

Advantage & Summit Care » MEDICAL BENEFITS GRID



Refer to the Advantage Care or Summit Care Provider Plan Master Policy for specific criteria for the benefits listed below, as well as information on Limitations and Exclusions.

Contracted Provider

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS	
Medical Deductible <i>Does not apply to Out-of-Pocket Maximum</i>	\$250 per individual, \$500 per family. Only applies for inpatient, outpatient hospital charges and major diagnostic services
Pharmacy Deductible <i>Does not apply to Out-of-Pocket Maximum</i>	\$100 per individual, \$200 per family
Plan year Out-of-Pocket Maximum	\$2,500 per single, \$5,000 per double, \$7,500 per family
Pharmacy Out-of-Pocket Maximum <i>Does not apply to non-formulary and specialty drugs</i>	\$3,000 per individual
Specialty Drug Out-of-Pocket Maximum, office/outpatient <i>Separate Yearly Out-of-Pocket Maximum</i>	\$3,600 per member
Maximum Lifetime Benefit	None
Pre-existing Condition Waiting Period	9-month Waiting Period— waived with evidence of prior Creditable Coverage
INPATIENT FACILITY SERVICES	
Medical and Surgical <i>Requires Pre-notification</i>	90% of MAF after Deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires Pre-authorization and Medical Case Management</i>	90% of MAF after Deductible
Hospice <i>Up to 6 months in a 3-year period. Requires Pre-authorization and Medical Case Management</i>	100% of MAF
Rehabilitation <i>Up to \$75,000 Lifetime Maximum. Requires Pre-authorization and Medical Case Management</i>	90% of MAF after Deductible
Mental Health <i>Requires Pre-authorization through Mental Health Care of Utah (MHCU) at 1-800-541-9432</i>	90% of MAF after Deductible
Substance Abuse <i>Requires Pre-authorization through Mental Health Care of Utah (MHCU) at 1-800-541-9432</i>	90% of MAF after Deductible
OUTPATIENT FACILITY SERVICES	
Outpatient Facility and Ambulatory Surgery	95% of MAF after Deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	80% of MAF
Emergency Room <i>Medical emergencies only, as determined by PEHP</i>	100% of MAF after \$150 Copayment per visit Non-contracted: 100% of MAF after \$250 Copayment per visit
Urgent Care Facility	100% of MAF after \$45 Copayment per visit
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less</i>	100% of MAF
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350</i>	80% of MAF after Deductible
Chemotherapy, Radiation, and Dialysis	90% of MAF
Physical and Occupational Therapy <i>Limited to 28 visits per plan year for all therapy types combined. Requires Pre-authorization after 16 visits</i>	100% of MAF after applicable office Copayment per visit

MAF = Maximum Allowable Fee

Contracted Provider

PROFESSIONAL SERVICES	
Inpatient Physician Visits	100% of MAF after applicable office Copayment per visit
Surgery and Anesthesia	90% of MAF
Primary Care Office Visits and Office Surgeries	100% of MAF after \$25 Copayment per visit
Specialist Office Visits and Office Surgeries	100% of MAF after \$35 Copayment per visit
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less</i>	100% of MAF
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350</i>	80% of MAF after Deductible
Immunizations	100% of MAF
Mental Health and Substance Abuse <i>Requires Pre-authorization through Mental Health Care of Utah (MHCU) at 1-800-541-9432</i>	100% of MAF after \$35 Copayment per visit
PRESCRIPTION DRUGS	
Retail Pharmacy <i>Up to 30-day supply</i>	Preferred generic: \$10 Copayment after Deductible. Preferred brand name: 75% of discounted cost after Deductible. \$25 minimum, no maximum Copayment. Non-preferred: 50% of discounted cost after Deductible. \$50 minimum, no maximum Copayment
Mail-Order <i>90-day supply</i>	Preferred generic: \$20 Copayment after Deductible. Preferred brand name: 75% of discounted cost after Deductible. \$50 minimum, no maximum Copayment. Non-preferred: 50% of discounted cost after Deductible. \$100 minimum, no maximum Copayment
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	80% of MAF after Deductible
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	80% of MAF
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	80% of MAF after Deductible. \$150 maximum Copayment
MISCELLANEOUS SERVICES	
Adoption <i>See Limitations</i>	100% up to \$4,000
Allergy Serum	90% of MAF
Chiropractic Care <i>Up to 10 visits per plan year</i>	100% of MAF after applicable office Copayment per visit
Durable Medical Equipment, DME <i>DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require Pre-authorization. Maximum limits apply on many items. See the Master Policy for benefit limits</i>	80% of MAF
Medical Supplies	80% of MAF
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires Pre-authorization and Medical Case Management</i>	100% of MAF
Infertility Services <i>Select services only. See the Master Policy</i>	50% of MAF
Injections <i>Requires Pre-authorization if over \$750</i>	Under \$50: 100% of MAF Over \$50: 80% of MAF
Temporomandibular Joint Dysfunction <i>Up to \$1,000 Lifetime Maximum</i>	50% of MAF

***Weber State Supplemental Pharmacy**

By joining the State of Utah Risk Pool, Weber State University is changing their benefits to match that of the State of Utah. In doing so, the University will have a much different pharmacy benefit than what they have had in previous years. To offset this change, the University has established a supplemental plan with PEHP to cover members whose individual out-of-pocket pharmacy costs reach \$2,000 annually.

While the State pharmacy out-of-pocket maximum is set at \$3,000, Weber State members will have all of their out-of-pocket maximums paid by the University after your annual out-of-pocket expenses reach \$2,000 for each individual on the plan.

Out-of-pocket costs that apply to this supplemental coverage include preferred generic drugs, preferred brand name drugs, and specialty medications obtained through the pharmacy benefit.

Out-of-pocket costs that do not apply and are not eligible for supplemental coverage include non-preferred drugs, the cost difference between generic drug and brand name drugs when a substitute generic is available, and specialty medications obtained through the medical benefit.