

# 2024 Traditional Health Plan Comparisons\*

Benefits	SelectHealth Traditional Plan	Aetna Traditional Plan
Primary Care Physician Required	No	No
Specialist Referral Required	No	No
Deductible (PCY)**	\$2500 per Individual / \$5000 Family	\$2500 per Individual / \$5000 Family
Prescription Deductible	\$100 per individual; waived for Tier 1 drugs	\$100 per individual; waived for Tier 1 drugs
Out-of-Pocket Maximum (PCY)**	\$3500 per Individual / \$7000 Family	\$3500 per Individual / \$7000 Family
Annual/Lifetime Maximum	Unlimited	Unlimited
Pre-Existing Conditions	Covered	Covered
<b>Prescriptions***</b>		
Tiers 1-3	\$15 / \$30 / \$50	\$15 / \$30 / \$50
Specialty	\$100	\$100
<b>Physicians Services</b>		
Primary Care Provider (PCP)	\$40 Copay per visit	\$40 Copay per visit
Secondary Care Provider (SCP)	\$50 Copay per visit	\$50 Copay per visit
After-Hours Care / Urgent Care	\$50 Copay at InstaCare/\$40 at KidsCare	\$50 Copay per visit
Virtual Visit (Connect Care or Teladoc)	Connect Care - 100% Coverage	Teladoc - 100% Coverage
Maternity	80% Coverage after deductible	80% Coverage after deductible
Surgery	80% Coverage after deductible	80% Coverage after deductible
Anesthesiology/Pathology/Radiology	80% Coverage after deductible	80% Coverage after deductible
Physical Therapy	\$50 Copay per visit after deductible (Limit 20 visits per year)	\$50 Copay per visit (Limit 20 visits per year)
Chiropractic	\$50 Copay per visit (Limit 20 per year)	\$50 Copay per visit (Limit 20 per year)
<b>Preventative Health Services</b>		
	Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact SelectHealth at (800) 538-5038	Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact Aetna at (866) 756-0376
<b>Hospital Services</b>		
Prior Authorization	Provider Responsibility	Provider Responsibility
Room & Board/Ancillary/Maternity	80% Coverage after deductible	80% Coverage after deductible
Outpatient Surgery	80% Coverage after deductible	80% Coverage after deductible
Major Diagnostic Test	80% Coverage after deductible	80% Coverage after deductible
<b>Accidental/Emergency Care</b>		
Emergency Room / Life Threatening	\$300 Copay	\$300 Copay
Ambulance/Paramedic Services	80% Coverage after deductible	80% Coverage after deductible
<b>Mental Health Services &amp; Alcohol &amp; Substance Abuse</b>		
Pre-Notification	Call 1-800-538-5038	Participating Provider Responsibility
Office Visit	\$40 Copay per visit	\$40 Copay per visit
Outpatient Services	80% Coverage	\$50 Copay per visit
Inpatient Services	80% Coverage after deductible	80% Coverage after deductible

\*A Summary of Benefits and Coverage (SBC) for this plan can be found at [www.davis.k12.ut.us/insurance](http://www.davis.k12.ut.us/insurance).

\*\*PCY means Per Calendar Year (January 1 through December 31)

This is an illustrative summary only and does not guarantee benefits. It is not meant to replace or fully interpret the contracts with the insurance carriers. Please refer to the specific contracts with the carriers for detailed explanation and coverage descriptions.

\*\*\*Pharmacy benefits administered by Navitus Pharmacy

# 2024 High Deductible Health Plan (HDHP) Comparisons\*

Benefits	SelectHealth High Deductible Health Plan	Aetna High Deductible Health Plan
Primary Care Physician Required	No	No
Specialist Referral Required	No	No
Deductible (PCY)**	\$2500 for Individual coverage \$5000 for 2 Party or Family coverage	\$2500 for Individual coverage \$5000 for 2 Party or Family coverage
Out-of-Pocket Maximum (PCY)**	\$3500 for Individual coverage \$7000 for 2 Party or Family coverage	\$3500 for Individual coverage \$7000 for 2 Party or Family coverage
Annual/Lifetime Maximum	Unlimited	Unlimited
Pre-Existing Conditions	Covered	Covered
<b>Prescriptions***</b>		
Prescription Drugs (Tiers 1-3)	\$7 / \$21 / \$42 After Deductible	\$7 / \$21 / \$42 After deductible
Specialty	\$100 After Deductible	\$100 After Deductible
<b>Physicians Services</b>		
Primary Care Provider (PCP)	\$15 Copay after deductible	80% Coverage after deductible
Secondary Care Provider (SCP)	\$25 Copay after deductible	80% Coverage after deductible
Virtual Visit (Connect Care or Teladoc)	Connect Care - 100% Coverage after deductible	Teladoc - 100% Coverage after deductible
After-Hours Care / Urgent Care	\$35 Copay after deductible	80% Coverage after deductible
Maternity	80% Coverage after deductible	80% Coverage after deductible
Surgery	80% Coverage after deductible	80% Coverage after deductible
Anesthesiology/Pathology/Radiology	80% Coverage after deductible	80% Coverage after deductible
Physical Therapy	\$25 Copay after deductible (Limit 20 visits per year)	80% Coverage after deductible (Limit 20 visits per year)
Chiropractic	\$25 Copay after deductible (Limit 20/yr)	80% Coverage after deductible (Limit 20 visits per year)
<b>Preventative Health Services</b>		
	Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact SelectHealth at (800) 538-5038	Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact Aetna at (866) 756-0376
<b>Hospital Services</b>		
Prior Authorization	Provider Responsibility	Provider Responsibility
Room & Board/Ancillary/Maternity	80% Coverage after deductible	80% Coverage after deductible
Outpatient Surgery	80% Coverage after deductible	80% Coverage after deductible
Major Diagnostic Test	80% Coverage after deductible	80% Coverage after deductible
<b>Accidental/Emergency Care</b>		
Emergency Room / Life Threatening	\$75 Copay after deductible	80% Coverage after deductible
Ambulance/Paramedic Services	80% Coverage after deductible	80% Coverage after deductible
<b>Mental Health Services &amp; Alcohol &amp; Substance Abuse</b>		
Pre-Notification	Call 1-800-538-5038	Participating Provider Responsibility
Office Visit	\$15 Copay after deductible	80% Coverage after deductible
Outpatient Services	80% Coverage after deductible	80% Coverage after deductible
Inpatient Services	80% Coverage after deductible	80% Coverage after deductible

\*A Summary of Benefits and Coverage (SBC) for each of these plans can be found at [www.davis.k12.ut.us/insurance](http://www.davis.k12.ut.us/insurance).

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