250	\$600	\$1,500	N/A	\$2,000	\$2,000
Coinsurance	None	20%	10%	30%	N/A	20%	40%
Annual Out-of-Pocket Max. (Excluding Ded.)							
Single	N/A	\$2,000	\$1,000	\$3,000	N/A	\$2,000	\$4,000
Family	N/A	\$5,000	\$2,000	\$6,000	N/A	\$4,000	\$8,000
Outpatient Care							
PCP Office Visits	\$15 copay	20%*	\$15 copay	30%*	\$15 copay	20%*	40%*
Specialist Office Visits	\$20 copay	20%*	\$30 copay	30%*	\$25 copay	20%*	40%*
Surgery	No charge	20%*	10%*	30%*	No charge	20%*	40%*
Lab services	No charge ²	20%*	No charge ²	30%*	No charge ²	20%*	40%*
Radiology	No charge	20%*	10%*	30%*	No charge	20%*	40%*
Preventive Care							
Adult Preventive Care	No charge	20%*, \$300 max.	No charge	In-network only	No charge	No charge	In-network only
Pediatric Preventive Care	No charge	20%*, \$300 max.	No charge	30%*, \$300 max.	No charge	No charge	40%*
Well Woman Exams	No charge	20%*	No charge	In-network only	No charge	No charge	40%*
Mammography	No charge	20%*	No charge	30%*	No charge	No charge	40%*
Preventive Dental (for children under 12)	No charge	No charge	No charge	No charge	No charge (also covered out-of-network)	No charge	No charge
Emergency Care							
Hospital	\$75 copay**	\$75 copay**	\$50 copay**	\$50 copay**	\$75 copay**	\$100 copay**	\$100 copay***
Ambulance	No charge	No charge	10%*	10%*	No charge	20%*	20%*
Hospital Care							
Semi-Private room	No charge	20%*	10%*	30%*	No charge	20%*	40%*
Physician & surgeon services	No charge	20%*	10%*	30%*	No charge	20%*	40%*
Medication	No charge	20%*	10%*	30%*	No charge	20%*	40%*
Mental Health							
Inpatient	No charge	20%*	10%*	30%*	No charge	20%*	40%*
Outpatient	\$20 copay	20%*	\$30 copay	30%*	\$25 copay	20%*	40%*
Home Health Care	\$15 copay 60 visits/year	20% 60 visits/year	10% 60 visits/year	25% 60 visits/year	\$25 copay Unlimited visits	20% 60 visits/year	40% 60 visits/year
Skilled Nursing Facility	No charge Unlimited days	20%* Unlimited days	10%* 30 days/year	30%* 30 days/year	No charge 30 days/year	20%* 30 visits/year	40%* 30 visits/year
Medical Supplies	Out-of-network only	20%*	Out-of-network only	30%*	No charge	Out-of-network only	40%*
Retail Rx Copays							
Tier One (Generic)	\$5 copay	Not covered	\$5 copay	Not covered	\$5 copay	\$5 copay	Not covered
Tier Two (Preferred Brand)	\$22 copay	Not covered	\$25 copay	Not covered	\$22 copay	\$15 copay	Not covered
Tier Three (Brand Name)	\$35 copay	Not covered	\$35 copay	Not covered	\$35 copay	\$35 copay	Not covered
Mail Order Rx Copays							
Tier One (Generic)	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay	\$10 copay	Not covered
Tier Two (Preferred Brand)	\$22 copay	Not covered	\$50 copay	Not covered	\$22 copay	\$30 copay	Not covered
Tier Three (Brand Name)	\$35 copay	Not covered	\$70 copay	Not covered	\$35 copay	\$70 copay	Not covered
Dependent Coverage	To age 23, or age 25 if full-time student	To age 23, or age 25 if full-time student	To age 23, or age 25 if full-time student	To age 23, or age 25 if full-time student	To age 23, or age 25 if full-time student	To age 23, or age 25 if full-time student	To age 23, or age 25 if full-time student

* after deductible. **waived if admitted.

¹ Out-of-Network coinsurance is charged as a percentage of Reasonable & Customary rates. Reasonable & Customary rates are based on the research of a provider's usual, actual, and community average rate as determined by Oxford. ²At participating laboratories only.

January 1, 2010

This chart summarizes only certain features of the above benefit plans and is not a contract. To be covered, services must be medically necessary and may require preauthorization or a written referral. For a complete description of benefits, including limitations and exclusions, consult the applicable plan documents.