



# COBRA/Retiree 2016-17

## COBRA/Retiree Benefits Summary

### **COBRA/RETIREE**

Benefits Summary

Effective July 2016

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This Benefits Summary should be used in conjunction with the PEHP Master Policy. It contains information that only applies to PEHP subscribers who are employed by the State of Utah COBRA/Retiree and their eligible dependents. Members of any other PEHP plan should refer to the applicable publications for their coverage.

It is important to familiarize yourself with the information provided in this Benefits Summary and the PEHP Master Policy to best utilize your medical plan. The Master Policy is available by calling PEHP. You may also view it at [www.pehp.org](http://www.pehp.org).

This Benefits Summary is for informational purposes only and is intended to give a general overview of the benefits available under those sections of PEHP designated on the front cover. This Benefits Summary is not a legal document and does not create or address all of the benefits and/or rights and obligations of PEHP. The PEHP Master Policy, which creates the rights and obligations of PEHP and its members, is available upon request from PEHP and online at [www.pehp.org](http://www.pehp.org). All questions concerning rights and obligations regarding your PEHP plan should be directed to PEHP.

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# Welcome to PEHP

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

»Website ..... [www.pehp.org](http://www.pehp.org)

Create an online personal account at [www.pehp.org](http://www.pehp.org) to review your claims history, receive important information through our Message Center, see a comprehensive list of your coverages, use the Cost & Quality Tools to find providers in your network, access Healthy Utah rebate information, check your FLEX\$ account balance, and more.

## CUSTOMER SERVICE

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

Weekdays from 8 a.m. to 6 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

## MENTAL HEALTH/SUBSTANCE ABUSE

### PREAUTHORIZATION

»PEHP Customer Service.....801-366-7755  
 ..... or 800-765-7347

## PRESCRIPTION DRUG BENEFITS

»PEHP Customer Service.....801-366-7551  
 ..... or 888-366-7551

»Express Scripts..... 800-903-4725  
 .....[www.express-scripts.com](http://www.express-scripts.com)

## SPECIALTY PHARMACY

»Accredo..... 800-803-2523

## GROUP TERM LIFE AND AD&D

»PEHP Life and AD&D ..... 801-366-7495

## PEHP FLEX\$

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

## HEALTH SAVINGS ACCOUNTS (HSA)

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

»HealthEquity ..... 866-960-8058  
 ..... [www.healthequity.com/stateofutah](http://www.healthequity.com/stateofutah)

## PRENATAL AND POSTPARTUM PROGRAM

» PEHP WeeCare ..... 801-366-7400  
 ..... or 855-366-7400  
 ..... [www.pehp.org/weecare](http://www.pehp.org/weecare)

## WELLNESS AND DISEASE MANAGEMENT

» PEHP Healthy Utah ..... 801-366-7300  
 ..... or 855-366-7300  
 ..... [www.healthyutah.org](http://www.healthyutah.org)

» PEHP Waist Aweigh..... 801-366-7300  
 ..... or 855-366-7300

» PEHP Integrated Care ..... 801-366-7555  
 ..... or 800-765-7347

## VALUE-ADDED BENEFITS PROGRAM

»PEHPplus ..... [www.pehp.org/plus](http://www.pehp.org/plus)

»Blomquist Hale ..... 800-926-9619  
 ..... [www.blomquisthale.com](http://www.blomquisthale.com)

## ONLINE ENROLLMENT HELP LINE

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

## CLAIMS MAILING ADDRESS

### PEHP

560 East 200 South  
 Salt Lake City, UT 84102-2004

# Benefit Changes

## On-Demand Doctors

See a doctor via mobile or web with discounted PEHP pricing through [Amwell On-Demand Doctors](#). It's available 24 hours a day, every day, and you don't need an appointment.

## 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. See **Page 6** for a list of clinics and pricing.

## Know. Plan. Act.

Take control of your health in three simple steps and earn cash rewards with [PEHP Healthy Utah](#). Learn more at [www.pehp.org/healthyutah](http://www.pehp.org/healthyutah)

## Out-of-Network Dental

If you use an out-of-network dentist, your benefit is 20% less and you may be subject to balance billing. See **Pages 27-28** for dental plan benefits.

## Know Before You Go

Get familiar with all the great PEHP online tools to help you understand your treatment options, see costs, choose a doctor, and navigate healthcare. Still need help? Give us a call at 801-366-7555.

