

Medicare Supplement

Enrollment Guide 2027

Overview of plans, exclusive benefits,
and enrollment process



» Open enrollment runs October 15 through December 7

» **Not changing plans? You will be automatically re-enrolled**



PROUDLY SERVING UTAH PUBLIC EMPLOYEES

Did You Know?

- » **Automatic Coverage Renewal:** If you have a PEHP Medicare Supplement plan, your coverage automatically continues for the next plan year – no action needed!
- » **Extensive Coverage:** Enjoy out-of-state coverage for medical services and out-of-country coverage for urgent and emergency care. See other key benefits on page 4.
- » **Lifetime Eligibility:** If you or your spouse has ever had URS or PEHP benefits, you are always qualified to enroll in a PEHP Medicare Supplement plan.



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Contact Information

View helpful videos, resources, formulary, and more online at www.pehp.org/medsup

PEHP

560 East 200 South
Salt Lake City, UT 84102-2004
www.pehp.org

Enrollment Questions

Retiree Health Insurance Counselors: 801-366-7499

Questions About Benefits or PEHP Services

For help with benefits, claims, pharmacy, dental, vision, wellness programs, or any other PEHP services:

Customer Service: 801-366-7555 or 800-765-7347

Hours: Monday-Friday, 8 am-5 pm

Medicare Administration

www.medicare.gov
800-633-4227

Prescription Benefits (Medicare Part D)

Express Scripts
www.express-scripts.com
Customer Service: 800-590-2239

Social Security Administration

www.ssa.gov
800-772-1213

2027 Highlights & Reminders

Medicare Part D Benefits

Updated limits for 2027:

Enhanced Drug Plan	2026	2027
Premium	\$93.75	\$65
Deductible	\$615	\$700
Out-of-Pocket Threshold	\$2,100	\$2,400

» **Payment Plan Option:** You can spread the cost of your expensive medications over the year with monthly billing. To learn more and set up a payment plan, contact Express Scripts at 1-866-845-1803.

Medical Plan Out-of-Pocket Changes

Out-of-Pocket Maximum changes:

Plan Name	2026	2027
Plan 75	\$3,610	\$4,000
Plan 50	\$7,220	\$8,000



Reminders

- » **Dental:** Now is the time to add dental coverage. If you don't add coverage, don't worry, you automatically get our Discount Dental Benefit as part of your Medicare Plan. You can save an average of 40% on dental procedures. Learn more on page 17.
- » **AgeWell Rebates:** You can earn up to \$100 as part of the AgeWell wellness rebate program. Learn more on at www.pehp.org/agewell.
- » **Healthy Utah Biometric Screenings:** Your PEHP medical plan includes access to annual biometric screenings at no extra cost to check your cholesterol, blood glucose, body composition, and blood pressure. To schedule an appointment, call 801-366-7300.
- » **Protect yourself from health insurance fraud**
Fraud happens when a provider charges you for services you didn't receive or bills you for a more expensive service than what was actually performed. This not only costs you more but also drives up premiums for everyone.
The best way to protect yourself is to review your medical and dental claims. If you spot discrepancies, contact Medicare immediately at 1-800-MEDICARE or by visiting [CMS.gov/fraud](https://www.cms.gov/fraud). You can also contact us at 801-366-7555 or through the secure Message Center in your PEHP account.

2027 Monthly Rates

Rates are set for one year based on your age at enrollment. If you're under age 65, your rates will adjust at age 65.

Medical Plans –Monthly Rates Per Person

Age	Under 65	65	66	67	68	69	70	71	72
Plan 100	\$313.60	\$157.87	\$169.39	\$180.91	\$195.84	\$208.64	\$221.44	\$229.55	\$235.95
Plan 75	\$241.58	\$121.59	\$130.48	\$139.36	\$150.87	\$160.73	\$170.57	\$176.82	\$181.77
Plan 50	\$178.02	\$89.61	\$96.14	\$102.68	\$111.17	\$118.42	\$125.70	\$130.30	\$133.93

Age	73	74	75	76	77	78	79	80	81
Plan 100	\$241.07	\$246.19	\$251.73	\$257.28	\$262.83	\$268.37	\$273.92	\$279.47	\$285.01
Plan 75	\$185.69	\$189.64	\$193.93	\$198.17	\$202.48	\$206.76	\$211.02	\$215.28	\$219.58
Plan 50	\$136.84	\$139.75	\$142.89	\$146.06	\$149.19	\$152.36	\$155.49	\$158.66	\$161.82

Age	82	83	84	85	86	87	88	89	Over 89
Plan 100	\$290.56	\$296.11	\$301.65	\$307.20	\$308.48	\$309.76	\$311.04	\$312.32	\$313.60
Plan 75	\$223.84	\$228.13	\$232.38	\$236.66	\$237.64	\$238.63	\$239.62	\$240.60	\$241.58
Plan 50	\$164.95	\$168.11	\$171.23	\$174.39	\$175.11	\$175.84	\$176.57	\$177.30	\$178.02

Pharmacy Plans

Monthly rates per person

Enhanced	\$65.00
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Vision Plans

Monthly rates per person

EyeMed - Full	\$7.71
EyeMed - Eyewear Only	\$6.73

Dental Plans

Monthly rates per person

Dental 1500	\$43.24
Dental 1000	\$29.19
Basic Dental	\$17.80

4 Ways to Pay Your Premium

Select the method of payment when you enroll online, or under the Authorization to Deduct Premiums section of the PEHP Medicare enrollment form in the back of this book.

1. Deduct premiums from your URS retirement check.
2. Receive a monthly bill and send payment to PEHP.
3. Deduct from your PEHP Health Reimbursement Account (HRA).
4. Automatic bank withdrawal.

