Medical Benefits

Carrier: Blue Shield of California

The University offers three medical plans through Blue Shield of California: an EPO, a PPO, and a High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA). All three cover preventive care, doctor visits, hospital stays, mental health care, and prescriptions.

Medical Plans at a Glance – Individual Coverage

Feature	EPO	PPO	HDHP with HSA
How it works	Use Blue Shield network providers. Care outside the network isn't covered, with some exceptions (see the Benefit Booklet).	Use any provider. You pay less when you stay in network.	Use any provider; you pay less in network. Lowest paycheck cost in exchange for a higher deductible. May be paired with an HSA if you meet IRS eligibility requirements
You pay per month (employee only)	$154.00	$123.00	$52.50
Deductible (individual, in-network)	$500	$1,000	$2,250
Out-of-pocket maximum (individual, in-network)	$4,000	$4,000	$3,000
Primary care visit (in-network)	$25 copay	$25 copay	You pay the cost of the visit until you meet the deductible, then $0
Health Savings Account	Not eligible	Not eligible	Eligible for an HSA and employer contributions if you meet IRS eligibility requirements

Medical Plan Employee and Employer Contributions

Coverage level	You pay per month	You pay per paycheck*	Employer pays per month	Total monthly cost	Employer's share
EPO					
Employee only	$154.00	$77.00	$955.30	$1,109.30	86%
Employee + spouse	$627.00	$313.50	$1,924.40	$2,551.40	75%
Employee + child(ren)	$467.00	$233.50	$1,585.18	$2,052.18	77%
Employee + family	$898.00	$449.00	$2,762.66	$3,660.66	75%
PPO					
Employee only	$123.00	$61.50	$889.02	$1,012.02	88%
Employee + spouse	$565.00	$282.50	$1,762.58	$2,327.58	76%
Employee + child(ren)	$331.00	$165.50	$1,541.18	$1,872.18	82%
Employee + family	$748.00	$374.00	$2,591.58	$3,339.58	78%
HDHP with HSA					
Employee only	$52.50	$26.25	$940.50	$993.00	95%
Employee + spouse	$260.00	$130.00	$2,023.88	$2,283.88	89%
Employee + child(ren)	$135.00	$67.50	$1,702.04	$1,837.04	93%
Employee + family	$414.00	$207.00	$2,862.84	$3,276.84	87%

*Amounts are based on 24 deductions per year (2 per month). Semi-monthly employees have deductions from every paycheck. Biweekly employees have 2 paychecks per year with no benefit deductions.

Medical Plan Benefits Comparison

Percentages show the share the plan pays, unless noted. Copays are what you pay.

Benefit	EPO (network only)	PPO In-network	PPO Out-of-network	HDHP In-network	HDHP Out-of-network
Calendar-Year Deductible					
Individual	$500	$1,000	$1,000	$2,250	$4,000
Family	$500 per person; $1,000 for 2 members; $1,500 for 3+ members	$1,000 per person; $2,000 for 2 members; $3,000 for 3+ members	See PPO out-of-network	$4,500 per family	$8,000 per family
Coinsurance (plan pays)	90%	80%	60%	100%	80%
Calendar-Year Out-of-Pocket Maximum					
Individual	$4,000	$4,000	$8,000	$3,000	$8,000
Family	$4,000 per person; $8,000 for 2 members; $12,000 for 3+ members	$4,000 per person; $8,000 for 2 members; $12,000 for 3+ members	$8,000 per person; $16,000 for 2 members; $24,000 for 3+ members	$6,000 per family	$16,000 per family
Doctor Visits					
Primary care	$25 copay (DW)	$25 copay (DW)	60% after deductible	100% after deductible	80% after deductible
Specialist	$50 copay (DW)	$50 copay (DW)	60% after deductible	100% after deductible	80% after deductible
Preventive Care					
Adult periodic exams	100%	100%	Not covered	100%, no deductible	Not covered
Well-child care	100%	100%	Not covered	100%, no deductible	Not covered
Tests and Urgent Care					
X-ray and lab tests	90%	80%	60%	100% after deductible	80% after deductible
Complex radiology	$100	80%	60%	100% after deductible	80% after deductible
Urgent care facility	$50 copay (DW)	$50 copay (DW)	60%	$50 copay after deductible	80% after deductible
Emergency Room					
Facility charges	$250 copay per visit (waived if admitted)	$250 copay (waived if admitted)	$250 copay (waived if admitted)	$250 copay after deductible	$250 copay after deductible
Hospital Stay					
Inpatient facility	$300 copay per day, 3 days per admission	80% after deductible	60% after deductible	100% after deductible	80% after deductible
Mental Health					
Inpatient	$300 copay per day, 3 days per admission	80% after deductible	60% after deductible	100% after deductible	80% after deductible
Outpatient	$20 copay	$20 copay	60% after deductible	100% after deductible	80% after deductible
Substance Use Disorder					
Inpatient	$300 copay per day, 3 days per admission	80% after deductible	60% after deductible	100% after deductible	80% after deductible
Outpatient	$20 copay	$20 copay	60% after deductible	100% after deductible	80% after deductible
Chiropractic					
Chiropractic care	$15 copay; 30 visits per calendar year	80% after deductible; 30 visits per calendar year	60% after deductible; 30 visits per calendar year	100% after deductible; up to 24 visits per calendar year	80% after deductible; up to 24 visits per calendar year

