HealthyPremier 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.
- Coverage area includes: Box Elder, Cache, Rich, Weber, Morgan, Davis, Tooele, Salt Lake, Summit, Wasatch, Utah, Duchesne, Uintah, Grand, Iron and Washington counties.
- ***Bronze PPO is for residents in Salt Lake county only.*** ***O***ut-of-Network services are covered, please refer to Summary of Benefits and Coverage (SBC).

	BRONZE PPO	BRONZE HSA	BRONZE W/3 COPAY	SILVER COPAY	GOLD COPAY
FEATURES					
Annual Deductible (individual/family)	$3,000/$6,000	$6,550/$13,100	$6,000/$12,000	$3,500/$7,000	$1,000/2,000
Prescription Drug Deductible (individual/family)	$1,000/$2,000		$500/$1,000	$350/$700	$250/$500
Annual Out-of-Pocket Maximum (individual/family)	$7,150/$14,300	$6,550/$13,100	$7,150/$14,300	$7,150/$14,300	$6,500/$13,000
BENEFITS					
Emergency and Urgent Care					
Emergency Room	75% 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	0% coinsurance after ded	60% coinsurance after ded	$75 copay/visit ded waived	$65 copay/visit ded waived
Office Visits					
Preventive Care/Screening/Immunizations	No Charge				
Primary Care	75% coinsurance after ded	0% coinsurance after ded	$45 copay first three visits, then ded applies	$30 copay/visit ded waived	$25 copay/visit ded waived
Mental Health Services	75% coinsurance after ded	0% coinsurance after ded		$30 copay/visit ded waived	$25 copay/visit ded waived
Specialty Care	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	$75 copay/visit ded waived	$40 copay/visit ded waived
Other Practitioner Care	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	$75 copay/visit ded waived	$40 copay/visit ded waived
Habilitative Care	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	30% coinsurance after ded	10% coinsurance after ded
Rehabilitative Care	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	30% coinsurance after ded	10% coinsurance after ded
Substance Abuse Services	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	$30 copay/visit ded waived	$25 copay/visit ded waived
Pediatric Vision Services					
Vision Exam	No Charge	0% coinsurance after ded	No Charge		
Corrective Lenses					
Prescription Drugs					
Formulary Generic Drugs	75% 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	0% coinsurance after ded	60% coinsurance after ded	25% coinsurance after ded	25% coinsurance after ded
Formulary Non Preferred Brand Drugs	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	50% coinsurance after ded	50% coinsurance after ded
Specialty Drugs	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded
Outpatient Hospital / Facility Services					
Laboratory Services	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	30% coinsurance after ded	10% coinsurance after ded
Radiology Services	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	30% coinsurance after ded	10% coinsurance after ded
Specialized Scanning Services (CT, MRI, PET Scans)	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	30% coinsurance after ded	10% coinsurance after ded
Medical / Surgical Services	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	30% coinsurance after ded	10% coinsurance after ded
Inpatient Hospital Services					
Medical/ Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	30% coinsurance after ded	10% coinsurance after ded
Hospice Care	75% coinsurance after ded	0% coinsurance after ded	60% coinsurance after ded	30% coinsurance after ded	10% coinsurance after ded
Transportation Assistance					
Emergency Transportation - Ambulance	$250 copay/trip after ded	0% coinsurance after ded	60% coinsurance 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					
Tobacco Counseling, Smoking Cessation Program					

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.

UNIVERSITY OF UTAH HEALTH PLANS