PEHP Medicare Supplement

KEY BENEFITS AT A GLANCE



Coverage Nationwide & Abroad

- » All three medical plans (100, 75, 50) pick up where Medicare leaves off to help cover copays, coinsurance, and other out-of-pocket costs.
- » Use any Medicare provider across the country.
- » Receive coverage outside of the United States for Urgent or Emergent care.



Wellness Programs & Prizes

- » You have access to several wellness programs to help you stay healthy. Plus, you can earn monthly and annual prizes valued up to \$500 when participating! Learn more: www.pehp.org/wellness



Healthy Utah Screenings

- » You have access to annual health screenings at no extra cost. Check your cholesterol, blood pressure, glucose, Body Mass Index (BMI) and get recommendations and support. Log in to your PEHP account and register for a health screening under the Wellness menu or call 801-366-7300.



AgeWell Rebates

- » You can earn up to \$100 as part of the AgeWell wellness rebate program. Learn more: www.pehp.org/agewell



PEHPplus Discount Program

- » PEHPplus provides savings on various healthy lifestyle products and services, such as hearing aids, eyewear, massages, spas, fitness classes, and more. See discounts: www.pehp.org/pehpplus



Discount Dental Benefit

- » If you don't have a dental plan, you can access our Discount Dental benefit at no extra cost when you have a medical plan. Save an average of 40% on dental services when using the PEHP Dental Network. PEHP adjusts the claim to the discounted rate, and you pay the reduced amount out-of-pocket.

Want to Add or Change Coverage?

Open Enrollment: Oct. 15-Dec. 7



Enrollment options:

- » **Online:** www.pehp.org/US/enrollmedsup.
- » **Message Center:** Download the Medicare Supplement Enrollment Form at www.pehp.org/forms and upload it securely through the Message Center in your PEHP account.
- » **Mail:** Mail your completed enrollment form to: PEHP Enrollment Department, 560 East 200 South, Salt Lake City, UT 84102-2004.

Questions About Your Benefits?

- » **PEHP Customer Service**
Hours: 8:00 AM – 5:00 PM, Monday–Friday
Phone: 801-366-7555
Message Center: Available in your PEHP account at www.pehp.org

Review all plan documents and resources at www.pehp.org/medup/docs

Medical Plan 100

Medicare Part A	Medicare Pays	PEHP Plan Pays	You Pay
Inpatient Hospital Services – Per Benefit Period (see definition below) <i>Semi-private room and board, miscellaneous expenses</i>			
Deductible <i>Per Benefit Period</i>	Not a covered benefit	100% of the Medicare deductible	Nothing
First 60 Days	All approved charges after the Medicare deductible	Nothing	Nothing
Days 61 to 90	All approved charges, except for the Medicare co-pay	100% of the Medicare co-pay	Nothing
91 Days & Beyond <i>While using your 60 lifetime reserve days</i>	All approved charges, except for the Medicare co-pay per “lifetime reserve day”	100% of the Medicare co-pay per “lifetime reserve day”	Nothing
Additional 365 Days <i>Once lifetime reserve days are used*</i> <i>Preauthorization required</i>	Nothing	100% of the Medicare eligible expenses	Nothing
Note: Medicare will cover your stay in a hospital for up to 90 days in any given benefit period. Medicare will cover an additional 60 lifetime reserve days for days 91 and beyond. PEHP will provide you with an additional 365 days that can be used over the course of your lifetime.			

Benefit Period: Begins the day you are admitted inpatient in a hospital or skilled nursing facility (SNF). The benefit period ends when you haven’t received any inpatient hospital care or skilled care in a SNF for 60 days in a row.

Medicare Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

*When Medicare Part A hospital benefits are exhausted, PEHP will pay the amount Medicare would have paid for up to 365 lifetime inpatient days. During this time the hospital is prohibited from billing you for the balance between its billed charges and the amount Medicare would have paid.

Medical Plan 100

Medicare Part A	Medicare Pays	PEHP Plan Pays	You Pay
Blood			
Whole Blood	100% of Medicare-approved allowance after first three pints each calendar year	100% of the first three pints of blood	Nothing
Skilled Nursing Facility <i>Short-term, non-custodial care only; Confinement must follow a three-day stay in the hospital</i>			
First 20 Days	100% of Medicare approved charges	Nothing	Nothing
Days 21 to 100	100% of approved charges, except for the Medicare co-pay per day	100% of the Medicare co-pay per day	Nothing
Day 101 & Beyond	No benefits are payable	No benefits are payable	100%

Medical Plan 100

Medicare Part B	Medicare Pays	PEHP Plan Pays	You Pay
Medical Expenses <i>Inpatient and outpatient physician's services, surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.</i>			
Deductible <i>Per calendar year</i>	Not a covered benefit	100% of the Medicare deductible	Nothing
Approved Charges	80% of Medicare approved charges, after the Medicare deductible	20% of Medicare approved charges, after the Medicare deductible	Nothing
Excess Charges <i>Above Medicare approved amounts</i>	Nothing	100% of the Medicare Part B excess charges	Nothing
Mental Health Services <i>Outpatient treatment (Benefits may vary)</i>			
Diagnosis <i>of your condition</i>	80% of Medicare approved charges, after the Medicare deductible	20% of Medicare approved charges, after the Medicare deductible	Nothing
Services Outside the United States <i>For Urgent and Emergent Care only, \$50,000 per lifetime</i>			
Inpatient Hospital <i>No day limit. Includes ancillary charges</i>	Not a covered benefit	100% of billed charges, up to \$700 per day; 80% thereafter	Balance
Outpatient Hospital	Not a covered benefit	80% of billed charges	Balance
Surgeon/Surgical Services	Not a covered benefit	100% of billed charges	Nothing
Other Physician/ Professional Services <i>(Office visits, diagnostic lab and X-ray services, etc.)</i>	Not a covered benefit	80% of billed charges	Balance
Ambulance (Ground or Air) <i>For medical emergencies only, as determined by PEHP</i>	Not a covered benefit	80% of billed charges	Balance
Prescription Drugs	Out-of-country prescriptions are not eligible under the policy.		

