Medical Plan Comparison-2024

NEW for 2024: Southeastern University offers a choice of 3 medical plans: 2 plans are through ClaimDOC (RBP/Reference Based Pricing plans) and a 3rd PPO plan through UMR (United Healthcare network). The chart below provides a brief summary of some common services. **IMPORTANT: If you are considering the RBP plans, PLEASE REVIEW THE CARRIER INFORMATION, as this is a unique way to access medical care**.

Summary of Benefits	HSA Plan	Premium Plan	PPO Plan
Plan Coverage	**RBP Open Access (no network)**	**RBP Open Access (no network)**	**UHC Open Access Choice Plus Network**
Administrator	**HealthScope**		**UMR**
Member & Provider Services	**ClaimDOC**		**UMR**
Deductible (DED):	*Individual / Family (Non-embedded DED)* *$2,000 / $4,000*	*Individual / Family (Embedded DED)* *$500 / $1,000*	*Individual / Family (Embedded DED)* *$2,000 / $4,000*
Co-Insurance (COIN) after DED:	You'll Pay: 20% COIN	You'll Pay: 20% COIN	You'll Pay: 20% COIN
Out-of-Pocket Maximum = Copays+DED+COIN+RX	Individual / Family $3,250 / $6,500	Individual / Family $3,000 / $6,000	Individual / Family $5,000 / $10,000
Office Visits	PCP/ Specialist: 20% after DED	PCP: $0 copay; Specialist $40 copay	PCP: $40 copay; Specialist $80 copay
Prescription Drugs: Mail Order Copay (90 days)	Tier 1/2/3 After DED: $10/$35/$60 2.5x copay	Tier 1/2/3 $10/$50/$100 2.5x copay	Tier 1/2/3 $20/$50/$100 2.5x Copay
Specialty Drugs	After DED: $60 copay	$200 copay	20% to $250
Emergency Room (ER) and Urgent Care (UC)	ER & UC: 20% after DED	ER: $350 copay UC: $75 copay	ER: $500 copay UC: $200 copay
Lab / Xray /Major Diagnostics (In Independent Facility)	Lab/Xray/Complex: 20% after DED	LAB=$0; X-Ray=$50, Complex= 20% after DED	LAB=$0; X-Ray=$50, Complex= 20% after DED
Physician Fees: ER & Hospital	20% after DED	20% after DED	20% after DED
In & Out Patient Hospital & Services	20% after DED	20% after DED	20% after DED
Out of Network:	N/A	N/A	DED: $6,000 / $12,000 COIN: 50% after DED OOPM: $12,000 / $24,000

Semi-Monthly (24) Payroll Deductions			
Medical	**HSA Plan**	Premium Plan	PPO Plan
EE Only	$12.60	$49.99	$142.25
EE + Spouse	$257.11	$398.93	$536.39
EE + Child(ren)	$202.70	$365.68	$523.45
EE + Family	$477.44	$817.30	$970.99