Benefit	EPO (network only)	PPO In-network	PPO Out-of-network	HDHP In-network	HDHP Out-of-network
Retail Pharmacy (up to 30-day supply): what you pay					
Pharmacy deductible (EPO and PPO: Tiers 2, 3, and 4 only)	$100 per member; $200 two-party; $300 family	$100 per member; $200 two-party; $300 family	Same deductible (in- and out-of-network combined)	Combined with the medical deductible	Combined with the medical deductible
Contraceptives; Value-Based Tier drugs (EPO, PPO); preventive drugs (HDHP)	$0	$0	Contraceptives: Tier 1, 2, or 3 copay; Value-Based Tier: not covered	$0	Contraceptives: Tier 1, 2, or 3 copay; preventive drugs: not covered
Tier 1 (generic)	$10 copay	$10 copay	$10 copay	$10 copay (AD)	$10 copay (AD)
Tier 2 (preferred)	$40 copay	$40 copay	$40 copay	$40 copay (AD)	$40 copay (AD)
Tier 3 (non-preferred)	$60 copay	$60 copay	$60 copay	$60 copay (AD)	$60 copay (AD)
Tier 4 (preferred specialty)	20%, up to $250	20%, up to $250	20%, up to $250	20%, up to $250 (AD)	20%, up to $250 (AD)
Retail Pharmacy (90-day supply, in-network only): what you pay					
Tier 1 (generic)	$30 copay	$30 copay	Not covered	$30 copay	Not covered
Tier 2 (preferred)	$120 copay	$120 copay	Not covered	$120 copay	Not covered
Tier 3 (non-preferred)	$180 copay	$180 copay	Not covered	$180 copay	Not covered
Tier 4 (preferred specialty)	20%, up to $750	20%, up to $750	Not covered	20%, up to $750	Not covered
Mail-Service Pharmacy (31- to 90-day supply): what you pay					
Tier 1 (generic)	$20 copay	$20 copay	Not covered	$20 copay (ad)	Not covered
Tier 2 (preferred)	$80 copay	$80 copay	Not covered	$80 copay	Not covered
Tier 3 (non-preferred)	$120 copay	$120 copay	Not covered	$120 copay (ad)	Not covered
Tier 4 (preferred specialty)	20%, up to $500	20%, up to $500	Not covered	20%, up to $500	Not covered

DW = deductible waived. AD = after deductible

Pharmacy notes: The EPO and PPO pharmacy deductible applies to Tier 2, 3, and 4 drugs only. Specialty (Tier 4) drugs must be filled at a Network Specialty Pharmacy, up to a 30-day supply, and require preauthorization. EPO: out-of-network pharmacies aren't covered except in emergencies. PPO: at an out-of-network pharmacy, you pay the full price and submit a claim for reimbursement. If you choose a brand drug when a generic is available, you pay the cost difference plus the brand copay, unless a Medical Necessity Review approves the brand.

This chart is a summary. See each plan's Summary of Benefits and Benefit Booklet for full details, including exclusions and limitations.

Key Terms

Term	What it means
Deductible	What you pay for covered care each calendar year before the plan starts paying its share. Some services, like preventive care, are covered before you meet it.
Copay	A flat dollar amount you pay for a service, such as $25 for a doctor visit.
Coinsurance	Your share of costs after the deductible, shown as a percentage. If the plan pays 80%, you pay 20%.
Out-of-pocket maximum	The most you'll pay for covered care in a calendar year. Once you reach it, the plan pays 100% of covered services for the rest of the year. Payroll contributions don't count toward it.
In-network	Doctors, hospitals, and pharmacies that contract with Blue Shield. You pay less when you use them.
DW	Deductible waived: you pay only the copay, even if you haven't met your deductible.

