HEALTH PLANS
UNIVERSITY OF UTAH

CARSON TAHOE HEALTH

YOUR FLEXIBLE BENEFIT OPTIONS

MEDICAL PLAN NAME	PLUS		CORE		HDHP–HSA	
Deductible	CTHS	In-Network	CTHS	In-Network	CTHS	In-Network
Individual	$500	$1,000	$1,000	$1,500	$3,300	$4,100
Family	$1,000*	$2,000*	$2,000*	$3,000*	$6,400*	$8,200*
Annual Out-of-Pocket Max						
Individual	$4,500		$6,850		$5,000	
Family	$9,000**		$13,700**		$10,000**	
Hospitalization	20% (d)	30% (d)	20% (d)	30% (d)	20% (d)	30% (d)
Emergency Room	$200 copay	30% (d)	$200 copay	30% (d)	20% (d)	30% (d)
Urgent Care	$40 copay	$50 copay	$40 copay	$50 copay	20% (d)	30% (d)
Office Visits						
Primary Care Physician Office	$20 copay	$30 copay	$25 copay	$35 copay	20% (d)	30% (d)
Specialty Care Physician Office	$40 copay	$50 copay	$40 copay	$50 copay	20% (d)	30% (d)
Physical Therapy	20% (d)	30% (d)	20% (d)	30% (d)	20% (d)	30% (d)
TeleHealth						
Amwell TeleHelth Services	N/A	$0 copay	N/A	$0 copay	N/A	0% (d)
Prescription Drug Rider						
Calendar Year Deductible	$50 – Applies to Brand Name		$50 – Applies to Brand Name		Integrated with Medical	
Copays	$15 Preferred Generic, $30 Brand Formulary, $60 Brand Non-Formulary		$15 Preferred Generic, $30 Brand Formulary, $60 Brand Non-Formulary		20% (d)	

(d) – Deductible applies

** No individual in a family will pay more than the individual deductible.*
*** No Individual in a family will pay more than the individual out-of-pocket maximum.*

NOTE: Copays are not included when calculating the annual deductibles; Copays are included when determining the annual out-of-pocket maximum. For more detailed information please refer to the plan document.

For questions, contact Customer Service at **833.661.3915**