

2020-21

New Hire Guide

South Jordan City

Look inside for an overview of your benefits for the 2020-21 plan year.



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

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Contact Information

We want to make accessing and understanding your healthcare benefits simple. This Benefits Summary contains important information on how best to use PEHP's comprehensive benefits.

Please contact the following PEHP departments or affiliates if you have questions.

ON THE WEB

..... www.pehp.org

Create a PEHP for Members account at www.pehp.org to review your claims history, get important information through our Message Center, see a comprehensive list of your coverages, find and compare providers in your network, access Healthy Utah rebate information, check your FLEX\$ account balance, and more.

CUSTOMER SERVICE/ HEALTH BENEFITS ADVISORS

..... 801-366-7555
..... or 800-765-7347

Weekdays from 8 a.m. to 5:30 p.m.

Have your PEHP ID or Social Security number on hand for faster service. Foreign language assistance available.

PREAUTHORIZATION

» Inpatient Hospital Preauthorization..... 801-366-7755
..... or 800-753-7754

PRESCRIPTION DRUG BENEFITS

» PEHP Pharmacy 801-366-7551
..... or 888-366-7551

SPECIALTY PHARMACY

» Accredo 800-501-7260

CITY OF SOUTH JORDAN HUMAN RESOURCES

Debbie 801-253-5203 ext. 1853
Theresa..... 801-253-5203 ext. 1851
Michelle 801-253-5203 ext. 1854
Corinne..... 801-253-5203 ext. 1850
Teresa 801-253-5203 ext. 1852

GROUP TERM LIFE AND AD&D

» PEHP Life and AD&D 801-366-7495

PEHP FLEX\$/HSA

» PEHP FLEX\$ Department 801-366-7503
..... or 800-753-7703

HEALTH SAVINGS ACCOUNTS (HSA)

» Health Equity..... 866-960-8058
..... myhealthequity.com

WELLNESS AND DISEASE MANAGEMENT

» PEHP Healthy Utah 801-366-7300
..... or 855-366-7300
..... www.pehp.org/healthyutah

» PEHP Health Coaching 801-366-7300
..... or 855-366-7300

» PEHP WeeCare..... 801-366-7400
..... or 855-366-7400
..... www.pehp.org/weecare

» PEHP Integrated Care (Ask for Member Services Nurse)
..... 801-366-7555
..... or 800-765-7347

VALUE-ADDED BENEFITS

» PEHPplus..... www.pehp.org/plus

ONLINE ENROLLMENT HELP LINE

..... 801-366-7410
..... or 800-753-7410

CLAIMS MAILING ADDRESS

PEHP
560 East 200 South
Salt Lake City, Utah 84102-2004

Bi-Monthly Premiums

Tier 3 [Hired after July 1, 2014]

	Single			Double			Family		
	Single Cost	City Pays	EE cost bi-monthly	Double Cost	City Pays	EE cost bi-monthly	Family Cost	City Pays	EE cost bi-monthly
Traditional Advantage/Summit	310.95	248.76	62.19	643.66	514.93	128.73	870.65	696.52	174.13
STAR Advan/Summit	245.87	221.28	24.59	508.94	458.05	50.89	688.42	619.58	68.84
Dental (Preferred)	23.88	19.10	4.78	32.65	26.12	6.53	49.42	39.54	9.88

Vision (No Employer Contribution/Voluntary)									
	Single			Double			Family		
	Single Cost	City Pays	EE cost bi-monthly	Double Cost	City Pays	EE cost bi-monthly	Family Cost	City Pays	EE cost bi-monthly
Opticare (Hardware Only)	3.33	0.00	3.33	4.97	0.00	4.97	6.97	0.00	6.97
EyeMed (Exam + Hardware)	3.62	0.00	3.62	5.90	0.00	5.90	8.17	0.00	8.17

Cash-Out Option - Monthly Payment (Proof of Insurance Required)		
Medical	Dental:	Medical & Dental
\$373.00	\$30.00	\$403.00

Ancillary Benefits - City Paid

PEHP	Bi-monthly Cost
Accident Weekly Indemnity [\$350 Weekly Benefit]	\$3.52
Accident Medical Expense Benefit (AME) [Up to \$2,500]	\$0.84
Life Insurance	Bi-monthly Cost
Employee [100,000 Basic]	\$5.45
Employee [100,000 Accidental Death & Dismemberment]	\$1.84
Spouse [10,000 Basic]	\$0.45
Child(ren) [10,000 Basic]	\$0.52
Blomquist Hale - EAP	Bi-monthly Cost
Employee & Dependents	\$1.76
Total Cost of Ancillary Benefits Per Employee:	\$14.38

Reminders

Benefit Changes

» HSA Contribution Limits for 2020

The 2020 contribution limit is \$3,550 for single plans and \$7,100 for double/family plans.

» IRS minimums for STAR HSA Option 1

	Single	Family
Deductible	\$1,400	\$2,800
OOP max	\$2,800	\$5,600

Reminders

» Prescription Drug Pricing Tool

PEHP members can now search by medication to find and compare costs. Members can access this new tool when they log in to their PEHP account. Your search results will display a list of generic and brand name drugs with common costs for both home delivery and retail pharmacy options.

» Pharmacy

PEHP's [Covered Drug List](#) is modified periodically with changes based on recommendations from PEHP's Pharmacy and Therapeutics Committee.

» Help Us Get the Word Out to Employees

We provide a variety of educational materials and support services, such as on-site presentations, to help members understand their benefits and make informed decisions about their healthcare. Outreach materials include:

- › PEHP Member Guide
- › Monthly member emails
- › [Live.Share.Inspire](#) video series
- › [Videos](#) on a variety of topics
- › Informational posts on [Facebook](#) and [Twitter](#)
- › Targeted messages via PEHP Message Center
- › Informational sheets on a variety of topics

» PEHP Value Clinics

Make one of these full-service clinics your family doctor and save! They provide all the services of a family doctor or dentist, but at a lower cost.

Eligibility & Enrollment

Eligibility

All full-time employees are eligible for insurance benefits. Legally married spouses and any children under the age of 26 with whom you have a legal parental relationship are eligible for coverage.

Enrollment

You have 60 days from your hire date to enroll yourself and your eligible dependents for coverage at www.pehp.org. All information gathered or contained through online enrollment is incorporated into the Master Policy. Once you enroll online your coverage will be effective on the first day of the following month after date of hire. If you fail to enroll within 60 days from your hire date* you cannot enroll for coverage until the next annual enrollment period.

Special Enrollment/Mid-Year Events

If you miss the initial 60-day period to enroll, you are not eligible to enroll until the City's next annual open enrollment period unless you meet one of the conditions for Special Enrollment. Special Enrollment allows late enrollees to enroll or drop coverage with PEHP prior to the City's next annual enrollment by meeting one of the following special enrollment/mid-year events:

1. Birth, adoption or placement
2. Marriage
3. Divorce
4. Death

5. Gain or loss of employment of a spouse or dependent
6. Loss or gain of coverage during a spouse's or dependent's open enrollment window.
7. Significant increase or decrease in premium or coverage through a spouse's employer plan, e.g., reduction in working hours that would result in higher premiums or loss of coverage.
8. Involuntary loss of coverage.
9. Work Schedule – a reduction or increase in hours of employment by the employee, spouse, or dependent, which causes a change in the health benefits or employee premium/rate share available to the covered individual, including, but not limited to, a switch between part-time and full-time, a strike or lock out, or commencement or return from an unpaid leave of absence.

Eligible employees will have **60 days** from the date coverage is lost or the date of the special enrollment/mid-year event to make the enrollment change. Coverage will be retroactive back to date of event.

Proof of loss of the other coverage must be submitted to PEHP at the time of the enrollment change. Other eligible documentation such as proof of loss of other coverage, copy of marriage, birth or death certificate, divorce decree signed by the judge, adoption or placement papers or other legal documentation required to substantiate the event must be submitted to PEHP. Claims will not be paid until premiums are collected back to the date of event.

Eligibility & Enrollment (continued)

Legal Guardianship

You may enroll any dependent children who are under age 19 who are placed under your legal guardianship within 60-days of receiving legal guardianship. Proof of legal guardianship must be provided to PEHP prior to any benefits being paid under the plan.

Married Dependents

Dependent children can remain covered under the medical and dental plans up to age 26 even if they are married. Life and AD&D plans are not offered to any married child. If your dependent child becomes married during the plan year you must provide a copy of the marriage certificate and notify PEHP immediately.

Personal Online Account

No more paper! By going to www.pehp.org and logging into your personal online account you can:

- » enroll in medical/dental/life/accident
- » enroll in Flex
- » enroll in HSA
- » change HSA contributions
- » add dependents
- » make changes to your benefits
- » change your beneficiary information
- » update your address

Advantage

Intermountain Healthcare (IHC) providers and facilities. You can also see Summit providers on the Advantage network, but your benefits will pay less.

Participating Hospitals

Beaver County Beaver Valley Hospital Milford Valley Memorial Hospital	Salt Lake County (cont.) Primary Children's Medical Center Riverton Hospital
Box Elder County Bear River Valley Hospital	San Juan County Blue Mountain Hospital San Juan Hospital
Cache County Logan Regional Hospital	Sanpete County Gunnison Valley Hospital Sanpete Valley Hospital
Carbon County Castleview Hospital	Sevier County Sevier Valley Hospital
Davis County Davis Hospital Intermountain Layton Hospital	Summit County Park City Medical Center
Duchesne County Uintah Basin Medical Center	Tooele County Mountain West Medical Center
Garfield County Garfield Memorial Hospital	Uintah County Ashley Regional Medical Center
Grand County Moab Regional Hospital	Utah County American Fork Hospital Orem Community Hospital Spanish Fork Hospital – coming 4/21 Utah Valley Hospital
Iron County Cedar City Hospital	Wasatch County Heber Valley Medical Center
Juab County Central Valley Medical Center	Washington County Dixie Regional Medical Center
Kane County Kane County Hospital	Weber County McKay-Dee Hospital
Millard County Delta Community Hospital Fillmore Community Hospital	Out-of-State – Colorado St. Mary's Hospital – Grand Junction Southwest Memorial Hospital – Cortez
Salt Lake County Alta View Hospital Intermountain Medical Center The Orthopedic Specialty Hospital (TOSH) LDS Hospital	

Non-Contracted Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. Find participating providers and [see a list of Non-Contracted Providers](#) at

Summit

Steward Health, MountainStar, and **University of Utah Health Care** providers and facilities. You can also see Advantage providers on the Summit network, but your benefits will pay less.