For additional information, see the PEHP Medicare Supplement Master Policy.

Medical Plan 75 Annual Plan Out-of-Pocket Maximum: \$4,000*

Medicare Part A	Medicare Pays	PEHP Plan Pays	You Pay
Inpatient Hospital Services – Per Benefit Period (see definition at the bottom of the page) <i>Semi-private room and board, miscellaneous expenses</i>			
Deductible <i>Per Benefit Period</i>	Not a covered benefit	75% of the Medicare deductible	25% of the Medicare deductible ♦
First 60 Days	All approved charges after the Medicare deductible	Nothing	Nothing
Days 61 to 90	All approved charges, except for the Medicare co-pay	75% of the Medicare co-pay	25% of the Medicare co-pay ♦
91 Days & Beyond <i>While using your 60 lifetime reserve days</i>	All approved charges, except for the Medicare co-pay per “lifetime reserve day”	75% of the Medicare co-pay per “lifetime reserve day”	25% of the Medicare co-pay per “lifetime reserve day” ♦
Additional 365 Days <i>Once lifetime reserve days are used** Preauthorization required</i>	Nothing	100% of the Medicare eligible expenses	Nothing
Note: Medicare will cover your stay in a hospital for up to 90 days in any given benefit period. Medicare will cover an additional 60 lifetime reserve days for days 91 and beyond. PEHP will provide you with an additional 365 days that can be used over the course of your lifetime.			

*Once the maximum out of pocket is met, PEHP pays 100% of Medicare eligible services based on Medicare’s eligible fee schedule. Co-insurance for Part B excess fees and out-of-country coverage does not apply.

♦ Applies to the annual out-of-pocket maximum limit. Co-insurance for Part B excess fees and out-of-country coverage does not apply. For additional information, see the PEHP Medicare Supplement Master Policy.

Benefit Period: Begins the day you are admitted inpatient in a hospital or skilled nursing facility (SNF). The benefit period ends when you haven’t received any inpatient hospital care or skilled care in a SNF for 60 days in a row.

Medicare Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

**When Medicare Part A hospital benefits are exhausted, PEHP will pay the amount Medicare would have paid for up to 365 lifetime inpatient days. During this time the hospital is prohibited from billing you for the balance between its billed charges and the amount Medicare would have paid.

Medical Plan 75

Annual Plan Out-of-Pocket Maximum: \$4,000*

Medicare Part A	Medicare Pays	PEHP Plan Pays	You Pay
Blood			
Whole Blood	100% of Medicare-approved allowance after first three pints each calendar year	75% of the first three pints of blood	25% of the first three pints of blood ♦
Skilled Nursing Facility <i>Short-term, non-custodial care only; Confinement must follow a three-day stay in the hospital</i>			
First 20 Days	100% of Medicare approved charges	Nothing	Nothing
Days 21 to 100	100% of approved charges, except for the Medicare co-pay per day	75% of the Medicare co-pay per day	25% of the Medicare co-pay per day ♦
Day 101 & Beyond	No benefits are payable	No benefits are payable	100%

♦ Applies to the annual out-of-pocket maximum limit. Co-insurance for Part B excess fees and out-of-country coverage does not apply. For additional information, see the PEHP Medicare Supplement Master Policy.

Medical Plan 75

Annual Plan Out-of-Pocket Maximum: \$4,000*

Medicare Part B	Medicare Pays	PEHP Plan Pays	You Pay
Medical Expenses <i>Inpatient and outpatient physician's services, surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.</i>			
Deductible	Not a covered benefit	75% of the Medicare deductible	25% of the deductible ♦
Approved Charges	80% of Medicare approved charges, after the Medicare deductible	15% of Medicare approved charges, after the Medicare deductible	5% of Medicare approved charges, after deductible ♦
Excess Charges <i>Above Medicare approved amounts</i>	Nothing	75% of the Medicare Part B excess charges	25% of the Medicare Part B excess charges
Mental Health Services <i>Outpatient treatment (Benefits may vary)</i>			
Diagnosis <i>of your condition</i>	80% of Medicare approved charges, after the Medicare deductible	15% of Medicare approved charges, after the Medicare deductible	5% of Medicare approved charges, after deductible ♦
Services Outside the United States <i>For Urgent and Emergent Care only, \$50,000 per lifetime</i>			
Inpatient Hospital <i>No day limit. Includes ancillary services</i>	Not a covered benefit	75% of billed charges, up to \$700 per day	Balance
Outpatient Hospital Room Charges <i>Including ER</i>	Not a covered benefit	75% of billed charges	Balance
Surgeon/Surgical Services	Not a covered benefit	75% of billed charges	Balance
Other Physician/ Professional Services <i>(Office visits, diagnostic lab and X-ray services, etc.)</i>	Not a covered benefit	75% of billed charges	Balance
Ambulance (Ground or Air) <i>For medical emergencies only, as determined by PEHP</i>	Not a covered benefit	75% of billed charges	Balance
Prescription Drugs	Out-of-country prescriptions are not eligible under the policy.		

♦ Applies to the annual out-of-pocket maximum limit. Co-insurance for Part B excess fees and out-of-country coverage does not apply. For additional information, see the PEHP Medicare Supplement Master Policy.

