Utah State University
Medical, Pharmacy and Dental Benefit Options
2021

July 1, 2021 – June 30, 2022
Basic Health Insurance Terminology

Premium
Deductible
Coinsurance
Copay
Out of Pocket Maximum
Terminology

Premium:

Employee Monthly Medical and Dental Insurance Premiums 2021-2022

Below are the monthly insurance premiums for benefited employees working at least 30 hours per week. Please see Part-Time Premium Information.

Utah State University pays an average premium of $1,154 per participating employee per month in our Health Plan. Utah State University pays an average premium of $64 per participating employee per month in our Dental Plan.

### HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

<table>
<thead>
<tr>
<th>Salary Ranges</th>
<th>Single Coverage</th>
<th>Two-Pay Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$24,999 or less</td>
<td>$702</td>
<td>$8.84</td>
<td>$11.14</td>
</tr>
<tr>
<td>$25,000 - $37,999</td>
<td>$14.83</td>
<td>$15.79</td>
<td>$19.83</td>
</tr>
<tr>
<td>$38,000 - $57,999</td>
<td>$11.14</td>
<td>$15.79</td>
<td>$19.83</td>
</tr>
<tr>
<td>$58,000 or more</td>
<td></td>
<td></td>
<td>$22.80</td>
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</tbody>
</table>

### NETWORK: Preferred ValueCare Network (PVC)

- Monthly Coverage
- Single Coverage
- Two-Pay Coverage
- Family Coverage

### NETWORK: Participating Network

- Monthly Coverage
- Single Coverage
- Two-Pay Coverage
- Family Coverage

[Regence Logo]
• You will still pay copays and coinsurance after deductible is met.
• Deductible starts over every plan year, July 1st.
• HSA Individual Deductible = Employee only
• *Deductible concept, does not show coinsurance*
Coinsurance:

Your share of costs

Health insurance coverage

After the deductible is met, you pay a portion 80/20 (70/30) of the allowed amount.
Coinsurance:

- **After the deductible is met, you pay** a portion 70/30 (80/20) of the allowed amount
- **Copay is after Deductible**
Terminology

Copay:

- Flat amount you pay
- Copay is after Deductible

For care
Out-of-pocket maximum:

Deductibles
Copays
Coinsurance

You pay out-of-pocket

Before

Your plan pays 100%
Utah State University Medical, Pharmacy, Dental plans

High Deductible Health Plan
Wellness White Plan
High Premium Blue Plan

Pharmacy coverage
Pharmacy changes

Dental plan
# Medical Plans

## 2021-2022 Medical Plan Benefits

<table>
<thead>
<tr>
<th>PLAN COMPARISON</th>
<th>80/20 Coverage</th>
<th>70/30 Coverage</th>
<th>80/20 Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BENEFITS PER PLAN YEAR</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
</tr>
<tr>
<td>Preventive Care Cost</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Preventive Care is not subject to deductibles or co-pays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible (Ded)</td>
<td>$1,500</td>
<td>$750</td>
<td>$500</td>
</tr>
<tr>
<td>Single</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$3,000**</td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Co-pays</td>
<td>20% after Ded</td>
<td>$35 co-pay, after Ded</td>
<td>$30 co-pay, after Ded</td>
</tr>
<tr>
<td>Doctor visits (regular office hours)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% after Ded</td>
<td>$250 co-pay, after Ded</td>
<td>$250 co-pay, after Ded</td>
</tr>
<tr>
<td>Co-insurance Percentage</td>
<td>20% after Ded</td>
<td>30% after Ded</td>
<td>20% after Ded</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Coverage</td>
<td>$5,000</td>
<td>$4,000</td>
<td>$3,250</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$10,000***</td>
<td>$8,000</td>
<td>$6,500</td>
</tr>
<tr>
<td>Diagnostic X-ray and Lab</td>
<td>After Ded, you pay $0 up to $1,000, thereafter you pay 20%.</td>
<td>After Ded, you pay $0 up to $1,000, thereafter you pay 30%.</td>
<td>After Ded, you pay $0 up to $1,000, thereafter you pay 20%.</td>
</tr>
</tbody>
</table>

