



2023 Utah Universities

Medical
Plan
Comparison

Disclosure: Based upon information provided within employee benefit guides or through online sources.

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Southern Utah University:

MEDICAL BENEFITS	UMR	UMR	
Southern Utah University	Traditional	QHDHP	
Network	Network Name(s)	Network Name(s)	
In Network			
Deductible: Individual	\$1,000 T1 / \$1,000 T2	\$1,500 T1 / \$1,750 T2	
Deductible: Family	\$1,500 T1 / \$1,500 T2	\$3,000 T1 / \$3,500 T2	
Co-Insurance	10% T1/ 20% T2 AD	20% AD	
Out-of-Pocket Limit: Individual	\$2,000 T1 / \$3,500 T2	\$1,500 T1 / \$3,000 T2	
Out-of-Pocket Limit: Family	\$5,000 T1 / \$7,000 T2	\$3,000 T1 / \$6,000 T2	
Preventative Care	Covered 100%	Covered 100%	
Inpatient Facility	10% T1 / 20% T2 AD	Covered 100% T1 / 20% T2 AD	
Outpatient Surgery	10% T1 / 20% T2 AD	Covered 100% T1 / 20% T2 AE	
PCP	\$15 Co-Pay T1 / \$35 Co-Pay T2	Covered 100% T1 / \$35 Co-Pay AD	
Specialist	\$20 Co-Pay T1 / \$45 Co-Pay T2	Covered 100% T1 / \$45 Co-Pay AD	
Urgent Care	45% AD	Covered 100% T1 / \$45 Co-Pa	
ER	\$300 Co-Pay	\$300 Co-Pay AD	
Diagnostic Lab / X-Ray	10% T1 / 20% T2 AD	Covered 100% T1 / 20% T2 AD	
Prescription Drugs			
Deductible: Individual	\$50	Included in Medical	
Deductible: Family	\$150	Included in Medical	
Tier 1	\$10 APD	\$10 AD	
Tier 2	30% APD; \$250 max	30% AD; \$250 max	
Tier 3	50% APD; \$350 max	50% AD; \$350 max	
Tier 4	40% APD; \$400 max	40% AD; \$400 max	
Out of Network			
Deductible: Single	\$1,500	\$3,500	
Deductible: Family	\$3,000	\$7,000	
Out-of-Pocket Limit: Family	\$14,000	\$12,000	
Co-Insurance	40% AD	40% AD	
Premium by plan			
Employee Only	\$77.15	\$32.55	
Employee + 1	\$175.00	\$92.05	
Family	\$251.65	\$92.05	

Salt Lake Community College:

MEDICAL BENEFITS	Regence	Regence	
Salt Lake Community College	Regence BluePoint	Regence HSA Healthplan	
Network	Network Name(s)	Network Name(s)	
In Network			
Deductible: Individual	\$600	\$1,700	
Deductible: Family	\$1,200	\$3,400	
Co-Insurance	20% AD	10% AD	
Out-of-Pocket Limit: Individual	\$3,500	\$3,500	
Out-of-Pocket Limit: Family	\$7,000	\$7,000	
Preventative Care	Covered 100%	Covered 100%	
Inpatient Facility	20% AD	10% AD	
Outpatient Surgery	20% AD	10% AD	
PCP	\$25 Co-Pay	\$25 Co-Pay AD	
Specialist	\$35 Co-Pay	\$35 Co-Pay AD	
Urgent Care	\$35 Co-Pay	\$35 Co-Pay AD	
ER	20% AD	10% AD	
Diagnostic Lab / X-Ray	20% AD	10% AD	
Prescription Drugs			
Deductible: Individual	\$150	Included in Medical	
Deductible: Family	\$450	Included in Medical	
Tier 1	\$7 APD	\$7 Co-Pay AD	
Tier 2	\$7 APD	\$7 Co-Pay AD	
Tier 3	10%; \$250 max APD	10%; \$250 max AD	
Tier 4	15%; \$300 max APD	15%; \$300 max AD	
Out of Network			
Deductible: Single	\$2,000	\$3,500	
Deductible: Family	\$4,000	\$7,000	
Out-of-Pocket Limit: Family	\$10,000	\$14,000	
Co-Insurance	40% AD	30% AD	
Premium by plan	Paticipat	ing Network	
Employee Only	\$71.00	\$48.00	
Employee + One	\$153.00	\$103.00	
Family	\$212.50	\$150.00	
Premium by plan	ValueCare Network		
Employee Only	\$35.50	\$15.50	
Employee + One	\$79.00	\$35.50	
Family	\$107.50	\$48.00	
Premium by plan	Focal Po	int Network	
Employee Only	\$8.50	\$0.00	
Employee + One	\$19.00	\$0.00	
Family	\$27.50	\$0.00	