Participating Hospitals

Beaver County Beaver Valley Hospital Milford Valley Memorial Hospital	Salt Lake County (cont.) Primary Children's Medical Center St. Marks Hospital Salt Lake Regional Medical Center University of Utah Hospital University Orthopaedic Center
Box Elder County Bear River Valley Hospital Brigham City Community Hospital	San Juan County Blue Mountain Hospital San Juan Hospital
Cache County Cache Valley Hospital Logan Regional Hospital	Sanpete County Gunnison Valley Hospital Sanpete Valley Hospital
Carbon County Castleview Hospital	Sevier County Sevier Valley Hospital
Davis County Lakeview Hospital Davis Hospital	Summit County Park City Medical Center
Duchesne County Uintah Basin Medical Center	Tooele County Mountain West Medical Center
Garfield County Garfield Memorial Hospital	Uintah County Ashley Regional Medical Center
Grand County Moab Regional Hospital	Utah County Mountain View Hospital Timpanogos Regional Hospital Mountain Point Medical Center
Iron County Cedar City Hospital	Wasatch County Heber Valley Medical Center
Juab County Central Valley Medical Center	Washington County Dixie Regional Medical Center
Kane County Kane County Hospital	Weber County Ogden Regional Medical Center
Millard County Delta Community Hospital Fillmore Community Hospital	Out-of-State – Colorado St. Mary's Hospital – Grand Junction Southwest Memorial Hospital – Cortez
Salt Lake County Huntsman Cancer Hospital Jordan Valley Hospital Jordan Valley Hospital - West Lone Peak Hospital	

Advantage Urgent Care Facilities

Box Elder County

Box Elder Instacare (IHC)

1050 Medical Dr. Brigham City, 84302 435-695-2727

Cache County

Intermountain Healthcare Instacare

412 N. 200 E. Logan, 84341 435-713-2710
4088 N Highway 91 Hyde Park, 84318 435-563-4888

Davis County

Intermountain Healthcare Instacare

390 N. Main Bountiful, 84010 801-292-6100
2075 University Park Blvd Layton, 84041 801-779-6200
745 S 2000 W Syracuse, 84075 801-525-2400
435 N. Main St. Kaysville, 84037 801-498-6000

Iron County

Intermountain Healthcare Instacare

962 Sage Dr Cedar City, 84720 435-865-3440

Salt Lake County

Exodus Healthcare Network

3665 S. 8400 W. Magna, 84044 801-250-9638

Salt Lake County (continued)

Intermountain Healthcare Instacare

6272 Highland Dr Murray, 84121 801-871-6400
3723 W. 12600 S. Ste 150 Riverton, 84065 801-285-4560
2000 S. 900 E. Salt Lake City, 84105 801-464-7777
9493 S. 700 E. Sandy, 84070 801-576-0176
3845 W. 4700 S. Taylorsville, 84118 801-840-2020
2655 W. 9000 S. West Jordan, 84088 801-256-6399
389 S 900 E Salt Lake City, 84110 385-282-2400
12473 Minuteman Dr. Draper, 84020 801-495-7970
181 E Medical Tower Dr. Murray, 84107 801-314-7700
5373 W. Lake Park Blvd. West Valley City, 84120 801-902-8010

North Temple Urgent Care Clinic

54 N. 800 W. Salt Lake City, 84116 801-408-8654

Summit County

Canyons Village Medical Center

3850 Canyons Resort Dr. Park City, 84098 435-615-2235

Intermountain Healthcare Instacare

1665 Bonanza Dr Park City, 84060 435-649-7640

Tooele County

Intermountain Healthcare Instacare

777 N Main St. Tooele, 84074 435-228-1200

Tooele Valley Urgent Care

1244 N Main St #201 Tooele, 84074 435-882-3968

Utah County

Intermountain Healthcare Instacare

98 N. 1100 E. #101 American Fork, 84003 801-492-2550
1975 N. State St. North Orem, 84057 801-714-5000
354 W. State Rd. 73 Saratoga Springs, 84043 801-766-4567
762 W. 400 S. Springville, 84663 801-429-1200
1134 N. 500 W. Ste. 102 Provo, 84604 801-357-1770
854 Turf Farm Rd #1 Payson, 84651 801-465-6200

Riverwoods Urgent Care Center

280 W. River Park Dr #120, Provo, 84604 801-229-2011

Washington County

Intermountain Healthcare Instacare

75 N. 2260 W. Hurricane, 84737 435-635-6550
577 S. River Rd. St. George, 84790 435-688-6300
1739 W. Sunset Blvd. St. George, 84770 435-634-6050

Weber County

Farr West Urgent Care

2850 N. 2000 W. #101 Farr West, 84404 801-732-0805

Intermountain Healthcare Instacare

2400 N. Washington Blvd. North Ogden, 84414 801-786-7500
1915 W. 5950 S. Roy, 84067 801-387-8100
975 E. Chambers St. South Ogden, 84403 801-387-6200

Snowbasin Clinic

3925 Snowbasin Rd Huntsville, 84317 801-620-1040

Advantage Kidscare & Children's Clinic Facilities

Davis County

Intermountain Healthcare Kidscare

390 N. Main St Bountiful, 84010 801-294-9933
2075 University Park Blvd Layton, 84041 801-779-6200

Salt Lake County

Intermountain Healthcare Kidscare

9720 S. 1300 E. #E100 Sandy, 84094 801-501-9933
2000 S. 900 E. Salt Lake City, 84105 801-464-7788
3845 W. 4700 S. Taylorsville, 84118 801-840-2101
2655 W. 9000 S. West Jordan, 84088 801-568-9933
3723 W. 12600 S. Ste 150 Riverton, 84065 801-285-4561

Tooele County

Bedtime Kids Care

2356 N. 400 E. #303 Tooele, 84074 435-843-8380

Washington County

Night Light Pediatrics

1240 E. 100 S. #14 St. George, 84790 435-628-8232

Weber County

Intermountain Healthcare Kidscare

4403 Harrison Blvd Ste 4875 Ogden, 84403 801-387-4500

This list is subject to change. Go to www.pehp.org for the latest list of Advantage providers and facilities

Summit Urgent Care Facilities

Box Elder County

Box Elder Instacare (IHC)

1050 Medical Dr. Brigham City, 84302 435-695-2727

Cache County

Cache Valley Community Health

26 W. Main St #3A Hyrum, 84319 435-245-6988

Logan InstaCare (IHC)

412 N. 200 E. Logan, 84321 435-713-2710

North Cache Valley Instacare (IHC)

4088 N. Highway 91 Hyde Park, 84318 435-563-4888

Sterling Physician Group

630 E 1400 N #150 Logan, 84341 435-915-4465

1201 S Main #110 Logan, 84321 435-787-8504

Davis County

First Med

1512 Renaissance Towne Dr. #100 Bountiful, 84010 801-295-6483

UUHC Centerville Health Center

26 S. Main St. Centerville, 84014 801-693-7900

UUHC Farmington Health Center

165 N University Ave. Farmington, 84025 801-213-3200

Wee Care Pediatrics

2084 N. 1700 W. Layton, 84041 801-773-8644

Iron County

Cedar City InstaCare (IHC)

962 S. Sage Dr. Cedar City, 84720 435-865-3440

Salt Lake County

Copperview Medical Center

3556 W. 9800 S. #101 South Jordan, 84095 801-567-9780

Exodus Healthcare Network

3665 S. 8400 W. Magna, 84044 801-250-9638

Salt Lake County (Continued)

First Med

8822 Redwood Rd. #E122 West Jordan, 84088 801-943-3300

5911 Fashion Blvd. Murray, 84107 801-266-6483

1950 E. 7000 S. Salt Lake City, 84121 801-943-3300

First Med at Salt Lake Industrial Clinic

441 S. Redwood Rd. Salt Lake City, 84104 801-973-2588

Foothill Clinic South

6360 S. 3000 E. Salt Lake City, 84121 801-365-1032

Granger Medical Clinic

3725 W. 4100 S. West Valley City, UT 84120 801-965-3600

Stat MD

7724 S 5600 W #102 West Jordan, 84341 435-604-0160

UUHC Redwood Urgent Care

1525 W. 2100 S. Salt Lake City, 84119 801-887-2400

Summit County

Canyons Village Medical Center

3850 Canyons Resort Dr. Park City, 84098 435-615-2235

Intermountain Healthcare Instacare

1665 Bonanza Dr. Park City, 84060 435-649-7640

Snow Creek Emergency Clinic

1600 Snow Creek Rd. Park City, 84060 435-655-0055

Stat MD

1784 Uinta Way #E2 Park City, 84081 435-604-0160

Tooele County

Intermountain Healthcare Instacare

777 N Main St. Tooele, 84074 435-228-1200

Bedtime Kids Care

2356 N 400 E Ste. 202 Tooele, 84074 435-843-8380

Tooele Valley Urgent Care

1244 N. Main St. Ste. 201 Tooele, 84074 435-882-3968

Utah County

Alpine Pediatrics – Urgent Care

1912 W. 930 N. Pleasant Grove, 84062 801-492-1999

Intermountain Healthcare Instacare

854 Turf Farm Rd #1 Payson, 84651 801-465-6200

Premier Family Medical

830 N. 2000 W. Pleasant Grove, 84062 801-756-3511

275 W. 200 N. #100 Lindon, 84042 801-796-1333

226 N. 1100 E. #A American Fork, 84003 801-855-3841

680 E Main Lehi, 84043 801-768-1699

3943 Pony Express Pkwy #120 Eagle Mountain, 84005 801-789-5566

Riverwoods Urgent Care

280 W. Riverpark Dr. Ste. 120 Provo, 84604 801-229-2011

Washington County

Hurricane Valley Instacare (IHC)

75 N. 2260 W. Hurricane, 84737 435-635-6550

Night Light Pediatrics

1240 E. 100 S. Ste. 14 St. George, 84790 435-628-8232

River Road InstaCare (IHC)

577 S. River Rd. St. George, 84790 435-688-6300

Sunset Instacare (IHC)

1739 W. Sunset Blvd. St. George, 84770 435-634-6050

Weber County

Farr West Urgent Care

2850 N. 2000 W. #101 Farr West, 84404 801-732-0805

Health Clinics of Utah

2540 Washington Blvd. #122 Ogden, 84401 801-395-6499

This list is subject to change. Go to www.pehp.org for the latest list of Summit and Preferred providers and facilities

Medical Benefits: Traditional



Traditional Option 1

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Percentages indicate your share of PEHP's In-Network Rate.

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$250 Double/family plans: \$250 per person, \$500 per family <i>One person cannot meet more than \$250</i>	
Plan year Out-of-Pocket Maximum**	Single plans: \$3,000 Double/family plans: \$3,000 per person, \$6,000 per family <i>One person cannot meet more than \$3,000</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	30% after deductible
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit	Not applicable
PEHP Value Clinics	\$10 co-pay per visit	Not applicable
Primary Care Visits <i>Includes office surgeries and inpatient visits</i>	\$15 co-pay per visit	30% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</i>	\$25 co-pay per visit	30% after deductible
University of Utah Medical Group (UUMG) <i>Preferred plans only</i>	\$50 co-pay per visit	Not applicable
Surgery and Anesthesia	10% after deductible	30% after deductible
Emergency Room Specialist Visits	\$25 co-pay per visit	\$25 co-pay per visit
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less</i>	No charge	30% after deductible
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350</i>	20% after deductible	30% after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	Outpatient: Specialist or UUMG co-pay per visit. Inpatient: 10% after deductible	Not covered
PRESCRIPTION DRUGS <i>For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost, \$25 minimum / \$75 maximum Tier 3: 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$50 minimum / \$150 maximum Tier 3: 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

**Please refer to the Master Policy for exceptions to the out-of-pocket maximum.

Medical Benefits: Traditional

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
SPECIALTY DRUGS <i>For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% after deductible. No maximum co-pay Tier B: 30% after deductible. No maximum co-pay	Tier A: 40% after deductible. No maximum co-pay Tier B: 50% after deductible. No maximum co-pay
Specialty Medications, through Home Health or Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	10% after deductible	30% after deductible
Urgent Care Facility	\$35 co-pay per visit	30% after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$125 co-pay after deductible per visit	\$125 co-pay after deductible per visit
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
University of Utah Medical Group (UUMG) Urgent Care <i>Preferred plans only</i>	\$50 co-pay per visit	Not applicable
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	30% after deductible
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% after deductible	30% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	10% after deductible	30% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year.</i>	Applicable co-pay per visit	30% after deductible
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	10% after deductible	30% after deductible
Skilled Nursing Facility <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	10% after deductible	30% after deductible
Hospice	No charge	30% after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	10% after deductible	30% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	10% after deductible	Not covered

Medical Benefits: Traditional

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption <i>See Master Policy for benefit limits</i>	10% after deductible, up to \$4,000 per adoption	
Allergy Serum	10% after deductible	30% after deductible
Chiropractic care <i>Up to 20 visits per plan year</i>	Applicable office co-pay per visit	Not covered
Durable Medical Equipment <i>Some DME requires preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	30% after deductible
Medical Supplies <i>See Master Policy for benefit limits</i>	20% after deductible	30% after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires Preauthorization</i>	No charge	30% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	Under \$50: No charge Over \$50: 20% after deductible	30% after deductible
Infertility Services <i>Select services only. See Master Policy for details.</i>	50% after deductible	50% after deductible
Temporomandibular Joint Dysfunction** <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	50% after deductible	50% after deductible

PEHP FLEX\$

Time to Get Serious About Reducing Out-of-Pocket Costs »

At open enrollment, you agree to set aside a portion of your pre-tax salary for the year to pay eligible expenses. PEHP offers two types of FLEX\$: healthcare and dependent day care. Enroll in one or both.

