

SUMMARY COMPARISON OF MEDICAL AND DENTAL OPTIONS
Effective July 1, 2018

Provider Network Options		
Preferred ValueCare	Find a Provider www.regence.com (800) 262-9712	All University of Utah Health Care facilities and providers, in addition to over 12,700 providers throughout the State of Utah; access to 41 of Utah's 50 hospitals and all urgent care centers in Utah; and nationwide coverage through the BlueCard PPO Network.
Participating (PAR)		All University of Utah Health Care facilities and providers, in addition to over 12,900 providers throughout the State of Utah (including Intermountain Healthcare facilities and providers); access to all 50 hospitals and all urgent care centers in Utah; and nationwide coverage through the BlueCard Traditional Network.

Health Plan Design Options			
	Advantage	Comprehensive	Consumer Directed Health Plan (CDHP)
Plan Year Deductible	In-Network: \$0 Out-of-Network: \$350 per member \$700 per family	University Providers: \$0 Other Providers: \$350 per member \$700 per family	\$1,500 Single Coverage \$3,000 Two-party and Family Coverage
Plan Year Medical Maximum Coinsurance	\$2,000 per member \$5,000 per family	\$2,000 per member \$5,000 per family	\$5,000 ¹ per member \$10,000 ¹ per family
Plan Year Prescription Drug Maximum Coinsurance	\$2,000 per member \$4,000 per family	\$2,000 per member \$4,000 per family	
Plan Year Behavioral Health Maximum Coinsurance	\$2,000 per member \$4,000 per family	\$2,000 per member \$4,000 per family	
Employee Voluntary Health Savings Account Contribution Maximum	N/A	N/A	Single: \$3,450 Two-Party/Family: \$6,900

THE AMOUNT YOU PAY FOR COVERED SERVICES (after any applicable deductible has been met):							
	Advantage			Comprehensive			CDHP
	University of Utah Health Providers	Other Network Providers	Out-of-Network Providers	University of Utah Health Providers	Other Network Providers	Out-of-Network Providers	Preferred ValueCare Network Providers and Out-of-Network Providers
Inpatient Hospital	0%	20%	35%	5%	25%	35%	30%
Emergency Room	\$150 copay			25%			30%
Ambulance Services	20%			25%			30%
Office Visit / Urgent Care Center <i>Not required for preventive or well woman visit</i>	\$5 copay	\$30 copay	35%	5%	25%	35%	30%
Virtual Visits and RedMed (see page 2)	\$0	100%	100%	\$0	100%	100%	100%
Preventive Services and Screening Procedures	0%	0%	35%	0%	0%	35%	Network: 0% Out-of-Network: 30%

¹ Plan Year Medical Maximum Coinsurance includes Deductible, Prescription Drug, and Behavioral Health/Chemical Dependency claims in the CDHP option only.

7/1/2018 – 6/30/2019	Advantage			Comprehensive			CDHP
	University of Utah Health Providers	Other Network Providers	Out-of-Network Providers	University of Utah Health Providers	Other Network Providers	Out-of-Network Providers	Preferred ValueCare Network Providers and Out-of-Network Providers
Lab/X-Ray, Outpatient Hospital, Professional Services	0%	20%	35%	5%	25%	35%	30%
Rehabilitation Services - Outpatient	\$5 copay	\$30 copay	35%	5%	25%	35%	30%
Rehabilitation Services - Inpatient <i>Limited to 30 days/Plan Year</i>	0%	20%	35%	5%	25%	35%	30%
DME, Orthotic and Prosthetic Devices	0%	20%	35%	5%	25%	35%	30%
Neurodevelopmental Therapy	0%	20%	35%	5%	25%	35%	30%
	<i>Applies to children age 18 and under. Physical, Occupational, and Speech Therapy each limited to \$5,000/Plan Year. Age and dollar limits do not apply to other covered Speech Therapy Services.</i>						
Spinal Manipulation <i>Limited to 20 per Plan Year</i>	\$5 copay	\$30 copay	35%	5%	25%	35%	30%
Hearing / Vision Exams <i>Limited to one each per Plan Year</i>	\$5 copay	\$30 copay	35%	5%	25%	35%	30%

