

Utah 90/80 Plans

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family
Calendar Year Deductible and Rx Deductible (Rx Deductible is per person, no family maximum)	\$150 (Rx \$50)	\$450
	\$300 (Rx \$75)	\$900
	\$500 (Rx \$100)	\$1,500
	\$1,000 (Rx \$200)	\$3,000
Out-of-Pocket Maximum (includes deductible)	\$150 Deductible	\$2,000
	\$300 Deductible	\$2,400
	\$500 Deductible	\$3,000
	\$1000 Deductible	\$4,000
Lifetime Maximum Per Person	\$2,000,000	N/A
Professional Services	Plan Pays:	
	PPO	Non-PPO
Office Visit*	90% (After Deductible)	80% (After Deductible)
Well Child	90% (Deductible waived, see policy for details)	80% (Deductible waived, see policy for details)
Preventive Care (Insureds 19 or older have \$300 annual maximum)**	90% (After Deductible)	80% (After Deductible)
Maternity Care	90% (After Deductible)	80% (After Deductible)
Urgent Care Clinic/Emergency Room	90% (After Deductible)	80% (After Deductible)
*Copay option available on the \$150 and \$300 Deductibles. \$150 Deductible is \$10 In-network / \$20 Out-of-network; \$300 Deductible is \$15 In-network / \$30 Out-of-network		
**\$300 preventive care benefit is paid before deductible on the \$150 deductible and the \$300 deductible plans		
Facility Services	Plan Pays:	
	PPO	Non-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	90% (After Deductible)	80% (After Deductible)
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	90% (After Deductible)	80% (After Deductible)
Emergency Room	90% (After Deductible)	80% (After Deductible)
Inpatient Mental Illness***	60% (After Deductible)	50% (After Deductible)
	Eligible expenses are paid at up to a maximum of 15 days each calendar year.	
Outpatient Mental Illness***	60% (After Deductible)	50% (After Deductible)
Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.		
Inpatient Treatment of Alcohol or Substance Abuse***	Eligible expenses are paid at 50% and are covered by plan to a maximum of 5 days in any 12 month period. There is also a lifetime maximum of 10 inpatient days.	
Outpatient Treatment of Alcohol or Substance Abuse***	Eligible expenses are paid at 50% and are covered by plan to a maximum of 20 visits per calendar year.	
***There are three employer options for mental health, alcohol and substance abuse: (1) The one listed above; (2) no mental health or Rx benefit; or (3) mental health "parity." A separate individual and family deductible and out-of-pocket maximum applies when mental health "parity" is selected.		
Miscellaneous	Plan Pays:	
	PPO	Non-PPO
Prescriptions	After the per person deductible, the member pays the greater of \$10 or 20% for generic prescription drugs and the greater of \$30 or 30% for brand prescription drugs. (For prescription deductible, please refer to deductible information above.)	
Ambulance Services	90% (After Deductible)	80% (After Deductible)
The benefit for ground ambulance is limited to \$1,000 per occurrence and the benefit for air ambulance is limited to \$10,000 per occurrence.		
Durable Medical Equipment	80% (after deductible) up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 80% (after deductible) up to a maximum benefit of \$7,500 per Calendar Year. Please see policy for specific details.	
Chiropractic	50% (after deductible) limited to \$1,000 per Calendar Year (\$1,000 limitation does not apply for treatment rendered within six months of spinal surgery).	
Prosthetics	80% (after deductible) for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000 by plan.)	
Colonoscopies	90% (After Deductible)	80% (After Deductible)
Subject to the guidelines of the American Cancer Society		
Mammograms	90% (After Deductible)	80% (After Deductible)
Subject to the following guidelines: One baseline for women between ages 35 and 39; Every two years for women 40 through 49; and Annually for women 50 years or older.		
Circumcision	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
Sleep Studies	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$1,000.	
Sleep Apnea	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$5,000.	
Organ Transplants	Please see policy for specific details.	

This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document. Preexisting conditions are excluded from coverage for a period of 12 months (18 months for late enrollees), however, credit will be given toward the satisfaction of the preexisting condition exclusionary period for prior creditable coverage.