Plan Year Contribution Limits

- » Up to \$2,750 for healthcare expenses
(May adjust annually for inflation)
- » Up to \$5,000 for dependent day care expenses (you and your spouse combined)

How You Contribute

- » Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods.
- » The total amount you choose to withhold for healthcare expenses is immediately available as soon as you begin FLEX\$.

You Can't Have an HSA

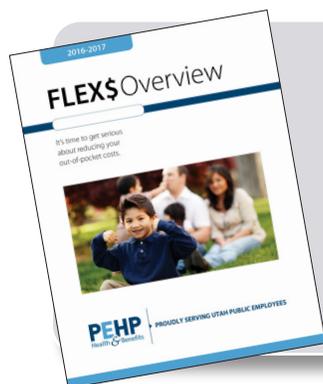
You can't contribute to a health savings account (HSA) while you're enrolled in healthcare FLEX\$. However, you may have a dependent day care FLEX\$ and/or a limited FSA and contribute to an HSA.

FLEX\$ Timeline

Eligible FLEX\$ expenses must be incurred between July 1, 2020 and June 30, 2021. You can carry over up to \$550 in your healthcare FLEX\$ into the next plan year.

Learn More

Contact PEHP FLEX\$: 801-366-7503 or 800-753-7703; email: flex@pehp.org. See instructions below to download the PEHP FLEX\$ brochure or email publications@pehp.org to request a copy.



Enroll for FLEX\$ at PEHP for Members at www.pehp.org during open enrollment. For more information about FLEX\$, such as eligible expenses and detailed terms and conditions, read the FLEX\$ Brochure and FLEX\$ Handbook. Find them in the "Benefits Information Library" under the "my Benefits" after you log in to your online personal account.

Medical Benefits: STAR HSA



STAR HSA Option 1

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Percentages indicate your share of PEHP's In-Network Rate.

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$1,400 Double/family plans: \$2,800 <i>One person or a combination can meet the \$2,800 double/family deductible</i>	
Plan year Out-of-Pocket Maximum	Single plans: \$2,800 Double/family plans: \$5,600 <i>One person or a combination can meet the \$5,600 double/family maximum</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	40% after deductible
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit after deductible	Not applicable
PEHP Value Clinics	Medical: 20% after deductible	Not applicable
Primary Care Visits <i>Includes office surgeries and inpatient visits</i>	20% after deductible	40% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</i>	20% after deductible	40% after deductible
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	20% after deductible	20% after deductible
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	20% after deductible	Not covered
PRESCRIPTION DRUGS <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: \$30 co-pay Tier 3: \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$30 co-pay Tier 2: \$60 co-pay Tier 3: \$130 co-pay	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

Medical Benefits: STAR HSA

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
PRESCRIPTION DRUGS <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Tier A: 40%. No maximum co-pay Tier B: 50%. No maximum co-pay
Specialty Medications, through Home Health or Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	20% after deductible	40% after deductible
Urgent Care Facility	20% after deductible	40% after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% after deductible	20% after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	40% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year.</i>	20% after deductible	40% after deductible
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	20% after deductible	40% after deductible
Skilled Nursing Facility <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible
Hospice	20% after deductible	40% after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	20% after deductible	Not covered

Medical Benefits: STAR HSA

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption <i>See Master Policy for benefit limits</i>	20% after deductible, up to \$4,000 per adoption	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care <i>Up to 20 visits per plan year</i>	20% after deductible	Not covered
Durable Medical Equipment <i>Some DME requires preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
Medical Supplies <i>See Master Policy for benefit limits</i>	20% after deductible	40% after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	20% after deductible	40% after deductible
Infertility Services <i>Select services only. See Master Policy for details.</i>	50% after deductible	50% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	50% after deductible	50% after deductible

STAR vs. Traditional Plan

Medical Plan	The STAR Plan (HSA-qualified)	Traditional Option 1 (non-HSA)
<p>Summary <i>This brief comparison is for illustrative purposes only. See your Benefits Summary for details.</i></p>	<p>You start by paying medical bills with an HSA containing money your employer puts in. You can also put money in yourself, tax-free. This plan pays benefits at 80% when you reach your deductible. Covers more preventive care services at 100% (even before the deductible) than the Traditional Plan. All spending goes to the out-of-pocket maximum, protecting you from large bills.</p>	<p>This plan has multiple co-pays and deductibles and is NOT eligible for an HSA. It pays benefits (at 80%) sooner with a lower deductible. Pays many preventive care services at 100%, but not as many as The STAR Plan covers.</p>
<p>Employer Annual Contribution to Your HSA</p>	<p>Single: \$600 Double: \$1,400 Family: \$1,400</p>	<p>Not applicable (not an HSA-qualified plan by federal standards)</p>
<p>Medical Deductible</p>	<p>\$1,400 per single \$2,800 per double/family* <i>*This is different from the Traditional Plan</i></p>	<p>\$250 per individual \$500 per family</p>
<p>Benefits</p>	<p>Pays covered benefits generally at 80% (using in-network providers, after deductible). Includes expanded list of preventive services (See page 21).</p>	<p>Pays covered benefits generally at 90% (using in-network providers, after deductible). Most preventive care (using in-network providers) covered at 100%.</p>
<p>Out-of-Pocket Maximum</p>	<p>Medical and Pharmacy: \$2,800 single plan \$5,600 per family</p>	<p>Medical and Pharmacy: \$3,000 per individual \$6,000 per family plan</p>
<p>Eligibility</p>	<p>No special eligibility requirements for the plan. However, you must meet certain requirements to open an HSA and to contribute or receive contributions to it.</p>	<p>No special eligibility requirements.</p>

Expanded Preventive Medications

The STAR HSA Plan

Expanded preventive drug coverage means that PEHP will pay a portion of the drug cost for some STAR HSA plans even before you meet your deductible. **Check your benefit summary for plan coverage details as not all STAR HSA plans include this benefit.** Make sure to visit an in-network pharmacy to receive this benefit.

Diabetes

GLUCOSE RESCUE PRODUCTS
GlucaGen HypoKit
Glucagon
INSULINS
Novolog vials
Novolin vials
Lantus vials
METFORMIN PRODUCTS
glipizide-metformin
glyburide-metformin
metformin
metformin ER (non OSM, non MOD)
MISCELLANEOUS
pioglitazone
TESTING SUPPLIES
Freestyle test strips
SULFONYLUREAS
glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized
tolazamide

Depression

citalopram
escitalopram
fluoxetine
sertraline

Cardiovascular

ANTICOAGULANTS/ ANTIPLATELETS
clopidogrel
dipyridamole
warfarin
BETA BLOCKERS
acebutolol
bisoprolol
carvedilol
labetalol
metoprolol succinate
metoprolol tartrate
propranolol solution
propranolol tablets
sotalol
timolol maleate tablets
CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem
felodipine ER
isradipine
nifedipine tablets ER
verapamil
COMBINATION PRODUCTS
amiloride & HCTZ
atenolol & chlorthalidone
bisoprolol & HCTZ
enalapril & HCTZ
irbesartan & HCTZ
lisinopril & HCTZ
losartan & HCTZ
metoprolol & HCTZ
nadolol & bendroflumethiazide
propranolol & HCTZ
triamterene & HCTZ

RENIN/ANGIOTENSIN SYSTEM ANTAGONIST (ACEI/ARB)
enalapril
fosinopril
irbesartan
lisinopril
losartan
quinapril
ramipril
trandolapril
DIURETICS
amiloride
bumetanide
chlorothiazide
chlorthalidone
furosemide solution
furosemide tablets
hydrochlorothiazide capsules
hydrochlorothiazide tablets
indapamide
methazolamide
methyclothiazide
spironolactone
toremide
MISCELLANEOUS
prazosin
clonidine
digoxin
VASODILATORS
hydralazine
isosorbide

Respiratory

ANTICHOLENERGICS
ipratropium bromide solution
INHALED CORTICOSTEROIDS
QVAR inhaler
SABA/ ANTI-CHOLENERGICS
ipratropium-albuterol inhaler
ipratropium-albuterol nebulized
SHORT ACTING BETA AGONISTS
albuterol ER tablets
albuterol nebulized
albuterol syrup
albuterol tablets
ProAir HFA inhaler
ProAir RespiClick
Ventolin inhaler

Osteoporosis

alendronate



Save with The STAR Plan

The STAR Plan allows you to manage the cost of healthcare based on how you use it. You take more responsibility for your spending and can save money each year.

You must meet your deductible before benefits are paid for non-preventive services, but your out-of-pocket maximum protects you from large dollar medical bills.

Couple your STAR Plan with a Health Savings Account to pay for healthcare. An HSA is a tax-advantaged, interest-bearing account. Your money goes in tax-free, grows tax-free, and is spent on qualified health expenses tax-free. It's a great way to save for health expenses in both the short and long term. An HSA is like a flexible spending account, but better. You never have to worry about forfeiting HSA money you don't spend.

Money in your HSA carries over from year-to-year and even from employer-to-employer.

Eligible Expenses

Eligible HSA expenses include deductibles and coinsurance, as well as all flex-eligible health expenses. Eligible expenses include those for you and your dependents you can claim on your tax return. If someone is on your plan but not considered a dependent for tax purposes, spending from your HSA for this individual is not eligible.

Spending Your HSA

Eligible HSA expenses include deductibles and coinsurance, as well as all flex-eligible health expenses. When you spend your own HSA money, you have fewer restrictions. You don't have to worry about limitations or exclusions. You can visit a therapist, a chiropractor — even an acupuncturist — without visit limits. Note, however, that while many expenses are HSA-eligible, spending will only apply to your deductible and out-of-pocket max if they're covered by your plan.



YOU'RE COVERED

PEHP Pays for **Preventive Benefits** at 100%*

Don't put off that test or immunization. Preventive benefits are covered at no cost to you when you see a contracted provider — even before you meet your deductible. This applies to both The STAR Plan and Traditional plan.