## Traditional Rates 7.3% Higher

Medical rates for the Traditional medical plan have increased 7.3% for 2016-17. The STAR Plan and Utah Basic Plus continue to have no employee premium (with Summit or Advantage networks). PEHP Dental rates remain the same as last plan year, but Regence Expressions rates have increased.

## Autism Benefit

Your autism benefit is changing; see **Page 5**.

## HRA Option

If you're ineligible for a [Health Savings Account](#) (HSA), your employer contribution will be deposited into a [Health Reimbursement Account](#) (HRA) if you choose The STAR Plan or Utah Basic Plus.

# Autism Spectrum Disorder Benefit

## **A brief overview of PEHP's Autism Spectrum Disorder coverage »**

Children ages 2-9 (stops on 10th birthday) are eligible for the benefit, which covers up to 600 hours per year of behavioral health treatment.

- » Therapeutic care includes services provided by speech therapists, occupational therapists, or physical therapists.
- » Please call PEHP (801-366-7555 or 800-765-7347) for information about which autism spectrum disorders and services are covered.
- » 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 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).



# PEHP Value Clinics

**Convenient and Affordable »** 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.

## 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  
Hours: M-F 7 a.m. to 6 p.m.

Salt Lake City  
**[Midtown Clinic](#)**  
230 South 500 East, Suite 510  
801-320-5660  
Hours: M-F 8:30 a.m. to 5 p.m.

Ogden  
**[Health Clinics of Utah](#)**  
2540 Washington Blvd., Ste. 122  
801-626-3670  
Hours: M-F 7 a.m. to 6 p.m.

Provo  
**[Health Clinics of Utah](#)**  
150 E Center Street, Ste. 1100  
801-374-7011  
Hours: M-F 8 a.m. to 5 p.m.

## 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  
Hours: M-F 7:30 a.m. to 6 p.m.

Ogden  
**[Family Dental Plan](#)**  
950 25th Street, #A  
801-395-7090  
Hours: M-F 7:30 a.m. to 6 p.m.

St. George  
**[Family Dental Plan](#)**  
321 N Mall Drive, Ste. M101  
435-652-3806  
Hours: M-F 8 a.m. to 5 p.m.



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.

# PEHP Online Tools

## Access Benefits and Claims

### WWW.PEHP.ORG

Access important benefit tools and information by creating an online personal account at [www.pehp.org](http://www.pehp.org).

- » Receive important messages about your benefits and coverage through our Message Center.
- » See your claims history — including medical, dental, and pharmacy. Search claims histories by member, plan, and date range.
- » Become a savvy consumer using our Cost & Quality Tools.
- » View and print plan documents, such as forms and Master Policies.
- » Get a simple breakdown of the PEHP benefits in which you're enrolled.
- » Track your biometric results and access Healthy Utah rebates and resources.
- » Access your FLEX\$ account.
- » Cut down on clutter by opting in to paperless delivery of explanation of benefits (EOBs). Opt to receive EOBs by email, rather than paper forms through regular mail, and you'll get an email every time a new one is available.
- » Change your mailing address.

## Find a Provider

### WWW.PEHP.ORG

Looking for a provider, clinic, or facility that is contracted with your plan? Look no farther than [www.pehp.org](http://www.pehp.org). Go online to search for providers by name, specialty, or location.

## Access Your Pharmacy Account

### WWW.EXPRESS-SCRIPTS.COM

Create an account with Express Scripts, PEHP's pharmacy benefit manager, and get customized information that will help you get your medications quickly and at the best price.

Go to [www.express-scripts.com](http://www.express-scripts.com) to create an account. All you need is your PEHP ID card and you're on your way.

You'll be able to:

- » Check prices.
- » Check an order status.
- » Locate a pharmacy.
- » Refill or renew a prescription.
- » Get mail-order instructions.
- » Find detailed information specific to your plan, such as drug coverage, co-pays, and cost-saving alternatives.

