**Healthy Premier 2017 Benefit Highlights**

- **Member responsibility for In-Network services is indicated below, after In-Network deductible is met and until out-of-pocket maximum is met, except where noted.**
- **Bronze PPO is for residents in Salt Lake county only.** Out-of-Network services are covered, please refer to Summary of Benefits and Coverage (SBC).

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>BRONZE PPO</th>
<th>BRONZE HSA</th>
<th>BRONZE W/3 COPAY</th>
<th>SILVER COPAY</th>
<th>GOLD COPAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (individual/family)</td>
<td>$3,000/$6,000</td>
<td>$6,550/$13,100</td>
<td>$6,000/$12,000</td>
<td>$3,500/$7,000</td>
<td>$1,000/2,000</td>
</tr>
<tr>
<td>Prescription Drug Deductible (individual/family)</td>
<td>$1,000/$2,000</td>
<td>$500/$1,000</td>
<td>$350/$700</td>
<td>$250/$500</td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum (individual/family)</td>
<td>$7,150/$14,300</td>
<td>$6,550/$13,100</td>
<td>$7,150/$14,300</td>
<td>$7,150/$14,300</td>
<td>$6,500/$13,000</td>
</tr>
</tbody>
</table>

**BENEFITS**

**Emergency and Urgent Care**
- Emergency Room: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, 60% coinsurance after ded, $300 copay/visit after ded, $200 copay/visit after ded
- Urgent Care: 75% coinsurance after ded, 60% coinsurance after ded, $75 copay/visit after ded waived, $65 copay/visit after ded waived

**Office Visits**
- Preventive Care/Screening/Immunizations: No Charge
- Primary Care: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $45 copay first three visits, then deductible applies, $30 copay/visit after ded waived, $25 copay/visit after ded waived
- Mental Health Services: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $30 copay/visit after ded waived, $25 copay/visit after ded waived
- Specialty Care: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $75 copay/visit after ded waived, $40 copay/visit after ded waived
- Other Practitioner Care: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $75 copay/visit after ded waived, $40 copay/visit after ded waived
- Habilitative Care: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $75 copay/visit after ded waived, $40 copay/visit after ded waived
- Rehabilitative Care: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $75 copay/visit after ded waived, $40 copay/visit after ded waived
- Substance Abuse Services: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $30 copay/visit after ded waived, $25 copay/visit after ded waived

**Pediatric Vision Services**
- Vision Exam: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, No Charge
- Corrective Lenses: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, No Charge

**Prescription Drugs**
- Formulary Generic Drugs: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $35 copay ded waived, $15 copay ded waived, $15 copay ded waived
- Formulary Preferred Brand Drugs: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $30 copay/visit after ded waived, $25 copay/visit after ded waived
- Formulary Non Preferred Brand Drugs: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $25 copay/visit after ded waived, $20 copay/visit after ded waived
- Specialty Drugs: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $20 copay/visit after ded waived, $20 copay/visit after ded waived

**Outpatient Hospital/Facility Services**
- Laboratory Services: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $15 copay/visit after ded waived, $10 copay/visit after ded waived, $10 copay/visit after ded waived
- Radiology Services: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $30 copay/visit after ded waived, $25 copay/visit after ded waived
- Medical/Surgical Services: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $20 copay/visit after ded waived, $20 copay/visit after ded waived

**Inpatient Hospital Services**
- Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $15 copay/visit after ded waived, $10 copay/visit after ded waived, $10 copay/visit after ded waived
- Hospice Care: 75% coinsurance after ded, 60% coinsurance after ded, 0% coinsurance after ded, $10 copay/visit after ded waived, $7 copay/visit after ded waived

**Transportation Assistance**
- Emergency Transportation - Ambulance: $250 copay/trip after ded, $250 copay/trip after ded, $250 copay/trip after ded
- Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments: Not Covered

**Supplemental Benefits**
- 24-Hour Nurse Advice Line: No Charge
- U Baby Care: Prenatal & Postnatal Care: No Charge
- Tobacco Counseling, Smoking Cessation Program: No Charge

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This 2017 Benefit Highlights is intended to be a summary of coverage benefits that lists some features of our plan, and does not list or describe all benefits covered under a specific product or every limitation or exclusion. Please refer to each plans SBC for more details.