Covered Preventive Services for Adults

(Ages 18 and older)

- » Preventive physical exam visits for adults, one time per plan year including:
 - › Blood pressure screening
 - › Basic/comprehensive metabolic panel
 - › Complete blood count
 - › Urinalysis
- » Abdominal aortic aneurysm one-time screening for men aged 65-75 who have ever smoked.
- » Alcohol misuse screening and counseling.
- » Aspirin use for men ages 45-79 and women ages 55-79, covered under the pharmacy benefit when prescribed by a physician.
- » Cholesterol screening for adults of certain ages or at higher risk.
- » Colorectal cancer screening for adults ages 50 to 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy. *PEHP covers Conscious Moderate Sedation for Colonoscopy's. If you don't have an ASA score of P3 or higher, or a Mallampati score of III or higher, General Anesthesia or Monitored Anesthesia Care is not covered for those providers that bill separately for it. Check with your doctor to find out if you meet these requirements.*
- » Depression screening for adults.
- » Type 2 diabetes screening for adults with high blood pressure.

- » Diet counseling for adults at higher risk for chronic disease including hyperlipidemia, obesity, diabetes, and cardiovascular disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists including registered dietitians.
 - » HIV screening for all adults at higher risk.
 - » Immunization vaccines for adults—doses, recommended ages, and recommended populations vary:
 - › Hepatitis A
 - › Hepatitis B
 - › Herpes zoster (shingles age 50 and above)
 - › Human papillomavirus (HPV)
 - » males age 9-21 Gardasil
 - » females age 9-26 Gardasil or Cervarix
 - › Influenza (flu shot)
 - › Measles, mumps, rubella
 - › Meningococcal (meningitis)
 - › Pneumococcal (pneumonia)
 - › Tetanus, diphtheria, pertussis (Td or Tdap)
 - › Varicella (chickenpox)
- Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.*
- » Obesity screening and counseling for all adults by primary care clinicians to promote sustained weight loss for obese adults.
 - » Sexually transmitted infection (STI) prevention counseling for adults at higher risk.
 - » Tobacco use screening for all adults and cessation interventions for tobacco users.

- » Syphilis screening for all adults at higher risk.

Covered Preventive Services Specifically for Women, Including Pregnant Women

- » Preventive gynecological exam, two per plan year.
- » Anemia screening on a routine basis for pregnant women.
- » Bacteriuria urinary tract or other infection screening for pregnant women.
- » BRCA counseling about genetic testing for women at higher risk.
- » BRCA testing for women at higher risk, requires preauthorization from PEHP.
- » Breast cancer mammography screenings one time per plan year for women over 40.
- » Breast cancer chemoprevention counseling for women at higher risk.
- » Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
- » Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women. *Coverage allows for either a manual or electric breast pump within 12 months after delivery. Hospital grade breast pumps when medically necessary and preauthorized by PEHP are also included.*
- » Cervical cancer screening (pap smear) for women ages 21-65.

Continued on back

Preventive Benefits

Continued from front

- » Chlamydia infection screening for younger women and other women at higher risk.
- » Contraception: Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs.
 - » Covered services/devices include: One IUD every two years (including removal), generic oral contraceptives, NuvaRing, Ortho Evra, diaphragms, cervical caps, emergency contraceptives (Ella, and generics only), injections, hormonal implants (including removal), Essure, and tubal ligation.
- » Domestic and interpersonal violence screening and counseling for all women.
- » Folic acid supplements for women who may become pregnant, covered under the pharmacy benefit when prescribed by a physician.
- » Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
- » Gonorrhea screening for all women at higher risk.
- » Hepatitis B screening for pregnant women at their first prenatal visit.
- » Human immunodeficiency virus (HIV) screening and counseling for sexually active women.
- » Human papillomavirus (HPV) DNA test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older in conjunction with cervical cancer screening (pap smear).
- » Osteoporosis screening for women over age 60 depending on risk factors.
- » Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
- » Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users.
- » Sexually transmitted infections (STI) counseling for sexually active women.
- » Syphilis screening for all pregnant women or other women at increased risk.

Covered Preventive Services Specifically for Children

(Younger than age 18)

- » Preventive physical exam visits throughout childhood as recommended by the American Academy of Pediatrics including:

- » Behavioral assessments for children of all ages;
- » Blood pressure screening for children;
- » Developmental screening for children under age 3 and surveillance throughout childhood;
- » Oral health risk assessment for young children;
- » Alcohol and drug use assessments for adolescents.
- » Autism screening for children at 18 and 24 months.
- » Cervical dysplasia (pap smear) screening for sexually active females.
- » Congenital hypothyroidism screening for newborns.
- » Depression screening for adolescents.
- » Dyslipidemia screening for children at higher risk of lipid disorders.
- » Fluoride chemoprevention supplements for children without fluoride in their water source.
- » Gonorrhea preventive medication for the eyes of all newborns.
- » Hearing screening for all newborns, birth to 90 days old.
- » Height, weight, and body mass index measurements for children.
- » Hematocrit or hemoglobin screening for children.
- » Hemoglobinopathies or sickle cell screening for newborns.
- » HIV screening for adolescents at higher risk.
- » Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
 - » Diphtheria, tetanus, pertussis (Dtap);
 - » Haemophilus influenzae type b (Hib);
 - » Hepatitis A;
 - » Hepatitis B;
 - » Human papillomavirus (HPV);
 - » Males age 9-21 Gardasil;
 - » Females age 9-26 Gardasil or Cervarix;
 - » Inactivated poliovirus;
 - » Influenza (Flu Shot);
 - » Measles, mumps, rubella;
 - » Meningococcal (meningitis);
 - » Pneumococcal (pneumonia);
 - » Rotavirus;
 - » Varicella (chickenpox).
- » Iron supplements for children ages 6 to 12 months at risk for anemia.
- » Obesity screening and counseling.

Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.

- » Phenylketonuria (PKU) screening for this genetic disorder in newborns.
- » Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk.
- » Tuberculin testing for children at higher risk of tuberculosis.
- » Vision screening for all children one time between ages 3 and 5.

Coverage for Specific Drugs

- Payable through the Pharmacy Plan when received at a participating pharmacy with a prescription from your doctor. Over-the-counter purchases are not covered. See applicable Benefits Summary for coverage information.
- » Aspirin use for men age 45-79 and women age 55-79.
 - » Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
 - » Folic acid supplements for women who may become pregnant.
 - » Fluoride chemoprevention supplements for children without fluoride in their water source.
 - » Iron supplements for children ages 6 to 12 months at risk for anemia.
 - » Tobacco use cessation interventions, up to the maximum approved dose and duration per plan year.

Additional Preventive Services When Enrolled in The STAR Plan

*(doesn't apply to Jordan School District)
(doesn't apply to Consumer Plus)*

Adults

- » Eye exam, routine. One per plan year.
- » Glaucoma screening.
- » Glucose test.
- » Hearing exam.
- » Hypothyroidism screening.
- » Phenylketones test.
- » Prostate cancer screening.
- » PSA (prostate specific antigen) screening.
- » Refraction exams.
- » Blood typing for pregnant women.
- » Rubella screening for all women of child bearing age at their first clinical encounter.

Children

- » Eye exam, routine. One per plan year.
- » Glaucoma screening.
- » Hearing exam.
- » Hypothyroidism screening.
- » Refraction exams.

**PEHP processes claims based on your provider's clinical assessment of the office visit. If a preventive item or service is billed separately, cost sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, cost sharing may apply. Certain screening services, such as a colonoscopy or mammogram, may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening, any subsequent testing, diagnosis, analysis, or treatment are not considered preventive services and are subject to the appropriate cost sharing.*

Labs & Testing

Your doctor and hospital may be in your network, but that doesn't mean the lab they're using is too. Always ask where your samples are being sent to avoid unnecessary, large bills.

Understand Your Network

Get the best benefit by using only labs contracted in your [network](#). Otherwise, you could face unnecessary large bills. Find in-network labs at [PEHP for Members](#) (click "Find and Select a Provider" under the "my Benefits" menu).

Ask About Your Lab

Always ask where your samples are being sent. **LabCorp, Quest Diagnostic, and IHC Central Labs are in-network labs.** Find others at [PEHP for Members](#).

Genetic Tests

All genetic tests require [preauthorization](#).
» [Learn More About Genetic Tests](#)

If You Go Out-of-Network...

You may be stuck with large, unnecessary bills. Depending on your benefits, PEHP may pay up to the [in-network rate](#), but you may be subject to [balance billing](#). We'll send you a check in the name of the provider for the in-network rate. Having the check and knowing the market rate will help you negotiate.

Where You Go Matters

Most services are less expensive when performed outside a hospital, and labs are no exception. See the chart below for estimated price differences for common labs. Ask your doctor about the most cost-effective way to have your labs and testing performed.

For complete information, see your [Benefits Summary](#) or [Master Policy](#).



Lab	Doctor's Office	Lab	Hospital
Complete Blood Test	\$7	\$6	\$14-49
Metabolic Panel	\$14	\$12	\$26-89
Lipid Test	\$19	\$15	\$50-55
Obstetric Panel	\$65	\$55	\$153
Factor V Gene Analysis	N/A	\$66	\$476-\$725

Dental Benefits

If you use an Out of Network provider, your benefits will be reduced by 20%. Out of Network providers may collect charges that exceed PEHP's In Network Rate.

Preferred Dental Care

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Deductible Does not apply to diagnostic or preventive services	None	None
Annual Benefit Max	\$1,500	\$1,500
DIAGNOSTIC		
	YOU PAY	YOU PAY
Periodic Oral Examinations	No Charge	20% of In-Network Rate
X-rays	20% of In-Network Rate	40% of In-Network Rate
PREVENTIVE		
Cleanings and Fluoride Solutions	20% of In-Network Rate	40% of In-Network Rate
Sealants Permanent molars only through age 17	20% of In-Network Rate	40% of In-Network Rate
RESTORATIVE		
Amalgam Restoration	20% of In-Network Rate	40% of In-Network Rate
Composite Restoration	20% of In-Network Rate	40% of In-Network Rate
ENDODONTICS		
Pulpotomy	20% of In-Network Rate	40% of In-Network Rate
Root Canal	20% of In-Network Rate	40% of In-Network Rate
PERIODONTICS		
	20% of In-Network Rate	40% of In-Network Rate
ORAL SURGERY		
Extractions	20% of In-Network Rate	40% of In-Network Rate
ANESTHESIA General Anesthesia in conjunction with oral surgery or impacted teeth only		
General Anesthesia	20% of In-Network Rate	40% of In-Network Rate
Prosthodontic, implant, and orthodontic services below are not eligible for six months from the date coverage begins unless prior, continuous dental coverage can be shown		
PROSTHODONTIC BENEFITS Preauthorization may be required		
Crowns	50% of In-Network Rate	70% of In-Network Rate
Bridges	50% of In-Network Rate	70% of In-Network Rate
Dentures (partial)	50% of In-Network Rate	70% of In-Network Rate
Dentures (full)	50% of In-Network Rate	70% of In-Network Rate
IMPLANTS		
All eligible related services	50% of In-Network Rate	70% of In-Network Rate
ORTHODONTIC BENEFITS 6-month Waiting Period		
Maximum Lifetime Benefit per Member	\$1,500	
Eligible Appliances and Procedures	50% of eligible fees to plan maximum	

Missing Tooth Exclusion » Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with a PEHP-sponsored dental plan. Learn more in the Dental Master Policy. If coverage is provided by a PEHP medical plan, then there is no dental plan coverage.

