

UTAH SCHOOL BOARDS ASSOCIATION

FY 2018: MEDICAL PLANS



	Gold	Silver	Bronze	Copper HSA	Core HSA
	Member Pays			Member Pays	
Office Visit Copay (PCP/SCP)	\$20/\$40	N/A	N/A	N/A	N/A
University of Utah Medical Group	\$40	N/A	N/A	N/A	N/A
Telemedicine (AmWell)*	\$10	\$10	\$10	\$10 after deductible	\$10 after deductible
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Annual Deductible					
PPO (Individual/Family)	\$0	\$200/\$600	\$750/\$2,250	\$1,750/\$3,500***	\$2,100/\$4,200**
Non-PPO (Individual/Family)	\$500/\$1,000	\$500/\$1,000	\$2,250/\$4,500	\$1,750/\$3,500***	\$2,100/\$4,200**
Predominant Coinsurance (Member Pays)					
PPO	10%	20%	25%	25%	50%
Non-PPO	40%	40%	45%	50%	50%****
Total Out-Of-Pocket Maximum					
PPO (Individual/Family)	\$3,500/\$7,000	\$4,500/\$9,200	\$6,350/\$12,700	\$3,500/\$7,000***	\$6,550/\$13,100*****
Non-PPO (Individual/Family)	\$7,500/\$15,000	\$8,500/\$17,000	\$10,750/\$21,500	\$3,500/\$7,000***	\$6,550/\$13,100*****
Network Hospital Copay (Inpatient/Outpatient)	\$500/\$250 then coins.	\$500/\$250 then coins.	\$500/\$250 then coins.	25% coins.	50% coins.
Emergency Room Copay/Coinsurance	\$150 then coins.	\$150 then coins.	\$150 then coins.	25% coins.	50% coins.
	Member Pays			Member Pays	
Retail Rx					
Generic	\$15			25% coins.	50% coins.
Brand	25% coinsurance (\$30 min and \$90 max)			25% coins.	50% coins.
Non-Formulary	50% coinsurance (\$55 min and \$200 max)			35% coins.	60% coins.
Mail Order Rx					
Generic	\$25			25% coins.	50% coins.
Brand	25% coinsurance (\$50 min and \$150 max)			25% coins.	50% coins.
Non-Formulary	50% coinsurance (\$100 min and \$200 max)			35% coins.	60% coins.
Specialty Rx**					
	Tier A: 20% coinsurance (\$150 max)			Tier A: 25% coins (\$150 max)	Tier A: 50% coins (\$150 max)
	Tier B: 30% coinsurance (\$225 max)			Tier B: 30% coins (\$225 max)	Tier B: 50% coins (\$225 max)
	Tier C: 20% coinsurance			Tier C: 20% coins	Tier C: 20% coins

* Members in Copper HSA and Core HSA pay full \$40 consultation cost before deductible has been fulfilled. Different copay amounts apply for dietician and behavioral health services through AmWell.

** Please visit www.pehp.org for a list of Tier A, Tier B, Tier C drugs and other preferred drug list details.

*** For family coverage, individual limits do not apply for the plan deductible (Copper and Core HSA) and out-of-pocket maximum (Copper HSA).

**** Out of network benefits in the Core HSA Plan are based on 70% coinsurance for inpatient and outpatient facility fees and 50% coinsurance for all other fees.

***** Individual out of pocket maximum is embedded in the family out of pocket maximum, meaning one individual will not have more than \$6,550 of exposure.

Note: All member out-of-pocket costs (i.e. coinsurance, deductibles and copays) for medical and pharmacy apply to the total out-of-pocket maximum.

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FY 2018 COSTS: MEDICAL PLANS



Active Employee Equivalent Premium Rates	Gold	Silver	Bronze	Copper HSA	Core HSA
Monthly Accrual Rates - Preferred Plans					
Employee Only	\$658	\$552	\$496	\$496	\$424
Employee+ 1	\$1,424	\$1,193	\$1,071	\$1,071	\$917
Family	\$2,087	\$1,749	\$1,571	\$1,571	\$1,345
Single Dual Coverage [1]	\$658	\$552	\$496	\$496	\$424
Monthly Accrual Rates - Advantage/Summit Plans					
Employee Only	\$626	\$524	\$465	\$465	\$398
Employee+ 1	\$1,354	\$1,133	\$1,007	\$1,007	\$862
Family	\$1,982	\$1,660	\$1,476	\$1,476	\$1,264
Single Dual Coverage [1]	\$626	\$524	\$465	\$465	\$398
Retiree Equivalent Premium Rates	Gold	Silver	Bronze	Copper HSA	Core HSA
Monthly Accrual Rates - Preferred Plans					
Employee Only	\$954	\$800	\$719	\$719	\$615
Employee+ 1	\$2,065	\$1,730	\$1,553	\$1,553	\$1,330
Family	\$3,026	\$2,536	\$2,278	\$2,278	\$1,950
Monthly Accrual Rates - Advantage/Summit Plans					
Employee Only	\$908	\$760	\$674	\$674	\$577
Employee+ 1	\$1,963	\$1,643	\$1,460	\$1,460	\$1,250
Family	\$2,874	\$2,407	\$2,140	\$2,140	\$1,833

[1] If both employees work for the school district, both can receive family coverage. However, one employee will be charged the family rate and one will be charged the single rate. In the table above, the "single dual" rate reflects the single rate for an employee when electing family coverage and his/her spouse has also elected family coverage. The other rate charged to the spouse is reflected in the family category.