

UNIVERSITY OF HARTFORD

Medical Insurance Plan Comparison		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: University contributes \$1,000 single/\$2,000 family	Employee may contribute to Flexible Spending Account (FSA). 2026 FSA maximum medical contribution is \$3,400
	2026 HSA maximum contributions: \$4,400 single; \$8,750 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). 2026 FSA maximum medical contribution is \$3,400.	
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.