PEHP Online Tools

Help You Find Quality Care & Best Price

Finding quality care at the right place is important. PEHP has several cost comparison tools that help you shop for the best value and the best providers.

To get started, simply log in to your PEHP account, click the “Find a Provider and Costs” icon on the top right, then choose your network.

Find and Compare Providers



Under the “Find a Provider” tab, you can search for doctors and other healthcare providers in your network, see and compare cost information, and read reviews from other PEHP members. Plus, you can see how often a doctor refers lab work to a costly hospital or lower-cost independent lab.

Find and Compare Healthcare Facilities



Under the “Find a Facility” tab, you can search for healthcare facilities (e.g. hospitals, clinics, surgical centers) in your network, and see and compare cost information.

Looking for Lower Drug Costs?



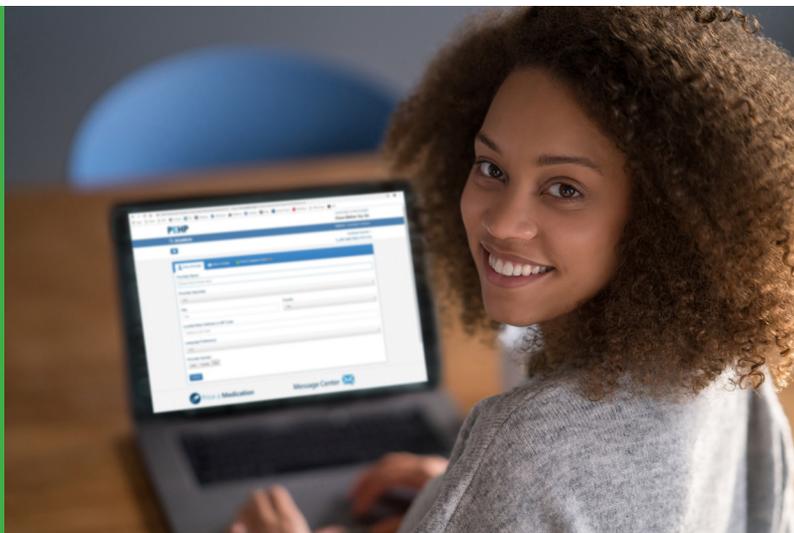
Click on “Medication Costs” under the “MyMoney” menu. You’ll be redirected to your Express Scripts Account. You’ll see medication prices from different pharmacies, including home delivery, which is often less expensive.

To get the best deal, use medications on lower tiers in the PEHP Covered Drug List – a list of prescription medications available to members at lower costs.

Compare Costs & Find Cash Back Opportunities on the reverse side.



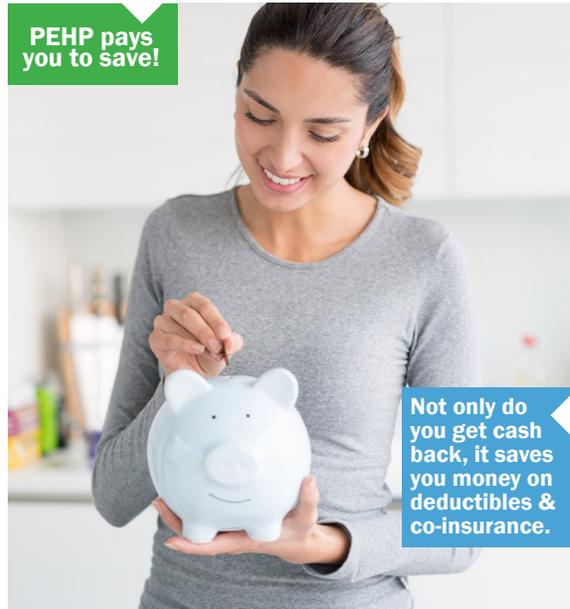
These cost comparison tools are just one way we strive to make healthcare costs transparent, so you decide where to go for the best care and value.





Compare Costs & Find Cash Back Opportunities

Under the "Find & Compare Costs" tab, you can search by medical services. You'll see cost information for services based on past claims PEHP processed. Your search results will display common services based on the treatment you entered to give you a better idea of total costs at different locations where the service has been performed. For each location, you'll see a list of providers who have performed your desired treatment. Compare providers and costs to seek quality care and great value.



Search Results for: Office or Clinic
We found 5 facilities
10 items per page -

Located Near Zip Code: Search Radius: Submit

Provider ↓	Location ↓	Common ↓	Range
PROVIDER NAME Costs based on 10 claims or fewer	MULTIPLE	\$942	\$936 - \$948
PROVIDER NAME Costs based on 10+ claims	MULTIPLE	\$955	\$950 - \$957
PROVIDER NAME Costs based on 10 claims or fewer	LAYTON, UT	\$1,005	\$966 - \$1,043
PROVIDER NAME Costs based on 10 claims or fewer	ROY, UT	\$1,081	\$1,000 - \$1,096

Look for cash back opportunities offered by PEHP for certain medical services performed by low-cost providers. The amount of cash back can range from \$50 to \$2,000. You'll see a **cash back indicator** next to the location categories and provider names. To qualify for cash back, you must contact PEHP at 801-366-7555 or via the secure Message Center **before** receiving services.

To learn more, visit www.pehp.org/pharmacy

Need Immediate Care? Consult a Doctor Remotely

A Fast, Easy Way to See a Doctor

Families have access to care for urgent, low-level needs such as:

- » Eye infections
- » Painful urination
- » Joint pain or strains
- » Minor skin problems

Intermountain Connect Care

Available 24/7/365 (even on holidays)

- » Summit
- » Advantage

University of Utah Health Virtual Visits

Available 9 a.m.-9 p.m., 7 days a week

- » Summit



If You're on the Traditional Plan

Each on-demand doctor consultation costs only a **\$10 co-pay**.

If You're on the STAR HSA Plan

Each on-demand doctor consultation costs only **\$59** before you meet your deductible (**\$49** for UofU virtual visits). After your deductible is met, you pay only a **\$10 co-pay**.

Download the Intermountain Connect Care app from the [Google Play Store](#) or [iTunes App Store](#).



For UofU Health Virtual Visits, go to healthcare.utah.edu/virtual-care/virtual-visits/



MEDICAL

The STAR Plan » 25% discount on what you would normally pay an in-network provider

Traditional Plan » \$10 office co-pay

SALT LAKE CITY

Health Clinics of Utah

168 N 1950 W, Ste. 201 | **801-715-3500**

Midtown Clinic

230 South 500 East, Suite 510 | **801-320-5660**

RC Willey Employee Clinic

2301 South 300 West | **801-464-7900**

WesTech Wellness Center

3605 S West Temple | **801-506-0000**

NORTH SALT LAKE

Orbit Employee Clinic

845 Overland St. | **801-951-5888**

FJM Clinic

31 N Redwood Rd, Suite 2 | **801-624-1634**

CLEARFIELD

Futura Onsite Clinic

11 H Street | **801-774-3265**

LAYTON

Onsite Care at Davis Hospital

1580 W. Antelope Dr., Suite 110 | **801-807-7699**

OGDEN

Health Clinics of Utah

2540 Washington Blvd., Ste. 122 | **801-395-6499**

FJM Clinic

1104 Country Hills Dr., Ste. 110 | **801-624-1633**

PROVO

Health Clinics of Utah

150 E Center St., Ste. 1100 | **801-374-7011**

OREM

Blendtec Health and Wellness Clinic

1206 S 1680 W | **801-225-1281**

LEHI

OnSite Care at Mountain Point Medical

3000 Triumph Blvd, Ste. 320 | **801-753-4600**



VIRTUAL CARE/TELEMEDICINE

Visit a doctor online anytime, anywhere.

- » Eye infections
- » Painful urination
- » Joint pain or strains
- » Minor skin problems

STAR HSA Plan » \$59 per visit or \$10 per visit after deductible; For UofU virtual visits: \$49 per visit or \$10 per visit after deductible

Traditional Plan » \$10 per visit

Intermountain Connect Care » available on all networks

University of Utah Health Virtual Visits » available on Summit network only



Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.



COLONOSCOPY

Get Cash Back » Get cash back* when you get your colonoscopy from one of these Value Providers. You must call PEHP prior to service to be eligible for cash back. You need to get the colonoscopy in the provider's office or at an ambulatory surgical center to be eligible for cash back as this doesn't apply to hospitals, even if your doctor determines you must do it there. Remember you'll always get the best pricing when you use a PEHP Value Provider.

Utah Gastroenterology

If you're on the Advantage Network, there is only one Utah Gastroenterology location where cash back is available. Summit, Capital, and Preferred Network members may use any of the facilities listed below and receive cash back.

- 6360 S 3000 E Ste 310, SLC (**Advantage**)
- 620 Medical Dr Ste 205, Bountiful
- 1250 E 3900 S Ste 360, SLC
- 13953 S Bangerter Pkwy, Draper
- 12391 S 4000 W, Riverton
- 3000 N Triumph Blvd, Ste 340, Lehi

Granite Peaks Gastroenterology

- 1393 E Seego Lilly Dr., Sandy
- 3000 N Triumph Blvd Ste 330, Lehi

Revere Health

- 1055 N. 500 W., Provo
- 1175 E. 50 S., American Fork

Preventive Colonoscopy 50+

You must call PEHP prior to service to get cash back.

The cash back applies even when it's preventive and covered at 100%.

Tip: Be sure the anesthesia is considered "moderate or conscious" sedation as general anesthesia isn't covered as part of the preventive service unless pre-authorized through PEHP. Also be aware that sometimes the colonoscopy can result in additional treatment or diagnosis where you would be responsible for some of the cost based on your benefit cost share.

*Please note cash back is subject to income taxes.



PRESCRIPTION ASSISTANCE PROGRAMS

PEHP has identified several medication-assistance programs which may help to reduce the cost of your medication. See if you qualify.

Rx Help Centers®

<http://rxhelpcenter.org/>

Patient Access Network Foundation®

<https://panfoundation.org/index.php/en/>

Patient Advocate Foundation®

<http://www.patientadvocate.org/>

HealthWell Foundation®

<https://www.healthwellfoundation.org/>



LABORATORIES

Visit these labs for exclusive PEHP member savings.

MULTIPLE LOCATIONS

The following laboratories have more than one location. For the location near you, visit the [Provider Lookup](#) at www.pehp.org.

Accupath Diagnostics

Advantage and Summit networks

Cedar Diagnostics LLC

Advantage and Summit networks

Esoterix

Advantage network only

Labcorp Inc

Advantage and Summit networks

Pathology Associates Medical Labs

Summit network only

Quest Diagnostics

Summit network only

BOUNTIFUL

Bountiful Health Center Lab

390 N Main St. | **801-294-1150**

Advantage network only

MURRAY

Intermountain Central Lab

5252 S Intermountain Dr. | **801-535-8163**

Summit network only

SALT LAKE CITY

IHC Health Center Salt Lake Clinic

333 S 900 E | **801-535-8163**

Advantage and Summit networks

OUT-OF-STATE

ALBUQUERQUE, N.M.

Tricare Reference Laboratories

1001 Woodward Pl. NE | **505-938-8803**

Summit network only



DENTAL

10% discount on what you would normally pay an in-network provider.

SALT LAKE CITY

Family Dental Plan

168 N 1950 W, Ste. 202 | 801-715-3400

OGDEN

Family Dental Plan

950 25th Street, #A | 801-395-7090

Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.

