

**SUMMARY COMPARISON OF
EMPLOYEE HEALTH CARE PLAN MEDICAL AND DENTAL OPTIONS
Effective July 1, 2008**

Network Options

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| University Health Care Plus | Includes all University providers as well as other contracted providers and hospitals throughout the State of Utah. Also includes MultiPlan, a nationwide network of providers for out-of-area coverage. Find participating providers at: http://www.uhealthplan.utah.edu/UUHP/ |
| ValueCare | Includes a large number of hospitals and providers in Utah and any BlueCross BlueShield-participating PPO provider for out-of-area coverage. Find participating providers at: www.ut.regence.com/member/doctor |
| BlueCross BlueShield | Includes the largest number of hospitals and providers locally and out-of-area through the BlueCard network. Find participating providers at: www.ut.regence.com/member/doctor |

Plan Design Options

| | Basic | Comprehensive | Advantage |
|--|---|---|--|
| Lifetime Maximum Benefit | \$2,000,000 | \$2,000,000 | \$2,000,000 |
| Plan Year Deductible | \$500 per individual [Three (3) family member maximum] | \$250 per individual [Three (3) family member maximum] | In-network - None Out-of-network - \$250 per individual [Three (3) family member maximum] |
| Plan Year Medical Maximum Coinsurance (after deductible) | In-network - \$2,000 per member [Three (3) family member maximum] Out-of-network - \$3,000 per member [Two (2) family member maximum] | \$1,500 per member [Three (3) family member maximum] | In-network - \$1,500 per member [Three (3) family member maximum] Out-of-network - \$3,000 per member [Two (2) family member maximum] |
| Inpatient Hospital Charges | Network: 70% after deductible Out-of-Network: 50% after deductible | 80% after deductible | University Hospitals: 100% Network: 90% Out-of-Network: 65% after deductible |
| Hospital Emergency Room for Medical Emergency | 70% after deductible | 80% after deductible | 100% after \$75 copay |
| Lab/X-Ray, Outpatient Hospital, Professional Services | Network: 70% after deductible Out-of-Network: 50% after deductible | 80% after deductible | Network: 90% Out-of-Network: 65% after deductible |
| Office Visits, Urgent Care Facilities | Network: 70% after deductible Out-of-Network: 50% after deductible | 80% after deductible | Network: 100% after \$20 copay Out-of-Network: 65% after deductible |
| Physical Exam (one professional exam and one OB-GYN exam limited to \$500 per member per plan year) | Network: 70% after deductible Out-of-Network: 50% after deductible | 80% after deductible | Network: 100% after \$20 copay Out-of-Network: 65% after deductible |
| Maternity - Physician | Network: 70% after deductible Out-of-Network: 50% after deductible | 80% after deductible | Network: 90% Out-of-Network: 65% after deductible |
| Prenatal Care | Enroll and receive a risk assessment, access to a 24 hour hot line, and educational literature. Each Network offers a \$100 incentive for enrolling in your first trimester. | | |
| Well Baby Care and Immunizations (through age 5) | Network: 70% after deductible Out-of-Network: 50% after deductible | 80% after deductible | Network: 100% after \$20 copay Out-of-Network: 65% after deductible |
| Diabetic Supplies covered at Pharmacy: syringes, lancets, alcohol swabs, test strips | You pay 30% at participating pharmacy when you use your Health Plan ID card | You pay 20% at participating pharmacy when you use your Health Plan ID card | You pay 20% at participating pharmacy when you use your Health Plan ID card |
| Hearing and Vision Exams (one each per member per plan year) | Network: 70% after deductible Out-of-Network: 50% after deductible | 80% after deductible | Network: 100% after \$20 copay Out-of-Network: 65% after deductible |
| Prescription Drug Coverage Coordination of benefits only between two University health plans when both husband and wife work at the University | UUHC Pharmacies: You pay 20% (minimum \$3) for covered generic and brand name (preferred and non-preferred) prescription drugs when you use your Health Plan ID Card. | | |
| | Non-UUHC Participating Pharmacies: You pay 25% (minimum \$3) for covered generic and preferred brand name prescription drugs and 35% (minimum \$3) for non-preferred brand name prescription drugs when you use your Health Plan ID Card. | | |
| | The plan pays 100% of eligible charges after the plan has paid \$4,000 for one individual (\$12,000 for family). | | |
| | If a generic drug is available, but the member chooses to purchase the brand name drug, the member will pay the coinsurance for the generic drug, plus the difference in cost between the brand name drug and the generic. | | |

