University of Detroit Mercy Effective Date: 07/01/2024 PÖPÚÁ

Qu

Qualified High Deductible Health Plan

PLAN DESIGN & BENEFITS

Non-Urgent Use of Urgent Care	Not Covered	Not Covered
Provider		
Emergency Room	20%; after deductible	Same as in-network care
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered
Emergency Use of Ambulance	20%; after deductible	Same as in-network care
Non-Emergency Use of Ambulance	Not Covered	Not Covered
HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Coverage	20%; after deductible	50%; after deductible
Your cost sharing applies to all covered	Ŭ, i	
Inpatient Maternity Coverage (includes delivery and postpartum care)	20%; after deductible	50%; after deductible
	benefits incurred during your inpatient s	
Outpatient Hospital Expenses	20%; after deductible	50%; after deductible
	benefits incurred during your outpatient 20%; after deductible	50%; after deductible
Outpatient Surgery - Hospital	benefits incurred during your outpatient	
Outpatient Surgery - Freestanding	20%; after deductible	50%; after deductible
Facility		
MENTAL HEALTH SERVICES	benefits incurred during your outpatient IN-NETWORK	OUT-OF-NETWORK
Inpatient	20%; after deductible	50%; after deductible
	benefits incurred during your inpatient s	·
Outpatient	20%; after deductible	50%; after deductible
	benefits incurred during your outpatient	
SUBSTANCE ABUSE	IN-NETWORK	OUT-OF-NETWORK
Inpatient	20%; after deductible	50%; after deductible
Your cost sharing applies to all covered	benefits incurred during your inpatient s	tay.
Residential Treatment Facility	20%; after deductible	50%; after deductible
Outpatient	20%; after deductible	50%; after deductible
	benefits incurred during your outpatient	visit.
	IN-NETWORK	OUT-OF-NETWORK
Skilled Nursing Facility	IN-NETWORK 20%; after deductible	
Skilled Nursing Facility Limited to 120 days per calendar year.	20%; after deductible	OUT-OF-NETWORK 20%; after deductible
Skilled Nursing Facility Limited to 120 days per calendar year. Your cost sharing applies to all covered	20%; after deductible benefits incurred during your inpatient s	OUT-OF-NETWORK 20%; after deductible stay.
Skilled Nursing Facility Limited to 120 days per calendar year. Your cost sharing applies to all covered Home Health Care	20%; after deductible benefits incurred during your inpatient s 20%; after deductible	OUT-OF-NETWORK 20%; after deductible stay. 20%; after deductible
Skilled Nursing Facility Limited to 120 days per calendar year. Your cost sharing applies to all covered Home Health Care Hospice Care - Inpatient	20%; after deductible benefits incurred during your inpatient s 20%; after deductible Covered 100%; after deductible	OUT-OF-NETWORK 20%; after deductible tay. 20%; after deductible Covered 100%; after deductible
Skilled Nursing Facility Limited to 120 days per calendar year. Your cost sharing applies to all covered Home Health Care Hospice Care - Inpatient Your cost sharing applies to all covered	20%; after deductible benefits incurred during your inpatient s 20%; after deductible Covered 100%; after deductible benefits incurred during your inpatient s	OUT-OF-NETWORK 20%; after deductible tay. 20%; after deductible Covered 100%; after deductible tay.
Skilled Nursing Facility Limited to 120 days per calendar year. Your cost sharing applies to all covered Home Health Care Hospice Care - Inpatient Your cost sharing applies to all covered Hospice Care - Outpatient	20%; after deductible benefits incurred during your inpatient s 20%; after deductible Covered 100%; after deductible benefits incurred during your inpatient s Covered 100%; after deductible	OUT-OF-NETWORK 20%; after deductible stay. 20%; after deductible Covered 100%; after deductible stay. Covered 100%; after deductible
Skilled Nursing Facility Limited to 120 days per calendar year. Your cost sharing applies to all covered Home Health Care Hospice Care - Inpatient Your cost sharing applies to all covered Hospice Care - Outpatient Your cost sharing applies to all covered	20%; after deductible benefits incurred during your inpatient s 20%; after deductible Covered 100%; after deductible benefits incurred during your inpatient s Covered 100%; after deductible benefits incurred during your outpatient	OUT-OF-NETWORK 20%; after deductible tay. 20%; after deductible Covered 100%; after deductible tay. Covered 100%; after deductible visit.
Skilled Nursing Facility Limited to 120 days per calendar year. Your cost sharing applies to all covered Home Health Care Hospice Care - Inpatient Your cost sharing applies to all covered Hospice Care - Outpatient Your cost sharing applies to all covered Private Duty Nursing	20%; after deductible benefits incurred during your inpatient s 20%; after deductible Covered 100%; after deductible benefits incurred during your inpatient s Covered 100%; after deductible benefits incurred during your outpatient 50%; after deductible	OUT-OF-NETWORK 20%; after deductible tay. 20%; after deductible Covered 100%; after deductible tay. Covered 100%; after deductible visit. 50%; after deductible
Home Health Care Hospice Care - Inpatient Your cost sharing applies to all covered Hospice Care - Outpatient Your cost sharing applies to all covered Private Duty Nursing Outpatient Short-Term Rehabilitation	20%; after deductible benefits incurred during your inpatient s 20%; after deductible Covered 100%; after deductible benefits incurred during your inpatient s Covered 100%; after deductible benefits incurred during your outpatient 50%; after deductible 20%; after deductible	OUT-OF-NETWORK 20%; after deductible tay. 20%; after deductible Covered 100%; after deductible tay. Covered 100%; after deductible visit. 50%; after deductible 50%; after deductible
Skilled Nursing Facility Limited to 120 days per calendar year. Your cost sharing applies to all covered Home Health Care Hospice Care - Inpatient Your cost sharing applies to all covered Hospice Care - Outpatient Your cost sharing applies to all covered Private Duty Nursing Outpatient Short-Term Rehabilitation	20%; after deductible benefits incurred during your inpatient s 20%; after deductible Covered 100%; after deductible benefits incurred during your inpatient s Covered 100%; after deductible benefits incurred during your outpatient 50%; after deductible	OUT-OF-NETWORK 20%; after deductible tay. 20%; after deductible Covered 100%; after deductible tay. Covered 100%; after deductible visit. 50%; after deductible 50%; after deductible

_				