Medical Plan 50

Annual Plan Out-of-Pocket Maximum: \$8,000*

Medicare Part A	Medicare Pays	PEHP Plan Pays	You Pay
Inpatient Hospital Services – Per Benefit Period (see definition at the bottom of the page) <i>Semi-private room and board, miscellaneous expenses</i>			
Deductible	Not a covered benefit	50% of the Medicare deductible	50% of deductible ♦
First 60 Days	All approved charges after the Medicare deductible	Nothing	Nothing
Days 61 to 90	All approved charges, except for the Medicare co-pay	50% of the Medicare co-pay	50% of the Medicare co-pay ♦
91 Days & Beyond <i>While using your 60 lifetime reserve days</i>	All approved charges, except for the Medicare co-pay per “lifetime reserve day”	50% of the Medicare co-pay per “lifetime reserve day”	50% of the Medicare co-pay per “lifetime reserve day” ♦
Additional 365 Days <i>Once lifetime reserve days are used** Preauthorization required</i>	Nothing	100% of the Medicare eligible expenses	Nothing
Note: Medicare will cover your stay in a hospital for up to 90 days in any given benefit period. Medicare will cover an additional 60 lifetime reserve days for days 91 and beyond. PEHP will provide you with an additional 365 days that can be used over the course of your lifetime.			

*Once the maximum out of pocket is met, PEHP pays 100% of Medicare eligible services based on Medicare's eligible fee schedule. Co-insurance for Part B excess fees and out-of-country coverage does not apply.

♦ Applies to the annual out-of-pocket maximum limit. Co-insurance for Part B excess fees and out-of-country coverage does not apply. For additional information, see the PEHP Medicare Supplement Master Policy.

Benefit Period: Begins the day you are admitted inpatient in a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any inpatient hospital care or skilled care in a SNF for 60 days in a row.

Medicare Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

**When Medicare Part A hospital benefits are exhausted, PEHP will pay the amount Medicare would have paid for up to 365 lifetime inpatient days. During this time the hospital is prohibited from billing you for the balance between its billed charges and the amount Medicare would have paid.

Medical Plan 50 Annual Plan Out-of-Pocket Maximum: \$8,000*

Medicare Part A	Medicare Pays	PEHP Plan Pays	You Pay
Blood			
Whole Blood	100% of Medicare-approved allowance after first three pints each calendar year	50% of the first three pints of blood	50% of the first three pints of blood ♦
Skilled Nursing Facility <i>Short-term, non-custodial care only; Confinement must follow a three-day stay in the hospital</i>			
First 20 Days	100% of Medicare approved charges	Nothing	Nothing
Days 21 to 100	100% of approved charges, except for the Medicare co-pay per day	50% of the Medicare co-pay per day	50% of the Medicare co-pay per day ♦
Day 101 & Beyond	No benefits are payable	No benefits are payable	100%

♦ Applies to the annual out-of-pocket maximum limit. Co-insurance for Part B excess fees and out-of-country coverage does not apply. For additional information, see the PEHP Medicare Supplement Master Policy.

Medical Plan 50

Annual Plan Out-of-Pocket Maximum: \$8,000*

Medicare Part B	Medicare Pays	PEHP Plan Pays	You Pay
Medical Expenses <i>Inpatient and outpatient physician's services, surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.</i>			
Deductible	Not a covered benefit	50% of the Medicare deductible	50% of deductible ♦
Approved Charges	80% of Medicare approved charges, after the Medicare deductible	10% of Medicare approved charges, after the Medicare deductible	10% of Medicare approved charges, after deductible ♦
Excess Charges <i>Above Medicare approved amounts</i>	Nothing	50% of the Medicare Part B excess charges	50% of the Medicare Part B excess charges
Mental Health Services <i>Outpatient treatment (Benefits may vary)</i>			
Diagnosis <i>of your condition</i>	80% of Medicare approved charges, after the Medicare deductible	10% of Medicare approved charges, after the Medicare deductible	10% of Medicare approved charges, after deductible ♦
Services Outside the United States <i>For Urgent and Emergent Care only, \$50,000 per lifetime</i>			
Inpatient Hospital <i>No day limit. Includes ancillary services</i>	Not a covered benefit	50% of billed charges, up to \$700 per day	Balance
Outpatient Hospital Room Charges <i>Including ER</i>	Not a covered benefit	50% of billed charges	Balance
Surgeon/Surgical Services	Not a covered benefit	50% of billed charges	Balance
Other Physician/ Professional Services <i>(Office visits, diagnostic lab and X-ray services, etc.)</i>	Not a covered benefit	50% of billed charges	Balance
Ambulance (Ground or Air) <i>For medical emergencies only, as determined by PEHP</i>	Not a covered benefit	50% of billed charges	Balance
Prescription Drugs	Out-of-country prescriptions are not eligible under the policy.		

♦ Applies to the annual out-of-pocket maximum limit. Co-insurance for Part B excess fees and out-of-country coverage does not apply. For additional information, see the PEHP Medicare Supplement Master Policy.

Enhanced Drug Plan

Plan pays the balance after deductible and your co-insurance.

Annual Plan Deductible: \$700 (combined for both retail and home delivery)

Out-of-Pocket Maximum: \$2,400

See Drug Prices: <https://www.express-scripts.com/medd/pehp>

Tier	Retail 31-day Supply	Retail 60-day Supply	Retail 90-day Supply	Home Delivery 90-day Supply
Tier 1 Generic Drugs Preferred Cost-Sharing	\$10 co-pay after deductible	\$20 co-pay after deductible	\$30 co-pay after deductible	\$20 co-pay after deductible
Standard Cost-Sharing	\$15 co-pay after deductible	\$25 co-pay after deductible	\$35 co-pay after deductible	
Tier 2 Preferred Brand Drugs Preferred Cost-Sharing	25% co-insurance \$25 minimum/ \$50 maximum	25% co-insurance \$50 minimum/ \$100 maximum	25% co-insurance \$75 minimum/ \$150 maximum	25% co-insurance \$50 minimum/ \$100 maximum
Standard Cost-Sharing	25% co-insurance \$30 minimum/ \$50 maximum	25% co-insurance \$55 minimum/ \$100 maximum	25% co-insurance \$80 minimum/ \$150 maximum	
Tier 3 Non-Preferred Brand Drugs Preferred Cost-Sharing	50% co-insurance \$50 minimum/ no maximum	50% co-insurance \$100 minimum/ no maximum	50% co-insurance \$150 minimum/ no maximum	50% co-insurance \$100 minimum/ no maximum
Standard Cost-Sharing	50% co-insurance \$55 minimum/ no maximum	50% co-insurance \$105 minimum/ no maximum	50% co-insurance \$155 minimum/ no maximum	
Tier 4 Specialty Drugs Preferred and Standard Cost-Sharing	25% co-insurance no minimum/ no maximum	25% co-insurance no minimum/ no maximum	25% co-insurance no minimum/ no maximum	25% coinsurance no minimum/ maximums of \$150 (0-31 days) \$300 (32-60 days) \$450 (61-90 days)

*Tier 3 contains both generic and brand drugs.

