

# Utah State University

## Plan Design Options for 2009-2010

Updated 4/8/2009

Note: "Participating" means preferred in-network facility or physician; "Non-Participating" means non-preferred out-of-network facility or physician.

	White Plan		Blue Plan		High Deductible Choice Plan	
	Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating
<b>GENERAL INFORMATION</b>						
<b>Coinsurance Max (White &amp; Blue) / Out-of-Pocket Max (HDHP)</b>	\$3,000/\$6,000	\$4,000/\$8,000	\$2,500/\$5,000	\$3,400/\$6,800	\$5,000 Single or \$10,000 Family (see note)	\$10,000 Single or \$20,000 Family (see note)
<b>Maximum Benefit</b>	\$2,000,000		\$2,000,000		\$2,000,000	
<b>First Dollar Deductibles</b>	\$750/\$1,500 (Ded does NOT apply toward the coinsurance max)	\$1,500/\$3,000 (Ded does NOT apply toward the coinsurance max)	\$250/\$500 (Ded does NOT apply toward the coinsurance max)	\$500/\$1,000 (Ded does NOT apply toward the coinsurance max)	\$1,500 Single or \$3,000 Family (see note) (Deductible DOES apply toward the out-of-pocket maximum)	\$3,000 Single or \$6,000 Family (see note) (Deductible DOES apply toward the out-of-pocket maximum)
	<p>Note: The deductible and coinsurance maximum work differently in this high deductible health plan (HDHP) than in the White and Blue plans. If you elect 2-party or family coverage, the full family deductible must be satisfied before any other benefits, other than preventive, will be paid. Also, the full family coinsurance maximum must be satisfied before the Plan pays at 100%. In other words, the single deductible and single coinsurance maximum should be completely ignored if you have 2-party or family coverage.</p>					
<b>Prescription Drugs</b>	You pay \$5 Generic; 35% Formulary Brand; 50% Non-Formulary Brand.  <i>Coinsurance applies to the separate prescription coinsurance maximum of \$1500 per year.</i>		You pay \$5 Generic; 35% Formulary Brand; 50% Non-Formulary Brand.  <i>Coinsurance applies to the separate prescription coinsurance maximum of \$1250 per year</i>		After the deductible, You pay 20%.	
<b>Preexisting Condition Limitation</b>	First 8 months of coverage for newly eligible employees		First 8 months of coverage for newly eligible employees		First 8 months of coverage for newly eligible employees	
<b>PREVENTIVE</b>						
<b>Routine Physical Exams</b>	You pay \$35 copay per visit, then Plan pays 100% to a maximum of \$500 per member per year. Deductible waived.	Not covered	You pay \$30 copay per visit, then Plan pays 100% to a maximum of \$500 per member per year. Deductible waived.	Not covered	You pay \$35 copay per visit, then Plan pays 100% to a maximum of \$500 per member per year. Deductible waived.	Not covered
<b>Routine Hearing</b>		Not covered		Not covered		Not covered
<b>Routine Vision</b>		Not covered		Not covered		Not covered
<b>Limited Screening Procedures (refer to your SPD booklet under "Preventive Care Services" for a full listing)</b>	You pay \$35 per visit, then Plan pays 100% per member per year. Deductible waived.	Not covered	You pay \$30 per visit, then Plan pays 100% per member per year. Deductible waived.	Not covered	You pay \$35 per visit, then Plan pays 100% per member per year. Deductible waived.	Not covered
<b>Routine Well Baby - up to age 5, and immunizations up to age 18</b>	You pay \$35 copay per visit, then Plan pays 100%. No cap. Deductible waived.	Not covered	You pay \$30 copay per visit, then Plan pays 100%. No cap. Deductible waived.	Not covered	You pay \$35 copay per visit, then Plan pays 100%. No cap. Deductible waived.	Not covered
<b>ACCIDENT BENEFITS</b>						
<b>Ortho due to Accident</b>	After ded, you pay 50% of EME. Does not apply to coinsurance max.	After ded, Plan pays 50% of EME. Does not apply to coinsurance max.	After ded, you pay 50% of EME. Does not apply to coinsurance max.	After ded, Plan pays 50% of EME. Does not apply to coinsurance max.	After ded, you pay 50% of EME. Does not apply to coinsurance max.	After ded, Plan pays 50% of EME. Does not apply to coinsurance max.

