

Utah State University

2011-2012 Plan Designs

BlueOptions Network

Updated 4/28/2011

	Wellness Plan (White)			High Premium Plan			High Deductible Plan		
	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3
GENERAL INFORMATION									
Coinsurance Max (White and Blue)	\$3000/\$6000			\$2,500/\$5,000					
Out-of-Pocket (HDHP)							\$5,000 Single or \$10,000 Family		
Maximum Lifetime Benefit	Unlimited			Unlimited			Unlimited		
Maximum Annual Benefit	\$2,000,000			\$2,000,000			\$2,000,000		
First Dollar Deductibles	\$750 Individual / \$1500 Family (DED does NOT apply toward the coinsurance max)			\$500 Individual / \$1000 Family (DED does NOT apply toward the coinsurance max)			\$1,500 Single or \$3,000 Family (deductible applies toward out-of-pocket maximum) Note: The deductible and coinsurance maximum work differently in this high deductible health plan (HDHP) than in		
Prescription Drugs	You pay \$5 Generic; 35% Formulary Brand; 50% Non-Formulary Brand. <i>prescription coinsurance maximum of \$1500 per year.</i>			You pay \$5 Generic; 35% Formulary Brand; 50% Non-Formulary Brand. <i>prescription coinsurance maximum of \$1250 per year</i>			After the deductible, plan pays 80%.		
Preexisting Condition Limitation	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		
PREVENTIVE									
Routine Physical Exams	Paid 100%, deductible and copay waived.	Paid 60%, deductible waived.	Paid 100%, deductible and copay waived.	Paid 70%, deductible waived.	Paid 100%, deductible waived.	Paid 60%, deductible waived.			
Routine Hearing	Paid 100%, deductible and copay waived.	Paid 60%, deductible waived.	Paid 100%, deductible and copay waived.	Paid 70%, deductible waived. (No dollar maximum)	Paid 100%, deductible waived.	Paid 60%, deductible waived. (No dollar maximum)			
Routine Vision	Paid 100%, deductible and copay waived.	Paid 60%, deductible waived.	Paid 100%, deductible and copay waived.	Paid 70%, deductible waived. (No dollar maximum)	Paid 100%, deductible waived.	Paid 60%, deductible waived. (No dollar maximum)			
Limited Screening Procedures (pap smear, prostate specific antigen, mammography, occult blood, bone density, sigmoidoscopy).	Paid 100%, deductible and copay waived.	Paid 60%, deductible and copays waived.	Paid 100%, deductible and copay waived.	Paid 70%, deductible and copays waived.	Paid 100%, deductible waived.	Paid 60%, deductible and copays waived.			
Colonoscopy Benefit, Preventive	Paid 100%, deductible and copay waived.	Paid at 60%, Ded waived	Paid 100%, deductible and copay waived.	Paid at 70%, Ded waived	Paid 100%, deductible waived.	Paid at 60%, Ded waived			
Routine Well Baby - up to age 5, and immunizations up to age 18	Paid 100%, deductible and copay waived.	Paid 60%, deductible and copays waived.	Paid 100%, deductible and copay waived.	Paid 70%, deductible and copays waived.	Paid 100%, deductible waived.	Paid 60%, deductible and copays waived.			