View HSA presentation @ [https://hr.usu.edu/aggiesthrive/Past_Presentations](https://hr.usu.edu/aggiesthrive/Past_Presentations)
### Pharmacy Plans

<table>
<thead>
<tr>
<th>Prescription Drugs***</th>
<th>All Rx</th>
<th>$10</th>
<th>$10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic 30-Day</td>
<td>20% after Ded</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>90-Day</td>
<td></td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Preferred Brand Brand</td>
<td></td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

| Medical Premiums      | See page 8 | See page 8 | See page 9 |

<table>
<thead>
<tr>
<th>Rx Co-insurance Maximum</th>
<th>N/A</th>
<th>$1,750</th>
<th>$1,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td></td>
<td>$3,500</td>
<td>$3,000</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specialty & Mail Order Pharmacies:**
Express Scripts Pharmacy & Accredo Specialty Pharmacy. Call 1 (833) 599-0514 to register and fill a prescription.

**White & Blue Plans:** If you choose a brand-name drug when a generic drug is available. You are responsible for paying the difference in cost between the two drugs at the time of purchase.
Pharmacy Plan changes

**Insulin Cost-Share Cap**

*Effective July 1, 2021*

*member responsibility on insulins will be capped.*

Utah State mandate states that the max copay is $30 per 30-day supply at retail or home delivery.

Cost-share cap is being applied to our preferred brand insulins (Lilly’s Humulin/Humalog and Lispro; includes vials, pens, boxes, etc).

Member’s deductible is waived and if the member’s responsibility is less than the cap, the better of logic applies.
Pharmacy Plan change

Coupon Solutions effective 7/1/2021:

**Coupon Accumulator Program**

Applies to the HDHP plan.

*Coupons will not accumulate towards deductible or out-of-pockets costs. The value of the coupon is applied by the pharmacy. Only the amount you pay will be applied.*

**Coupon Copay Maximization Program**

Applies to the White & Blue Plans.

*For a select listing of specialty drugs filled at Accredo Specialty pharmacy you will pay zero. These drugs have manufacturer assistance programs available that can lower the amount you have to pay each month. Listing of applicable specialty drugs on the next slide.*
# Pharmacy Plan change

## Coupon Solutions:

<table>
<thead>
<tr>
<th>Autoimmune</th>
<th>Blood Modifiers</th>
<th>Cystic Fibrosis</th>
<th>Endocrine</th>
<th>Enzyme Deficiencies</th>
<th>Growth Hormone</th>
<th>Hepatitis C</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Dupixent®</td>
<td></td>
<td>27. TOBI® Podhaler®</td>
<td></td>
<td></td>
<td></td>
<td>41. Sofosbuvir/</td>
</tr>
<tr>
<td>6. Entreb®</td>
<td></td>
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<td></td>
<td></td>
<td>42. Sovaldi®</td>
</tr>
<tr>
<td>7. Humira®</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43. Vosevi®</td>
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<td>8. Ilnis®</td>
<td></td>
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<td></td>
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<tr>
<td>9. Ilumya™</td>
<td></td>
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<tr>
<td>10. Kezara®</td>
<td></td>
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<tr>
<td>11. Oumiant®</td>
<td></td>
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<tr>
<td>12. Ozieza®</td>
<td></td>
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<tr>
<td>13. Siliq®</td>
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<tr>
<td>14. Simponi®</td>
<td></td>
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<tr>
<td>15. Stelara®</td>
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<tr>
<td>16. Talz®</td>
<td></td>
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<tr>
<td>17. Tremfya®</td>
<td></td>
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<tr>
<td>18. Xeljanz®</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immune Globulins</th>
<th>Multiple Sclerosis</th>
<th>Oncology</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. Gammagard® (Liquid)</td>
<td>49. Aubagio®</td>
<td>60. Afinitor®</td>
<td>102. Austedo®</td>
</tr>
<tr>
<td></td>
<td>54. Extavia®</td>
<td>64. Cabometyx®</td>
<td>106. Nuplazid®</td>
</tr>
<tr>
<td></td>
<td>57. Mayzent®</td>
<td>67. Erivedge®</td>
<td>109. Sabin®</td>
</tr>
<tr>
<td></td>
<td>58. Ocrescor®</td>
<td>68. Farydak®</td>
<td>110. Tracleer®</td>
</tr>
<tr>
<td></td>
<td>59. Plegidly®</td>
<td>69. Gazyva®</td>
<td>111. Vndaq®</td>
</tr>
<tr>
<td></td>
<td>60. Rebif®</td>
<td>70. Gleevec®</td>
<td>112. Xolair®</td>
</tr>
</tbody>
</table>