## Summit

**IASIS, 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

**Box Elder County**

Bear River Valley Hospital  
Brigham City Community Hospital

**Cache County**

Logan Regional Hospital

**Carbon County**

Castlevie Hospital

**Davis County**

Lakeview Hospital  
Davis Hospital

**Duchesne County**

Uintah Basin Medical Center

**Garfield County**

Garfield Memorial Hospital

**Grand County**

Moab Regional Hospital

**Iron County**

Valley View Medical Center

**Juab County**

Central Valley Medical Center

**Kane County**

Kane County Hospital

**Millard County**

Delta Community Medical Center  
Fillmore Community Hospital

**Salt Lake County**

Huntsman Cancer Hospital  
Jordan Valley Hospital

**Salt Lake County (cont.)**

Jordan Valley West  
Lone Peak Hospital  
Primary Children's Medical Center  
Riverton Children's Unit  
St. Marks Hospital  
Salt Lake Regional Medical Center  
University of Utah Hospital  
University Orthopaedic Center

**San Juan County**

Blue Mountain Hospital  
San Juan Hospital

**Sanpete County**

Gunnison Valley Hospital  
Sanpete Valley Hospital

**Sevier County**

Sevier Valley Medical Center

**Summit County**

Park City Medical Center

**Tooele County**

Mountain West Medical Center

**Uintah County**

Ashley Valley Medical Center

**Utah County**

Mountain View Hospital  
Timpanogos Regional Hospital  
Mountain Point Medical

**Wasatch County**

Heber Valley Medical Center

**Washington County**

Dixie Regional Medical Center

**Weber County**

Ogden Regional Medical Center

## 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

**Box Elder County**

Bear River Valley Hospital

**Cache County**

Logan Regional Hospital

**Carbon County**

Castlevie Hospital

**Davis County**

Davis Hospital

**Duchesne County**

Uintah Basin Medical Center

**Garfield County**

Garfield Memorial Hospital

**Grand County**

Moab Regional Hospital

**Iron County**

Valley View Medical Center

**Juab County**

Central Valley Medical Center

**Kane County**

Kane County Hospital

**Millard County**

Delta Community Medical Center  
Fillmore Community Hospital

**Salt Lake County**

Alta View Hospital  
Intermountain Medical Center

**Salt Lake County (cont.)**

The Orthopedic Specialty Hospital (TOSH)  
LDS Hospital  
Primary Children's Medical Center  
Riverton Hospital

**San Juan County**

Blue Mountain Hospital  
San Juan Hospital

**Sanpete County**

Gunnison Valley Hospital  
Sanpete Valley Hospital

**Sevier County**

Sevier Valley Medical Center

**Summit County**

Park City Medical Center

**Tooele County**

Mountain West Medical Center

**Uintah County**

Ashley Valley Medical Center

**Utah County**

American Fork Hospital  
Orem Community Hospital  
Utah Valley Regional Medical Center

**Wasatch County**

Heber Valley Medical Center

**Washington County**

Dixie Regional Medical Center

**Weber County**

McKay-Dee Hospital

## Preferred

Consists of all providers and facilities in both the Summit and Advantage networks.



# Understanding Your Benefits Grid

**Traditional Standard Option I**  
Summit, Advantage & Preferred | In-Network Provider

**DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS**

<b>Plan Year Deductible</b> <i>Applies to out-of-pocket maximum</i>	← ①	\$250 per individual
<b>Plan year Out-of-Pocket Maximum**</b>	← ②	\$3,000 per individual

**INPATIENT FACILITY SERVICES**

<b>Medical and Surgical</b>   All-out-of-network facilities and some in-network facilities require pre-authorization. See the Master Policy for details	10% of In-Network Rate after deductible
<b>Intensive Care Facility</b>   Non-custodial services pre-authorization	10% of In-Network Rate after deductible

**OUTPATIENT FACILITY SERVICES**

<b>Outpatient Facility and Ambulatory Surgery</b>	10% of In-Network Rate after deductible	30% of In-Network Rate after deductible
<b>Ambulance (ground or air)</b> Medical transport only as determined by PEHP	20% of In-Network Rate after deductible	30% of In-Network Rate after deductible
<b>Emergency Room</b> Medical emergency only, as determined by PEHP. Authorized separate facility benefit will be applied.	\$75 co-pay per visit	\$75 co-pay per visit, plus any balance billing allowed in Network Rate
<b>Urgent Care Facility</b>	\$45 co-pay per visit	30% of In-Network Rate after deductible
<b>University of Utah Medical Group Urgent Care</b> Preferred only	\$50 co-pay per visit	Not applicable
<b>Diagnostic Tests, X-rays, Minor</b> For each and always \$200 of co-pay when the only service performed is diagnostic testing.	No charge	30% of In-Network Rate after deductible
<b>Diagnostic Tests, X-rays, Major</b> For each and always more than \$500 when the only service performed is diagnostic testing.	20% of In-Network Rate after deductible	30% of In-Network Rate after deductible
<b>Chemotherapy, Radiation, and Dialysis</b>	10% of In-Network Rate after deductible	10% of In-Network Rate after deductible. Dialysis requires pre-authorization.
<b>Physical and Occupational Therapy</b> Requires pre-authorization after 12 consecutive visits per plan year	Applicable office co-pay per visit	30% of In-Network Rate after deductible

\*You pay 20% of In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers. They may charge more than the In-Network Rate unless they have an agreement with you out 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.  
\*\*Please refer to the Master Policy for exceptions to the out-of-pocket maximum.