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	Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating
<b>Dental due to Accident</b>	After ded, you pay 50% of EME. Does not apply to coinsurance max.	After ded, Plan pays 50% of EME. Does not apply to coinsurance max.	After ded, you pay 50% of EME. Does not apply to coinsurance max.	After ded, Plan pays 50% of EME. Does not apply to coinsurance max.	After ded, you pay 50% of EME. Does not apply to coinsurance max.	After ded, Plan pays 50% of EME. Does not apply to coinsurance max.
<b>Maximum Benefit for Ortho or Dental due to Accident</b>	Limited to \$1,000 per member per year		Limited to \$1,000 per member per year		Limited to \$1,000 per member per year	
<b>PHYSICIAN AND PROFESSIONAL BENEFITS</b>						
<b>Office Visits</b>	After ded, You pay \$35; \$40 after hours	After ded, Plan pays 60% of EME	After ded, You pay \$30; \$35 after hours	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Inpatient Physician Visits</b>	After ded, you pay 30% of EME	After ded, Plan pays 60% of EME	After ded, You pay 20% of EME	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Emergency Department</b>	After ded, you pay \$250 copay per visit.	After ded and \$400 copay, Plan pays 100%	After ded, you pay \$200 copay per visit.	After ded and \$300 copay, Plan pays 100%	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Routine Pre-Natal &amp; Delivery</b>	After ded, you pay onetime \$35 copay then 30% of EME	After ded, Plan pays 60% of EME	After ded, You pay onetime \$30 copay then 20% of EME	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Surgical Expenses</b>	After ded, you pay 30% of EME	After ded, Plan pays 60% of EME	After ded, You pay 20% of EME	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Anesthesia Expenses</b>	After ded, you pay 30% of EME	After ded, Plan pays 60% of EME	After ded, You pay 20% of EME	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Ambulance</b>	After ded, you pay 30% of EME	After ded, Plan pays 70% of billed charges	After ded, You pay 20% of EME	After ded, Plan pays 70% of billed charges	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Outpatient Surgery and Major Diagnostic x-ray and Lab Procedures (over \$300)</b>	After ded, you pay \$250 copay per visit.	After ded and \$400 copay, Plan pays 60% of EME	After ded, you pay \$200 copay per visit.	After ded and \$300 copay, Plan pays 70%	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Radiation, Chemotherapy, Preadmission Testing, Diagnostic x-ray and Lab Procedures (under \$300)</b>	After ded, Plan pays 100%	After ded, Plan pays 60% of EME	After ded, Plan pays 100%	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Home Health Care</b>	After ded and \$35 copay per visit, you pay 30%	After ded, Plan pays 60% of EME	After ded, and \$30 copay per visit, you pay 20%	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Physical and Occupational Therapy</b>	After ded, you pay \$35 copay per visit	After ded, Plan pays 60% of EME	After ded, You pay \$30 copay per visit	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Speech Therapy (see booklet for add'l limitations)</b>	After ded, you pay \$35 copay per visit	After ded, Plan pays 60% of EME	After ded, You pay \$30 copay per visit	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
	<i>Limited to 20 visits per member per year</i>		<i>Limited to 20 visits per member per year</i>		<i>Limited to 20 visits per member per year</i>	
<b>Chiropractic</b>	After ded, you pay \$35 copay per visit  <i>Limited to 20 visits per member per year</i>	After ded, Plan pays 50% of EME. Does not apply toward coins max	After ded, You pay \$30 copay per visit  <i>Limited to 20 visits per member per year</i>	After ded, Plan pays 50% of EME. Does not apply toward coins max	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME. Does not apply toward coins max  <i>Limited to 20 visits per member per year</i>
<b>Allergy Serum</b>	After ded, you pay \$250 copay per member per contract year	After ded, Plan pays 60% of EME	After ded, You pay \$200 copay per member per contract year	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME

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	Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating
<b>HOSPITAL / FACILITY BENEFITS</b>						
<b>Inpatient &amp; Ancillary</b> <i>(must follow Care Management Program, see booklet for details)</i>	After ded and \$250 copay per contract year, you pay 30% of EME.	After ded and \$250 copay per admission, Plan pays 60% of EME	After ded and \$200 copay per contract year, you pay 20% of EME.	After ded and \$200 copay per admission, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Extended Care Facility</b> <i>(must follow Care Management Program, see booklet for details)</i>	After ded, you pay 30% of EME  <i>Limited to 60 days per member per year</i>	After ded, Plan pays 60% of EME	After ded, You pay 20% of EME  <i>Limited to 60 days per member per year</i>	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME  <i>Limited to 60 days per member per year</i>	After ded, Plan pays 60% of EME  <i>Limited to 60 days per member per year</i>
<b>Outpatient Surgery/Facility</b>	After ded and \$250 copayment per member per visit, Plan pays 100%	After ded and \$400 copay, Plan pays 60% of EME.	After ded and \$200 copayment per member per visit, Plan pays 100%	After ded and \$300 copay, Plan pays 70% of EME.	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Hospice Care</b>	After ded, you pay 30%  <i>Limited to \$5,000 per member per lifetime</i>	After ded, Plan pays 60% of EME	After ded, You pay 20%  <i>Limited to \$5,000 per member per lifetime</i>	After ded, Plan pays 80% of EME	After ded, You pay 20%  <i>Limited to \$5,000 per member per lifetime</i>	After ded, Plan pays 60% of EME  <i>Limited to \$5,000 per member per lifetime</i>
<b>SOLID ORGAN AND BONE MARROW TRANSPLANTS AND MYELOBLATIVE THERAPY</b>						
<b>Solid Organ and Bone Marrow Transplants</b> <i>(must follow Care Management Program, see booklet for details)</i>	Covered as any other; subject to certain limitations		Covered as any other; subject to certain limitations		Covered as any other; subject to certain limitations	
<b>Myeloablative Therapy</b> <i>(must follow Care Management Program, see booklet for details)</i>	Covered as any other; subject to certain limitations		Covered as any other; subject to certain limitations		Covered as any other; subject to certain limitations	
<b>OTHER MEDICAL SERVICES AND SUPPLIES</b>						
<b>Medical &amp; Surgical Supplies</b> <i>(unrelated to hospital inpatient care)</i>	After ded, you pay 30%		After ded, You pay 20%		After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Durable Medical Equipment</b>	After ded, you pay 30% of EME	After ded, Plan pays 60% of EME	After ded, You pay 20% of EME	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Orthotic Devices for the feet</b>	After ded, you pay 30% of EME. Limited to \$200 per claimant per year. Over-the-counter orthotics excluded.	After ded, Plan pays 60% of EME	After ded, You pay 20% of EME. Limited to \$200 per claimant per year. Over-the-counter orthotics excluded.	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME. Limited to \$200 per claimant per year. Over-the-counter orthotics excluded.	After ded, Plan pays 60% of EME
<b>Prosthetic Devices</b>	After ded, you pay 30% of EME	After ded, Plan pays 60% of EME	After ded, You pay 20% of EME	After ded, Plan pays 70% of EME	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Replacements of Prosthetics, Orthotic or</b>	Paid according to applicable category above		Paid according to applicable category above		Paid according to applicable category above	
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE SERVICES</b>						
<b>Inpatient Facility</b> <i>(must follow Care Management Program, see booklet for details.)</i>	After ded and \$250 copay, you pay 30% of EME.  <i>Limited to 21 days per member per year</i>	After ded, Plan pays 50% of EME. Does not apply toward coins max	After ded and \$200 copay, you pay 20% of EME.  <i>Limited to 21 days per member per year</i>	After ded, Plan pays 50% of EME. Does not apply to coins max	After ded, You pay 20% of EME  <i>Limited to 21 days per member per year</i>	After ded, Plan pays 60% of EME  <i>Limited to 21 days per member per year</i>
<b>Inpatient Physician Visits</b>	After ded, you pay 30%  <i>Limited to 21 visits per member per year; 1 visit per day</i>	After ded, Plan pays 50% of EME. Does not apply to coins max	After ded, You pay 20%  <i>Limited to 21 visits per member per year; 1 visit per day</i>	After ded, Plan pays 50% of EME. Does not apply to coins max	After ded, You pay 20% of EME  <i>Limited to 21 visits per member per year; 1 visit per day</i>	After ded, Plan pays 60% of EME  <i>Limited to 21 visits per member per year; 1 visit per day</i>