Weber State University:

MEDICAL BENEFITS	PEHP	PEHP	
Wohen State University	Traditional (Non-HSA)	STAR HSA	
Weber State University	Summit & Adnvantage	Summit & Advantage	
Network	Network Name(s)	Network Name(s)	
In Network			
Deductible: Individual	\$350	\$1,500	
Deductible: Family	\$700	\$3,000	
Co-Insurance	20% AD	20% AD	
Out-of-Pocket Limit: Individual	\$3,000	\$2.50	
Out-of-Pocket Limit: Family	\$9,000	\$7,500	
Preventative Care	Covered 100%	Covered 100%	
Inpatient Facility	20% AD	20% AD	
Outpatient Surgery	20% AD	20% AD	
PCP	\$25 Co-Pay		
Specialist	\$35 Co-Pay	20% AD	
Urgent Care	\$45 Co-Pay	20% AD	
ER	\$35 Co-Pay	20% AD	
Diagnostic Lab / X-Ray	20% AD	20% AD	
Prescription Drugs			
Deductible:		Included in Medical	
Tier 1	\$10 Co-Pay	\$10 Co-Pay AD	
Tier 2	25%, \$25 minimum	25% AD, \$25 minimum	
Tier 3	50%, \$50 minimum	50% AD, \$50 minimum	
Tier 4	20-30%	20-30% AD	
Out of Network			
Deductible: Single	\$350	\$1,500	
Deductible: Family	\$700	\$3,000	
Out-of-Pocket Limit: Family	\$9,000	\$7,500	
Co-Insurance	40% AD	40\$ AD	
Premium by plan			
Employee Only	\$36.67	\$0.00	
Employee + 1	\$75.60	\$0.00	
Family	\$100.93	\$0.00	

Utah Valley University:

Utah Valley University Trafitional Plan Network Name(s) High Deductible Health Plan (HDHP) Network Network Name(s) Network Name(s) In Network 1500 \$2,000 Deductible: Family 1,500 \$4,000 Co-Insurance 20% 20% Out-of-Pocket Limit: Individual \$5,000 \$4,000 Out-of-Pocket Limit: Family \$10,000 \$8,000 Preventative Care Covered 100% Covered 100% Inpatient Facility 20% AD 20% AD Outpatient Surgery 20% AD 20% AD PCP \$30 \$25 AD Specialist \$40 \$35 AD ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs 20% 20% AD Deductible: Family \$400 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50%	MEDICAL BENEFITS	Regence	Regence	
In Network	Utah Valley University	Trafitional Plan	. —	
Deductible: Individual	Network	Network Name(s)	Network Name(s)	
Deductible: Family	In Network			
Co-Insurance 20% 20% Out-of-Pocket Limit: Individual \$5,000 \$4,000 Out-of-Pocket Limit: Family \$10,000 \$8,000 Preventative Care Covered 100% Covered 100% Inpatient Facility 20% AD 20% AD Outpatient Surgery 20% AD 20% AD PCP \$30 \$25 AD Specialist \$40 \$35 AD Urgent Care \$40 \$35 AD ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs 20% 20% AD Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50%; \$350 max AD Out of Network S0%; \$350 max AD 50%; \$350 max AD Out of Network \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 <		\$750	\$2,000	
Out-of-Pocket Limit: Individual Out-of-Pocket Limit: Family \$5,000 \$4,000 Preventative Care Covered 100% Covered 100% Inpatient Facility 20% AD 20% AD Outpatient Surgery 20% AD 20% AD PCP \$30 \$25 AD Specialist \$40 \$35 AD Urgent Care \$40 \$35 AD ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Outof Network Vertical Section of the Network Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$3,000 \$8,000 Co-Insurance 40% AD 40%	Deductible: Family	1,500	\$4,000	
Out-of-Pocket Limit: Family \$10,000 \$8,000 Preventative Care Covered 100% Covered 100% Inpatient Facility 20% AD 20% AD Outpatient Surgery 20% AD 20% AD PCP \$30 \$25 AD Specialist \$40 \$35 AD Urgent Care \$40 \$35 AD ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Praficipating Network<	Co-Insurance	20%	20%	
Preventative Care Covered 100% Covered 100% Inpatient Facility 20% AD 20% AD Outpatient Surgery 20% AD 20% AD PCP \$30 \$25 AD Specialist \$40 \$35 AD Urgent Care \$40 \$35 AD ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network <td>Out-of-Pocket Limit: Individual</td> <td>\$5,000</td> <td>\$4,000</td>	Out-of-Pocket Limit: Individual	\$5,000	\$4,000	
Inpatient Facility	Out-of-Pocket Limit: Family	\$10,000	\$8,000	
Outpatient Surgery 20% AD 20% AD PCP \$30 \$25 AD Specialist \$40 \$35 AD Urgent Care \$40 \$35 AD ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 </td <td>Preventative Care</td> <td>Covered 100%</td> <td>Covered 100%</td>	Preventative Care	Covered 100%	Covered 100%	
PCP \$30 \$25 AD Specialist \$40 \$35 AD Urgent Care \$40 \$35 AD ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee Only \$45.11	Inpatient Facility	20% AD	20% AD	
Specialist \$40 \$35 AD Urgent Care \$40 \$35 AD ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network	Outpatient Surgery	20% AD	20% AD	
Urgent Care \$40 \$35 AD ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% SOW AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 <tr< td=""><td>PCP</td><td>\$30</td><td>\$25 AD</td></tr<>	PCP	\$30	\$25 AD	
ER \$300 + 20% \$300 + 20% AD Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Specialist	\$40	\$35 AD	
Diagnostic Lab / X-Ray 20% 20% AD Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% SOW AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Urgent Care	\$40	\$35 AD	
Prescription Drugs Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50%; \$350 max AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	ER	\$300 + 20%	\$300 + 20% AD	
Deductible: Individual \$200 Included with Medical Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Diagnostic Lab / X-Ray	20%	20% AD	
Deductible: Family \$400 Included with Medical Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Prescription Drugs			
Tier 1 \$10 \$10 AD Tier 2 30% AD 30% AD Tier 3 50% AD 50% SOW AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Deductible: Individual	\$200	Included with Medical	
Tier 2 30% AD 30% AD Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Deductible: Family	\$400	Included with Medical	
Tier 3 50% AD 50% AD Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Tier 1	\$10	\$10 AD	
Tier 4 50%; \$350 max AD 50%; \$350 max AD Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Tier 2	30% AD	30% AD	
Out of Network Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Tier 3	50% AD	50% AD	
Deductible: Single \$1,500 \$4,000 Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Tier 4	50%; \$350 max AD	50%; \$350 max AD	
Deductible: Family \$3,000 \$8,000 Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Out of Network			
Out-of-Pocket Limit: Family \$11,000 \$12,000 Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Deductible: Single	\$1,500	\$4,000	
Co-Insurance 40% AD 40% AD Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Deductible: Family	\$3,000	\$8,000	
Premium by plan Paticipating Network Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Out-of-Pocket Limit: Family	\$11,000	\$12,000	
Employee Only \$48.76 \$13.84 Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Co-Insurance	40% AD	40% AD	
Employee + One \$107.26 \$30.44 Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Premium by plan			
Family \$151.14 \$42.89 Premium by plan Preferred ValueCare Network Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Employee Only	\$48.76	\$13.84	
Premium by planPreferred ValueCare NetworkEmployee Only\$21.31\$0.00Employee + One\$46.87\$0.00	Employee + One	\$107.26	\$30.44	
Employee Only \$21.31 \$0.00 Employee + One \$46.87 \$0.00	Family	\$151.14	\$42.89	
Employee + One \$46.87 \$0.00	Premium by plan	Preferred Valu	eCare Network	
	Employee Only	\$21.31	\$0.00	
Family \$66.05 \$0.00	Employee + One	\$46.87	\$0.00	
	Family	\$66.05	\$0.00	

Utah Tech University:

***raditional (Non-HSA) **ummit & Adnvantage **Network Name(s)** \$350 \$700 20% AD \$3,000 \$9,000 Covered 100% 20% AD 20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay \$35 Co-Pay \$35 Co-Pay	\$TAR HSA Summit & Advantage Network Name(s) \$1,500 \$3,000 20% AD \$2.50 \$7,500 Covered 100% 20% AD 20% AD 20% AD 20% AD 20% AD 20% AD
\$350 \$350 \$700 20% AD \$3,000 \$9,000 Covered 100% 20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay	\$1,500 \$3,000 20% AD \$2.50 \$7,500 Covered 100% 20% AD 20% AD 20% AD 20% AD
\$350 \$700 20% AD \$3,000 \$9,000 Covered 100% 20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay	\$1,500 \$3,000 20% AD \$2.50 \$7,500 Covered 100% 20% AD 20% AD 20% AD 20% AD
\$700 20% AD \$3,000 \$9,000 Covered 100% 20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay	\$3,000 20% AD \$2.50 \$7,500 Covered 100% 20% AD 20% AD 20% AD 20% AD 20% AD 20% AD
\$700 20% AD \$3,000 \$9,000 Covered 100% 20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay	\$3,000 20% AD \$2.50 \$7,500 Covered 100% 20% AD 20% AD 20% AD 20% AD 20% AD 20% AD
20% AD \$3,000 \$9,000 Covered 100% 20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay	20% AD \$2.50 \$7,500 Covered 100% 20% AD 20% AD 20% AD 20% AD 20% AD
\$3,000 \$9,000 Covered 100% 20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay	\$2.50 \$7,500 Covered 100% 20% AD 20% AD 20% AD 20% AD 20% AD
\$9,000 Covered 100% 20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay \$35 Co-Pay	\$7,500 Covered 100% 20% AD 20% AD 20% AD 20% AD 20% AD 20% AD
Covered 100% 20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay \$35 Co-Pay	20% AD
20% AD 20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay \$35 Co-Pay	20% AD 20% AD 20% AD 20% AD 20% AD
20% AD \$25 Co-Pay \$35 Co-Pay \$45 Co-Pay \$35 Co-Pay	20% AD 20% AD 20% AD 20% AD
\$25 Co-Pay \$35 Co-Pay \$45 Co-Pay \$35 Co-Pay	20% AD 20% AD 20% AD
\$35 Co-Pay \$45 Co-Pay \$35 Co-Pay	20% AD 20% AD
\$45 Co-Pay \$35 Co-Pay	20% AD 20% AD
\$35 Co-Pay	20% AD
	*
20% AD	20% AD
Included in Medical	Included in Medical
\$10 Co-Pay AD	\$10 Co-Pay AD
25% AD, \$25 minimum	25% AD, \$25 minimum
50% AD, \$50 minimum	50% AD, \$50 minimum
20-30% AD	20-30% AD
\$350	\$1,500
\$700	\$3,000
\$9,000	\$7,500
40% AD	40\$ AD
\$28.27	\$0.00
\$58.29	\$0.00
\$77.82	\$0.00
	\$350 \$700 \$9,000 40% AD \$28.27 \$58.29

University of Utah:

MEDICAL BENEFITS	Regence	Regence	
University of Utah	Advantage Plan	Consumer Directed Health Plan (CDHP)	
Network	Network Name(s)	Network Name(s)	
In Network			
Deductible: Individual	\$250	\$1,500	
Deductible: Family	\$500	\$3,000	
Co-Insurance	15% / 20% AD	30% AD	
Out-of-Pocket Limit: Individual	\$2,500	\$5,000	
Out-of-Pocket Limit: Family	\$5,000	\$10,000	
Preventative Care	Covered 100%	Covered 100%	
Inpatient Facility	15% / 20% AD	30% AD	
Outpatient Surgery	15% / 20% AD	30% AD	
PCP	\$20 Co-Pay / \$40 Co-Pay	30% AD	
Specialist	\$20 Co-Pay / \$40 Co-Pay	30% AD	
Urgent Care	\$40 Co-Pay	30% AD	
ER	\$200 Co-Pay	30% AD	
Diagnostic Lab / X-Ray	15% AD / 20% AD	30% AD	
Prescription Drugs			
Deductible:		Included in Medical	
Tier 1	20% / 25%; \$250 max	30% AD	
Tier 2	20% / 25%; \$250 max	30% AD	
Tier 3	20% / 35%; \$350 max	30% AD	
Tier 4	20% / 35%; \$500 max	30% AD	
Out of Network			
Deductible: Single	\$500	\$3,000	
Deductible: Family	\$1,000	\$6,000	
Out-of-Pocket Limit: Family	\$10,000	\$20,000	
Co-Insurance	40%	30% AD	
Premium by plan	Preferred Value Care		
Employee Only	\$86.62	\$0.00	
Employee + 1	\$151.60	\$0.00	
Family	\$228.72	\$0.00	
Premium by plan	Participatir	ng Network	
Employee Only	\$172.66	N/A	
Employee + 1	\$302.14	N/A	
Family	\$455.80	N/A	