| | | Short Term Counseling | Behavioral Health Services |
|---|---|-----------------------|--|
| Behavioral Health Services with or without EAP referral cannot exceed total of: 30 days for inpatient per Plan Year; 20 visits for outpatient per Plan Year | When you use the EAP | No cost to you | INPATIENT Hospital/Professional services: 80% up to 30 days per plan year OUTPATIENT office visits: \$20 copay up to 20 visits per plan year |
| | When you don't use the EAP | N/A | INPATIENT Hospital/Professional services: 50% of allowable charges after \$200 deductible per confinement, up to 30 days per plan year OUTPATIENT office visits: 50% of allowable charges up to 20 visits per plan year |
| | | | Short Term Counseling |
| | | | Chemical Dependency Treatment |
| Chemical Dependency Services with or without EAP referral cannot exceed 2 courses of treatment per lifetime (not to exceed \$10,000 per course of treatment) | When you use the EAP (Maximum Benefit: \$10,000 per course of treatment) | No cost to you | INPATIENT services: 80% per course of treatment OUTPATIENT services: 80% per course of treatment |
| | When you don't use the EAP (Maximum Benefit: \$3,500 per course of treatment) | N/A | INPATIENT services: 50% after \$300 deductible per course of treatment OUTPATIENT services: 50% per course of treatment |
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| Eyeglasses and Contact Lenses | All University of Utah employees and their eligible family members may receive discounts on refractive surgery, eyeglasses, and contact lenses and supplies at the Moran Eye Center's nine community optical locations. In addition to an employee discount on eyewear; you may now elect payroll deductions for qualifying purchases up to \$1,000. Visit http://uuhsc.utah.edu/MoranEyeCenter/patientcare/clinics.html for details. | | |
| | Standard Optical offers discounts off retail prices up to 25% for University of Utah employees. | | |

Dental Coverage Option

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| Providers | Dental option uses the BlueCross BlueShield Dental Network regardless of which medical network you select. Find participating providers at: www.ut.regence.com/member/doctor . All benefits are paid based on RBCBS schedule of eligible dental expenses. |
| Deductible | None |
| Basic Coverage (Exams, X-rays, cleanings, fillings, sealings, periodontics, endodontics) | 80% of RBCBS Schedule of Benefits |
| Prosthodontics (Bridges, Crowns, Dentures) | 50% of RBCBS Schedule of Benefits |
| Orthodontics | 50% of RBCBS Schedule of Benefits |
| Maximum Benefit: | |
| Basic Coverage and Prosthodontics | \$2,000 per plan year - per member |
| Orthodontics | \$2,000 lifetime per member |

The exclusions and limitations of the Plan are identical, regardless of which Plan Design Option you choose. See the Summary Plan Description or contact the Benefits Department at (801) 581-7447 for additional information.

Out-of-Network coinsurance amounts shown are paid on Eligible Medical Expenses. Members are responsible for any balance of billed Out-of-Network Provider charges in addition to the Member's coinsurance amount.

Preexisting Conditions: The Plan has a waiting period for Preexisting Conditions. The waiting period is six months for newly eligible enrollees and 18 months for late enrollees. A Preexisting Condition is defined as a physical or mental condition, except for pregnancy, whether diagnosed or misdiagnosed, which within the six-month period before your Enrollment Date (a) you incurred expenses, received medical treatment, services or advice, underwent diagnostic procedures, took prescribed drugs or medicine, or consulted a physician or other licensed medical professional; or (b) was discovered or suspected as a result of any medical examination, including a routine medical examination. Your Preexisting Condition waiting period will be reduced by any Creditable Coverage.

Privacy Policy: The Plan is required to follow strict federal and state laws regarding the confidentiality of protected health information ("PHI"). The Plan's Notice of Privacy Practices describes the Plan's practices relating to PHI and the rights members have concerning their PHI. The Notice of Privacy Practices is available online at www.hr.utah.edu/ben/privacy. To obtain a copy by mail, contact the Benefits Department at (801) 581-7447.

Change in Dependent Eligibility: If one of your dependents loses eligibility (e.g., you divorce or your child marries or turns age 26), you must complete a Health Care Coverage Change Form and submit it to the Benefits Department to remove the ineligible person from your coverage. The University cannot refund overpayments due to IRS Regulations, so please submit your form as soon as possible. In order for the dependent to be eligible for COBRA Continuation Coverage, the form must be submitted within **60** days from the date of the event. To add a new dependent to your coverage, you must complete a Health Care Coverage Change Form and submit it to the Benefits Department within 3 months of the date the dependent gains eligibility.

This Health Care Plan Summary contains only a general description of some of the features of the University's Employee Health Care Plan options. The exact details of the Plan are included in the governing legal plan document.