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<b>Outpatient Treatment</b>	After ded, you pay \$50 per visit with a psychiatrist; \$35 per visit with any other licensed mental health therapist. <i>Limited to 20 visits per member per year; 1 visit per day.</i>	After ded, Plan pays 50% of EME. Do not apply to coins max	After ded, You pay \$50 per visit with a psychiatrist; \$30 per visit with any other licensed mental health therapist. <i>Limited to 20 visits per member per year; 1 visit per day.</i>	After ded, Plan pays 50% of EME. Do not apply to coins max	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Attention Deficit Disorder</b>	After ded, you pay \$50 per visit with a psychiatrist; \$35 per visit with any other licensed mental health therapist. <i>Limited to 6 outpatient visits for diagnosis only</i>	After ded, Plan pays 50% of EME. Do not apply to coins max	After ded, You pay \$50 per visit with a psychiatrist; \$30 per visit with any other licensed mental health therapist. <i>Limited to 6 outpatient visits for diagnosis only</i>	After ded, Plan pays 50% of EME. Do not apply to coins max	After ded, You pay 20% of EME	After ded, Plan pays 60% of EME
<b>Drug/Alcohol Use or Abuse Treatment Program</b>	After ded, you pay 30%; Plan's payment limited to \$4,400 per member per year.	Not covered	After ded, You pay 20%; Plan's payment limited to \$4,400 per member per year	Not covered	After ded, You pay 20% of EME	Not covered
<b>LIMITED BENEFITS - Do NOT apply to coinsurance maximum</b>					<b>Does apply toward coinsurance maximum on HDHP Plan.</b>	
<b>Orthognathic Procedures</b>	After ded, You pay 50%	After ded, Plan pays 50% of EME	After ded, You pay 50%	After ded, Plan pays 50% of EME	After ded, You pay 50%	After ded, Plan pays 50% of EME
<b>Diagnosis and Treatment of TMJ</b>	After ded, You pay 50% <i>Limited to \$500 lifetime per claimant</i>	After ded, Plan pays 50% of EME	After ded, You pay 50% <i>Limited to \$500 lifetime per claimant</i>	After ded, Plan pays 50% of EME	After ded, You pay 50% <i>Limited to \$500 lifetime per claimant</i>	After ded, Plan pays 50% of EME
<b>Pain Clinics</b>	After ded, You pay 50%	After ded, Plan pays 50% of EME	After ded, You pay 50%	After ded, Plan pays 50% of EME	After ded, You pay 50%	After ded, Plan pays 50% of EME
<b>Primary Infertility</b>	After ded, You pay 50%; limited to \$2000 lifetime per claimant, not to exceed 4 visits	Not covered	After ded, You pay 50%; limited to \$2000 lifetime per claimant, not to exceed 4 visits	Not covered	After ded, You pay 50%; limited to \$2000 lifetime per claimant, not to exceed 4 visits	Not covered
<b>Adoption Benefit</b>	Plan pays up to \$4,000 of medical and/or legal adoption expenses per child for a child under age 6 at the time of the adoption. The adoption of stepchildren, nieces, nephews, brothers, sisters or grandchildren is not covered.		Plan pays up to \$4,000 of medical and/or legal adoption expenses per child for a child under age 6 at the time of the adoption. The adoption of stepchildren, nieces, nephews, brothers, sisters or grandchildren is not covered.		Plan pays up to \$4,000 of medical and/or legal adoption expenses per child for a child under age 6 at the time of the adoption. The adoption of stepchildren, nieces, nephews, brothers, sisters or grandchildren is not covered.	

EME = Eligible Medical Expenses

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