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Nutritional Counseling	Paid 100%, deductible and copay waived. Limited to 3 counseling sessions per lifetime.		Paid 60%, deductible waived. Limited to 3 sessions per lifetime.	Paid 100%, deductible and copay waived. Limited to 3 counseling sessions per lifetime.		Paid 70%, deductible waived. Limited to 3 sessions per lifetime.	Paid 100%, deductible waived. Limited to 3 counseling sessions per lifetime.		Paid 60%, deductible waived. Limited to 3 sessions per lifetime.
ACCIDENT BENEFITS									
Ortho due to Accident	After ded, plan pays at 70%.	After ded, plan pays at 60%.	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays at 80%.	After ded, plan pays at 70%.	After ded, plan pays at 70%. You may be balance billed	After ded, plan pays at 80%.	After ded, plan pays at 70%.	After ded, plan pays at 60%. You may be balance billed
Dental due to Accident	After ded, plan pays at 70%.	After ded, plan pays at 60%.	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays at 80%.	After ded, plan pays at 70%.	After ded, plan pays at 70%. You may be balance billed	After ded, plan pays at 80%.	After ded, plan pays at 70%.	After ded, plan pays at 60%. You may be balance billed
Maximum Benefit for Ortho or Dental due to Accident	Limited to \$1,000 per member per year			Limited to \$1,000 per member per year			Limited to \$1,000 per member per year		
PHYSICIAN AND PROFESSIONAL BENEFITS									
Office Visits	After ded, You pay \$35; \$40 after hours	After ded, You pay \$35; \$40 after hours	After ded, plan pays at 60%. You may be balance billed	After ded, You pay \$30; \$35 after hours	After ded, You pay \$30; \$35 after hours	After ded, plan pays 70%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays at 60%. You may be balance billed
NEW: Office Visits at USU Student Health & Wellness Clinic; EMPLOYEES ONLY	EMPLOYEES ONLY: You pay \$25 copay, which will be applied toward your deductible. Services limited to minor and preventive services.			EMPLOYEES ONLY: You pay \$25 copay, which will be applied toward your deductible. Services limited to minor and preventive services.			EMPLOYEES ONLY: <u>Preventive services ONLY.</u> \$25 copay. Note: If you obtain services from the Student Health & Wellness Clinic that are not preventive, you may disqualify your HSA, which could result in tax consequences.		
Inpatient Physician Visits	After ded, plan pays at 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays 70%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays at 60%. You may be balance billed
Emergency Department	After ded, you pay \$250 copay per visit.	After ded, you pay \$250 copay per visit.	After ded, you pay \$250 copay per visit.	After ded, you pay \$200 copay per visit	After ded, you pay \$200 copay per visit	After ded, you pay \$200 copay per visit	After ded, plan pays 80%.	After ded, plan pays 80%.	After ded, plan pays 80%.

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Routine Pre-Natal & Delivery	After ded, plan pays at 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays 70%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays at 60%. You may be balance billed
Surgical Expenses	After ded, plan pays at 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays 70%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays at 60%. You may be balance billed
Anesthesia Expenses	After ded, plan pays at 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays 70%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays at 60%. You may be balance billed
Ambulance	After ded, plan pays at 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays 70%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays at 60%. You may be balance billed
Outpatient Surgery	After ded and \$250 copay, plan pays 100%	After ded and \$250 copay, plan pays 90%	After ded and \$400 copay, plan pays 60%	After ded and \$200 copay, plan pays 100%	After ded and \$200 copay, plan pays 90%	After ded and \$300 copay, plan pays 70%	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, plan pays at 60%. You may be balance billed
Diagnostic x-ray and Lab Procedures	After ded, plan pays 100% to a maximum of \$1000 per member per plan year. Thereafter, plan pays at 70%	After ded, plan pays 100% to a maximum of \$1000 per member per plan year. Thereafter, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 100% to a maximum of \$1000 per member per plan year. Thereafter, plan pays at 80%	After ded, plan pays 100% to a maximum of \$1000 per member per plan year. Thereafter, plan pays at 70%	After ded, plan pays 70%. You may be balance billed	After ded, plan pays 100% to a maximum of \$1000 per member per plan year. Thereafter, plan pays at 80%	After ded, plan pays 100% to a maximum of \$1000 per member per plan year. Thereafter, plan pays at 70%	After ded, plan pays at 60%. You may be balance billed
Diagnostic x-ray and Lab Procedures for Preventive services	Paid 100%, deductible waived.		Paid 60%, deductible waived. May be balance billed	Paid 100%, deductible waived.		Paid 70%, deductible waived. May be balance billed	Paid 100%, deductible waived.		Paid 60%, deductible waived. May be balance billed

