



SUMMARY COMPARISON OF MEDICAL AND DENTAL OPTIONS

Effective July 1, 2021

Provider Network Options

Preferred ValueCare	Find a Provider www.regence.com (800) 262-9712	All University of Utah Health facilities and providers, plus over 15,206 Utah providers and access to 41 of Utah's 52 hospitals (including Primary Children's Medical Center as an Other Network Provider); all urgent care centers in Utah; and nationwide coverage through the BlueCard PPO Network.
Participating (PAR)	or healthcare.utah.edu/fad/ 801-581-2121	All University of Utah Health facilities and providers, plus over 15,435 providers in Utah and access to all 52 hospitals (including Intermountain Healthcare and Primary Children's Medical Center as Other Network Providers); all urgent care centers in Utah; and nationwide coverage through the BlueCard Traditional Network.

Health Plan Design Options

Plan Year Out-of-Pocket Maximums

	Advantage Plan Option	Consumer Directed Health Plan (CDHP) Option
Medical	\$2,000 per member / \$5,000 per family	Combined Out-of-Pocket Maximum: \$5,000 per member \$10,000 per family
Prescription Drug	\$2,000 per member / \$4,000 per family	
Behavioral Health and Chemical Dependency	\$2,000 per member / \$4,000 per family	

Plan Year Deductibles

	Advantage Plan Option			CDHP Plan Option
	University Health Providers	Other Network Providers	Out-of-Network Providers	Preferred ValueCare and Out-of-Network Providers
Deductibles	\$50 per member \$100 per family	\$50 per member \$100 per family	\$350 per member \$700 per family	\$1,500 Single Coverage \$3,000 Two-party and Family Coverage

Medical Coverage (the amount you pay for covered services after any applicable deductible has been met)

	Advantage Plan Option			CDHP Plan Option
	University Health Providers	Other Network Providers	Out-of-Network Providers	Preferred ValueCare and Out-of-Network Providers
Inpatient Hospital	0% Coinsurance	25% Coinsurance	35% Coinsurance	30% Coinsurance
Outpatient Hospital or Surgical Center	0% Coinsurance	25% Coinsurance	35% Coinsurance	30% Coinsurance
Professional Services	5% Coinsurance	25% Coinsurance	35% Coinsurance	30% Coinsurance
Emergency Room	\$200 Copay			30% Coinsurance
Ambulance Services	20%			30% Coinsurance
Office Visit <i>Not required for preventive care visits</i>	\$10 Copay	\$30 Copay	35% Coinsurance	30% Coinsurance
Telehealth	\$0 Copay	\$30 Copay	35% Coinsurance	30% Coinsurance
Urgent Care Visit	\$10 Copay	\$30 Copay	35% Coinsurance	30% Coinsurance
Preventive Services and Screening Procedures	0% Coinsurance	0% Coinsurance	35% Coinsurance	0% Coinsurance (Network) 30% Coinsurance (Out-of-Network)
Lab/X-Ray	5% Coinsurance	25% Coinsurance	35% Coinsurance	30% Coinsurance
Durable Medical Equipment	20% Coinsurance			30% Coinsurance
Rehabilitation Services - Outpatient	\$10 Copay	\$30 Copay	35% Coinsurance	30% Coinsurance
Rehabilitation Services - Inpatient <i>Limited to 30 days/Plan Year</i>	5% Coinsurance	25% Coinsurance	35% Coinsurance	30% Coinsurance

Medical Coverage (Continued)				
	Advantage Plan Option			CDHP Plan Option
	University Health Providers	Other Network Providers	Out-of-Network Providers	Preferred ValueCare and Out-of-Network Providers
Neurodevelopmental Therapy	5% Coinsurance	25% Coinsurance	35% Coinsurance	30% Coinsurance
	<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>	\$10 Copay	\$30 Copay	35% Coinsurance	30% Coinsurance
Hearing / Vision Exams <i>Limited to one per Plan Year</i>	\$10 Copay	\$30 Copay	35% Coinsurance	30% Coinsurance

Prescription Drug Coverage					
	Advantage Plan Option				CDHP Plan Option
	University Health Pharmacy		Other Network Pharmacy		All Network Pharmacies
	Coinsurance	30-Day Maximum	Coinsurance	30-Day Maximum	
Generic	20%	\$ 150.00	25%	\$ 200.00	
Preferred Brand	20%	\$ 150.00	25%	\$ 200.00	
Non-Preferred Brand	20%	\$ 150.00	35%	\$ 250.00	
Specialty*	20%	\$ 150.00	35%	\$ 250.00	
*Specialty medications must be purchased through the University's Specialty Pharmacy or through Accredo's National Network outside Utah. Contact the U Specialty Pharmacy at (844) 211-6528.					30% Coinsurance <i>(after deductible has been met; applied to combined out-of-pocket maximum)</i>

