Benefit Highlights

2027 INDIVIDUAL PLANS **HEALTHY PREMIER & U HEALTH PLUS**

UHEALTHPLUS

HEALTHYPREMIER

	HEALTHY PREMIER GOLD COPAY OFFICE VISITS	U HEALTH PLUS GOLD	HEALTHY PREMIER GOLD STANDARD	U HEALTH PLUS GOLD STANDARD	HEALTHY PREMIER SILVER ELECT (OFF)	HEALTHY PREMIER SILVER COPAY OFFICE VISITS	U HEALTH PLUS SILVER	HEALTHY PREMIER SILVER STANDARD	U HEALTH PLUS SILVER STANDARD	U HEALTH PLUS BRONZE	HEALTHY PREMIER EXPANDED BRONZE STANDARD	U HEALTH PLUS EXPANDED BRONZE STANDARD	HEALTHY PREMIER BRONZE HSA	HEALTHY PREMIER BRONZE $0 MEDICAL DEDUCTIBLE
FEATURES														
Annual Deductible (individual/family)*	$2,000/$4,000	$2,000/$4,000	$2,500/$5,000	$2,500/$5,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$6,400/$12,800	$6,400/$12,800	$9,000/$18,000	$7,500/$15,000	$7,500/$15,000	$10,000/$20,000	$0/$0
Prescription Drug Deductible (individual/family)*	$750/$1,500	$500/$1,000	Included in Med	Included in Med	Included in Med	$1,000/$2,000	$2,500/$5,000	Included in Med	Included in Med	$4,500/$9,000	Included in Med	Included in Med	Included in Med	$5,000/$10,000
Annual Out-of-Pocket Maximum (individual/family)	$8,500/$17,000	$7,500/$15,000	$8,600/$17,200	$8,600/$17,200	$9,000/$18,000	$9,000/$18,000	$9,500/$19,000	$10,300/$20,600	$10,300/$20,600	$12,000/$24,000	$12,000/$24,000	$12,000/$24,000	$10,000/$20,000	$10,500/$21,000
BENEFITS														
Emergency and Urgent Care														
Emergency Room	$250 copay AD	$250 copay AD	25% Co AD	25% Co AD	$500 copay AD	$500 copay AD	$500 copay AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	$2,500 copay
Urgent Care	$30 copay DW	$0 copay DW	$45 copay DW	$45 copay DW	$30 copay DW	$30 copay DW	$0 copay DW	$60 copay DW	$60 copay DW	$0 copay DW	$75 copay DW	$75 copay DW	0% Co AD	$25 copay DW
Office Visits														
Preventive Care Screening/Immunizations/Well-Child Visits/Family Planning	No Charge													
Primary Care	$30 copay DW	$0 copay DW	$30 copay DW	$30 copay DW	$30 copay DW	$30 copay DW	$0 copay DW	$40 copay DW	$40 copay DW	$0 copay DW	$50 copay DW	$50 copay DW	0% Co AD	$25 copay DW
Mental Health/Substance Abuse Services	$30 copay DW	$0 copay DW	$30 copay DW	$30 copay DW	$30 copay DW	$30 copay DW	$0 copay DW	$40 copay DW	$40 copay DW	$0 copay DW	$50 copay DW	$50 copay DW	0% Co AD	$25 copay office All other $750
Specialty Care	$50 copay DW	$50 copay DW	$60 copay DW	$60 copay DW	$75 copay DW	$75 copay DW	$80 copay DW	$80 copay DW	$80 copay DW	$80 copay AD	$100 copay DW	$100 copay DW	0% Co AD	$95 copay
Other Practitioner Care	$50 copay DW	$50 copay DW	$60 copay DW	$60 copay DW	$75 copay DW	$75 copay DW	$80 copay DW	$80 copay DW	$80 copay DW	$80 copay AD	$100 copay DW	$100 copay DW	0% Co AD	$95 copay
Habilitative Care (20 visit limit applies to PT/OT/ST combined)	$30 copay DW	$0 copay DW	$30 copay DW	$30 copay DW	$30 copay DW	$30 copay DW	$0 copay DW	$40 copay DW	$40 copay DW	$0 copay DW	$50 copay DW	$50 copay DW	0% Co AD	$25 copay DW
Rehabilitative Care (20 visit limit applies to PT/OT/ST combined)	$30 copay DW	$0 copay DW	$30 copay DW	$30 copay DW	$30 copay DW	$30 copay DW	$0 copay DW	$40 copay DW	$40 copay DW	$0 copay DW	$50 copay DW	$50 copay DW	0% Co AD	$25 copay DW
Vision Services														
Adult Annual Routine Vision Exam	wNo Charge on all 3 Except for Pediatric Corrective Lenses - Healthy Premier Bronze HSA is 0% Co AD													
Pediatric Vision Exam														
Pediatric Corrective Lenses														
Other Benefits														
Prosthetics	20% Co AD													50% Co AD
Adoption	Up to $4,000 reimbursement for covered adoption expenses after deductible has been met. Must take place within 90 days of birth.													