Autism Spectrum Disorder Benefit

The benefit covers behavioral health treatment (ABA Therapy).

A brief overview of PEHP's Autism Spectrum Disorder coverage:

- » Please call PEHP (801-366-7555 or 800-765-7347) for information about which autism spectrum disorders and services are covered.
- » Therapeutic care includes services provided by speech therapists, occupational therapists, or physical therapists.
- » Eligible Autism Spectrum Disorder services do not accrue separately, and are subject to the medical plan's visit limits, regular cost sharing limitations – deductibles, co-payments, and coinsurance – and would apply to the out-of-pocket maximum.
- » Mental health and speech therapy services require Preauthorization.
- » No benefits for services received from out-of-network Providers. List of in-network providers is available at [PEHP for Members](#) or by calling PEHP (801-366-7555 or 800-765-7347).
- » Regular medical benefits will apply (see benefits grid for applicable co-pay and coinsurance).



Diabetes Savings Program

PEHP members with diabetes may qualify for less expensive test strips and short-acting insulin.

To qualify, have your doctor complete the Diabetes Savings Program form. Find it at www.pehp.org/members/diabetes.

This benefit is available to PEHP members who use short-acting insulin, long-acting insulin and/or blood glucose test strips. You may receive authorization for lower copayments for one year and may re-submit for coverage in the following year.

Learn more at www.pehp.org/members/diabetes



Out-of-Country Benefits

» **Passport for Health Medical Travel** »

Save yourself and the medical plan approximately one-third of the cost by having certain procedures performed “out of country.” These benefits are administered by **Passport for Health**. This benefit will be available for certain elective medical procedures. Benefits will be paid after you’ve met your deductible. The benefit includes flight, hotel for you and a companion/caregiver, and medical expenses. You are responsible for food expenses, as well as expenses to acquire a passport, Visa, etc.

» **Elective Procedures Include:**

- » **Cardiac:** Coronary Artery Bypass Grafting, Cardiac Ablation, Valve Replacement, Pacemaker, Defibrillator.
- » **Orthopedic:** Shoulder Joint Replacement, Knee Replacement, Hip Replacement, Hip Resurfacing.
- » **Spine:** Lumbar Laminectomy, Spinal Fusions.

You must be healthy enough to travel and provide the necessary medical records from your physician to **Passport for Health**.

Passport for Health acts as your concierge, and will coordinate your procedure with the provider and facility and arrange for your travel and hotel. Any prescribed medications and medications used during the procedure will be covered.

Please be advised: When you receive medical care outside of the United States, you are subject to the host country’s laws and guidelines.

» **Medical Travel Destinations**

- » Mexico
- » Colombia
- » Costa Rica
- » Cayman Islands

» **To Learn More**

- » Contact Passport for Health by email: rrepke@globalmedconex.com



PHARMACY TOURISM PROGRAM

Savings on Prescription Medications Filled Abroad

To help you save money on your prescriptions, PEHP offers members who are not enrolled in Medicare the option to fill select medications (from list below) at a designated pharmacy tourism location in Canada or Mexico.

If you're enrolled in a **Traditional Plan**, the medications are covered by your PEHP pharmacy benefit at no extra cost. If you're enrolled in a **STAR HSA Plan**, the cost is covered by your PEHP pharmacy benefit once you meet your deductible.

The PEHP Pharmacy Tourism Program allows you to fill a 90-day supply of medications you are currently taking and save 40-60% during your deductible. Plus, you can get \$500 cash back for each of up to four trips during the year.

PEHP will coordinate travel and cover the following costs associated with the program:

- » Roundtrip airfare for you and a companion from Salt Lake City to either San Diego or Vancouver International Airport
- » If needed, transportation to and from clinic location and/or overnight hotel stay

You are responsible for food expenses and the cost to acquire a passport, Visa, etc. Please visit travel.state.gov for travel requirements to Canada and Mexico.

Medications currently included in the PEHP Pharmacy Tourism Program

Medications are subject to change at the discretion of the PEHP Pharmacy Department.

- | | | |
|------------|-----------|-------------|
| » Aubagio | » Enbrel | » Otezla |
| » Avonex | » Forteo | » Stelara |
| » Copaxone | » Humira | » Tecfidera |
| » Cosentyx | » Orencia | » Xeljanz |

Pharmacy Tourism Travel Destinations

- » Vancouver, Canada
- » Tijuana, Mexico

To Learn More

- » Contact PEHP Pharmacy Services 801-366-7551 or 888-366-7551



Get the Best Care by Asking 5 Questions

You have the right to know and ask questions about your care. Ask these five questions to make sure you are informed and comfortable with your treatment options.

1. How will this treatment help me?

The effectiveness of a treatment can vary. In fact, some care may even be unnecessary. According to the Institutes of Medicine, more than 30% (or \$750B) of healthcare fits this category, which is more than we spend on K-12 education as a nation. Make sure you know how care will help you.

2. What are the potential downsides?

Healthcare helps make our lives better, but it is not without risks. Even routine treatment can have risks due to infections, errors, and adverse reactions. Make sure you know about the risks of care.

3. Are there simpler, less costly options?

Healthcare providers can mistakenly assume they know what you want. This can include surgeries over therapy and medications over lifestyle changes. Make sure you know your options, including those that are less costly and less invasive, so you can decide what is best for you.

4. What would happen if I didn't get treatment?

Our bodies are amazing in their ability to heal. At times, the best option may be to let the body heal naturally or forego a treatment that potentially may do more harm than good. Make sure you know what would happen if you didn't get care.

5. How much will this cost?

No one likes to think about costs when it comes to getting the healthcare you need. But it would be a mistake to believe that expensive care is the best care in every situation or that providers who operate in a business environment are not aware of how the cost of care impacts their bottom line. Don't be afraid to ask about costs. A drug that costs \$10 can be better than one that costs \$500 and a lab that costs \$10 is no different than one that costs \$100.





Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

PEHP Full (Plan H)

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilatation as Necessary	\$10 Co-pay	Up to \$30
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay, \$100 Allowance, 20% off balance over \$100	Up to \$50
Standard Plastic Lenses		
Single Vision	\$10 Co-pay	Up to \$25
Bifocal	\$10 Co-pay	Up to \$40
Trifocal	\$10 Co-pay	Up to \$55
Lenticular	\$10 Co-pay	Up to \$55
Standard Progressive Lens	\$75 Co-pay	Up to \$40
Premium Progressive Lens ^A	\$95 Co-pay - \$120 Co-pay	
Tier 1	\$95 Co-pay	Up to \$40
Tier 2	\$105 Co-pay	Up to \$40
Tier 3	\$120 Co-pay	Up to \$40
Tier 4	\$75 Co-pay, 80% of charge less \$120 Allowance	Up to \$40
Lens Options		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$40	N/A
Standard Polycarbonate—Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ^A	\$57-\$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Co-pay, \$120 Allowance, 15% off balance over \$120	Up to \$96
Disposable	\$0 Co-pay, \$120 Allowance; plus balance over \$120	Up to \$96
Medically Necessary	\$0 Co-pay, paid-in-full	Up to \$200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	
Hearing Care		
Hearing Health Care from Amplifon Hearing Health Care Network	40% off exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Premiums—monthly		
Single	\$7.24	
Double	\$11.80	
Family	\$16.33	

Benefits are not provided from services or materials arising from: Orthopedic or vision training, subnormal vision aids and any associated supplemental testing, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. ^APremium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

Vision Benefits



PEHP 150/140C (Hardware Only)

Premium Rates

Single	\$6.65
Two-Party	\$9.94
Family	\$13.94

2020-2021 Enhanced Benefits

New Plan

Better Benefits

Larger Frame Allowance

Unlimited Network Options

No Co Pay Options*

SCHEDULE ONLINE



NETWORKS	Standard Optical Select Network	In Network	Out of Network
No Exam - Hardware Only Plan			
Frame Allowance	\$150.00	\$130.00	\$70.00
Additional Pairs of RX Glasses	50% Off	25-50% off	
Plastic Lens Benefit			
Single Vision	\$0 Co Pay - Covered 100%	\$10 Co Pay	\$70 Allowance
BiFocal	\$0 Co Pay - Covered 100%	\$10 Co Pay	
Trifocal	\$0 Co Pay - Covered 100%	\$10 Co Pay	
Standard Progressive	\$30 Co Pay	\$50 Co Pay	
Digital Progressive (MasterpieceHD)	\$80 Co Pay	\$100 Co Pay	
Options & Coatings			
UV	\$0 Co Pay - Covered 100%	\$10 Co Pay	Incl. Above
TINT	\$0 Co Pay - Covered 100%	\$10 Co Pay	
Scratch	\$0 Co Pay - Covered 100%	\$10 Co Pay	
Poly Kids (Under age 19)	\$20 Co Pay	\$40 Co Pay	
Poly Adult	\$40 Co Pay	\$40 Co Pay	
Premium Anti Reflective	\$50 Co Pay	25% Off	
Transitions/Photochromic	\$50 Co Pay	\$75 Co Pay	
BluDefense Digital (includes AR)	\$100 Co Pay	NA	
Polarized	25% Discount	0-25% Discount	
Other Add-ons	25% Discount	0-25% Discount	
Contact Lenses			
Allowance - Conventional	\$140.00	\$130.00	\$100.00
Allowance - Disposable	\$140.00	\$130.00	\$100.00
Medically Necessary	\$0 Co Pay - Covered 100%	\$250 Allowance	NA
CL Fit & Follow Up Fee			
Standard Spherical	\$0 Co Pay - Covered 100%	\$40 Co Pay	
Speciality Toric or Multifocal	\$40 Co Pay	\$80 Co Pay	
Additional Discounts	Up to 20% Discount	Up to 10% Discount	
Non-RX (Plano Sunglasses)	25% Discount	20% Discount	
All other options	25% Discount	20% Discount	
Refractive Procedures			
LASIK (iDesign All Laser LASIK)	20% off retail or 10% off promo price	NA	NA
Visian ICL	20% off retail or 10% off promo price	NA	NA
Dry Eye Treatments			
Punctal Occlusion	\$250/puncta silicone	NA	NA
Punctal Occlusion Nutraceuticals	\$75/puncta collagen	NA	NA
MacuHealth Formula	10% Discount		
Blink Dry Eye Formula	10% Discount		

Discounts: Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers, see provider for details.

*Up to 20% Discount off balance above Frame Allowance.

** 50% discount varies by provider, ask provider for details.

*** Must purchase full year supply to receive discounts on select brands. See provider for details.

**** LASIK (Refractive surgery) Standard Optical Locations ONLY. LASIK services are not an insured benefit – this is a discount only.

All pre & post operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

Out of Network: Out of Network benefit may not be combined with promotional items. Online purchases at approved providers only.

For more Information please visit www.opticareofutah.com or call (800) 363-0950.

Restrictions apply. Opticare Vision Services underwritten by and a wholly owned subsidiary of Opticare of Utah, Inc.

Opticare Vision Services
(800) 363-0950
www.opticareofutah.com
www.opticarevisionservices.com

Guide to PEHP Life & Accident

Group Term Life Coverage

EMPLOYEE BASIC COVERAGE

Your employer funds basic coverage at no charge to you.

COVERAGE	AMOUNT
Up to Age 70	100,000
Age 71 to 75	50,000
Age 76 and over	25,000



LINE-OF-DUTY DEATH BENEFIT

If you're enrolled in basic coverage, you get an additional \$50,000 Line-of-Duty Death Benefit at no extra cost. Enrollment is automatic.

