Southern Utah University: *Traditional Plan*

In-Network Plan Details	Participating Provider: Tier 1	Participating Provider: Tier 2
Deductible (PPY)	$1,000 Individual / $1,500 Family	$1,000 Individual / $1,500 Family
Out-of-Pocket Maximum (OOPM)	$2,500 Individual / $5,000 Family	$3,500 Individual / $7,000 Family
Coinsurance	Carrier Pays 90% / Member Pays 10% AD	Carrier Pays 80% / Member Pays 20% AD
Out-of-Network Plan Details *	**Non-Participating Provider:** Tier 3	
Deductible (PPY)	$1,500 Individual / $3,000 Family	
Out-of-Pocket Maximum (OOPM)	$7,000 Individual / $14,000 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)	$15 Co-pay / $20 Co-pay	$35 Co-pay / $45 Co-pay
TeleHealth (Telephonic Visits)	Not Covered	$35 Co-pay
Telemedicine (Teladoc)	Not Covered	$15 Co-pay
Mental Health Inpatient Outpatient Outpatient - *Office Visits*	 Not Covered 90 / 10 AD $15 Co-pay	 80 / 20 AD 80 / 20 AD $35 Co-pay
Chiropractic	Not Covered	$45 Co-pay
Hospital (Inpatient & Outpatient)	90 / 10 AD	80 / 20 AD
Diagnostic Imaging & Lab (Minor & Major)	90 / 10 AD	80 / 20 AD
Urgent Care	Not Covered	$45 Co-pay
Emergency Services	Not Covered	$300 Co-pay
Pediatric Services (Through Age 18) Routine Eye Exam	 Not Covered	 Covered 100% (1 Per Policy Year)
In-Network Prescriptions		
Deductible (PPY)	Not Covered	$50 Single / $150 Family
Pharmacy (Generic Required) Generic / Preferred Non-Preferred / Specialty	Not Covered	 $10 APD / 30% APD ($250 Max.) 50% APD ($350 Max.) / Up to 40% APD ($400 Max.)
Maintenance or Mail Order (Generic Required) Generic / Preferred Non-Preferred / Specialty	Not Covered	 $20 APD / 30% APD ($250 Max.) 50% APD ($350 Max.) / Up to 40% APD ($400 Max.)

Deductible: If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.

Out-of-Pocket Maximum (OOPM): If any family member reaches the individual out-of-pocket maximum then the out-of-pocket maximum is satisfied for that family member. If any combination of family members reach the family out-of-pocket maximum, then the out-of-pocket maximum is satisfied for the entire family.

AD: After Deductible **APD:** After Pharmacy 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**.