

Medical Plans Comparison

This table shows what you pay for health care services under each medical plan, assuming you see in-network providers. **Note that you can lower these costs by opting into UMR Live Well Reward\$ and/or participating in SmartCare.** Changes for 2026 are shown in **red** below.

	Classic Plan	Premier Plan	Health Savings Plan
2026 Annual University HSA Contribution			
Individual	No contribution	No contribution	\$650
Family	No contribution	No contribution	\$1,200
Annual Deductible			
Individual	\$1,400	\$850	\$3,400
Family	\$2,800	\$1,700	\$6,000
Annual Out-of-Pocket Maximum			
Individual	\$5,300	\$3,250	\$6,750
Family	\$10,600	\$6,500	\$13,300
Medical Service			
Coinsurance	25%	20%	10%
PCP Visit	\$40	\$30	10% after deductible is met
Specialist Visit	\$60	\$50	10% after deductible is met
Preventive Care	No cost	No cost	No cost
Urgent Care	\$55	\$50	10% after deductible is met
Emergency Room	25% after deductible is met and \$350 copay (waived if admitted)	20% after deductible is met and \$350 copay (waived if admitted)	10% after deductible is met
Ambulance	\$150 (waived if admitted)	\$150 (waived if admitted)	10% after deductible is met
Advanced Imaging*	25% after deductible is met and \$150 copay	20% after deductible is met and \$100 copay	10% after deductible is met
Outpatient Surgery	25% after deductible is met and \$160 copay	20% after deductible is met and \$80 copay	10% after deductible is met
Inpatient Services**	25% after deductible is met and \$300 copay	20% after deductible is met and \$300 copay	10% after deductible is met
Infertility Treatment and Services***	25% after deductible is met	20% after deductible is met	10% after deductible is met
Speech, Occupational and Physical Therapy (30-visit combined maximum)	25% after deductible is met and \$55 first-visit evaluation copay	20% after deductible is met and \$45 first-visit evaluation copay	10% after deductible is met
Prescription Drugs			
Tier 1	\$18	\$14	10% after deductible is met
Tier 2	\$62	\$57	10% after deductible is met
Tier 3	\$97	\$92	10% after deductible is met
Prescription Drug Out-of-Pocket Maximum			
Individual	\$1,900	\$1,900	Combined with medical annual out-of-pocket maximum
Family	\$3,800	\$3,800	

* Prior authorization required.

** Includes semiprivate room and board, intensive care room and board, ancillary charges and maternity inpatient charges.

*** \$20,000 medical services and \$10,000 prescription drug lifetime maximums.



Staying In-Network Saves You Money. The Health Savings Plan and Premier Plan offer coverage for out-of-network services, but your out-of-pocket expenses will be higher. See the **Medical** page under **Health** at uasys.edu/benefits for more information on out-of-network coverage.