ACCIDENTAL DEATH RIDER

If you're enrolled in basic coverage, you get an additional \$10,000 Accidental Death Benefit, subject to the provisions of the PEHP Group Accident Plan, at no extra cost. Enrollment is automatic.

EVIDENCE OF INSURABILITY

You must submit evidence of insurability if:

- » You want more coverage than the guaranteed issue;
- » You apply for any amount of coverage 60 days after your hire date.

After you apply for coverage, PEHP will guide you through the necessary steps to get evidence of insurability. They may include:

- » Completing a health questionnaire;
- » Basic biometric testing and blood work;
- » Furnishing your medical records.

EMPLOYEE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date, you can purchase up to \$200,000 as guaranteed issue. After 60 days, or for coverage greater than \$200,000 you must provide evidence of insurability.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.28	2.52	5.00	7.52	10.04	12.56	15.08	17.52	20.04	22.52	25.04
Age 30 to 35	1.36	2.68	5.36	8.00	10.68	13.36	16.04	18.68	21.36	24.00	26.68
Age 36 to 40	1.92	3.76	7.56	11.32	15.08	18.88	22.64	26.40	30.20	33.96	37.72
Age 41 to 45	2.32	4.60	9.24	13.84	18.48	23.08	27.72	32.28	36.92	41.52	46.12
Age 46 to 50	4.36	8.76	17.52	26.24	35.00	43.76	52.48	61.24	70.00	78.72	87.48
Age 51 to 55	5.24	10.52	21.00	31.48	42.00	52.48	63.00	73.48	84.00	94.48	105.00
Age 56 to 60	8.36	16.76	33.52	50.32	67.08	83.84	100.60	117.36	134.16	150.92	167.68
Age 61 to 70	14.20	28.44	56.88	85.28	113.72	142.16	170.60	199.04	227.48	255.88	284.32
After age 70, rates remain constant and coverage changes											
Coverage Amounts	14.20	28.44	56.88	85.28	113.72	142.16	170.60	199.04	227.48	255.88	284.32
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

SPOUSE BASIC COVERAGE: Your employer funds \$10,000 of spouse basic coverage at no charge to you.

SPOUSE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date or date of marriage, you can purchase up to \$50,000 as guaranteed issue for your spouse. After 60 days, or for coverage greater than \$50,000 you will need evidence of insurability.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.28	2.52	5.00	7.52	10.04	12.56	15.08	17.52	20.04	22.52	25.04
Age 30 to 35	1.36	2.68	5.36	8.00	10.68	13.36	16.04	18.68	21.36	24.00	26.68
Age 36 to 40	1.92	3.76	7.56	11.32	15.08	18.88	22.64	26.40	30.20	33.96	37.72
Age 41 to 45	2.32	4.60	9.24	13.84	18.48	23.08	27.72	32.28	36.92	41.52	46.12
Age 46 to 50	4.36	8.76	17.52	26.24	35.00	43.76	52.48	61.24	70.00	78.72	87.48
Age 51 to 55	5.24	10.52	21.00	31.48	42.00	52.48	63.00	73.48	84.00	94.48	105.00
Age 56 to 60	8.36	16.76	33.52	50.32	67.08	83.84	100.60	117.36	134.16	150.92	167.68
Age 61 to 70	14.20	28.44	56.88	85.28	113.72	142.16	170.60	199.04	227.48	255.88	284.32
After age 70, rates remain constant and coverage changes											
Coverage Amounts	14.20	28.44	56.88	85.28	113.72	142.16	170.60	199.04	227.48	255.88	284.32
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

DEPENDENT CHILDREN COVERAGE

Your employer funds \$10,000 of dependent children coverage at no charge to you. If you apply within 60 days of your hire date, you can buy additional coverage. After 60 days, any new application for coverage, or increase in coverage, will require evidence of insurability. All eligible children will be covered at the same level.

CHILD BASIC COVERAGE: Your employer funds \$10,000 at no cost to you.

Coverage Amount	10,000	15,000
Monthly cost	0	0.52

Accidental Death and Dismemberment (AD&D)

AD&D provides benefits for death, loss of use of limbs, speech, hearing or eye sight due to an accident, subject to the limitations of the policy.

INDIVIDUAL PLAN

Your employer funds \$100,000 of AD&D coverage at no charge to you. Select additional coverage from \$25,000 to \$150,000 for a maximum coverage of \$250,000.

Employee's Coverage Amount	Individual Plan	Family Plan
	Monthly Cost	Monthly Cost
100,000	0	1.28

FAMILY PLAN

- » Upgrade your individual AD&D plan to a family plan. Convert your employee-funded \$100,000 individual plan to a \$100,000 family plan at a cost of 1.28 per month.
- » Select a coverage amount ranging from \$25,000 to \$150,000, and your spouse and dependents will be automatically covered as follows:
 - » Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse's coverage increases to 50% of yours;
 - » Each dependent child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child's coverage increases to 20% of yours.
- » If injury to an insured person covered for this benefit results within one year of the date of the accident in any of the losses set forth, the plan will pay the sum specified opposite such loss, but the total amount payable for all such losses as a result of any one accident will not exceed the Principal Sum applicable to the insured person. The Principal Sum applicable to the insured person is the amount specified on the enrollment form.

Accidental Death and Dismemberment (AD&D)

Additional AD&D Coverage and Cost

Coverage Amount	INDIVIDUAL PLAN			FAMILY PLAN		
	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost
25,000	0.43	0.46	0.92	0.58	0.62	1.24
50,000	0.85	0.92	1.84	1.14	1.24	2.48
75,000	1.28	1.38	2.76	1.72	1.86	3.72
100,000	1.69	1.84	3.68	2.28	2.48	4.96
125,000	2.12	2.30	4.60	2.85	3.10	6.20
150,000	2.54	2.76	5.52	3.42	3.72	7.44

AD&D Payment Schedule

FOR LOSS OF	BENEFIT PAYABLE
Life	Principal Sum
Two Limbs	Principal Sum
Sight of Two Eyes	Principal Sum
Speech and Hearing (both ears)	Principal Sum
One Limb or Sight of One Eye	Half Principal Sum
Speech or Hearing (one ear)	Half Principal Sum
Use of Two Limbs	Principal Sum
Use of One Limb	Half Principal Sum
Thumb and Index Finger On Same Hand	Quarter Principal Sum

LIMITATIONS AND EXCLUSIONS

Refer to the Group Term Life and Accident Plan Master Policy for details on plan limitations and exclusions. Call 801-366-7495 or visit www.pehp.org for details.

Accident Weekly Indemnity – Employee Only Coverage

- » You employer funds \$350 at no charge to you.
- » If you enroll in AD&D coverage, you may also purchase Accident Weekly Indemnity coverage, which will provide a weekly income if you are totally disabled due to an accident that is not job-related.
- » The maximum eligible weekly amount is based on your monthly gross salary at the time of enrollment. You may purchase a lower amount of coverage than the eligible monthly gross salary, but may not buy coverage for more than the eligible monthly gross salary.
- » Accident Weekly Indemnity coverage will provide weekly income if you are totally disabled due to an accident that is not job related.
- » The maximum eligible weekly amount is based on the employee’s monthly gross income (see graph below).
- » The city will pay for this benefit that will provide employees up to \$350 weekly.
- » Employees that earn a monthly gross salary of at least \$2,900 may purchase additional coverage that will provide more than the \$350 weekly at his/her own cost.
- » Coverage begins on the first day of total disability, and is payable while the disability continues, but not more than 52 weeks for any one incident.

Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	MONTHLY COST
2,900 to 3,599	400	0.52
3,600 and over	500	1.52

Accident Medical Expense (AME) – Employee Only Coverage

- » You employer funds \$2,500 at no charge to you.
- » This benefit is available to help you pay for medical expenses that are in excess of those covered by all group insurance plans and no-fault automobile insurance.
- » This benefit will provide up to \$2,500 to help cover medical expenses incurred due to an accident that is not job-related.
- » Accident Medical Expense benefit will pay for medical expenses, which are in excess of those covered by all group medical insurance and by no-fault automobile insurance,
- » This benefit will provide up to \$2,500 to help cover medical expenses that would normally be out of pocket.
- » Some examples of eligible medical expenses are the costs incurred for treatment by a physician or surgeon, for hospital confinement, and for the employment of a licensed or graduate nurse to provide care because of the injury from an accident that was not job-related.

Master Policy

This document is a summary only. Find complete terms and conditions in the Master Policy. Find it when you log in to the Members’ Section of www.pehp.org. Or, to request a copy, email publications@pehp.org or call the number below.



www.pehp.org
 560 East 200 South
 Salt Lake City, UT 84102-2004
 801-366-7495 | 800-753-7495

PEHP LTD

Your Reliable Safety Net

PEHP Long-Term Disability (LTD) is your safety net should you become disabled and unable to work. This important benefit is paid for by your employer at no cost to you.

After a three-month waiting period, LTD provides two-thirds of your regular monthly salary for accidental bodily injury, disease, or illness if you're unable to perform your regular job. If you're disabled by external force or violence while performing your job, you may be eligible to receive 100% of your regular salary.



After two years on LTD, if you can't perform any gainful employment, you may apply for "ongoing" LTD. To continue receiving the benefit, you must be unable to perform any gainful employment due to physical disability.

LTD Basics	
Benefit Amount	Two-thirds of your salary
Waiting Period	Three months; closest to the first of the month
First 24 months of LTD	Must be unable to perform your regular job
After 24 months of LTD	Must be unable to perform any gainful employment due to physical disability (includes sedentary work)
Maximum Benefit	Age 65* or retirement with Utah Retirement Systems**
Line of Duty Benefit (External Force/Violence)	100% of regular salary

*Exception is if date of disability is age 60+. See Page 44.

**Go to www.urs.org to find out the years of service required for you to retire.

Learn More About PEHP LTD

Answers to our most frequently asked questions

When should I apply for LTD benefits?

You must apply for LTD benefits within six months from your last day worked in your regular full-duty job.

We encourage you to apply as soon as possible.

How do I apply for LTD benefits?

Contact our office for a phone interview and then you will be mailed an application and other forms to sign. See contact information on the back page.

Who is eligible?

Most employees who are eligible for an employer sponsored retirement plan are eligible for LTD; contact us if you need to confirm your eligibility. The Legislature created the benefit as a bridge from active to retirement status therefore URS post-retirees are ineligible. Retirement is the only benefit available to employees who have accrued full years of service toward retirement because Title 49 states LTD benefits terminate when the eligible employee has accumulated the following years:

Accrued years to retire are:

- » Tier 1 Public Employee: 30 years
- » Tier 1 Public Safety: 20 years
- » Tier 2 Public Employee: 35 years
- » Tier 2 Public Safety: 25 years

It is also important to note that age is not a factor in determining initial eligibility; if you're age 60 or older, see page 44.

Vocational Rehabilitation	Services include counseling and assistance returning to your regular job or finding new employment.
Rehabilitative Employment	May be able to work while on LTD. Requires prior approval. LTD benefits partially reduced.
Psychological Care Reimbursement	LTD may reimburse for copays for care while on LTD for psychological reasons. Requires prior approval.

How does PEHP LTD confirm I am disabled?

We must confirm your disability and impairment with objective medical documentation. We do this by collecting and reviewing medical records from your healthcare providers.