Prescription Medication Coverage	Advantage and Comprehensive		CDHP
	Out-of-Pocket Maximum: \$150 per script per 30-day supply \$2,000 per Individual / \$4,000 per Family total cost per year		30% <i>(after deductible has been met; applied to medical out-of-pocket maximum)</i>
	University Health Pharmacies:	20% generic and brand name	
	Other Participating Pharmacies:	25% generic and preferred brand name 35% non-preferred brand name	

Behavioral Health and Chemical Dependency Services	Advantage		Comprehensive	CDHP
	Out-of-Pocket Maximum	\$2,000 per Individual \$4,000 per Family	\$2,000 per Individual \$4,000 per Family	<i>Applied to medical out-of-pocket max</i>
	Employee Assistance Program (EAP)	No cost to health plan members and other family members residing in the employee's household		
	Behavioral Health Services <i>With or without EAP referral cannot exceed total of: 30 days for inpatient per Plan Year; 30 visits for outpatient per Plan Year</i>	When you use the EAP	<u>Inpatient services:</u> 20% up to 30 days per plan year <u>Outpatient services:</u> \$25 copay up to 30 visits per plan year	
		When you do not use the EAP	<u>Inpatient services:</u> 50% of allowable charges after \$200 deductible per confinement, up to 30 days per plan year <u>Outpatient services:</u> 50% of allowable charges up to 30 visits per plan year	
	Chemical Dependency Services <i>With or without EAP referral cannot exceed 2 courses of treatment per lifetime</i>	When you use the EAP	<u>Inpatient services:</u> 20% per course of treatment <u>Outpatient services:</u> 20% per course of treatment	
		When you do not use the EAP	<u>Inpatient services:</u> 50% after \$300 deductible per course of treatment <u>Outpatient services:</u> 50% per course of treatment	
				Behavioral Health Services: 30% <i>(Day and visit limits do not apply)</i>
			Chemical Dependency Services: 30% <i>(Course of Treatment limits do not apply)</i>	

Dental Coverage Option

Regence ValueCare Dental Network	Find participating providers at: www.regence.com/find-a-doctor (search for General Dentistry or Pediatric Dentistry) All benefits are paid based on the Regence schedule of eligible dental expenses
Deductible	None
Maximum Benefits	Basic Coverage and Prosthodontics: \$2,000 per plan year - per member Orthodontics: \$2,000 lifetime per member
THE AMOUNT YOU PAY FOR COVERED SERVICES:	
Basic Coverage <i>Exams, X-rays, cleanings, fillings, sealings, periodontics, endodontics</i>	20%
Prosthodontics <i>Bridges, Crowns, Dentures</i>	50%
Orthodontics	50%
Eyeglasses and Contact Lenses	Discounts on LASIK eye surgery, eyeglasses, contact lenses and supplies at the Moran Eye Center. Payroll deduction is available for qualifying LASIK procedures done by Moran's vision correction surgeons and up to \$1,000 on eyewear at ten community optical locations. http://healthcare.utah.edu/moran/patient_care/optometry/employee-services.php

Eligible Family Members: Spouse or domestic partner and children under age 26 (includes children placed for adoption, legal guardianship, and foster care, and the children of your spouse or domestic partner). Coverage for children continues through the end of the month in which the child turns age 26 and may be continued after that date only if they are unmarried, dependent on the employee, and either a full-time student or disabled. Disabled dependent children who are age 26 or older may be added during open enrollment. Contact the UHRM Solutions Center at (801) 581-7447 for directions. *See the Summary Plan Description for eligibility rules.*

Virtual Visits: The Plan covers telemedicine visits only through University of Utah Health Virtual Visits. Call (801) 213-8669 or visit <https://healthcare.utah.edu/virtual-visits/> to begin your Virtual Visit. Members enrolled in the Consumer Directed Health Plan Option must pay the full cost of all telemedicine and Virtual Visits.

RedMed: Employees may visit the RedMed University Employee Health Clinic on the ground floor of the Union Building. The clinic cannot provide care to family members. Employees who are injured at work should use the clinic as their first point of care unless the injury is life- or limb-threatening or occurs after RedMed Clinic hours, in which case the employee should be taken to the nearest emergency room.

Coverage for Transgender Services: The plan provides coverage for certain transgender services. Providers should contact Regence for prior authorization of services and refer to Regence's medical policy.