Medicare Prescription Payment Plan: If needed, you can spread the cost of your expensive medications over the year with monthly billing. To learn more about this payment option, contact Express Scripts at 866-845-1803 or visit www.medicare.gov.

PEHP Dental Coverage at a Glance

To enroll in a PEHP Dental Plan, use the enrollment form in the back of this book or enroll online at www.pehp.org/medsup.

DENTAL PLAN	Dental 1500	Dental 1000	Basic Dental	Discount Dental Benefit
Monthly Premium	\$43.24	\$29.19	\$17.80	\$0
Deductible	\$0	\$50	\$50	\$0
Annual Benefit Maximum	\$1,500	\$1,000	\$500	\$0
Benefits				
Preventive/ Cleaning	You pay \$0	You pay 20% of in-network rate	You pay \$0	You pay 100% of the discounted in-network rate. See below
Root Canal <i>For a molar</i>	You pay 20% of in-network rate	You pay 20% of in-network rate after deductible	Not covered	You pay 100% of the discounted in-network rate. See below
Crown <i>Porcelain fused to high noble metal</i>	You pay 50% of in-network rate	You pay 50% of in-network rate after deductible	Not covered	You pay 100% of the discounted in-network rate. See below
Dental Network	Visit www.pehp.org/providerdirectory for a complete list.			

PEHP Discount Dental Benefit

When you enroll in a PEHP plan, you automatically have access to our Discount Dental Benefit at no extra cost. Enjoy an average 40% off dental services when using PEHP's dental network. PEHP will adjust the claim to the contracted discount rate and you pay for the service out-of-pocket. If you want dental coverage, consider enrolling in a PEHP Dental Plan. See pages 26-28 for details.

Dental 1500 Plan

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. To view a list of dentists in the PEHP network visit www.pehp.org or call PEHP.

	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Monthly Premium Per person	\$43.24	
Deductible Does not apply to diagnostic or preventive services	\$0	
Annual Benefit Max	\$1,500	
DIAGNOSTIC	YOU PAY	YOU PAY
Periodic Oral Examinations	\$0	20% of In-Network Rate
X-rays	20% of In-Network Rate	40% of In-Network Rate
PREVENTIVE		
Cleanings and Fluoride Solutions	\$0	20% of In-Network Rate
Sealants Permanent molars only through age 17	\$0	20% 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		
Periodontic cleanings, scaling and root planing	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
Implant and prosthodontic services are not eligible for six months from the date of PEHP coverage, unless you provide proof that you had other dental coverage in place for at least six consecutive months prior to enrolling.		
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 related services	50% of In-Network Rate	70% of In-Network Rate

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.

Dental 1000 Plan

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. To view a list of dentists in the PEHP network visit www.pehp.org or call PEHP.

	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Monthly Premium Per person		\$29.19
Deductible Does not apply to diagnostic or preventive services		\$50
Annual Benefit Max		\$1,000
DIAGNOSTIC	YOU PAY	YOU PAY
Periodic Oral Examinations	20% of In-Network Rate	40% 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		
Periodontic cleanings, scaling and root planing	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

Implant and prosthodontic services are not eligible for six months from the date of PEHP coverage, unless you provide proof that you had other dental coverage in place for at least six consecutive months prior to enrolling.

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 related services	50% of In-Network Rate	70% of In-Network Rate

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.

Basic Dental Plan

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. To view a list of dentists in the PEHP network visit www.pehp.org or call PEHP.

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Monthly Premium Per person		\$17.80
Deductible (Does not apply to diagnostic or preventive services)		\$50
Annual Benefit Max		\$500
DIAGNOSTIC	YOU PAY	YOU PAY
Periodic Oral Exams	\$0	20% of In-Network Rate AD*
X-rays	\$0	20% of In-Network Rate AD
PREVENTIVE		
Cleanings and Fluoride Solutions	\$0	20% of In-Network Rate AD
Sealants Permanent molars only through age 17	\$0	20% of In-Network Rate AD
RESTORATIVE		
Amalgam Restoration	50% of In-Network Rate AD*	70% of In-Network Rate AD
Composite Restoration	50% of In-Network Rate AD	70% of In-Network Rate AD
ENDODONTICS		
Pulpotomy, Root Canal	Not covered	Not covered
PERIODONTICS		
Periodontic cleanings, scaling and root planing	Not covered	Not covered
ORAL SURGERY		
Extractions	Not covered	Not covered
ANESTHESIA General Anesthesia in conjunction with oral surgery or impacted teeth only		
General Anesthesia	Not covered	Not covered
PROSTHODONTIC BENEFITS		
Crowns, Bridges, Dentures	Not covered	Not covered
IMPLANTS		
All related services	Not covered	Not covered

* **AD** = After Deductible



PEHP Full



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-Up – Standard	Up to \$40	Not covered
Fit and Follow-Up – Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive – Standard	\$75 copay	Up to \$40
Progressive – Premium Tier 1 – 3	\$95 – 120 copay	Up to \$40
Progressive – Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating – Standard	\$45	Not covered
Anti Reflective Coating – Premium Tier 1 – 2	\$57 – 68	Not covered
Anti Reflective Coating – Premium Tier 3	20% off retail price	Not covered
Photochromic – Non-Glass	\$75	Not covered
Polycarbonate – Standard	\$40	Not covered
Scratch Coating – Standard Plastic	\$15	Not covered
Tint – Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$96
Contacts – Disposable	\$0 copay; 100% off balance over \$120 allowance	Up to \$96
Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$200
OTHER		
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every plan year	Once every plan year
Frames	Once every plan year	Once every plan year
Lenses	Once every plan year	Once every plan year
Contact Lenses	Once every plan year	Once every plan year
(Plan allows member to receive either contacts and frame, or frames and lens services)		

Monthly Rates

Per person

\$7.71

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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 that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.