Snow College:

MEDICAL BENEFITS	PEHP	PEHP	
Snow College	Traditional (Non-HSA)	STAR HSA	
Snow College	Summit & Adnvantage	Summit & Advantage	
Network	Network Name(s)	Network Name(s)	
In Network			
Deductible: Individual	\$350	\$1,500	
Deductible: Family	\$700	\$3,000	
Co-Insurance	20% AD	20% AD	
Out-of-Pocket Limit: Individual	\$3,000	\$2.50	
Out-of-Pocket Limit: Family	\$9,000	\$7,500	
Preventative Care	Covered 100%	Covered 100%	
Telemedicine	Covered		
Inpatient Facility	20% AD	20% AD	
Outpatient Surgery	20% AD	20% AD	
PCP	\$25 Co-Pay		
Specialist	\$35 Co-Pay	20% AD	
Urgent Care	\$45 Co-Pay	20% AD	
ER	\$35 Co-Pay	20% AD	
Diagnostic Lab / X-Ray	20% AD	20% AD	
Prescription Drugs			
Deductible:		Included in Medical	
Tier 1	\$10 Co-Pay	\$10 Co-Pay AD	
Tier 2	25%, \$25 minimum	25% AD, \$25 minimum	
Tier 3	50%, \$50 minimum	50% AD, \$50 minimum	
Tier 4	20-30%	20-30% AD	
Out of Network			
Deductible: Single	\$350	\$1,500	
Deductible: Family	\$700	\$3,000	
Out-of-Pocket Limit: Family	\$9,000	\$7,500	
Co-Insurance	40% AD	40\$ AD	
Premium by plan			
Employee Only	\$60.47	\$0.00	
Employee + 1	\$124.68	\$0.00	
Family	\$166.45	\$0.00	

Utah State University:

MEDICAL BENEFITS	Regence	Regence	Regence
Utah State University	High Deductible Health Plan (HDHP)	Wellness (White)	High Premium (Blue)
Network	Network Name(s)	Network Name(s)	Network Name(s)
In Network			
Deductible: Individual	\$1,500	\$750	\$500
Deductible: Family	\$3,000	\$1,500	\$1,000
Co-Insurance	20% AD	30%	20%
Out-of-Pocket Limit: Individual	\$5,000	\$4,000	\$3,250
Out-of-Pocket Limit: Family	\$10,000	\$8,000	\$6,500
Preventative Care	Covered 100%	Covered 100%	Covered 100%
Inpatient Facility	20% AD	30% AD	20% AD
Outpatient Surgery	20% AD	30% AD	20% AD
PCP	20% AD	\$35 Co-Pay AD	\$30 Co-Pay AD
Specialist	20% AD	\$35 Co-Pay AD	\$30 Co-Pay AD
Urgent Care	20% AD	30% AD	20% AD
ER	20% AD	\$250 Co-Pay AD	\$200 Co-Pay AD
Diagnostic Lab / X-Ray	20% AD	30% AD	20% AD
Prescription Drugs			
Deductible: Individual	Included in Medical	\$0	\$0
Deductible: Family	Included in Medical	\$0	\$0
Tier 1	20% AD	\$10	\$10
Tier 2	20% AD	\$10	\$10
Tier 3	20% AD	35%	35%
Tier 4	20% AD	50%	50%
Premium by plan		Preferred Value Care	
Employee Only	\$11.66 - \$17.10	\$35.25 - \$65.28	\$93.70 - \$137.40
Employee + 1	\$28.31 - \$42.62	\$79.31 - \$146.87	\$180.58 - \$309.15
Family	\$40.89 - \$61.56	\$114.56 - 212.15	\$239.57 - \$446.55
Premium by plan		Participating Network	
Employee Only	\$48.66 - \$54.10	\$70.25 - \$100.28	\$130.70 - \$174.40
Employee + 1	\$111.56 - \$125.87	\$158.06 - \$225.62	\$263.83 - \$392.40
Family	\$161.14 - \$181.81	\$228.31 - \$325.90	\$359.82 - \$566.80