

HEALTH BENEFITS

Medical

Southern Utah University offers the following medical plans through **UMR** for the 2025–2026 plan year. A brief summary of the in-network plan details and coverage amounts for these plans are shown below.

Southern Utah University: QHDHP Plan

In-Network Plan Details	Participating Provider: Tier 1	Participating Provider: Tier 2
Deductible (PPY)	\$1,650 Individual / \$3,300 Family	\$1,800 Individual / \$3,600 Family
Out-of-Pocket Maximum (OOPM)	\$1,650 Individual / \$3,300 Family	\$3,050 Individual / \$6,100 Family
Coinsurance	NA	Carrier Pays 80% / Member Pays 20% AD
Out-of-Network Plan Details *	Non-Participating Provider: Tier 3	
Deductible (PPY)	\$3,500 Individual / \$7,000 Family	
Out-of-Pocket Maximum (OOPM)	\$6,000 Individual / \$12,000 Family	
Coinsurance	Carrier Pays 60% / Member Pays 40% AD	
In-Network Services	Participating Provider: Tier 1	Participating Provider: Tier 2
Preventive Care **	Covered 100%	Covered 100%
Office Visit (Primary Care / Specialist)	Covered 100% AD	\$35 AD / \$45 AD
TeleHealth (Telephonic Visits)	Not Covered	\$35 AD
Telemedicine (Teladoc)	Not Covered	\$15 Co-pay AD
Mental Health Inpatient Outpatient Outpatient - Office Visits	Not Covered Covered 100% AD Covered 100% AD	80 / 20 AD 80 / 20 AD \$35 AD
Chiropractic	Not Covered	\$45 AD
Hospital (Inpatient & Outpatient)	Covered 100% AD	80 / 20 AD
Diagnostic Imaging & Lab (Minor & Major)	Covered 100% AD	80 / 20 AD
Urgent Care	Not Covered	\$45 AD
Emergency Services	Not Covered	\$300 AD
Pediatric Services (Through Age 18) Routine Eye Exam	Not Covered	Covered 100% (1 Per Policy Year)
In-Network Prescriptions		
Pharmacy (Generic Required) Generic / Preferred Non-Preferred / Specialty	Not Covered	\$10 AD / 30% AD (\$250 Max.) 50% AD (\$350 Max.) / Up to 40% AD (\$400 Max.)
Maintenance or Mail Order (Generic Required) Generic / Preferred Non-Preferred / Specialty	Not Covered	\$20 AD / 30% AD (\$250 Max.) 50% AD (\$350 Max.) / Up to 40% AD (\$400 Max.)

Deductible: If more than one person in a Family is covered under the policy, the Individual Deductible does NOT apply. Instead, the Family Deductible applies and no medical expenses will be paid by the plan (other than covered preventive care) until the Family Deductible is met.

Out-of-Pocket Maximum (OOPM): If more than one person in a Family is covered under the policy, the Individual out-of-pocket maximum does NOT apply. Instead, the Family out-of-pocket maximum applies and no medical expenses will be paid by the plan (other than covered preventive care) until the Family out-of-pocket maximum is met.

AD: After Deductible

PPY: Per Plan Year

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided UMR materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided UMR materials for additional information.

The table above illustrates your in-network benefits in summary only. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents available from Human Resources or at www.UMR.com.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.