PEHP Eyewear Only



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES Single Vision Bifocal Trifocal Lenticular Progressive – Standard Progressive – Premium Tier 1 – 3 Progressive – Premium Tier 4	\$10 copay \$10 copay \$10 copay \$10 copay \$75 copay \$95 – 120 copay \$75 copay; 20% off retail price less \$120 allowance	Up to \$25 Up to \$40 Up to \$55 Up to \$55 Up to \$40 Up to \$40 Up to \$40
LENS OPTIONS Anti Reflective Coating – Standard Anti Reflective Coating – Premium Tier 1 – 2 Anti Reflective Coating – Premium Tier 3 Photochromic – Non-Glass Polycarbonate – Standard Scratch Coating – Standard Plastic Tint – Solid or Gradient UV Treatment All Other Lens Options	\$45 \$57 – 68 20% off retail price \$75 \$40 \$15 \$15 \$15 20% off retail price	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered
CONTACT LENSES Contacts – Conventional Contacts – Disposable Contacts – Medically Necessary	\$0 copay; 15% off balance over \$130 allowance \$0 copay; 100% off balance over \$130 allowance \$0 copay; paid in full	Up to \$104 Up to \$104 Up to \$200
OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network	Up to 66% off hearing aids; call 1.877.203.0675 15% off retail or 5% off promo price; call 1.800.988.4221	Not covered Not covered
FREQUENCY Frames Lenses Contact Lenses (Plan allows member to receive either contacts and frame, or frames and lens services)	ALLOWED FREQUENCY – ADULTS Once every plan year Once every plan year Once every plan year	ALLOWED FREQUENCY – KIDS Once every plan year Once every plan year Once every plan year

Monthly Rates

Per person

\$6.73

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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 that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

PEHPplus

Adding to Your Health

PEHP members enjoy exclusive offers on healthy lifestyle products and services through PEHPplus.

Visit www.pehp.org/pehpplus to see a complete list of savings, such as:

VASA FITNESS MEMBERSHIPS

» Includes access to all locations and all classes, including Silver Sneakers classes onsite.

AND MORE

PEHPplus also offers discounts on other services including hearing aids, eyewear, lasik, massages, spas, fitness classes, and more.



www.pehp.org/pehpplus

AgeWell Rebates

for Seniors



You already make your health a priority. Why not get rewarded for it?

Earn \$100 when you participate in PEHP wellness programs! Participate in personal health coaching, watch webinars on a variety of health topics, or sign up for wellness activities to help you create healthier habits and stay physically active.

LEARN MORE

www.pehp.org/agewell

Notice of Privacy Practices for Protected Health Information

effective February 16, 2026

Public Employees Health Program (PEHP) our business associates and our affiliated companies respect your privacy and the confidentiality of your personal information. In order to safeguard your privacy, we have adopted the following privacy principles and information practices. PEHP is required by law to maintain the privacy of your protected health information, and to provide you with this notice which describes PEHP's legal duties and privacy practices. Our practices apply to current and former members.

It is the policy of PEHP to treat all member information with the utmost discretion and confidentiality, and to prohibit improper release in accordance with the confidentiality requirements of state and federal laws and regulations.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Types of Personal Information PEHP collects

PEHP collects a variety of personal information to administer a member's health, life, and long-term disability coverage. Some of the information members provide on enrollment forms, surveys, and correspondence includes: address, Social Security number, and dependent information. PEHP also receives personal information (such as eligibility and claims information) through transactions with our affiliates, members, employers, other insurers, and health care providers. This information is retained after a member's coverage ends. PEHP limits the collection of personal information to that which is necessary to administer our business, provide quality service, and meet regulatory requirements.

Disclosure of your protected health information within PEHP is on a need-to-know basis. All employees are required to sign a confidentiality agreement as a condition of employment, whereby they agree not to request, use, or disclose the protected health information of PEHP members unless necessary to perform their job.

In the use of apps, PEHP limits the information collected to the information you input into the app, and does not collect authentication information, phonebook, contacts, device location, SMS or call related data, inventory of other apps on the device, microphone, camera or any sensitive data not specifically shared in the app. PEHP will not utilize ads in its app. PEHP collects and uses data regarding use of the app solely to improve the features and functionality of the app. PEHP will not disclose personal financial identifiers, such as social security numbers, through the app.

Understanding Your Health Record / Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy,
- Better understand who, what, when, where, and why others may access your health information,
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the rights as outlined in Title 45 of the Code of Federal Regulations, Parts 160 & 164:

- Request a restriction on certain uses and disclosures of your information, though PEHP is not required to agree with your requested restriction.
- Obtain a paper copy of the notice of information practices upon request (although we have posted a copy on our web site, you have a right to a hard copy upon request.)
- Inspect and obtain a copy of your health record.
- Amend your health records.
- Obtain an accounting of disclosures of your health information.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

PEHP does not need to provide an accounting for disclosures:

- To persons involved in the individual's care or for other notification purposes.
- For national security or intelligence purposes.
- Uses or disclosures of de-identified information or limited data set information.
- That occurred before April 14, 2003.

