

SUMMARY OF UNIVERSITY OF UTAH RETIREE HEALTH CARE PLAN COVERAGE

January 1, 2021 – December 31, 2021

This brief summary is meant as an informal summary of the coverage under the University Retiree Health Care Plan. It is not meant to be a complete description of benefits, exclusions and limitations. If a discrepancy arises between this information and the actual Plan Document, the Plan Document will prevail in all instances.

Plan	University of Utah Retiree Health Care Plan (Administered by Regence BlueCross BlueShield of Utah 800-262-9712)	
Type of Plan	Not Yet Eligible for Medicare and Medicare Supplement¹	
Eligibility	All University retirees and eligible former employees who have a disability and their family members, <i>(including those not yet eligible for Medicare)</i> Rates vary based on eligibility for Medicare – see Page 2	
Provider Network	Regence BlueCross BlueShield Participating Network (broad network in Utah, including University of Utah Health Providers)	
Deductible	Per Claimant: \$250 / Per Family: \$750	
Plan Year Medical Out-of-Pocket Maximum	Per Claimant: \$2,000 / Per Family: \$5,000	
Covered Services		
	In Network	Out-of-Network²
Physician – Primary Care	25% Coinsurance	25% Coinsurance
Physician – Specialist	25% Coinsurance	25% Coinsurance
Urgent Care Clinic	25% Coinsurance	25% Coinsurance
Emergency Room	25% Coinsurance	25% Coinsurance based on Billed Charges
Ambulance	25% Coinsurance	25% Coinsurance based on Billed Charges
Inpatient Hospital Services	25% Coinsurance	25% Coinsurance
Outpatient Hospital Services	25% Coinsurance	25% Coinsurance
Hospice Care and Home Health Care	25% Coinsurance	25% Coinsurance
Skilled Nursing Facility Care	25% Coinsurance (No 3-day hospital stay required)	25% Coinsurance (No 3-day hospital stay required)
Other Covered Medical Expenses	25% Coinsurance	25% Coinsurance
Vision Services <i>One Routine Exam per Plan Year</i>	25% Coinsurance	25% Coinsurance
	Discounts available at Moran Eye Center's community optical locations	
Hearing Services <i>One Routine Exam per Plan Year</i>	25% Coinsurance	25% Coinsurance
Dental Services	Not included in Retiree Health Care Plan University dental coverage is available during the first 18 months following retirement; group dental coverage available through Regence BlueCross BlueShield of Utah is available after 18 months	

¹ Members eligible for Medicare must be enrolled in Medicare Parts A, B and D. Claims will be paid as secondary to Medicare, regardless of whether the member is actually enrolled. Members may choose the Part D plan available through the University or another individual Part D plan.

² Payment to an out-of-network provider will be based on the amount a network provider would accept as payment in full (the Allowed Amount), except for emergency room and ambulance services. You may be billed by an out-of-network provider for additional amounts.

Name of Plan		University of Utah Retiree Health Care Plan (Administered by Regence BlueCross BlueShield of Utah)	
Covered Services (Cont.)			
Foreign Travel Emergency Services	Covered as other emergency services		
Mental Health Services - Inpatient	<i>Limited to 30 days per Claimant per Contract Year / Not included in Out-of-Pocket Maximum</i> <i>In Network: 20% of Allowed Amount</i> <i>Out of Network: 50% of Allowed Amount and balance of billed charges</i>		
Mental Health Services - Outpatient	<i>Limited to 30 visits per Claimant per Contract Year / Not included in Out-of-Pocket Maximum</i> <i>In Network: \$25 Copay per visit</i> <i>Out of Network: 50% of Allowed Amount and balance of billed charges</i>		
Chemical Dependency Services	<i>Limited to 2 Courses of Treatment per Claimant per Lifetime / Not included in Out-of-Pocket Maximum /</i> <i>Maximum of \$10,000 per Course of Treatment</i> <i>In Network: You pay 20% of Allowed Amount; Plan pays 80% up to \$10,000 per Course of Treatment</i> <i>Out of Network: Plan pays 50% of Allowed Amount up to \$3,500 per Course of Treatment; you pay the</i> <i>balance</i>		
Prescription Medication Coverage			
	Members not yet Medicare-eligible	Medicare-eligible Members enrolled in Regence Medicare Script (Choose this plan or a separate individual Part D Plan)	
Deductible	\$0	\$130 on Tier 3, 4, and 5 Medications	
Initial Coverage Limit (\$0 to \$4,130 total paid by member and plan)	25% Coinsurance	30-day Supply Tier 1 (Preferred Generics): \$5 Tier 2 (Non-preferred Generics): \$20 Tier 3 (Preferred Brand): \$28 Tier 4 (Non-preferred Brand): \$60 Tier 5 (Specialty): 30% (25% in coverage gap)	
Coverage Gap (after \$4,130 total paid by member and plan)	Out-of-Pocket Maximums: \$150 per 30-day supply per script	90-day Supply Tier 1 (Preferred Generics): \$10 Tier 2 (Non-preferred Generics): \$40 Tier 3 (Preferred Brand): \$70 Tier 4 (Non-preferred Brand): \$150 Tier 5 (Specialty): N/A	
Catastrophic Level (after member pays \$6,550 total)	Calendar Year \$2,000/individual \$5,000/family	Greater of 5% coinsurance or \$3.70 copay for generics, and the greater of 5% coinsurance or \$9.20 copay for name brand	

UNIVERSITY OF UTAH RETIREE HEALTH CARE PLAN MONTHLY PREMIUMS
January 1, 2021 through December 31, 2021

	Medical RX	Medical Dental RX	Medical Only 1 No RX	Medical Dental 1 No RX	Medical Only 2 No RX	Medical Dental 2 No RX
Single - NOT ON Medicare	\$1,078.51	\$1,118.11				
Single - on Medicare	\$494.39	\$533.99	\$321.39	\$360.99		
Two-Party - NOT ON Medicare	\$1,824.66	\$1,903.96				
Two-Party - one on Medicare	\$1,532.35	\$1,611.65	\$1,359.35	\$1,438.65		
Two-Party - both on Medicare	\$948.76	\$1,028.06	\$775.76	\$855.06	\$602.76	\$682.06
Family - NOT ON Medicare	\$1,824.66	\$1,931.66				
Family - one on Medicare	\$1,555.34	\$1,662.34	\$1,382.34	\$1,489.34		
Family - two on Medicare	\$1,555.34	\$1,662.34	\$1,382.34	\$1,489.34	\$1,209.34	\$1,316.34

Individuals who elect "No RX" must be enrolled in a separate Medicare Part D prescription drug plan.

Regence Medicare Script Part D Prescription Drug Coverage Only	\$173.00
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Dental Only	Single	Two-Party	Family
	\$39.60	\$79.30	\$107.00