



OFFICE OF HUMAN RESOURCES

OVERVIEW Plan Comparison
CATEGORY 1 & 2 BENEFITS

	Wellness ("White")	High Premium ("Blue")	High Deductible ("Choice")
Benefits Per Plan Year	<i>You Pay</i>	<i>You Pay</i>	<i>You Pay</i>
Deductible (Ded)			
Per employee	\$750	\$500	\$1,500
Per family	\$1,500	\$1,000	\$3,000
Premium	See premium page	See premium page	\$0
Preventive Care Cost	\$0	\$0	\$0
Preventive Care is not subject to deductibles!			
Co-pays			
Dr. visit <i>(regular office hours)</i>	\$35 copay, after ded	\$30 copay, after ded	After ded, you pay 20%
Hospitalization	\$250 copay, after ded	\$200 copay, after ded	After ded, you pay 20%
Coinsurance Percentage	You pay 30%, after ded	You pay 20%, after ded	You pay 20%, after ded
Maximum Co-insurance	<i>(Ded not included)</i>	<i>(Ded not included)</i>	<i>(Includes Ded)</i>
Per employee	\$3,000	\$2,500	\$5,000
Per family	\$6,000	\$5,000	\$10,000
Diagnostic Xray and Lab	After ded, you pay \$0 up to \$1000. Thereafter you pay 30%	After ded, you pay \$0 up to \$1000. Thereafter you pay 20%	After ded, you pay \$0 up to \$1000. Thereafter you pay 20%
Prescription drugs			
Generic	\$5	\$5	After ded, you pay 20%
Formulary	35%	35%	
Non Formulary	50%	50%	
Rx Coinsurance Maximum	\$1,500	\$1,250	N/A

FOR A FULL EXPLANATION OF ALL PLAN COVERAGES, LIMITATIONS, EXCLUSIONS AND COSTS, **CONSULT THE PLAN DOCUMENT**, AVAILABLE AFTER JULY 1 ONLINE AT <http://www.usu.edu/hr/html/benefits>, OR IN HUMAN RESOURCES