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

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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												

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