Additional Medical Plan Features

Your Blue Shield medical plan includes these extra programs. Unless noted, they're available at no extra cost to eligible members.

Program	What you get	How to get started
Wellvolution (digital health programs)	Clinically proven programs and health coaching for emotional well-being (Headspace), weight management and diabetes prevention, diabetes, hypertension and heart health, tobacco and vaping cessation, and physical therapy and fitness. Eligible members who complete the weight management program may receive a Fitbit.	Create an account at wellvolution.com, or call (866) 671-9644. Managed by Solera Health, Inc., which is independent of Blue Shield.
Teladoc (virtual care)	See a U.S. board-certified doctor by phone or video, 24/7. You can also talk with licensed therapists, psychiatrists, and other mental health professionals, 9 a.m. to 7 p.m. local time, 7 days a week. HDHP members pay $40 per consult.	Call 1-800-Teladoc or visit teladoc.com/bsc.
Maven Maternity Program	Virtual support during pregnancy and for three months after birth, for you and your enrolled partner. Get 24/7 access to specialists such as doulas, lactation consultants, nutritionists, mental health providers, OB-GYNs, and pediatricians. Maven supports, but doesn't replace, your in-person doctors.	Sign up through the Maven Clinic app or at blueshieldca.com/maven.
Care Management Program	A dedicated care manager, working with nurses, health coaches, and other specialists, for members with a chronic condition (such as diabetes, heart disease, or arthritis), cancer, or chronic pain, or who are recovering from a hospital stay, surgery, or major injury. No extra cost if you qualify; services you're referred to may have copays or coinsurance.	Call (877) 455-6777 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m. PT.
Fitness Your Way	A discount gym membership through Tivity Health, with access to thousands of fitness centers nationwide plus digital workouts. Plans start at $19 per month. This is a discount program, not a covered benefit.	Visit fitnessyourway.tivityhealth.com or call (888) 835-2511.

Get Medical Care: Choosing the right place for care depends on how urgent, severe, or routine your health issue is. For anything that isn't an emergency, start with the doctor's office. Use urgent care when you need to be seen today and your doctor can't see you. Go to the emergency room for serious problems. Learn more about choosing the right care.

Decision-making assistance: Need help selecting your plan? Decision support tools are available on the Benefits Website. You may also reach out to The USI Benefit Resource Center (BRC) at 888-336-7463 or BRCCA@usi.com. For plan documents and more information, visit the Benefits Website at benefits.nu.edu or contact the Benefits Department at askhr@nu.edu.

Medicare reminder: If you are approaching age 65, review your Medicare options and how enrollment may affect your medical coverage and HSA eligibility. Once enrolled in Medicare, you can no longer contribute to an HSA or receive employer HSA contributions, though you can continue to use existing HSA funds.

Mental Health Support

Providers: Lyra Health and New York Life

Lyra Health: Enhanced Employee Assistance Program

Lyra gives you and your dependents confidential, high-quality support for your emotional and mental health. Whether you're feeling stressed, anxious, depressed, overwhelmed, or stuck, or dealing with relationship issues or other complex concerns, Lyra can help you get back on your feet.

What's Included

- **Up to 8 free sessions per year** with a Lyra therapist or coach, for you and your dependents.
- **Ways to get care:** guided self-care with a coach, in-person and video therapy, mental health coaching, and Essentials (self-led wellness tools available anytime, anywhere).
- **Care that fits you:** your care is personalized to your needs and preferences, and Lyra's providers are vetted for expertise and effectiveness.
- **Work Life Services:** legal consultations, identity theft support, financial consultations, and child, elder, and pet care.

Who's Eligible

All full-time employees and their dependents. You're enrolled automatically.

After Your 8 Free Sessions

If you're enrolled in a NU Blue Shield medical plan, you can use your health plan benefits to keep seeing your Lyra provider, including continued care and medication management support. This is called health plan integration.

Your Privacy

Your care is private and confidential.

- **Get started:** Visit NU.lyrahealth.com
- **Contact:** Email care@lyrahealth.com or call 877-209-9439.

New York Life: Life Assistance Program (LAP)

All employees and their household members can get confidential support 24/7, at no cost: up to 3 counseling sessions per issue each year, plus work-life, financial, and legal help. It's separate from Lyra, so you can use both.

Contact: Call (800) 344-9752 or visit guidanceresources.com (first time: select Register and enter NYLGBS as the Organization Web ID).

More information: Employee Assistance & Wellness Support | Financial, Legal & Estate Support | Survivor Assurance | Secure Travel | Empathy