

Medical Benefits Overview

Kenyon College will continue to offer medical coverage. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit Coverage	UMR (TPA) PPO Premier Plan 7670-00-411216		UMR (TPA) PPO Basic Plan 7670-00-411216	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	\$200	\$1,000	\$500	\$750
Family	\$400	\$2,000	\$1,000	\$1,500
Coinsurance	90%	70%	70%	50%
Maximum Out-of-Pocket*				
Individual	\$500	\$1,000	\$3,500	\$5,500
Family	\$1,000	\$2,000	\$7,000	\$11,000
Physician Office Visit				
Primary Care	\$10 copay per visit	70% after deductible	\$20 copay per visit	50% after deductible
Specialty Care	\$10 copay per visit	70% after deductible	\$20 copay per visit	50% after deductible
Preventive Care				
Adult Periodic Exams	100%	\$15 copay per visit then 70%	100%	\$20 copay per visit then 50%
Well-Child Care	100%	\$15 copay per visit then 70%	100%	\$20 copay per visit then 50%
Diagnostic Services				
X-ray and Lab Tests	90% after deductible	70% after deductible	70% after deductible	50% after deductible
Complex Radiology	90% after deductible	70% after deductible	70% after deductible	50% after deductible
Urgent Care Facility	\$10 copay per visit	70% after deductible	\$10 copay per visit	50% after deductible
Emergency Room Facility Charges*	\$20 copay per visit	70% after deductible	70% after deductible	70% after deductible
Inpatient Facility Charges	90% after deductible	70% after deductible True ER; 60% after deductible Non-true ER	70% after deductible	70% after deductible True ER; 50% after deductible Non-true ER
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible True ER; 60% after deductible Non-true ER	70% after deductible	50% after deductible
Mental Health				
Inpatient	90% after deductible	70% after deductible True ER; 60% after deductible Non-true ER	70% after deductible	70% after deductible True ER; 50% after deductible Non-true ER
Outpatient	90% after deductible	70% after deductible	70% after deductible	50% after deductible
Substance Abuse				
Inpatient	90% after deductible	70% after deductible True ER; 60% after deductible Non-true ER	70% after deductible	70% after deductible True ER; 50% after deductible Non-true ER

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	In-NetworkBenefits	Out-of-NetworkBenefits	In-NetworkBenefits	Out-of-NetworkBenefits
Outpatient	90% after deductible	70% after deductible	70% after deductible	50% after deductible
Other Services				
Chiropractic	90% after deductible; 20 visits per year	70% after deductible	70% after deductible ; 20 visits per year	50% after deductible
Retail Pharmacy (30 Day Supply)				
Generic (Tier 1)	\$5 copay	Reimbursed cost minus Preferred copay	10% copay with a \$10 minimum up to \$150 maximum	Reimbursed cost minus Preferred copay
Preferred (Tier 2)	\$15 copay	Reimbursed cost minus Preferred copay	20% copay with a \$25 minimum up to \$150	Reimbursed cost minus Preferred copay
Non-Preferred (Tier 3)	\$15 copay	Reimbursed cost minus Preferred copay	30% copay with a \$50 minimum up to \$250	Reimbursed cost minus Preferred copay
Preferred Specialty (Tier 4)	Tier 1: \$5 Tier 2: \$15 Tier 3: \$15	Reimbursed cost minus Preferred copay	10% copay with a \$10 minimum up to \$150 (Generic); 20% copay with a \$25 minimum up to \$150 (Preferred);30% copay with a \$50 minimum up to \$250 (Non-Preferred)	Reimbursed cost minus Preferred copay
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	\$10 copay	Not covered	\$20 copay	Not covered
Preferred (Tier 2)	\$30 copay	Not covered	\$50 copay	Not covered
Non-Preferred (Tier 3)	\$30 copay	Not covered	\$100 copay	Not covered
Preferred Specialty (Tier 4) (30 day supply)	Tier 1: \$10 Tier 2: \$30 Tier 3: \$30	Not covered	10% copay with a \$10 minimum up to \$150 ; (Generic); 20% copay with a \$25 minimum up to \$150 (Preferred);30% copay with a \$50 minimum up to \$250 (Non-Preferred)	Not covered