WWW.PEHP.ORG

**① MEDICAL DEDUCTIBLE**  
The set dollar amount you must pay for yourself and/or your family members before PEHP begins to pay for covered medical benefits.

**② PLAN YEAR OUT-OF-POCKET MAXIMUM**  
The maximum dollar amount that you and/or your family pays each year for covered medical services in the form of copayments and coinsurance (and deductibles for STAR plans).

## CO-PAYMENT

A specific amount you pay directly to a provider when you receive covered services. This can be either a fixed dollar amount or a percentage of the PEHP In-Network Rate.

## IN-NETWORK

In-network benefits apply when you receive covered services from in-network providers. You are responsible to pay any applicable co-payment.

## OUT-OF-NETWORK

If your plan allows the use of out-of-network providers, out-of-network benefits apply when you receive covered services. You are responsible to pay the applicable co-pay, plus the difference between the billed amount and PEHP's In-Network Rate.

## IN-NETWORK RATE

The amount in-network providers have agreed to accept as payment in full. If you use an out-of-network provider, you will be responsible to pay your portion of the costs as well as the difference between what the provider bills and the In-Network Rate (balance billing). In this case, the allowed amount is based on our in-network rates for the same service.

For more definitions, please see the Master Policy.

# Understanding In-Network Providers

State of Utah COBRA/Retiree plans pay limited benefits for out-of-network providers. It's important to understand the difference between in-network and out-of-network providers and how the PEHP In-Network Rate works to avoid unexpected charges.

## In-Network Rate

Doctors and facilities in-network with your network — in-network providers — have agreed not to charge more than PEHP's In-Network Rate for specific services. Your benefits are often described as a percentage of the In-Network Rate. With in-network providers, you pay a predictable amount of the bill: the remaining percentage of the In-Network Rate. For example, if PEHP pays your benefit at 80% of In-Network Rate, your portion of the bill generally won't exceed 20% of the In-Network Rate.

## Balance Billing

It's a different story with out-of-network providers. They may charge more than the In-Network Rate unless they have an agreement with you not to. These doctors and facilities, who aren't a part of your network, have no pricing agreement with PEHP. The portion of the benefit PEHP pays is based on what we would pay an in-network provider. You could be billed the full amount that the provider charges above the In-Network Rate. This is called "balance billing."

## Negotiate a Price

### DON'T GET BALANCE BILLED

Although out-of-network providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.

Understand that charges to you may be substantial if you see an out-of-network provider. Your plan generally pays a smaller percentage of the In-Network Rate, and you could also be billed for any amount charged above the In-Network Rate.

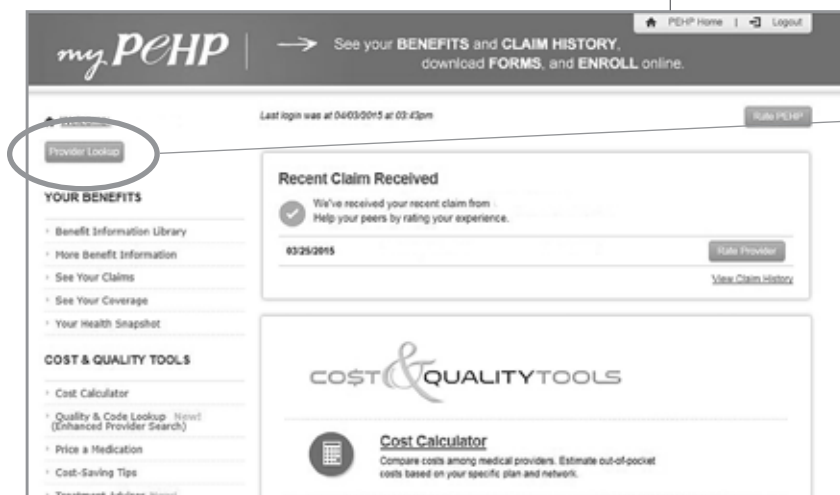
The amount you pay for charges above the In-Network Rate won't apply to your deductible or out-of-pocket maximum.