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### DENTAL PLAN

<table>
<thead>
<tr>
<th>DENTAL COVERAGE LEVELS</th>
<th>MONTHLY PREMIUMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$11.24</td>
</tr>
<tr>
<td>Employee Plus One Dependent</td>
<td>$22.48</td>
</tr>
<tr>
<td>Employee Plus Two or More Dependents</td>
<td>$36.53</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DENTAL BENEFITS</th>
<th>PLAN PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Preventive &amp; Basic Paid at 80%, Major Paid at 50%</td>
</tr>
<tr>
<td>Dental Maximum per year</td>
<td>$1,500 per claimant</td>
</tr>
<tr>
<td>Ortho Lifetime Maximum</td>
<td>$1,500 per claimant</td>
</tr>
</tbody>
</table>
Utah State University
Network choices

Medical Network options with National coverage

Networks:
- ValueCare Network
- Participating Network

National and International Coverage
ValueCare Network
National BlueCard PPO/EPO Network

Cache Valley and Logan Regional are in-network

Cache Valley provides additional discounts for USU BCBS members

Broad access and greater value

Largest national network

42
Utah Hospitals
no IHC Ogden to Provo

15,206
providers in Utah

100%
Utah Urgent Care including InstaCare and KidsCare
Participating Network
National BlueCard Traditional Network

Cache Valley and Logan Regional are in-network

Cache Valley provides additional discounts for USU BCBS members

Broad access

Large national network

52
Utah Hospitals

15,435
providers in Utah

100%
Utah Urgent Care including InstaCare and KidsCare
National International Coverage

Largest national network
Enjoy the greatest access to quality care, anywhere in the nation

96% of facilities

95% of providers

1.9 million Providers in the U.S.

International coverage
www.BCBSGlobalcore.com

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Online Regence.com resources

Register for your Regence.com account
Member ID card
Find a contracted provider
Review Claims
Regence App
Prescription tier and cost
Treatment Cost Estimator Tool
Customer Service
Health Assessment

The best plan option for you and your family
New members can register for an online account by selecting “Create one” under “Sign in”
After opting in for communications and paperless delivery, members are signed into their member dashboard.
Find a provider

Find a Doctor from the Member Dashboard (after sign-in)

Search options based on benefits:
- Medical
- Pharmacy
- Dental
Finding Prescriptions
Pharmacies

Select the type of insurance you have to see your drug list and pharmacy networks

Through my company (51+ employees)  Through my company (50 employees or less)  I buy directly from Regence

See if your medication is covered and how much it will cost.

Your drug list:
Three Tier Drug List

Find a drug

Search for a convenient, in-network pharmacy.

Your pharmacies:
Participating network

Find a pharmacy

Find a drug

Your drug list:
Six Tier Drug List - Large Group
Vaginal delivery

Vaginal Delivery is childbirth through the vagina or birth canal without complications. For the purposes of this estamat... Read More

Service
The estimated average out of pocket cost for Vaginal delivery in this area is: $4,089
Cost range: $3,754 - $4,457

Learn more about the average number of days for Vaginal delivery, how much it will cost, and how to save money.

