

Plan Benefits	Deseret <i>Choice</i> Member Pays:	Deseret <i>Select</i> Member Pays:	Deseret <i>Value</i> Member Pays:	Deseret <i>Protect</i> Member Pays:		
Physician Services: Office Visits Routine Adult Physicals Well Child Care	Deseret Choice PCP: \$15 per visit Deseret Choice specialist: \$25 per visit Non-Deseret Choice PCP: \$25 per visit Non-Deseret Choice specialist: \$35 per visit	Deseret Select PCP: \$15 per visit Deseret Select specialist: \$25 per visit Non-Deseret Select provider: 100% (not covered)	ANNUAL DEDUCTIBLE DOES NOT APPLY	Deseret Value PCP: \$15 per visit Deseret Value specialist: \$25 per visit Non-Deseret Value PCP: \$20 Non-Deseret Value specialist: \$30	ANNUAL DEDUCTIBLE DOES NOT APPLY	Deseret Protect PCP: \$15 per visit Deseret Protect specialist: \$30 per visit Non-Deseret Protect PCP: \$20 Non-Deseret Protect specialist: \$35
Routine Eye Exams	Deseret Choice provider: \$25 per visit Non-Deseret Choice provider: \$35 per visit One exam is covered every year	Deseret Select provider: \$25 per visit Non-Deseret Select provider: 100% (not covered) One exam is covered every year		100% (not covered)		100% (not covered)
Outpatient Laboratory	Deseret Choice facility: Nothing Non-Deseret Choice facility: 30%	Deseret Select facility: Nothing Non-Deseret Select facility: 100% (not covered)		Nothing		Nothing
Prescription Drugs	Retail formulary drugs: 30% for 30-day supply Mail-service formulary drugs: 25% for 90-day supply; up to \$85 per prescription. All non-formulary drugs: 50%	Retail formulary drugs: 30% for 30-day supply Mail-service formulary drugs: 25% for 90-day supply; up to \$85 per prescription All non-formulary drugs: 50%		Retail formulary drugs: 50% for 30-day supply Mail-service formulary drugs: 45% for 90-day supply; up to \$140 per prescription All non-formulary drugs: 50%		Generic drugs: 20% Brand-name: 50% (limited list of brand-name drugs)
Basic Radiology	Deseret Choice facility: 10% Non-Deseret Choice facility: 40%	Deseret Select facility: 10% Non-Deseret Select facility: 100% (not covered)		Deseret Value facility: 30% Non-Deseret Value facility: 40%		Deseret Protect facility: 30%; Non-Deseret Protect facility: 40%; includes X-rays, mammograms, ultrasounds, and CT scans
Hospital Emergency Room	\$75 per visit plus 10%	\$75 per visit plus 10%	Deseret Value facility: \$75 per visit plus 30% Non-Deseret Value facility: \$75 per visit plus 40%	Deseret Protect facility: \$75 per visit plus 30% Non-Deseret Protect facility \$75 per visit plus 40%		
Inpatient Hospital Services*	Deseret Choice facility: 10% Non-Deseret Choice facility: 40%	Deseret Select facility: 10% Non-Deseret Select facility: 100% (not covered)	ANNUAL DEDUCTIBLE APPLIES TO SERVICES FROM NON-NETWORK PROVIDERS (\$300 PER MEMBER OR \$600 PER FAMILY)	Deseret Value facility: 30% Non-Deseret Value facility: 40%	ANNUAL DEDUCTIBLE APPLIES TO SERVICES FROM IN-NETWORK PROVIDERS (\$1,000 PER MEMBER OR \$2,000 PER FAMILY) AND NON-NETWORK PROVIDERS (\$1,300 PER MEMBER OR \$2,600 PER FAMILY)	Deseret Protect facility: 30% Non-Deseret Protect facility: 40%
Inpatient Maternity Services	Deseret Choice facility: 10% Non-Deseret Choice facility: 40%	Deseret Select facility: 10% Non-Deseret Select facility: 100% (not covered)		Deseret Value facility: 30% Non-Deseret Value facility: 40%		Deseret Protect facility: 30% Non-Deseret Protect facility: 40%
Outpatient Mental Health Therapy*	Deseret Choice provider: \$25 for individual therapy/\$15 for group therapy. Non-Choice provider: \$35 for individual therapy/\$25 for group therapy. Up to 25 visits per year	Deseret Select provider: \$25 for individual therapy/\$15 for group therapy, up to 25 visits per calendar year. Non-Deseret Select provider: 100% (not covered)		Deseret Value provider: \$25 for individual therapy/\$15 for group therapy Non-Value provider: \$30 individual/\$20 group Up to 25 visits per year		Deseret Protect provider: \$30 for individual therapy/\$15 for group therapy Non-Deseret Protect provider: \$35 individual /\$20 group; Up to 15 visits per year