## Consider Your Options

Carefully choose your network based on the group of medical providers you prefer or are more likely to see. See the comparison on Page 8 or go to [www.pehp.org](http://www.pehp.org) to see which network includes your doctors.

Ask questions before you get medical care. Make sure every person and every facility involved is in-network with your plan.

Although out-of-network providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.



Go to [www.pehp.org](http://www.pehp.org), log into your personal online account, and click "Provider Lookup" to find a doctor or facility in-network with your network.

# Health Savings Accounts

## About Health Savings Account (HSA)

An HSA is a tax-advantaged, interest-bearing account. Your money goes in tax free, grows tax free, and can be spent on qualified health expenses tax free. An HSA can be a great way to save for health expenses in both the short and long term.

An HSA is similar to a flexible spending account; you contribute pre-tax dollars to pay for eligible health expenses.

An HSA has several advantages. You never have to forfeit what you don't spend. Your money carries over from year-to-year and even from employer-to-employer. All the while, an HSA can earn tax-free interest in a savings account.

The STAR Plan employer HSA contributions for 2016-17 will be \$791.96 for a single plan and \$1,583.92 for double and family plans. Contributions will be frontloaded semi-annually, half by the end of July 2016 and half by the end of January 2017.

Utah Basic Plus employer HSA contributions for 2016-17 will be \$1,824.68 for a single plan and \$3,649.36 for a double and family plan. Contributions will be frontloaded semi-annually, half by the end of July 2016 and half by the end of January 2017.

You can also contribute to an HSA much like you would a 401(k). You decide how many pre-tax dollars you want withheld from each paycheck, and earnings grow tax free.

Eligible HSA expenses include deductibles and Co-Insurance, as well as health expenses that are eligible to be paid with a medical flexible spending account.

## HSA Eligibility

To be eligible for the HSA the following things must apply to you:

- » You're not participating in or covered by a flexible spending account (FSA) or HRA or their balances will be \$0 on or before June 30.
- » You're not covered by another health plan (unless it's another HSA-qualified plan).
- » You're not covered by Medicare or TRICARE.
- » You're not a dependent of another taxpayer.

## Banking with HealthEquity

PEHP has an arrangement with HealthEquity to handle your HSA. The COBRA/Retiree will make your HSA contributions through PEHP to HealthEquity into your account. You are responsible for the management of your HSA funds once they are in the account.

## For More Information

For more information about HSAs go to:  
[www.pehp.org/thestarplan](http://www.pehp.org/thestarplan),  
[www.healthequity.com/stateofutah](http://www.healthequity.com/stateofutah),  
[www.ustreas.gov](http://www.ustreas.gov), or [www.irs.gov](http://www.irs.gov).

## Utah Basic Plus

For Utah Basic Plus members double covered through the State, be aware of the IRS limit and notify PEHP to only accept IRS limit.

### 2016 HSA IRS limits

**Single:** \$3,350

**Double/Family:** \$6,650

**55+ Catch-up contribution:** \$1,000

**Learn more: [www.pehp.org/thestarplan](http://www.pehp.org/thestarplan) | [www.healthequity.com/stateofutah](http://www.healthequity.com/stateofutah)**

# The PEHP STAR Plan (HSA-Qualified)

**SUMMIT\***

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions. \* Services received by an out-of-network provider will be paid at a percentage of PEHP's In-Network Rate (In-Network Rate). You will be responsible for your assigned Co-Insurance and deductible (if applicable). You may also be responsible for any amounts billed by an out-of-network provider in excess of PEHP's In-Network Rate. There is no out-of-pocket maximum for services received from an out-of-network provider.