What's in this treatment

Logan Regional Hospital
General Acute Care Hospital
Areas of Focus: Behavioral Health - Attention Deficit Disorder (ADD/ADHD)

* * * (57)
1800 N 500 E
Logan, UT 84321 (Cache)
1.8 miles Get directions

(435) 718-1000
Call for Office Hours
Accepting new patients
Wheelchair accessible
Quality Reports

Your estimated out-of-pocket cost:
$4,347
Average Total Cost $15,487

Cache Valley Hospital
General Acute Care Hospital

* * * (178)
2380 N 400 E Bldg Main
Logan, UT 84341 (Cache)
3 miles Get directions

(435) 718-9700
Call for Office Hours
Accepting new patients
Wheelchair accessible
Quality Reports

Your estimated out-of-pocket cost:
$3,833
Average Total Cost $12,916

Cost are tied to your plan and accumulators
Not all treatments are listed

Example NOT your cost estimate
Treatment cost estimator

MRI, Lower Limb Joint
An MRI of a Lower Limb Joint is a scan to create a detailed 3-D image of the bones and tissues of the Hip, Knee, or Ankle. Read More

Service
The estimated average out of pocket cost for MRI, Lower Limb Joint in this area is $720
Cost range: $354 - $1,431

Logan Regional Hospital
General Acute Care Hospital
Areas of focus: Behavioral Health - Attention Deficit Disorder (ADD/ADHD)
- In network
- Star: (57)
- 1400 N 500 E
Logan, UT 84341 (Cache)
1.8 miles Get directions

Your estimated out-of-pocket cost:
$1,417
Average Total Cost: $1,417

Cache Valley Hospital
General Acute Care Hospital
- Star: (175)
- 2380 N 400 E Bldg Main
Logan, UT 84341 (Cache)
3 miles Get directions

Your estimated out-of-pocket cost:
$452
Average Total Cost: $452

Cost are tied to your plan and accumulators
Not all treatments are listed
Example NOT your cost estimate
Review Claims
Contact us

Customer service for

Hours:
Mon. – Fri. 7:00 a.m. – 5:00 p.m. Pacific Time

Benefits & claims:

1 (866) 240-9580
Pay for performance
Count on quality care from providers focused on outcomes first

Reach your goals

- Health Assessment
- Mobile App
- Device Sync
- Personal well-being report
- Self-guided programs
- Personal challenges
- Helpful resources
- Rewards - up to $25 Amazon gift cards
Which plan and Network

Compare Plans

Deductible

Out-of-Pocket Max

$750 per person

$4,000 per person

Annualize Premium

(Your cost before benefit)

Deductible

Out-of-Pocket Max

Network Savings

PVC vs PAR – $1,209 year

White, Blue and HDHP – same benefits

Networks – 10 Hospitals, 200 providers

WELLNESS PLAN (White Plan)

NETWORK: Preferred ValueCare Network (PVC)

<table>
<thead>
<tr>
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<th>Single Coverage</th>
<th>Two-Party Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$24,999 or less</td>
<td>$6.72</td>
<td>$12.00</td>
<td>$26.84</td>
</tr>
<tr>
<td>$25,000 - $37,999</td>
<td>$35.97</td>
<td>$75.96</td>
<td>$109.41</td>
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<tr>
<td>$38,000 - $57,999</td>
<td>$42.42</td>
<td>$95.44</td>
<td>$137.85</td>
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<tr>
<td>$58,000 or more</td>
<td>$53.44</td>
<td>$120.24</td>
<td>$173.68</td>
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</table>

NETWORK: Participating Network (PAR)

<table>
<thead>
<tr>
<th>Salary Ranges</th>
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</table>

Annual Cost

PVC

$1,312.92

Annual Cost

PAR

$2,521.92

HDHP PVC family – $344.76 annual premium

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