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	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3
Preadmission Testing	After ded, Plan pays 100%	After ded, Plan pays 100%	After ded, plan pays at 60%. You may be balance billed	After ded, Plan pays 100%	After ded, Plan pays 100%	After ded, Plan pays 70% . You may be balance billed	After ded, Plan pays 100%	After ded, Plan pays 100%	After ded, Plan pays 60%. You may be balance billed
Radiation and Chemotherapy	After ded, plans pays 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
Home Health Care	After ded, plans pays 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
Physical Therapy and Occupational Therapy	After ded, plans pays 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
	<i>Limited to 40 visits per member per year</i>			<i>Limited to 40 visits per member per year</i>			<i>Limited to 40 visits per member per year</i>		
Speech Therapy	After ded, plans pays 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
	<i>For dependent children under age 18 with speech defect and/or developmental difficulty, coverage is provided until maximum improvement has been made or \$1,500 per member per Contract year has been reached.</i>			<i>For dependent children under age 18 with speech defect and/or developmental difficulty, coverage is provided until maximum improvement has been made or \$1,500 per member per Contract year has been reached.</i>			<i>For dependent children under age 18 with speech defect and/or developmental difficulty, coverage is provided until maximum improvement has been made or \$1,500 per member per Contract year has been reached.</i>		
Chiropractic	After ded, you pay \$35 copay per visit	After ded, you pay \$35 copay per visit	After ded, plan pays at 60%. You may be balance billed	After ded, You pay \$30 copay per visit	After ded, You pay \$30 copay per visit	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
	<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>		
Allergy Serum	After ded, plan pays 70%	After ded, plan pays at 60%	After ded, plan pays at 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed

HOSPITAL / FACILITY BENEFITS

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	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3
Inpatient Facility & Ancillary	After ded and \$250 copay per admission, Plan pays 70%	After ded and \$250 copay per admission, Plan pays 60%	After ded and \$250 copay per admission, Plan pays 60%. You may be balance billed	After ded and \$200 copay per admission, plan pays 80%	After ded and \$200 copay per admission, plan pays 70%	After ded and \$200 copay per admission, plan pays 70%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
Skilled Nursing and Extended Care Facility	After ded, plans pays 70%	After ded, plan pays at 60%	After ded, plans pays 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
	<i>Limited to 60 days per member per year</i>			<i>Limited to 60 days per member per year</i>			<i>Limited to 60 days per member per year</i>		
Outpatient Surgery/Facility	After ded and \$250 copay, plan pays 100%	After ded and \$300 copay, plan pays 100%	After ded and \$400 copay, plan pays 60%. You may be balance billed	After ded and \$200 copay, plan pays 100%	After ded and \$250 copay, plan pays 100%	After ded and \$300 copay, plan pays 70%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
Outpatient Radiation and Chemotherapy	After ded, plan pays 70%	After ded, plan pays 60%	After ded, plan pays 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
Hospice Care	After ded, plan pays 70%	After ded, plan pays 60%	After ded, plan pays 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
	<i>No limit</i>			<i>No limit</i>			<i>No limit</i>		
SOLID ORGAN AND BONE MARROW TRANSPLANTS AND MYELOABLATIVE THERAPY									
Solid Organ and Bone Marrow Transplants	Covered as any other; subject to certain limitations			Covered as any other; subject to certain limitations			Covered as any other; subject to certain limitations		
Myeloablative Therapy	Covered as any other; subject to certain limitations			Covered as any other; subject to certain limitations			Covered as any other; subject to certain limitations		
Donor Expense	<i>Limited to \$50,000 per Claimant per transplant. (This limit does not apply to kidney or cornea transplants when Claimant utilizes a Blue Distinction Center of Excellence authorized by the Claims Administrator).</i>			<i>Limited to \$50,000 per Claimant per transplant. (This limit does not apply to kidney or cornea transplants when Claimant utilizes a Blue Distinction Center of Excellence authorized by the Claims Administrator).</i>			<i>Limited to \$50,000 per Claimant per transplant. (This limit does not apply to kidney or cornea transplants when Claimant utilizes a Blue Distinction Center of Excellence authorized by the Claims Administrator).</i>		
OTHER MEDICAL SERVICES AND SUPPLIES									