Inpatient Mental Health Services*	Deseret Choice facility: 10% Non-Deseret Choice facility: 40% Must preauthorize; up to 30 days per calendar year	Deseret Select facility: 10% Must preauthorize; up to 30 days per calendar year Non-Deseret Select facility: 100% (not covered)		Deseret Value facility: 30% Non-Deseret Value facility: 40% Must preauthorize; up to 30 days per calendar year		Deseret Protect facility: 30% Non-Deseret Protect facility: 40% Must preauthorize; up to 30 days per calendar year
Major Radiology Services*	Deseret Choice facility: 10% Non-Deseret Choice facility: 40%	Deseret Select facility: 10% Non-Deseret Select facility: 100% (not covered)		Deseret Value facility: 30% Non-Deseret Value facility: 40%		Deseret Deseret Protect facility: 30%; Non-Deseret Protect facility: 40%; includes MRIs, MRAs*, PET* and SPECT* scans, and nuclear medicine
Surgery*	Deseret Choice provider: 10% Non-Deseret Choice provider: 40%	Deseret Select provider: 10% Non-Deseret Select provider: 100% (not covered)		Deseret Value provider: 30% Non-Deseret Value provider: 40%		Deseret Protect provider: 30% Non-Deseret Protect provider: 40%
Maternity (Physician)	Deseret Choice provider: 10% Non-Deseret Choice provider: 40%	Deseret Select provider: 10% Non-Deseret Select provider: 100% (not covered)		Deseret Value provider: 30% Non-Deseret Value provider: 40%		Deseret Protect provider: 30% Non-Deseret Protect provider: 40%
Physical Therapy	Deseret Choice provider: \$25 per visit Non-Deseret Choice provider: \$35 per visit Up to 25 visits per calendar year	Deseret Select provider: \$25 per visit; up to 25 visits per calendar year Non-Deseret Select provider: 100% (not covered)		Deseret Value provider: \$25 per visit Non-Deseret Value provider: \$30 per visit Up to 25 visits per calendar year		Deseret Protect provider: \$30 per visit Non-Deseret Protect provider: \$35 Up to 15 visits per year
Chiropractic Therapy	CHP provider: \$25 per visit; no visit limit when preauthorized Non-CHP provider: \$35 per visit for up to five visits	CHP provider: \$25 per visit; no visit limit when preauthorized Non-CHP provider: 100% (not covered)		Deseret Value provider: \$25 per visit Non-Deseret Value provider: \$30 per visit Up to 25 visits per calendar year		Deseret Protect provider: \$30 per visit Non-Deseret Protect provider: \$35 Up to 15 visits per year
Medical Equipment*	Deseret Choice provider: 10% Non-Deseret Choice provider: 40%	Deseret Select provider: 10% Non-Deseret Select provider: 100% (not covered)		Deseret Value provider: 30% Non-Deseret Value provider: 40%		Deseret Protect provider: 30% Non-Deseret Protect provider: 40%
Your Annual Maximum Out-of-Pocket Expense	\$2,000 per person or \$4,000 per family for services from Deseret Choice providers per calendar year. Thereafter, the plan pays 100% for eligible charges.	\$2,000 per person or \$4,000 per family for services from Deseret Select providers per calendar year. Thereafter, the plan pays 100% for eligible charges.	\$4,000 per person or \$6,000 per family per calendar year. Thereafter, the plan pays 100% for eligible charges. The annual deductible does not apply.	\$4,000 per person or \$6,000 per family per calendar year. Thereafter, the plan pays 100% for eligible charges.		

* Preauthorization is required for these services. The member must pay up to the first \$200 per service when not preauthorized.