

Traditional Plan

» **Deductibles**

- » \$250 Single/\$500 Double & Family
- » RX \$100 Single/\$200 Double & Family

» **Cost Sharing**

- » \$25 Primary/\$35 Specialty Copay
- » 80/20 Coinsurance
- » Generic \$10, Preferred \$25/25%, Other \$50/50%

» **Maximum Out of Pockets**

- » \$2500 per individual/\$5000 double/\$7500 family
- » \$3000 RX per person
- » \$3600 Specialty RX per person



STAR Plan (HSA)

- » **Deductible**

- » \$1500 Single/\$3000 Double & Family

- » **Cost Sharing**

- » 80/20 Coinsurance

- » Generic \$10, Preferred \$25/25%, Other \$50/50%

- » **Maximum Out of Pocket**

- » \$2500 Single/\$5000 Double/\$7500 Max

- » **State HSA Contribution**

- » \$750 Single/\$1500 Double & Family

- » **Annual Premium Savings**

- » \$690 Single/\$1380 Double & Family *peHP*

Utah Basic Plus (HSA)

- » **Deductible**

- » \$3000 Single/\$6000 Double & Family

- » **Cost Sharing**

- » 70/30 Coinsurance for Medical and RX

- » **Maximum Out of Pocket**

- » \$6050 Single/\$12,100 Double & Family

- » **State HSA Contribution**

- » \$1725 Single/\$3450 Double & Family

- » **Annual Premium Savings**

- » \$690 Single/\$1380 Double & Family

peHP

Coverage of Essential Health Benefits

- » All Plans Cover Medically Necessary Services That Come Within the 10 Essential Benefit Categories Unless A Specific Exclusion Applies
- » The Following Slides Describe:
 - (1) Specific Exclusions for All Plans
 - (2) Additional Exclusions or Additional Coverage for Utah Basic Plus

Ambulatory Patient Service Exclusions for All Plans

No Coverage for:

- » Cosmetic surgery
- » Assisted reproductive technology
- » Gender reassignment surgery
- » Experimental or investigational procedures
- » Hair transplants
- » Treatment for developmental delay
- » Fitness programs
- » Childbirth education classes
- » Massage therapy
- » Medical Necessity

Utah Basic Plus

Additional Exclusions

No Coverage For:

- » TMJ treatment
- » Office injections for allergies
- » Infertility
- » All surgeries covered at 50% under Traditional and Star Plan (examples: breast reduction, eye lid surgery)
- » Sleep studies
- » Spinal cord stimulators
- » Chiropractic care



Emergency Service Exclusions for All Plans

- » Coverage limited to emergency conditions
- » No additional exclusions for Utah Basic Plus

Hospitalization Exclusions for All Plans

- » No hospitalization for substance abuse

Utah Basic Plus

Additional Exclusions

- » No coverage for any surgery covered at 50% under Traditional and Star (examples: breast reduction, eye lid surgery)

Maternity & Newborn Care For All Plans

- » No specific exclusions for any plan

Mental Health & Substance Abuse Exclusions, including Behavioral Health, For All Plans

No Coverage For:

- » Residential treatment facilities/group homes
- » Mental health services without a disorder
- » Behavior modification services

Utah Basic Plus

Additional Exclusions

- » No coverage for inpatient treatment (Detox only covered) or outpatient counseling for substance abuse

Prescription Drugs Exclusions for All Plans

- » Coverage limitations on multi-source brand and generic drugs
- » Separate formulary for specialty drugs

Utah Basic Plus

Additional Exclusions

- » Coverage limited to a single formulary with mostly generics, essential brand names only, and selected oral and injectable specialty drugs
- » Some specialty drugs are covered under the medical benefit

Rehabilitative and Habilitative Services and Device Exclusions for All Plans

- » No coverage for Residential/Group Home Treatment
- » Limitations on medical equipment within certain time periods (example, electric wheelchairs in 5 year period)
- » Inpatient skilled nursing limited to 60 days per year

Utah Basic Plus

Additional Exclusions

- » No prosthetics other than breast and eye
- » Limit on combined visits for Physical Therapy, Occupational Therapy, and Speech Therapy to 20 days in plan year (Rehabilitative and Habilitative)
- » Inpatient skilled nursing ***and*** rehabilitation are combined and limited to 30 days in plan year

Laboratory Exclusions for All Plans

- » Only cover genetic tests that will change treatment
- » No additional exclusions for Utah Basic Plus

Preventative and Wellness Services and Chronic Disease Management All Plans

- » Coverage limited to PPACA required preventative services
- » Full complementary of programs: PEHP Wellness Works, Healthy Utah, PEHP Integrated Care, and Waist Aweigh.



Utah Basic Plus

Additional Exceptions

- » Wellness is limited to the biometric testing with no rebates, PEHP Integrated Care, or PEHPplus

Pediatric Services, including Oral and Vision Care for All Plans

» Excludes pediatric oral and vision

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Additional Coverage

- » Pediatric dental services for cleanings, x-rays, and fillings
- » Pediatric vision includes office visit/exam and one set of corrective lenses per year