PEHP must provide the accounting within 60 days of receipt of your written request.

The accounting must include:

- Date of each disclosure
- Name and address of the organization or person who received the protected health information
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization, or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

Examples of Uses and Disclosures of Protected Health Information

PEHP will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

Though PEHP does not provide direct treatment to individuals, we do use the health information described above for utilization and medical review purposes. These review procedures facilitate the payment and/or denial of payment of health care services you may have received. All payments or denial decisions are made in accordance with the individual plan provisions and limitations as described in the applicable PEHP Master Policies.

PEHP will use your health information for payment.

For example: A bill for health care services you received may be sent to you or PEHP. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used.

PEHP will use your health information for health operations.

For example: The Medical Director, his or her staff, the risk or quality improvement manager, or members of

the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of PEHP's programs.

If your coverage is through an employer sponsored group health plan, PEHP may share summary health information with the plan sponsor, such as your enrollment or disenrollment in the plan. PEHP may disclose protected health information for plan administration activities. PEHP will only do so after it receives a specific written request from the plan sponsor, which includes an agreement not to use your health information for employment related actions or decisions.

Any allowed electronic disclosure of your information shall be made securely using modern cryptography.

There are certain uses and disclosures of your health information which are required or permitted by Federal Regulations and do not require your consent or authorization. Examples include:

Public Health.

As required by law, PEHP may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Business Associates.

There are some services provided in our organization through contacts with business associates. When such services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

Food and Drug Administration (FDA).

PEHP may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation.

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Correctional Institution.

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement.

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority, or attorney provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Our Responsibilities Under the Federal Privacy Standard

PEHP is required to:

- Maintain the privacy of your health information, as required by law, and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information
- Provide you with this notice as to our legal duties and privacy practices with respect to protected health information we collect and maintain about you
- Abide by the terms of this notice
- Train our personnel concerning privacy and confidentiality
- Implement a policy to discipline those who violate PEHP's privacy, confidentiality policies.
- Mitigate (lessen the harm of) any breach of privacy, confidentiality.
- To notify affected individuals following a breach of unsecured protected health information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should we change our Notice of Privacy Practices you will be notified.

We will not use or disclose your health information without your consent or authorization, except as permitted or required by law. PEHP is prohibited from using or disclosing the genetic information of an individual for underwriting purposes.

Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization. Other uses and disclosures not described in this notice of privacy practices require your written authorization.

Prohibited Uses and Disclosures: If we receive substance use disorder records created by a federally assisted program or health care provider under 42 CFR Part 2, we may not use or disclose such records, or testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceedings against you unless based on your specific written consent or a court order. We may only use or disclose records based on a court order after: 1. a notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 CFR part 2; and 2. the court order is accompanied by a subpoena or other similar legal requirement compelling the disclosure.

Inspecting Your Health Information

If you wish to inspect or obtain copies of your protected health information, please send your written request to PEHP, Customer Service, 560 East 200 South, Salt Lake City, UT 84102-2099

We will arrange a convenient time for you to visit our office for inspection. We will provide copies to you for a nominal fee. If your request for inspection or copying of your protected health information is denied, we will provide you with the specific reasons and an opportunity to appeal our decision.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact the PEHP Customer Service Department at (801) 366-7555 or (800) 955-7347

If you believe your privacy rights have been violated, you can file a written complaint with our Chief Privacy Officer at:

ATTN: PEHP Chief Privacy Officer
560 East 200 South
Salt Lake City, UT 84102-2099.

Alternately, you may file a complaint with the U.S. Secretary of Health and Human Services. There will be no retaliation for filing a complaint.



P.O. BOX 3503 > SALT LAKE CITY, UT > 84110-3503 > 801-366-7555 OR 800-765-7347 > www.pehp.org

PREMIUM PAYMENTS THROUGH AUTOMATIC BANK WITHDRAWAL

Public Employees Health Program (PEHP) offers a service called Automated Clearing House (ACH). This service will automatically deduct insurance premiums from either your checking or savings account and transfer them to PEHP. This is the same system used to transfer social security and retirement benefits as well as payroll checks directly to bank accounts.

Payments are deducted from your account on the 5th of each month or next business day if the 5th occurs on a non-business day. This will ensure premium payments are made on time. Additionally, electronic withdrawals are never lost in the mail or stolen.

To enroll, your account must be current (no past due balance), and provide the information below. Deductions will not be run for any balance incurred prior to ACH becoming effective and will be your responsibility to pay. **Also, attach a voided check or withdrawal slip (for savings accounts).** Once PEHP receives the application, a test run will be performed through the banking system to validate account information. You will be notified once the bank accepts your request with a letter indicating the withdrawal date, the monthly premium, and the first period covered by ACH withdrawal.

You may begin and end the program anytime you wish. If ACH is elected, you will no longer receive a monthly bill or statement as your bank statement will be your payment record.

If interested in ACH deduction, return this form immediately **with a voided check** as the processing of your request, including the test run, can take up to 30 days. If you have any further questions about ACH, please call PEHP Accounting at (801)366-7541, or (801)366-7574.

Name _____

Phone Number _____

PEHP ID Number _____

Type of account (checking or savings) _____

Name of Financial Institution _____

Address of Financial Institution _____

Signature & Date _____



560 East 200 South, Salt Lake City, UT 84102
801-366-7555 / 800-765-7347
www.pehp.org

Medicare Supplemental Plan Enrollment and Record Card

Note: Both Social Security Number and Medicare ID Number are required for each applicant.