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	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3
Medical & Surgical Supplies <i>(unrelated to hospital inpatient care)</i>	After ded, plan pays 70%	After ded, plan pays 60%	After ded, plan pays 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
Durable Medical Equipment	After ded, plan pays 70%	After ded, plan pays 60%	After ded, plan pays 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
Orthotic and Prosthetic Devices	After ded, plan pays 70%	After ded, plan pays 60%	After ded, plan pays 60%. You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 70% . You may be balance billed	After ded, plan pays 80%.	After ded, plan pays 70%.	After ded, Plan pays 60%. You may be balance billed
Replacements of Prosthetics, Orthotic or DME.	Paid according to applicable category above			Paid according to applicable category above			Paid according to applicable category above		
Orthotic Devices for the feet	After ded, plan pays 70%. Limited to \$500 per claimant per year. Over-the-counter orthotics excluded.	After ded, plan pays 60%. Limited to \$500 per claimant per year. Over-the-counter orthotics excluded.	After ded, plan pays 60%. Limited to \$500 per claimant per year. Over-the-counter orthotics excluded.	After ded, plan pays 80%. Limited to \$500 per claimant per year. Over-the-counter orthotics excluded.	After ded, plan pays 70%. Limited to \$500 per claimant per year. Over-the-counter orthotics excluded.	After ded, plan pays 70%. Limited to \$500 per claimant per year. Over-the-counter orthotics excluded.	After ded, plan pays 80%. Limited to \$500 per claimant per year. Over-the-counter orthotics excluded.	After ded, plan pays 70%. Limited to \$500 per claimant per year. Over-the-counter orthotics excluded.	After ded, plan pays 60%. Limited to \$500 per claimant per year. Over-the-counter orthotics excluded.
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES									
Inpatient Facility	After ded and \$250 copay, plan pays 70%	After ded and \$250 copay, plan pays 60%	After ded, play pays 50%.	After ded and \$200 copay, plan pays 80%	After ded and \$200 copay, plan pays 70%	After ded, play pays 50%.	After ded, plan pays 80%	After ded, plan pays 70%	After ded, play pays 50%.
	<i>Limited to 40 days per member per year</i>			<i>Limited to 40 days per member per year</i>			<i>Limited to 40 days per member per year</i>		
Inpatient Physician Visits	After ded, plan pays 70%	After ded, plan pays 60%	After ded, play pays 50%.	After ded, plan pays 80%	After ded, plan pays 70%	After ded, play pays 50%.	After ded, plan pays 80%	After ded, plan pays 70%	After ded, play pays 50%.
	<i>Limited to 40 visits per member per year; 1 visit per day</i>			<i>Limited to 40 visits per member per year; 1 visit per day</i>			<i>Limited to 40 visits per member per year; 1 visit per day</i>		

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	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3
Outpatient Treatment	After ded, plan pays 70%	After ded, plan pays 60%	After ded, play pays 50%.	After ded, plan pays 80%	After ded, plan pays 70%	After ded, play pays 50%.	After ded, plan pays 80%	After ded, plan pays 70%	After ded, play pays 50%.
	<i>Limited to 40 visits per member per year; 1 visit per day.</i>			<i>Limited to 40 visits per member per year; 1 visit per day.</i>			<i>Limited to 40 visits per member per year; 1 visit per day.</i>		
Attention Deficit Disorder	After ded, plan pays 70%	After ded, plan pays 60%	After ded, play pays 50%.	After ded, plan pays 80%	After ded, plan pays 70%	After ded, play pays 50%.	After ded, plan pays 80%	After ded, plan pays 70%	After ded, play pays 50%.
	<i>Limited to 6 outpatient visits for diagnosis only</i>			<i>Limited to 6 outpatient visits for diagnosis only</i>			<i>Limited to 6 outpatient visits for diagnosis only</i>		
Drug/Alcohol Use or Abuse Treatment Program	After ded, plan pays 70%. Services limited.	After ded, plan pays 60%. Services limited.	Not covered	After ded, plan pays 80%. Services limited.	After ded, plan pays 70%. Services limited.	Not covered	After ded, plan pays 80%. Services limited.	After ded, plan pays 70%. Services limited.	Not covered
LIMITED BENEFITS									
Orthognathic Procedures	After ded, You pay 50%	After ded, You pay 50%	After ded, You pay 50%. You may be balance billed	After ded, You pay 50%	After ded, You pay 50%	After ded, You pay 50%. You may be balance billed	After ded, You pay 50%	After ded, You pay 50%	After ded, You pay 50%. You may be balance billed
Diagnosis and Treatment of TMJ	After ded, You pay 50%	After ded, You pay 50%	After ded, You pay 50%. You may be balance billed	After ded, You pay 50%	After ded, You pay 50%	After ded, You pay 50%. You may be balance billed	After ded, You pay 50%	After ded, You pay 50%	After ded, You pay 50%. You may be balance billed
	<i>Limited to \$1000 lifetime per claimant</i>			<i>Limited to \$1000 lifetime per claimant</i>			<i>Limited to \$1000 lifetime per claimant</i>		
Pain Clinics	After ded, You pay 50%	After ded, You pay 50%	After ded, You pay 50%. You may be balance billed	After ded, You pay 50%	After ded, You pay 50%	After ded, You pay 50%. You may be balance billed	After ded, You pay 50%	After ded, You pay 50%	After ded, You pay 50%. You may be balance billed
Primary Infertility	After ded, plan pays 50%. Limited to \$2000 lifetime per claimant.	After ded, plan pays 50%. Limited to \$2000 lifetime per claimant.	After ded, plan pays 50%. Limited to \$2000 lifetime per claimant.	After ded, plan pays 50%. Limited to \$2000 lifetime per claimant.	After ded, plan pays 50%. Limited to \$2000 lifetime per claimant.	After ded, plan pays 50%. Limited to \$2000 lifetime per claimant.	After ded, plan pays 50%. Limited to \$2000 lifetime per claimant.	After ded, plan pays 50%. Limited to \$2000 lifetime per claimant.	After ded, plan pays 50%. Limited to \$2000 lifetime per claimant.