2027 INDIVIDUAL PLANS **HEALTHY PREMIER & U HEALTH PLUS**

	HEALTHY PREMIER GOLD COPAY OFFICE VISITS	U HEALTH PLUS GOLD	HEALTHY PREMIER GOLD STANDARD	U HEALTH PLUS GOLD STANDARD	HEALTHY PREMIER SILVER ELECT COPAY (OFF)	HEALTHY PREMIER SILVER COPAY OFFICE VISITS	U HEALTH PLUS SILVER	HEALTHY PREMIER SILVER STANDARD	U HEALTH PLUS SILVER STANDARD	U HEALTH PLUS BRONZE	HEALTHY PREMIER EXPANDED BRONZE STANDARD	U HEALTH PLUS EXPANDED BRONZE STANDARD	HEALTHY PREMIER BRONZE HSA	HEALTHY PREMIER BRONZE $0 MEDICAL DEDUCTIBLE
Prescription Drugs														
Preventive (Tier 1)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic (Tier 2)	$15 copay DW	$15 copay DW	$15 copay DW	$15 copay DW	$25 copay DW	$25 copay DW	$25 copay DW	$20 copay DW	$20 copay DW	$30 copay DW	$25 copay DW	$25 copay DW	0% Co AD	$25 copay DW
Preferred Brand (Tier 3)	$40 copay DW	$30 copay DW	$30 copay DW	$30 copay DW	$40 copay DW	$40 copay DW	$40 copay DW	$40 copay DW	$40 copay DW	$50 copay DW	$50 copay AD	$50 copay AD	0% Co AD	$150 copay AD
Non-Preferred Brand (Tier 4)	45% Co AD	45% Co AD	$60 copay DW	$60 copay DW	45% Co AD	45% Co AD	45% Co AD	$80 copay AD	$80 copay AD	45% Co AD	$100 copay AD	$100 copay AD	0% Co AD	50% Co AD
Specialty (Tier 5)	50% Co AD	50% Co AD	$250 copay DW	$250 copay DW	50% Co AD	50% Co AD	50% Co AD	$350 copay AD	$350 copay AD	50% Co AD	$500 copay AD	$500 copay AD	0% Co AD	50% Co AD
Outpatient Hospital / Facility Services														
Laboratory Services	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	$750 copay DW
Radiology Services	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	$750 copay DW
Specialized Scanning Services (CT, MRI, PET Scans)	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	$750 copay DW
Medical / Surgical Services	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	Facility $1,000 copay Physician $150 copay
Inpatient Hospital Services														
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care**	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	$3,500 copay/day up to 3
Hospice Care	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	$95 copay DW
Transportation Assistance														
Emergency Transportation - Ground Ambulance (Emergencies Only)	$250 copay/trip AD	$250 copay/ trip AD	25% Co AD	25% Co AD	$250 copay/ trip AD	$250 copay/ trip AD	$250 copay/ trip AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	$250 copay
Emergency Transportation - Air Ambulance (Emergencies Only)	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD	50% Co
SUPPLEMENTAL BENEFITS														
MD Live 24/7 Telehealth	No Charge													
24-Hour Nurse Line	No Charge													
U Baby Care - Prenatal & Postnatal Care														
Tobacco Counseling, Smoking Cessation Program														