Reason for enrollment change: _____ Effective date: _____

Retiree Information

Spouse Information on Reverse

NAME (last, first, middle initial) AS APPEARS ON MEDICARE ID CARD		MEDICARE BENEFICIARY IDENTIFIER (MBI), AS APPEARS ON MEDICARE ID CARD	
SOCIAL SECURITY NUMBER	BIRTH DATE (mm/dd/yy)	GENDER ☐ MALE ☐ FEMALE	MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED
HOME ADDRESS			PRIMARY PHONE
CITY/STATE/ZIP			ALTERNATE PHONE
MAILING ADDRESS (if different from Home Address)		EMAIL ADDRESS	
PREVIOUS PUBLIC EMPLOYER		☐ Opt In For Online Explanations of Benefits (EOBs) Delivery	

CURRENT MEDICARE COVERAGE

NOTE: You must be enrolled in Medicare Parts A and B to enroll in any PEHP Medicare Supplement (medical) plan.

Will you have Medicare A and B when this plan takes effect? ☐ YES ☐ NO

Do you currently have other non-PEHP medical coverage other than Medicare? ☐ YES ☐ NO

If yes, provide company name: _____ Termination Date: _____

PLAN SELECTION You may choose a Medical Plan only, or a Pharmacy Plan only, or a combination of both Medical and Pharmacy.

MEDICAL (all medical plans include discount dental plan)

- ☐ PEHP Medicare Supplement Medical Plan 100
- ☐ PEHP Medicare Supplement Medical Plan 75
- ☐ PEHP Medicare Supplement Medical Plan 50
- ☐ No Coverage / Terminate Coverage

PHARMACY

- ☐ Enhanced Pharmacy
- ☐ No Coverage / Terminate Coverage

DENTAL

- ☐ Dental 1500
- ☐ Dental 1000
- ☐ Basic Dental
- ☐ No Coverage / Terminate Coverage

VISION

- ☐ EyeMed - Full (Plan H)
- ☐ EyeMed - Eyewear only (Plan F)
- ☐ No Coverage / Terminate Coverage

I represent that the above information is true and correct. I understand and agree that any false information I provide on this form may, at PEHP's sole discretion, result in a limitation or termination of my coverage. By signing below, I hereby: (1) authorize PEHP to release information to health/dental providers, insurance entities, or other entities necessary to process claims and to administer the health plan; (2) agree to the terms and conditions in the PEHP Master Policy.

SIGNATURE OF RETIRED EMPLOYEE

DATE

Authorization To Deduct Premiums

Please select one option below and sign.

- ☐ Please **deduct** my portion of costs **from my URS pension retirement check**. (New retirees may be billed up to three months prior to pension deduction).
- ☐ Please **deduct** from my HRA monthly for my portion of costs. *Authorization form required. Find form [here](#).*
- ☐ Please **bill me** (paper bill) monthly for my portion of costs.
- ☐ Please use **ACH withdrawal** monthly for my portion of costs. *Authorization form required. Find form on Page 34 or [online](#).*

I agree to make payments for benefits by means authorized above. Pension check deductions will be made in accordance with the bylaws of Utah Retirement Systems. I hereby request and authorize you to deduct from my allowance the amount necessary to pay for the benefits for which I have been approved.

Signature

Date

Spouse Information

YOUR NAME (last, first, middle initial) AS IT APPEARS ON YOUR MEDICARE ID CARD		SOCIAL SECURITY NUMBER	BIRTH DATE (mm/dd/yy)
GENDER ☐ MALE ☐ FEMALE	MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED	MEDICARE BENEFICIARY IDENTIFIER (MBI), AS APPEARS ON MEDICARE ID CARD	
HOME ADDRESS		PRIMARY PHONE	
CITY/STATE/ZIP		ALTERNATE PHONE	
MAILING ADDRESS (if different from Home Address)		EMAIL ADDRESS	
PREVIOUS PUBLIC EMPLOYER		☐ Opt In For Online Explanations of Benefits (EOBs) Delivery	

CURRENT MEDICARE COVERAGE

NOTE: You must be enrolled in Medicare Parts A and B to enroll in any PEHP Medicare Supplement (medical) plan.

Will you have Medicare A and B when this plan takes effect? ☐ YES ☐ NO

Do you currently have other non-PEHP medical coverage other than Medicare? ☐ YES ☐ NO

If yes, provide company name: _____ Termination Date: _____

PLAN SELECTION You may choose a Medical Plan only, or a Pharmacy Plan only, or a combination of both Medical and Pharmacy.

MEDICAL (all medical plans include discount dental plan)

- ☐ PEHP Medicare Supplement Medical Plan 100
- ☐ PEHP Medicare Supplement Medical Plan 75
- ☐ PEHP Medicare Supplement Medical Plan 50
- ☐ No Coverage / Terminate Coverage

PHARMACY

- ☐ Enhanced Pharmacy
- ☐ No Coverage / Terminate Coverage

DENTAL

- ☐ Dental 1500
- ☐ Dental 1000
- ☐ Basic Dental
- ☐ No Coverage / Terminate Coverage

VISION

- ☐ EyeMed - Full (Plan H)
- ☐ EyeMed - Eyewear only (Plan F)
- ☐ No Coverage / Terminate Coverage

I represent that the above information is true and correct. I understand and agree that any false information I provide on this form may, at PEHP's sole discretion, result in a limitation or termination of my coverage. By signing below, I hereby: (1) authorize PEHP to release information to health/dental providers, insurance entities, or other entities necessary to process claims and to administer the health plan; (2) agree to the terms and conditions in the PEHP Master Policy.

SIGNATURE OF RETIRED EMPLOYEE'S SPOUSE

DATE

Please make a copy for your records.

Free Presentations



Attend a PEHP Medicare Presentation to:

- » Learn the Basics of Medicare
- » Review PEHP's Medicare Supplement Plans
- » Learn about Yearly Changes to Medicare & PEHP
- » Talk to a PEHP Representative and Ask Your Questions

Medicare Meetings

View yearly schedule and register at **pehp.org/medicaremeetings**.





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See inside for important benefit information

PEHP Medicare Supplement » Attend a free presentation.
See schedule online at **www.pehp.org/medicaremeetings**