**ADVANTAGE\***

**PREFERRED\*\***

**YOU PAY**

**In-Network Provider**

**Out-of-Network Provider**

*You may be balance billed. See Page 10 for explanation*

**DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS**

<b>Plan Year Deductible</b>	\$1,500 single plan \$3,000 double or family plan	Same as using an in-network provider *See above for additional Information **See below for additional Information
<b>Plan Year Out-of-Pocket Maximum</b> <i>Includes amounts applied to Deductibles, Co-Insurance and prescription drugs. Any one individual may not apply more than \$6,850 toward the family Out-of-Pocket Maximum</i>	\$2,500 single plan \$5,000 double plan \$7,500 family plan	No out-of-network out-of-pocket maximum *See above for additional Information **See below for additional Information
<b>Maximum Lifetime Benefit</b>	None	None

\*\*Applicable deductibles and Co-Insurance for services provided by an out-of-network provider will apply to your in-network plan year deductible and out-of-pocket maximum. However, once your in-network deductible and out-of-pocket maximum are met, Co-Insurance amounts for out-of-network providers will still apply.

**INPATIENT FACILITY SERVICES**

<b>Medical and Surgical</b>   <i>All out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Skilled Nursing Facility</b>   <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Hospice</b>   <i>Up to 6 months in a 3-year period. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Rehabilitation</b> <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Mental Health and Substance Abuse</b> <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible

**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.

	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b> <i>You may be balance billed. See Page 10 for explanation</i>
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgery</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible
<b>Emergency Room</b> <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
<b>Urgent Care Facility</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Diagnostic Tests, X-rays, Minor</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Chemotherapy, Radiation, and Dialysis</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
<b>Physical and Occupational Therapy</b> <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>PROFESSIONAL SERVICES</b>		
<b>Inpatient Physician Visits</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Surgery and Anesthesia</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>PEHP e-Care</b> <i>Amwell</i>	<b>Medical:</b> \$10 co-pay per visit after deductible. <b>Mental Health:</b> Standard benefits apply after deductible. See PEHP Value Options benefits page for details	Not applicable
<b>PEHP Value Clinics</b>	<b>Medical:</b> 20% of In-Network Rate after deductible	Not applicable
<b>Primary Care Office Visits and Office Surgeries</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Specialist Office Visits and Office Surgeries</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Emergency Room Specialist</b>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
<b>Diagnostic Tests, X-rays</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Mental Health and Substance Abuse</b> <i>No preauthorization required for outpatient services. Inpatient services require preauthorization</i>	<b>Outpatient:</b> 20% of In-Network Rate after deductible <b>Inpatient:</b> 20% of In-Network Rate after deductible	<b>Outpatient:</b> 40% of In-Network Rate after deductible <b>Inpatient:</b> 40% of In-Network Rate after deductible

**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.

	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b> <i>You may be balance billed. See Page 10 for explanation</i>
<b>PRESCRIPTION DRUGS</b>		
<b>30-day Pharmacy</b> <i>Retail only</i>	<b>Tier 1:</b> \$10 co-pay after deductible <b>Tier 2:</b> 25% of discounted cost after deductible. \$25 minimum, no maximum co-pay <b>Tier 3:</b> 50% of discounted cost after deductible. \$50 minimum, no maximum co-pay	Plan pays up to the discounted cost after deductible, minus the applicable co-pay. Member pays any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	<b>Tier 1:</b> \$20 co-pay after deductible <b>Tier 2:</b> 25% of discounted cost after deductible. \$50 minimum, no maximum co-pay <b>Tier 3:</b> 50% of discounted cost after deductible. \$100 minimum, no maximum co-pay	Plan pays up to the discounted cost after deductible, minus the applicable co-pay. Member pays any balance
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20% after deductible. No maximum co-pay <b>Tier B:</b> 30% after deductible. No maximum co-pay	Plan pays up to the discounted cost after deductible, minus the applicable co-pay. Member pays any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20% of In-Network Rate after deductible. No maximum co-pay <b>Tier B:</b> 30% of In-Network Rate after deductible. No maximum co-pay	<b>Tier A:</b> 40% of In-Network Rate after deductible. <b>Tier B:</b> 50% of In-Network Rate after deductible.
<b>Specialty Medications, through specialty vendor Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20% after deductible. \$150 maximum co-pay <b>Tier B:</b> 30% after deductible. \$225 maximum co-pay <b>Tier C:</b> 20% after deductible. No maximum co-pay	Not covered
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>   <i>See limitations</i>	No charge after deductible, up to \$4,000 per adoption	
<b>Affordable Care Act Preventive Services</b> <i>See Master Policy for complete list</i>	No charge	40% of In-Network Rate after deductible
<b>Allergy Serum</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Chiropractic Care</b>   <i>Up to 10 visits per plan year</i>	20% of In-Network Rate after deductible	Not covered
<b>Dental Accident</b>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
<b>Durable Medical Equipment, DME</b> <i>Except for oxygen and Sleep Disorder Equipment, DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require preauthorization. Maximum limits apply on many items. See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Medical Supplies</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Infertility Services</b> <i>Select services only. See the Master Policy</i>	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible
<b>Injections</b>   <i>Requires preauthorization if over \$750</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Up to \$1,000 lifetime maximum</i>	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible

**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.

# Getting a Credit After You Reach Your Out-of-Pocket Maximum

Total costs can vary for big-ticket healthcare procedures among Utah hospitals. Here's an example generated by PEHP's Cost Calculator.

