

# 2021 Medical Plan Options



SAINT LOUIS  
UNIVERSITY  
— EST. 1818 —

UHC	Plus Plan			QHDHP Plan		
	SLUCare+SSM	In-Network	Out-of-Network	SLUCare+SSM	In-Network	Out-of-Network
<b>Deductible</b>				Non-Embedded: (One member can satisfy entire family deductible)		
Individual	\$350	<b>\$850</b>	<b>\$2,200</b>	\$1,500	<b>\$1,850</b>	<b>\$3,700</b>
Family	\$700	<b>\$1,700</b>	<b>\$4,400</b>	\$3,000	<b>\$3,700</b>	<b>\$7,400</b>
Coinsurance	10%	20%	40%	10%	20%	40%
<b>Out-of-Pocket Maximum</b> (includes medical deductibles and medical copays)				Non-Embedded: (One member can satisfy entire family OOP Max)		
Individual	<b>\$2,000</b>	<b>\$2,250</b>	<b>\$6,750</b>	<b>\$2,000</b>	<b>\$4,000</b>	<b>\$8,000</b>
Family	<b>\$4,000</b>	<b>\$4,500</b>	<b>\$13,500</b>	<b>\$4,000</b>	<b>\$8,000</b>	<b>\$16,000</b>
<b>Physician Office Visits</b>						
Primary Care	\$10 copay	20% after ded.	40% after ded.	0% after ded.	20% after ded.	40% after ded.
Specialist Care	\$20 copay			10% after ded.		
Preventive Care	100%	100%	100%	100%	100%	100%
<b>Inpatient Hospital</b>						
	10% after ded.	20% after ded.	40% after ded.	10% after ded.	20% after ded.	40% after ded.
<b>Emergency Room</b>						
	\$250 copay	\$250 copay	\$250 copay	10% after ded.	20% after ded.	20% after ded.
<b>Urgent Care Center</b>						
	\$60 copay	\$60 copay	40% after ded.	10% after ded.	20% after ded.	40% after ded.

# 2021 Pharmacy Plan Options



Express Scripts	Plus Plan		QHDHP Plan	
	Retail (34-day supply)	Mail Order (90-day supply)	Retail (34-day supply)	Mail Order (90-day supply)
<b>Prescription Drug Costs</b>				
Tier 1	\$10	\$25	Medical deductible, then 10% coinsurance	
Tier 2	25% coinsurance \$30 min-\$50 max	25% coinsurance \$75 min-\$125 max	Medical deductible, then 10% coinsurance	
Tier 3	50% coinsurance \$50 min-\$100 max	50% coinsurance \$125 min-\$250 max	Medical deductible, then 25% coinsurance	
Tier 4	20% coinsurance up to \$200 max	N/A	Medical deductible, then 10% coinsurance	N/A
Preventive Medications	Priced according to the tier in which they fall		Covered at 100%, no deductible	
<b>Out-of-Pocket Maximum (Includes Rx Copays and Coinsurance)</b>				
Individual	\$1,500		Combined with Medical	
Family	\$3,000		Combined with Medical	

.....

.....

.....

# 2021 Cost Sharing: Monthly & Bi-Weekly



SAINT LOUIS  
UNIVERSITY.  
— EST. 1818 —

Plan	Monthly Premium Deductions	With Monthly Wellness Discount	Bi-Weekly Premium Deductions	With Bi-Monthly Wellness Discount
<b>Plus Plan</b>				
Employee Only	\$178.00	\$128.00	\$82.15	\$59.07
Employee and Spouse	\$474.00	\$399.00	\$218.77	\$184.15
Employee and Child(ren)	\$414.00	\$364.00	\$191.08	\$168.00
Family	\$651.00	\$576.00	\$300.46	\$265.84
<b>QHDHP Plan</b>				
Employee Only	\$103.00	\$53.00	\$47.54	\$24.46
Employee and Spouse	\$318.00	\$243.00	\$146.77	\$112.15
Employee and Child(ren)	\$273.00	\$223.00	\$126.00	\$102.92
Family	\$428.00	\$353.00	\$197.54	\$162.92
<b>Plus Plan—Employees Earning up to \$38,505</b>				
Employee Only	\$60.00	\$0.00	\$27.69	\$0.00
Employee and Spouse	\$356.00	\$281.00	\$164.31	\$129.69
Employee and Child(ren)	\$296.00	\$236.00	\$136.62	\$108.93
Family	\$533.00	\$458.00	\$246.00	\$211.38

Note: Rates will be reduced \$50 for employees completing their biometric screening and an additional \$25 for covered spouses