What happens to my URS retirement accrual while I am on LTD?

- » **If you were hired before July 1, 2011**, you will continue to earn years of service toward your URS retirement.
- » **If you were hired on or after July 1, 2011**, you may continue to earn years of service credit toward URS retirement if your employer has signed a benefit protection contract. Check with your employer.

Are there limits to my benefit?

Medical or psychological conditions that existed prior to eligibility may not be a basis for LTD benefits until you have had one year of continuous LTD eligibility.

For disabilities caused by psychological illness, benefits are limited to the first initial 24 months unless you're institutionalized.

How long can I receive LTD benefits?

If you are unable to perform your regular job and you remain disabled, you may remain on disability up to 24 months.

At the end of 24 months, you can apply for ongoing benefits if you can't perform any gainful employment, based on objective medical documentation.

As long as you meet the disability requirements you can remain on LTD until you reach age 65 or have enough years of service toward retirement to retire, whichever comes first.

If you become disabled at or after age 60, LTD is payable as follows (unless you accrue enough years of service toward retirement to retire first):

Age 60 or 61	»	five years
Age 62 or 63	»	four years
Age 64 or 65	»	three years
Age 66, 67 or 68	»	two years
Age 69 or older	»	one year



PEHP Long-Term Disability

560 East 200 South
Salt Lake City, UT 84102

801-366-7583 | 800-365-7347

Email us: pehp.ltd@pehp.org

More info: visit www.pehp.org

Does other income affect my LTD benefits?

LTD benefits are reduced when you receive income from sources such as Social Security, workers' compensation, third-party payments, sick/vacation pay and wages from rehabilitative employment.

Note: This brochure offers a brief overview only. For more detailed information about your LTD benefits, go to www.pehp.org.

The LTD Program is established by Title 49 of Utah Code at 49-21-101. The information here provides a general description of benefits provided and is for informational purposes only. No error, misrepresentation or ambiguity in this information creates any rights or benefits not expressly granted by Utah Code Title 49.

PEHP for Members

Manage Your Benefits Online » Get the most from your benefits at PEHP for Members at www.pehp.org. Log in for personalized information and tools. Enroll, find and compare doctors, get cost information, learn benefit details, and more.

my BENEFITS

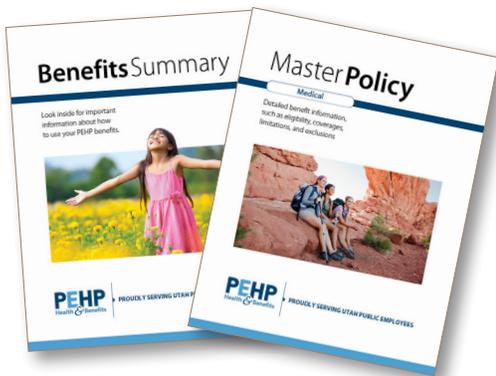
- Find and Select a Provider
- See Your Claims
- Enroll Online

my MONEY

- See Treatment Costs
- See Facility Costs
- See Medication Costs

my HEALTH

- Find Treatment Options
- Healthy Utah Testing
- Get Health Snapshot



» “You’ve got mail!” We send important information about your benefits and care through the **PEHP Message Center**. You may see vital notices specifically for you, such as cost information about medications you’re taking.

» Encourage your adult dependents (spouses and children 18 years or older) to create their individual PEHP for Members account. This allows them to see their claims, personal biometrics, and personalized messages from PEHP. Call PEHP at 801-366-7555 or 800-765-7347 for instructions.

Find PEHP for Members at www.pehp.org.

To create your online personal account, you’ll need your PEHP ID number and your Social Security number.

Find your PEHP ID number on your benefits card or your EOBs. Or call PEHP at 801-366-7555 or 800-765-7347.



How to Enroll Online at www.pehp.org

1 Access online enrollment through myPEHP. Go to www.pehp.org and locate the “myPEHP Login” on the right side of the page.

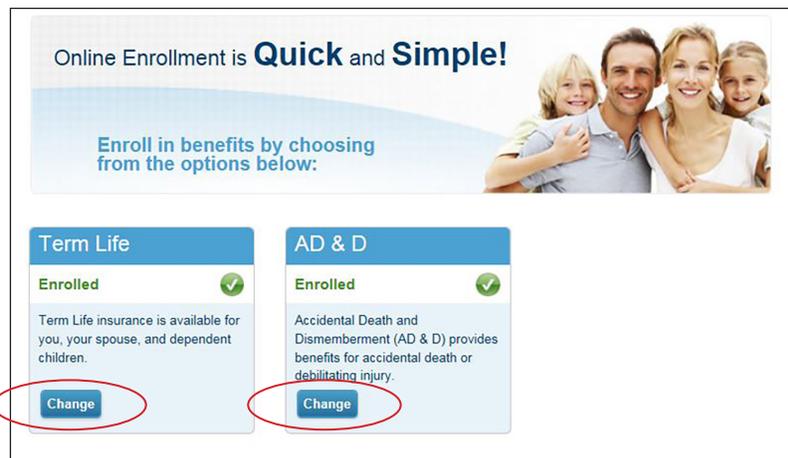
If you’re logging in for the first time, click “Create my PEHP account.”

Otherwise, enter your user ID and password into the boxes to access your information.



2 During open enrollment, you’ll have access to online enrollment through a link in the myBenefits menu.

3 The online enrollment main page shows benefits available to you. Click “Enroll” or “Change” beneath the desired benefit to begin. Enroll or make changes in any of the following benefits: medical, dental, Term Life, AD&D, and FLEX\$.



**CONTACT PEHP, NOT SOUTH JORDAN CITY, IF YOU HAVE ONLINE QUESTIONS.
ONLINE ENROLLMENT: 801-366-7410 OR 800-753-7410
LIFE INSURANCE: 801-366-7495 OR 800-753-7495**

Understanding Your EOB (Explanation of Benefits)

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

Subscriber Name:
Subscriber ID: 00000000000

Important Information. Retain for your records.

Claim Number: 000000000000 Patient Name:
Plan Paid: \$134.33 Provider Name:
Your Total Responsibility: \$25.00 Date Processed: 01/04/12
Date Paid:
Check Number:

Service	Service Date	Amount Charged	Amount Ineligible	Amount Eligible	Deductible	Member Responsibility Coinsurance	Copay	Other Insurance	Amount Paid	Message Code
PHYSICAL SERVICES	01/01/12	\$175.00	\$0.00	\$159.33	\$0.00	\$0.00	\$25.00	\$0.00	\$134.33	
Claim Totals		\$175.00	\$0.00	\$159.33	\$0.00	\$0.00	\$25.00	\$0.00	\$134.33	

Message Codes:
25.00 was applied to your individual out of pocket expenses limit.
Thank you for using an advantage care provider.
CPT Code: 99215 - Doctor's office visit, long
01060005: Y22.0 - Supervision of normal pregnancy, first pregnancy

Year to Date Individual Deductible Amount: \$0.00 Year to Date Individual Out of Pocket Amount: \$0.00
Year to Date Family Deductible Amount: \$0.00 Year to Date Family Out of Pocket Amount: \$0.00

All Inpatient Hospitalization will require pre-notification by calling PEHP's Pre-notification Line at 800-753-7754 or 801-366-7555. Failure to pre-notify may result in a penalty.
Please review this Explanation of Benefits carefully and notify PEHP Customer Service at (801) 366-7555 or 1 (800) 765-7347 of any discrepancies. QUESTIONS ABOUT PEHP BENEFITS? FIND THE ANSWERS AT WWW.PEHP.ORG. Want to save money on healthcare? Visit www.pehp.org/yourmoney for tips to be a wise healthcare consumer.

	Amount Charged	Amount Ineligible	Amount Eligible	Member Responsibility Deductible	Coinsurance	Copay	Other Insurance	Amount Paid
1	\$175.00	\$0.00	\$159.33	\$0.00	\$0.00	\$25.00	\$0.00	\$134.33
	\$175.00	\$0.00	\$159.33	\$0.00	\$0.00	\$25.00	\$0.00	\$134.33

We send an EOB each time we process a claim for you or someone on your plan. Go paperless and view EOBs at your myPEHP account at www.pehp.org.

- 1 **AMOUNT CHARGED**
The medical provider's (e.g., doctor, hospital, or clinic) bill for your service.
- 2 **AMOUNT INELIGIBLE**
The part of the bill that includes services not covered by your plan. Settle this with the provider's office (not PEHP).
- 3 **AMOUNT ELIGIBLE**
This is PEHP's In-Network Rate. This is the most we allow in-network providers to charge for this service. However, out-of-network providers may charge more than the In-Network Rate. Avoid paying more by using only in-network providers (find them at www.pehp.org).
- 4 **DEDUCTIBLE**
The set amount you pay for eligible charges in a plan year before PEHP benefits fully take effect.

- 5 **COINSURANCE**
The percentage of the cost you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.
- 6 **COPAY**
The fixed dollar amount you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.
- 7 **AMOUNT PAID**
The part of the bill PEHP paid.
- 8 **CLAIM NUMBER**
Keep this number as reference if you call PEHP about your claim.
- 9 **YOUR TOTAL RESPONSIBILITY**
The amount of the bill the provider expects you to pay. Settle this with the provider's office (not PEHP).

See your applicable benefit summary and master policy for complete terms of your plan.

Education

Seminars

PEHP Wellness staff conduct free on-site seminars throughout Utah on various health topics.

Webinars

Get connected online with our monthly wellness webinar series. Join us on the first workday of each month for 30 minutes of useful health information. All webinars are archived online for viewing anytime.

Health Challenges

These quarterly email-based educational challenges are self-guided and can assist you with setting and achieving your health goals.

For the Worksite

Wellness Council Support & Resources

A Wellness Council is a diverse team of individuals who work to improve the health and wellbeing of employees and the organization as a whole. They support employee-focused activities and organizational changes to create a healthy workplace where employees can thrive. Contact PEHP Wellness for more information on how to get your worksite involved.



Coaching

PEHP Health Coaching

For those with a Body Mass Index (BMI) of 30 or higher, this lifestyle behavior change program provides education, support, and rebates to help you succeed in meeting your health goals. By developing an action plan and working with a health coach, participants' focus goes beyond weight loss to greater benefits of lasting health and wellbeing.

Personal Health Sessions

A 30-minute consultation by phone, email, or in person with a Registered Dietitian.

To learn more about PEHP Wellness services and resources, please visit www.pehp.org and log into your online personal account to view your wellness benefits.

Wellness for You Know. Plan. Act.

SCREENINGS IN
MARCH &
SEPTEMBER



Biometric Screenings

Complete annual biometric testing (cholesterol, blood glucose, body composition, waist circumference, and blood pressure) at a Healthy Utah testing session to earn rebates.

Rebates

Complete the biometric testing and a Health Risk Assessment found at your PEHP account to earn your \$50 **Know & Plan** rebate. If your measurements fall within predetermined criteria you will earn the \$50 **Good For You** rebate.

Act rebates: If your biometrics don't meet the criteria, you may act to improve in the following areas: Cholesterol, Blood Pressure, Body Mass Index Improvement, Diabetes Management, and Tobacco Cessation. Rebates are taxable.

PEHP WeeCare

PEHP WeeCare is a pregnancy and postpartum program that helps expectant mothers have the healthiest and safest pregnancy possible. Rebates are offered for enrolling to receive educational materials and support, and for reaching pre-pregnancy weight after delivery.