Out-of-Network coinsurance amounts shown are paid based on Eligible Medical Expenses (the amount a network provider has agreed to accept as payment in full for the services). **Members may be billed by an out-of-network provider for amounts that exceed the amount a network provider has agreed to accept as payment in full.** Members are responsible for any balance of billed out-of-network provider charges in addition to the Member's coinsurance amount.

Change in Dependent Eligibility During the Plan Year: To add a new dependent to your coverage or remove a dependent who has lost eligibility, log into UBenefits and click on the Change Your Benefits tile. You must make the change within 90 days of the date of the event. The University cannot refund overpayments due to IRS Regulations, so please make the change as soon as possible. In order for the dependent to be eligible for COBRA Continuation Coverage, you must submit your change within 60 days from the date of the event.

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 UHRM Solutions Center at (801) 581-7447.

Social Security Numbers: The University is required to identify individuals enrolled in health coverage to the IRS. Please provide social security numbers for all dependents enrolled in the health care plan.

Coverage of Eligible Dependents: The University will take corrective action against employees who (a) enroll an individual in the Health Care Plan that they know or should know is ineligible and/or (b) file claims (either directly or indirectly through a health care provider) for an individual that they know or should know is ineligible for coverage under the Plan. Corrective action includes termination of employment, legal action for reimbursement of all claims, and cancellation of coverage without the right to elect COBRA continuation coverage.

This Health Care Plan Summary contains only a general description of some of the features of the University's Employee Health Care Plan. The exact details of the Plan are included in the governing legal plan documents (summary plan descriptions), which can be found online at www.hr.utah.edu/benefits/spd.php.

**MONTHLY CONTRIBUTION RATES
JULY 1, 2018 THROUGH JUNE 30, 2019**

FULL-TIME EMPLOYEES (75% TO 100% FTE) *

All rates are **monthly**

Network Option	Plan Option	Medical Only			Medical and Dental		
		Single	Two-Party	Family	Single	Two-Party	Family
Preferred ValueCare	Advantage	\$64.96	\$113.68	\$171.50	\$75.56	\$137.98	\$209.84
	Comprehensive	\$64.96	\$113.68	\$171.50	\$75.56	\$137.98	\$209.84
	CDHP	\$-	\$-	\$-	\$10.60	\$24.30	\$38.34
BlueCross BlueShield Participating [PAR]	Advantage	\$97.76	\$171.06	\$258.04	\$108.36	\$195.36	\$296.38
	Comprehensive	\$97.76	\$171.06	\$258.04	\$108.36	\$195.36	\$296.38

University Contribution Rates – Full-time Employees – All Options					
Medical Only			Medical and Dental		
Single	Two-Party	Family	Single	Two-Party	Family
\$590.84	\$1,033.94	\$1,559.78	\$610.28	\$1,078.62	\$1,630.24

PART-TIME EMPLOYEES (50% TO 74% FTE)*

All rates are **monthly**

Network Option	Plan Option	Medical Only			Medical and Dental		
		Single	Two-Party	Family	Single	Two-Party	Family
Preferred ValueCare	Advantage	\$360.38	\$630.64	\$951.38	\$380.70	\$677.28	\$1,024.94
	Comprehensive	\$360.38	\$630.64	\$951.38	\$380.70	\$677.28	\$1,024.94
	CDHP	\$295.42	\$516.96	\$779.88	\$315.74	\$563.60	\$853.44
BlueCross BlueShield Participating [PAR]	Advantage	\$393.18	\$688.02	\$1,037.92	\$413.50	\$734.66	\$1,111.48
	Comprehensive	\$393.18	\$688.02	\$1,037.92	\$413.50	\$734.66	\$1,111.48

University Contribution Rates – Part-time Employees – All Options					
Medical Only			Medical and Dental		
Single	Two-Party	Family	Single	Two-Party	Family
\$295.42	\$516.98	\$779.90	\$305.14	\$539.32	\$815.12

***Complete the requirements to participate in the WellU program to receive a discount of up to \$40.00/month from the above rates. If your rate is less than \$40.00, you will pay nothing.**

University Human Resource Management

250 East 200 South, Suite 105, Salt Lake City, Utah 84111

Hours: 8:00 am - 5:00 pm, Monday-Friday

Phone: (801) 581-7447 / Fax: (801) 585-7375

Email: benefits@utah.edu / Web: www.hr.utah.edu/benefits

UBenefits: <https://hr.apps.utah.edu/ubenefits>