Behavioral Health Coverage (Administered by HMHI Behavioral Health Network)			
	Advantage Option		CDHP Option
	Network Providers <i>(Contact EAP for Referral)</i>	Out-of-Network Providers	All Providers
Employee Assistance Program (EAP)	No cost to enrolled employees, enrolled dependents, and other family members residing in the employee's household		
Hospital Admittance <i>Limited to 30 days per Plan Year</i>	20% Coinsurance	50% Coinsurance after \$200 deductible per inpatient admission	30% Coinsurance <i>(Day and visit limits do not apply)</i>
Partial Hospitalization Program or Day Treatment <i>Limited to 70 days per Plan Year</i>	20% Coinsurance	50% Coinsurance	
Intensive Outpatient Services <i>Limited to 35 visits per Plan Year</i>	20% Coinsurance	50% Coinsurance	
Outpatient Therapy – Individual <i>Limited to 50 visits per Plan Year</i>	\$25 Copay	50% Coinsurance	
Office Visits for Medication Management	\$25 Copay	50% Coinsurance	
Outpatient Therapy – Group <i>Limited to 30 visits per Plan Year</i>	\$5 Copay	50% Coinsurance	
Treatment Resistant Mood Disorder Services	20% Coinsurance	50% Coinsurance	
Psychological Testing <i>Limited to 3 visits per Plan Year Prior authorization required (contact the EAP)</i>	\$25 Copay	50% Coinsurance	
Contact the EAP at (801) 587-9319 or (800) 926-9619 for assistance, information, and referral to a network provider.			

Chemical Dependency Coverage (Administered by HMHI Behavioral Health Network)			
	Advantage Option		CDHP Option
	Network Providers (Contact EAP for Referral)	Out-of-Network Providers	All Providers
Employee Assistance Program (EAP)	No cost to enrolled employees, enrolled dependents, and other family members residing in the employee's household		
Inpatient services	20% Coinsurance	50% Coinsurance after \$300 deductible per inpatient admission	30% Coinsurance (Day and visit limits do not apply)
Outpatient services	20% Coinsurance	50% Coinsurance	
Methadone Maintenance	\$168 Copay Per Week	Not Covered	
Contact the EAP at (801) 587-9319 or (800) 926-9619 for assistance, information, and referral to a network provider.			

Dental Coverage

Provider Network	Regence ValueCare Dental Network www.regence.com (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

Dental Services

Basic Coverage <i>Exams, X-rays, cleanings, fillings, sealings, periodontics, endodontics</i>	20% Coinsurance
Prosthodontics <i>Bridges, Crowns, Dentures</i>	50% Coinsurance
Orthodontics	50% Coinsurance

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). Children age 26 or older may only be enrolled or remain enrolled if they are unmarried, dependent on the employee, and either a full-time student or disabled. Contact UHRM at (801) 581-7447 for information and see the Summary Plan Description for eligibility rules.

Primary Children's Medical Center: Primary Children's Medical Center is an Intermountain Healthcare facility and is included as a network provider in both network options. In both network options, Primary Children's Medical Center will be paid as an Other Network Provider and not as a University Health provider. Some University Health Providers work at Primary Children's Medical Center and may be paid as a University Health provider if their services are billed separate from the facility.

RedMed: Employees may visit the RedMed 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 RedMed as their first point of care unless the injury is critical or life-threatening or occurs after RedMed Clinic hours, in which case the employee should be taken to the nearest urgent care center or emergency department.

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.

Federal Laws Opt Out: The University has elected to opt out of several Federal laws that apply to most health plans, including The Mental Health Parity and Addiction Equity Act. HMHI Behavioral Health Network assists all health plan members in finding an appropriate network provider and advocating for them to receive the appropriate care. For information and referrals, contact the Employee Assistance Program at (801) 587-9319 or (800) 926-9619.

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.

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.

Coverage of Eligible Dependents: The University will take corrective action against employees for enrolling an individual in the Health Care Plan that they know or should know is ineligible and/or filing 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.

MONTHLY CONTRIBUTION RATES* **JULY 1, 2021 THROUGH JUNE 30, 2022**

FULL-TIME EMPLOYEE MONTHLY RATES (75% TO 100% FTE)*							
Network Option	Plan Option	Medical Only			Medical and Dental		
		Single	Two-Party	Family	Single	Two-Party	Family
Preferred ValueCare	Advantage	\$70.70	\$123.72	\$186.66	\$81.30	\$148.02	\$225.00
	CDHP	\$0	\$0	\$0	\$10.60	\$24.30	\$38.34
BlueCross BlueShield Participating (PAR)	Advantage	\$106.40	\$186.18	\$280.84	\$117.00	\$210.48	\$319.18

UNIVERSITY DEPARTMENT RATES – Full-time Employees					
Medical Only			Medical and Dental		
Single	Two-Party	Family	Single	Two-Party	Family
\$631.44	\$1,104.82	\$1,666.64	\$650.88	\$1,149.50	\$1,737.10

PART-TIME EMPLOYEE MONTHLY RATES (50% TO 74% FTE)*							
Network Option	Plan Option	Medical Only			Medical and Dental		
		Single	Two-Party	Family	Single	Two-Party	Family
Preferred ValueCare	Advantage	\$386.42	\$676.12	\$1,019.98	\$406.74	\$722.76	\$1,093.54
	CDHP	\$315.72	\$552.40	\$833.32	\$336.04	\$599.04	\$906.88
BlueCross BlueShield Participating (PAR)	Advantage	\$422.12	\$738.58	\$1,114.16	\$442.44	\$785.22	\$1,187.72

UNIVERSITY DEPARTMENT RATES – Part-time Employees					
Medical Only			Medical and Dental		
Single	Two-Party	Family	Single	Two-Party	Family
\$315.72	\$552.42	\$833.32	\$325.44	\$574.76	\$868.56

***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.**

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.

University Human Resource Management

250 East 200 South, Suite 125, Salt Lake City, Utah 84111

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>