AD = After Deductible, Co = Coinsurance, Co AD = Coinsurance After Deductible, DW = Dedtible Waived

***Annual Deductible and Prescription Drug Deductible are included in the out-of-pocket maximum **Inpatient Skilled Nursing Facility/Acutre Rehab (limited to 30 days per calendar year)**

The 2027 Benefit Highlights is intended to be a summary of coverage benefits that lists some features of our plan and does not list or describe all benefits under a specific product or every limitation or exculsion. Please refer to each plans SBC for more details. Rev. 8/2026

HEALTH PLANS
UNIVERSITY OF UTAH

Benefit Highlights

2027 INDIVIDUAL PLANS **HEALTHY PREMIER & U HEALTH PLUS**

UHEALTHPLUS

HEALTHYPREMIER

Cost Sharing Reduction (CSR) Plans

Plans available through Marketplace Only	HEALTHY PREMIER SILVER COPAY OFFICE VISITS 73% CSR	HEALTHY PREMIER SILVER COPAY OFFICE VISITS 87% CSR	HEALTHY PREMIER SILVER COPAY OFFICE VISITS 94% CSR	U HEALTH PLUS SILVER 73% CSR	U HEALTH PLUS SILVER 87% CSR	U HEALTH PLUS SILVER 94% CSR	HEALTHY PREMIER SILVER STANDARD 73% CSR	HEALTHY PREMIER SILVER STANDARD 87% CSR	HEALTHY PREMIER SILVER STANDARD 94% CSR	U HEALTH PLUS SILVER STANDARD 73% CSR	U HEALTH PLUS SILVER STANDARD 87% CSR	U HEALTH PLUS SILVER STANDARD 94% CSR
FEATURES												
Annual Deductible (individual/family)*	$3,500/$7,000	$500/$1,000	$0/$0	$4,500/$9,000	$300/$600	$0/$0	$2,900/$5,800	$800/$1,600	$0/$0	$2,900/$5,800	$800/$1,600	$0/$0
Prescription Drug Deductible (individual/family)*	$500/$1,000	$100/$200	$0/$0	$1,500/$3,000	$150/$300	$0/$0	Included in Med	Included in Med	$0/$0	Included in Med	Included in Med	$0/$0
Annual Out-of-Pocket Maximum (individual/family)	$7,000/$14,000	$3,500/$7,000	$2,500/$5,000	$7,000/$14,000	$3,500/$7,000	$2,500/$5,000	$9,000/$18,000	$3,600/$7,200	$3,500/$7,000	$9,000/$18,000	$3,600/$7,200	$3,500/$7,000
BENEFITS												
Emergency and Urgent Care												
Emergency Room	$250 copay AD	$250 copay AD	$100 copay	$250 copay AD	$250 copay AD	$100 copay	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Urgent Care	$30 copay DW	$10 copay DW	$10 copay	$0 copay DW	$0 copay DW	$0 copay	$60 copay DW	$30 copay DW	$5 copay	$60 copay DW	$30 copay DW	$5 copay
Office Visits												
Preventive Care Screening/ Immunizations/Well-Child Visits/ Family Planning	No Charge											
Primary Care	$30 copay DW	$10 copay DW	$10 copay	$0 copay DW	$0 copay DW	$0 copay	$40 copay DW	$20 copay DW	No Charge	$40 copay DW	$20 copay DW	$0 copay
Mental Health/Substance Abuse Services	$30 copay DW	$10 copay DW	$10 copay	$0 copay DW	$0 copay DW	$0 copay	$40 copay DW	$20 copay DW	No Charge	$40 copay DW	$20 copay DW	No Charge
Specialty Care	$60 copay DW	$30 copay DW	$20 copay	$80 copay DW	$50 copay DW	$30 copay	$80 copay DW	$40 copay DW	$10 copay	$80 copay DW	$40 copay DW	$10 copay
Other Practitioner Care	$60 copay DW	$30 copay DW	$20 copay	$80 copay DW	$50 copay DW	$30 copay	$80 copay DW	$40 copay DW	$10 copay	$80 copay DW	$40 copay DW	No Charge
Habilitative Care (20 visit limit applies to PT/OT/ST combined)	$30 copay DW	$10 copay DW	$10 copay DW	$0 copay DW	$0 copay DW	$0 copay DW	$40 copay DW	$20 copay DW	No Charge	$40 copay DW	$20 copay DW	No Charge
Rehabilitative Care (20 visit limit applies to PT/OT/ST combined)	$30 copay DW	$10 copay DW	$10 copay DW	$0 copay DW	$0 copay DW	$0 copay DW	$40 copay DW	$20 copay DW	No Charge	$40 copay DW	$20 copay DW	No Charge
Vision Services												
Adult Annual Routine Vision Exam	No Charge											
Pediatric Vision Exam & Corrective Lenses												
Other Benefits												
Prosthetics	20% Co AD											
Adoption	Up to $4000 reimbursement for covered adoption expenses after deductible has been met. Must take place within 90 days of birth.											

