UNIVERSITY OF HARTFORD

Medical Insurance Plan Comparison	**Effective January 1, 2027**	**Aetna** **www.aetna.com** **Group/Control #724328** **Toll-free Dedicated Concierge Phone: 1-866-275-9086**
SUMMARY	**High Deductible Based Plan (HDBP)**	**Point of Service (POS)**
IN NETWORK BENEFITS	**IN-NETWORK**	**IN-NETWORK**
Basic Plan Design for University of Hartford Medical Plan Options	The High Deductible-based Plan offered by the University provide benefit coverage for doctors/providers, hospitals and pharmacies subject to a deductible and coinsurance. A Primary Care Physician election and referrals to specialists are not required.	The Point of Service Plan provides benefit coverage for network doctors/providers, hospitals and pharmacies subject to a co-pay. A Primary Care Physician election and referrals to specialists are not required.
Calendar Year Deductible	$2,500 individual/$5,000 family	None
Coinsurance	90%	None
Out of Pocket Max (OOP)/Payment Limit. including deductible (medical and pharmacy)	$4,000 individual/$8,000 family	$5,000 individual/$10,000 family
Pre-tax Savings Options for Qualified Expenses	Employee may contribute to Health Savings Account (HSA).HSA Funding: 2027 HSA maximum contributions: $4,500 single; $9,000 family (not including catch-up contributions for participants age 55 and older when applicable) Employees currently enrolled in Medicare Part A and/or B AND/OR those employees collecting Social Security Income or those on TRICARE may not be permitted to contribute into a HSA. In lieu of employer contributions into a HSA, the University will make contributions into a Health Reimbursement Account (HRA). Employees enrolled in a HRA, will be permitted to contribute into a Flexible Spending Account (FSA). 2027 FSA maximum medical contribution is $3,500.	Employee may contribute to Flexible Spending Account (FSA). 2027 FSA maximum medical contribution is $3,500
Primary Care Office Visit	Deductible & Coinsurance	$30 copay
Specialist Office Visit	Deductible & Coinsurance	$30 copay
Preventive Care Visit	No Charge	No Charge
Rehabilitation Services (PT, OT)	Deductible & Coinsurance	$30 copay
Urgent Care Visit	Deductible & Coinsurance	$50 copay
Emergency Room	Deductible & Coinsurance	$100 copay
Outpatient Services	Deductible & Coinsurance	$200 copay
Hospital Care	Deductible & Coinsurance	$500 copay
Laboratory Services	Deductible & Coinsurance	No Charge
Non-advanced Radiology	Deductible & Coinsurance	No Charge
Advanced Radiology (CAT, PET, MRI Scans)	Deductible & Coinsurance	$75 copay per Image
Prescription Retail Pharmacy (30-day supply)		
a.) Generic Drugs	Deductible & Coinsurance	$10 copay
b.) Preferred Brand Drugs	Deductible & Coinsurance	25% min $25, max $50 copay
c.) Non-preferred Brand Drugs	Deductible & Coinsurance	35% min $40, max $80 copay
Prescription Mail Order Pharmacy (90-day supply)		
a.) Generic Drugs	Deductible & Coinsurance	$20 copay
b.) Preferred Brand Drugs	Deductible & Coinsurance	25% min $50, max $100 copay
c.) Non-preferred Brand Drugs	Deductible & Coinsurance	35% min $80, max $160 copay
OUT OF NETWORK BENEFITS	**OUT OF NETWORK**	**OUT OF NETWORK**
Calendar Year Deductible	$4,000 individual/$8,000 family	$1,000 individual/$3,000 family
Coinsurance	60%	70%
OOP Max. including deductible (medical and pharmacy)	$6,000/$12,000	$5,000/$10,000
Emergency Room	Deductible & Coinsurance	$100 Copay

Summary of Benefits and Coverage (SBC), a Uniform Glossary as mandated by federal law are available at www.hartford.edu.