

Medical Plans: 2023-2024

Southern Utah University offers the following medical plan through UMR:

	Southern Utah University Traditional		
	Participating Provider Tier 1	Participating Provider Tier 2	Non-Participating Provider Tier 3 *
Deductible PCY (Individual / Family)	\$1,000 / \$1,500	\$1,000 / \$1,500	\$1,500 / \$3,000
	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 (Includes Most Services)	\$2,500 / \$5,000	\$3,500 / \$7,000	\$7,000 / \$14,000
	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.		
Coinsurance (Carrier Pays / Member Pays)	90%/10% AD	80% / 20% AD	60% / 40% AD
Office Visits			
Primary Care	\$15 Co-pay	\$35 Co-pay	60 / 40 AD
Preventive **	Covered 100%	Covered 100%	60 / 40 AD
Specialists or Secondary Care Provider	\$20 Co-pay	\$45 Co-pay	60 / 40 AD
Chiropractic	NA	\$45 Co-pay	60 / 40 AD
Telehealth (Telephonic Visits)	NA	\$35 Co-pay	60 / 40 AD
Telemedicine - Teladoc	NA	Covered 100%	Not Covered
Diagnostic Lab & X-Ray Services			
Minor (In Office)	90 / 10 AD	80 / 20 AD	60 / 40 AD
Major	90 / 10 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	90 / 10 AD	80 / 20 AD	60 / 40 AD
Inpatient	90 / 10 AD	80 / 20 AD	60 / 40 AD
Maternity	NA	80 / 20 AD	60 / 40 AD
Emergency Services			
Urgent Care	NA	\$45 Co-pay	60 / 40 AD
Emergency Room	NA	\$300 Co-pay	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 Co-pay	60 / 40 AD
Prescriptions (Generic Required)		Generic / Preferred / Non-Preferred / Specialty	
Deductible (Separate)	NA	\$50 Single / \$150 Family	Not Covered
Pharmacy	NA	\$10 APD / 30% APD (\$250 Max.) / 50% APD (\$350 Max.) / Up to 40% APD (\$400 Max.)	Not Covered
Maintenance Drugs or Mail Order	NA	\$20 APD / 30% APD (\$250 Max.) / 50% APD (\$350 Max.) / Up to 40% APD (\$400 Max.)	Not Covered

Southern Utah University Traditional Employee Per Pay Period Rates

Coverage Type

	Employee	Employer
Employee (EE)	\$77.15	\$273.05
Two Party	\$175.00	\$614.25
Family	\$251.65	\$880.75

AD: After Deductible

PCY: Per Calendar Year

APD: After Pharmacy Deductible

* 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.

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.