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	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3
Adoption Benefit	Plan pays up to \$4,000 of medical and/or legal adoption expenses per child for a child under age 6 at the time the child is placed in the Plan Participant's home on a permanent basis. 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 the child is placed in the Plan Participant's home on a permanent basis. 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 the child is placed in the Plan Participant's home on a permanent basis. The adoption of stepchildren, nieces, nephews, brothers, sisters or grandchildren is not covered.		

DISCLAIMER:

This summary provides a brief description of the Plan benefits only and should not be relied upon for detailed information regarding your coverage. Please refer to the Utah State University Summary Plan Description for complete details regarding covered benefits, limitations, exclusions, eligibility and other important information. If there are any differences between this summary and the SPD, the SPD will prevail.

Utah State University - Internal COB

Final 2011-2012 Plan Design

Updated 3/21/2011

	Wellness Plan (White)			High Premium Plan (Blue)		
	Cat 1	Cat 2	Cat 3	Cat 1	Cat 2	Cat 3
First Dollar Deductibles	\$375/\$750 (DED does NOT apply toward the coinsurance max)			\$250/\$500 (Ded does NOT apply toward the coinsurance max)		
Prescription Drugs	You pay \$1.25 Generic; 9% Formulary Brand; 14% Non-Formulary Brand.			You pay \$1.25 Generic; 9% Formulary Brand; 14% Non-Formulary Brand.		
Preventive care (including routine physical, hearing and vision exams and well baby care).	Paid 100%, deductible waived. (No dollar maximum)		Paid 60%, deductible waived. (No dollar maximum)	Paid 100%, deductible waived. (No dollar maximum)		Paid 60%, deductible waived. (No dollar maximum)
Physician and Professional benefits, including physician office visits, mental health providers, urgent care centers, physical therapy and chiropractic visits).	After ded and \$10 copay, plan pays at 70%	After ded and \$10 copay, plan pays at 60%	After ded and \$10 copay, plan pays at 60%	After ded and \$10 copay, plan pays at 80%	After ded and \$10 copay, plan pays at 70%	After ded and \$10 copay, plan pays at 70%
Dental	Maximum benefit for Preventive and Diagnostic, Basic and Major dental services will be \$3000 per claimant per plan year. All services will be paid at 100% of the allowed amount up to the above maximum			Maximum benefit for Preventive and Diagnostic, Basic and Major dental services will be \$3000 per claimant per plan year. All services will be paid at 100% of the allowed amount up to the above maximum		
Orthodontia	Maximum benefit for Orthodontic dental services will be \$3000 per claimant per lifetime. All services will be paid at 100% of the allowed amount up to the above maximum.			Maximum benefit for Orthodontic dental services will be \$3000 per claimant per lifetime. All services will be paid at 100% of the allowed amount up to the above maximum.		