



2023 Utah Universities

Medical Plan Comparison

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

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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 AD
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-Pay AD
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		Participating 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 Point Network
Employee Only	\$8.50	\$0.00
Employee + One	\$19.00	\$0.00
Family	\$27.50	\$0.00

MEDICAL BENEFITS	PEHP	PEHP
Weber State University	Traditional (Non-HSA) Summit & Advantage	STAR HSA 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

MEDICAL BENEFITS	Regence	Regence
Utah Valley University	Traditional Plan	High Deductible Health Plan (HDHP)
Network	Network Name(s)	Network Name(s)
In Network		
Deductible: Individual	\$750	\$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
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		Participating 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
Family	\$66.05	\$0.00

MEDICAL BENEFITS	PEHP	PEHP
Utah Tech University	Traditional (Non-HSA) Summit & Advantage	STAR HSA 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	\$2,500
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	Included in Medical
Tier 1	\$10 Co-Pay AD	\$10 Co-Pay AD
Tier 2	25% AD, \$25 minimum	25% AD, \$25 minimum
Tier 3	50% AD, \$50 minimum	50% AD, \$50 minimum
Tier 4	20-30% AD	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 Per pay Period		
Employee Only	\$28.27	\$0.00
Employee + 1	\$58.29	\$0.00
Family	\$77.82	\$0.00

MEDICAL BENEFITS	Regence	Regence
University of Utah	Advantage Plan	Consumer Directed Health Plan (CDHP)
Network	<i>Network Name(s)</i>	<i>Network Name(s)</i>
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		Participating Network
Employee Only	\$172.66	N/A
Employee + 1	\$302.14	N/A
Family	\$455.80	N/A

MEDICAL BENEFITS	PEHP	PEHP
Snow College	Traditional (Non-HSA) Summit & Advantage	STAR HSA 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

MEDICAL BENEFITS	Regence	Regence	Regence
Utah State University	High Deductible Health Plan (HDHP)	Wellness (White)	High Premium (Blue)
Network	<i>Network Name(s)</i>	<i>Network Name(s)</i>	<i>Network Name(s)</i>
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