



Utah State Bar – Medical Benefit Summary, p. 1 of 2



Welcome to Open Enrollment 2009-2010! The following two pages list the five different medical options available to you.

	PPO Plan #1 of 5		PPO Plan #2 of 5		PPO Plan #3 of 5	
	Network	Non-Network*	Network	Non-Network*	Network	Non-Network*
Deductible (Single/Family)	\$500 / 3x Family	\$1,500 / 3x Family	\$750 / 3x Family	\$2,250 / 3x Family	\$1,000 / 3x Family	\$3,000 / 3x Family
Out of Pocket Max. (Single/Family)	\$1,000 / 3x Family	\$3,000 / 3x Family	\$2,000 / 3x Family	\$6,000 / 3x Family	\$2,000 / 3x Family	\$6,000 / 3x Family
Lifetime Maximum	\$2,000,000		\$2,000,000		\$2,000,000	
Office Visits						
Primary Care Provider (PCP)	\$20	75% AD	\$20	75% AD	\$20	75% AD
Specialists (SP)	\$30	75% AD	\$30	75% AD	\$30	75% AD
† Preventive Care	\$20 PCP / \$30 SP	75% AD	\$20 PCP / \$30 SP	75% AD	\$20 PCP / \$30 SP	75% AD
Chiropractic (20 visit limit)	\$30	75% AD	\$30	75% AD	\$30	75% AD
Prescriptions 30 day supply (Mandatory Generic)	\$15 Generic/\$30 Formulary/\$50 Brand		\$15 Generic/\$30 Formulary/\$50 Brand		\$15 Generic/\$30 Formulary/\$50 Brand	
Diagnostic Lab / X-Ray						
Minor (in office)	Incl. w/ Office Copay	75% AD	Incl. w/ Office Copay	75% AD	Incl. w/ Office Copay	75% AD
Major	80% AD	60% AD	80% AD	60% AD	80% AD	60% AD
Outpatient Services						
Outpatient Surgery	80% AD	60% AD	80% AD	60% AD	80% AD	60% AD
Rehab. Therapy – Facility (30 visits total)	80% AD	60% AD	80% AD	60% AD	80% AD	60% AD
Home Health Care	80% AD	60% AD	80% AD	60% AD	80% AD	60% AD
Durable Medical Equipment	80% AD	60% AD	80% AD	60% AD	80% AD	60% AD
	(\$5,000 maximum/year)		(\$5,000 maximum/year)		(\$5,000 maximum/year)	
Inpatient Services						
Including Hospital, Physician, Surgeon, Anesthesiologist, etc.	80% AD	60% AD	80% AD	60% AD	80% AD	60% AD
Emergency or Urgent Care						
Urgent Care	\$30	75% AD	\$30	75% AD	\$30	75% AD
Emergency Room	\$100	\$100	\$100	\$100	\$100	\$100
Ambulance	80% AD	80% AD (in-network deductible)	80% AD	80% AD (in-network deductible)	80% AD	80% AD (participating deductible)
Mental Health						
Inpatient (unlimited)	80% AD	60% AD	80% AD	60% AD	80% AD	60% AD
Outpatient – Office (unlimited)	\$30	75% AD	\$30	75% AD	\$30	75% AD

AD: After Deductible

* Member may be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

† Includes annual routine physical exams, immunizations (up to age 18), mammography and Pap smears. Preventive endoscopy (including colonoscopy, proctosigmoidoscopy and sigmoidoscopy) covered 100% In-Network and 75% AD Out-of-Network.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In case of a discrepancy, the plan documents apply. Please refer to the Group Certificate Booklet for a complete description of benefits, limitations and exclusions.

	High Deductible Health Plan #4 of 5		CoverageFirst Plan #5 of 5	
	Network	Non-Network*	Network	Non-Network*
Deductible (Single/Family)	\$2,500/2x Family	\$5,000/2x Family	\$1,000/3x Family	\$3,000/3x Family
Out of Pocket Max. (Single/Family)	\$2,500/2x Family	\$15,000/\$30,000	\$2,000/3x family	\$6,000/3x Family
Lifetime Maximum	\$2,000,000		\$2,000,000	
Office Visits				
Primary Care (PCP)	100% AD	80% AD	\$20	75% AD
Specialists (SP)	100% AD	80% AD	\$30	75% AD
† Preventive Care	100%	80% AD	\$20 PCP/\$30 SP	75% AD
Chiropractic (25 visit limit)	100% AD	80% AD	\$30	75% AD
Prescriptions 30 day supply (Mandatory Generic)	100% AD	80% AD	\$15 Generic / \$30 Brand Name / \$50 Higher Cost Brand Name	
Diagnostic Lab / X-Ray				
Minor (in office)	100% AD	80% AD	100%	75% AD
Major	100% AD	80% AD	80% AD	60% AD
Outpatient Services				
Outpatient Surgery	100% AD	80% AD	80% AD	60% AD
Rehab. Therapy – Facility (30 visits total)	100% AD	80% AD	80% AD	60% AD
Home Health Care (up to 60 visits)	100% AD	80% AD	80% AD	60% AD
Durable Medical Equipment	100% AD	80% AD	80% AD	60% AD
	(\$5,000 maximum/calendar year)		(\$2,500 maximum/calendar year)	
Inpatient Services				
Including Hospital, Physician, Surgeon, Anesthesiologist, etc.	100% AD	80% AD	80% AD	60% AD
Emergency or Urgent Care				
Urgent Care	100% AD	80% AD	\$30	75% AD
Emergency Room	100% AD	80% AD (in-network deductible)	\$50 AD (copay waived if admitted)	\$50 AD (in-network deductible) (copay waived if admitted)
Ambulance	100% AD	80% AD (in-network deductible)	80% AD	80% AD (in-network deductible)
Mental Health				
Inpatient (unlimited)	100% AD	80% AD	80% AD	60% AD
Outpatient – Office (unlimited)	100% AD	80% AD	\$30	75% AD

AD: After Deductible

* Member may be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

† Includes annual routine physical exams, immunizations (up to age 18), mammography and Pap smears. Deductible applies to preventive endoscopy (including colonoscopy, proctosigmoidoscopy and sigmoidoscopy).

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In case of a discrepancy, the plan documents apply. Please refer to the Group Certificate Booklet for a complete description of benefits, limitations and exclusions.