

Medical Plans: 2023-2024

Southern Utah University offers the following medical plan through UMR:

	Southern Utah University QHDHP		
	Participating Provider Tier 1	Participating Provider Tier 2	Non-Participating Provider Tier 3 *
Deductible PCY (Individual / Family)	\$1,500 / \$3,000	\$1,750 / \$3,500	\$3,500 / \$7,000
	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 (other than covered preventive care) will be paid by the plan until the Family Deductible is met.		
Out of Pocket Maximum (Includes Most Services)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000
	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 you will pay the applicable co-pay or coinsurance (other than covered preventive care) until the Family Out of Pocket Maximum is met.		
Coinsurance (Carrier Pays / Member Pays)	NA	80% / 20% AD	60% / 40% AD
Office Visits			
Primary Care	Covered 100% AD	\$35 AD	60 / 40 AD
Preventive **	Covered 100%	Covered 100%	60 / 40 AD
Specialists or Secondary Care Provider	Covered 100% AD	\$45 AD	60 / 40 AD
Chiropractic	NA	\$45 AD	60 / 40 AD
Telehealth (Telephonic Visits)	NA	\$35 AD	60 / 40 AD
Telemedicine - Teladoc	NA	Covered 100%	Not Covered
Diagnostic Lab & X-Ray Services			
Minor (In Office)	Covered 100% AD	80 / 20 AD	60 / 40 AD
Major	Covered 100% AD	80 / 20 AD	60 / 40 AD
Pediatric Services (Through age 18)			
Routine Eye Exam (1 Per Policy Year)	NA	Covered 100%	60 / 40 AD
Hospital Services			
Outpatient	Covered 100% AD	80 / 20 AD	60 / 40 AD
Inpatient	Covered 100% AD	80 / 20 AD	60 / 40 AD
Maternity	NA	80 / 20 AD	60 / 40 AD
Emergency Services			
Urgent Care	NA	\$45 AD	60 / 40 AD
Emergency Room	NA	\$300 AD	See Network Benefits
Ambulance	NA	80 / 20 AD	See Network Benefits
Mental Health Services			
Inpatient	NA	80 / 20 AD	60 / 40 AD
Outpatient	NA	80 / 20 AD	60 / 40 AD
Outpatient - Office	NA	\$35 AD	60 / 40 AD
Prescriptions (Generic Required)		Generic / Preferred / Non-Preferred / Specialty	
Pharmacy	NA	\$10 AD / 30% AD (\$250 Max.) / 50% AD (\$350 Max.) / Up to 40% AD (\$400 Max.)	Not Covered
Maintenance Drugs or Mail Order	NA	\$20 AD / 30% AD (\$250 Max.) / 50% AD (\$350 Max.) / Up to 40% AD (\$400 Max.)	Not Covered

Coverage Type	Southern Utah University QHDHP Employee Per Pay Period Rates	
	Employee	Employer
Employee (EE)	\$32.55	\$273.05
Two Party & Family	\$92.05	\$791.20

AD: After Deductible

PCY: Per Calendar 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.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.UMR.com.