

# Preferred Care » MEDICAL BENEFITS GRID



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

## Contracted Provider

<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>	
<b>Plan year Deductible</b> <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
<b>Pharmacy Deductible</b> <i>Does not apply to Out-of-Pocket Maximum</i>	\$100 per individual, \$200 per family
<b>Plan year Out-of-Pocket Maximum</b>	\$2,500 per single, \$5,000 per double, \$7,500 per family
<b>Pharmacy Out-of-Pocket Maximum</b> <i>Does not apply to Non-Formulary and Specialty Drugs</i>	\$3,000 per individual
<b>Specialty Drug Out-of-Pocket Maximum, office/outpatient</b> <i>Separate Yearly Out-of-Pocket Maximum</i>	\$3,600 per member
<b>Maximum Lifetime Benefit</b>	None
<b>Pre-existing Condition Waiting Period</b>	9-month Waiting Period— waived with evidence of prior Creditable Coverage
<b>INPATIENT FACILITY SERVICES</b>	
<b>Medical and Surgical</b>   <i>Requires Pre-notification</i>	85% of MAF after Deductible
<b>Skilled Nursing Facility</b>   <i>Non-custodial Up to 60 days per plan year. Requires Pre-authorization and Medical Case Management</i>	85% of MAF after Deductible
<b>Hospice</b>   <i>Up to 6 months in a 3-year period. Requires Pre-authorization and Medical Case Management</i>	100% of MAF
<b>Rehabilitation</b>   <i>Up to \$75,000 Lifetime Maximum. Requires Pre-authorization and Medical Case Management</i>	85% of MAF after Deductible
<b>Mental Health</b>   <i>Requires Pre-authorization through Mental Health Care of Utah (MHCU) at 1-800-541-9432</i>	85% of MAF after Deductible, first 10 days. 50% of MAF, next 20 days. 30-day maximum per plan year. 60-day maximum in a three-year period
<b>Substance Abuse</b>   <i>Requires Pre-authorization through Mental Health Care of Utah (MHCU) at 1-800-541-9432</i>	85% of MAF after Deductible, first 10 days. 50% of MAF, next 20 days 30-day maximum per plan year. 30-day maximum in a three-year period
<b>OUTPATIENT FACILITY SERVICES</b>	
<b>Outpatient Facility and Ambulatory Surgery</b>	85% of MAF after Deductible
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	80% of MAF
<b>Emergency Room</b> <i>Medical emergencies only, as determined by PEHP</i>	100% of MAF after \$150 Copayment per visit <b>Non-contracted:</b> 100% of MAF after \$250 Copayment per visit
<b>Urgent Care Facility</b>	100% of MAF after \$45 Copayment per visit
<b>Diagnostic Tests, X-rays, Minor</b> <i>For each test allowing \$350 or less</i>	100% of MAF
<b>Diagnostic Tests, X-rays, Major</b> <i>For each test allowing more than \$350</i>	80% of MAF after Deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis with non-Contracted Providers requires Pre-authorization</i>	90% of MAF
<b>Physical and Occupational Therapy</b> <i>Limited to 24 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**

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

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## **\*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.