Cost Sharing Reduction (CSR) Plans

Plans available through Marketplace Only	HEALTHY PREMIER SILVER COPAY OFFICE VISITS 73% CSR	HEALTHY PREMIER SILVER COPAY OFFICE VISITS 87% CSR	HEALTHY PREMIER SILVER COPAY OFFICE VISITS 94% CSR	U HEALTH PLUS SILVER 73% CSR	U HEALTH PLUS SILVER 87% CSR	U HEALTH PLUS SILVER 94% CSR	HEALTHY PREMIER SILVER STANDARD 73% CSR	HEALTHY PREMIER SILVER STANDARD 87% CSR	HEALTHY PREMIER SILVER STANDARD 94% CSR	U HEALTH PLUS SILVER STANDARD 73% CSR	U HEALTH PLUS SILVER STANDARD 87% CSR	U HEALTH PLUS SILVER STANDARD 94% CSR
Prescription Drugs												
Preventive (Tier 1)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic (Tier 2)	$25 copay DW	$15 copay DW	$10 copay	$25 copay DW	$15 copay DW	$10 copay	$20 copay DW	$10 copay DW	No Charge	$20 copay DW	$10 copay DW	No Charge
Preferred Brand (Tier 3)	$40 copay DW	$30 copay DW	$25 copay	$40 copay DW	$30 copay DW	$25 copay	$40 copay DW	$20 copay DW	$15 copay	$40 copay DW	$20 copay DW	$15 copay
Non-Preferred Brand (Tier 4)	45% Co AD	45% Co AD	45% Co	45% Co AD	45% Co AD	45% Co	$80 copay AD	$60 copay AD	$50 copay	$80 copay AD	$60 copay AD	$50 copay
Specialty (Tier 5)	50% Co AD	50% Co AD	50% Co	50% Co AD	50% Co AD	50% Co	$350 copay AD	$250 copay AD	$150 copay	$350 copay AD	$250 copay AD	$150 copay
Outpatient Hospital / Facility Services												
Laboratory Services	40% Co AD	25% Co AD	20% Co	40% Co AD	25% Co AD	20% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Radiology Services	40% Co AD	25% Co AD	20% Co	40% Co AD	25% Co AD	20% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Specialized Scanning Services (CT, MRI, PET Scans)	40% Co AD	25% Co AD	20% Co	40% Co AD	25% Co AD	20% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Medical / Surgical Services	40% Co AD	25% Co AD	20% Co	40% Co AD	25% Co AD	20% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Inpatient Hospital Services												
Medical/ Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care**	40% Co AD	25% Co AD	20% Co	40% Co AD	25% Co AD	20% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Hospice Care	40% Co AD	25% Co AD	20% Co	40% Co AD	25% Co AD	20% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Transportation Assistance												
Emergency Transportation - Ground Ambulance (Emergencies Only)	$250 copay/trip AD	$250 copay/trip AD	$250 copay/trip	$250 copay/trip AD	$250 copay/trip AD	$250 copay/trip	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Emergency Transportation - Air Ambulance (Emergencies Only)	40% Co AD	25% Co AD	20% Co	40% Co AD	25% Co AD	20% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
SUPPLEMENTAL BENEFITS												
MD Live 24/7 Telehealth	No Charge											
24-Hour Nurse Line												
U Baby Care - Prenatal & Postnatal Care												
Tobacco Counseling, Smoking Cessation Program												

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