## Knee replacement - full

	"Hospital A"	"Hospital B"	"Hospital C"	"Hospital D"
▶ TOTAL COST	\$26,190	\$33,390	\$38,035	\$39,808

Below is a list of credits that apply for procedures listed on the next page for the The STAR Plan or Utah Basic Plus on the Summit network.

Facility Name	Credit
Davis Hospital; Jordan Valley Hospital; Jordan Valley West Hospital; Mountain Point Medical Center; Salt Lake Regional Hospital	<b>\$250 credit</b> Your out-of-pocket maximum lowered by \$250

### THESE APPLY ONLY WHEN YOU HAVE THE SUMMIT NETWORK

### The hospitals below are part of the Summit network but have no credit:

#### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

#### Box Elder County

Bear River Valley Hospital  
Brigham City Community Hospital

#### Cache County

Logan Regional Hospital

#### Carbon County

Castlevew Hospital

#### Duchesne County

Uintah Basin Medical Center

#### Garfield County

Garfield Memorial Hospital

#### Grand County

Moab Regional Hospital

#### Iron County

Valley View Medical Center

#### Juab County

Central Valley Medical Center

#### Kane County

Kane County Hospital

#### Millard County

Delta Community Medical Center  
Fillmore Community Hospital

#### Salt Lake County

Huntsman Cancer Hospital  
Primary Children's Medical Center  
Riverton Children's Unit  
University Orthopaedic Center  
St. Marks Hospital  
Lone Peak Hospital  
University of Utah Hospital

#### San Juan County

Blue Mountain Hospital  
San Juan Hospital

#### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

#### Sevier County

Sevier Valley Medical Center

#### Summit County

Park City Medical Center

#### Tooele County

Mountain West Medical Center

#### Uintah County

Ashley Valley Medical Center

#### Utah County

Mountain Point Medical Center  
Mountain View Hospital  
Timpanogos Regional Hospital

#### Wasatch County

Heber Valley Medical Center

#### Washington County

Dixie Regional Medical Center

#### Weber County

Ogden Regional Medical Center

# Applicable Procedures

*Inpatient only*

## **BACK**

Various spinal fusion surgeries

## **COLON**

Colon surgery

## **HEART**

Carotid endarterectomy with other medical conditions

Valve replacement and repair

Heart bypass (CABG)

Angioplasty (PTCA) with drug-eluting stent

## **HERNIA**

Hernia repair, except inguinal and femoral for adults

## **HIP**

Hip replacement

## **KNEE**

Knee replacement

## **MASTECTOMY**

Total mastectomy for cancer

## **SHOULDER**

Shoulder replacement

**Depending on where you choose to have these procedures performed, you may be eligible for a credit toward your out-of-pocket maximum.**

**To find out if your procedure is eligible, get the five-digit CPT (Current Procedural Technology) code from your doctor and call PEHP. With the information, we can tell you if your procedure may trigger the credit. However, neither we nor the facility can guarantee how the procedure will be billed until after you're discharged. Everything that happens during your inpatient stay affects the final billing. The final billing determines if the procedure is eligible for the credit.**

# Traditional (Non-HSA)

**SUMMIT**

**ADVANTAGE**

**PREFERRED**

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions. \* Services received by an out-of-network provider will be paid at a percentage of PEHP's In-Network Rate (In-Network Rate). You will be responsible for your assigned Co-Insurance and deductible (if applicable). You may also be responsible for any amounts billed by an out-of-network provider in excess of PEHP's In-Network Rate. There is no out-of-pocket maximum for services received from an out-of-network provider.

**YOU PAY**

	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b> <i>You may be balance billed. See Page 10 for explanation</i>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan Year Deductible</b> <i>Not included in the Out-of-Pocket Maximum</i>	\$350 per individual, \$700 per family	Same as using an in-network provider *See above for additional information **See below for additional information
<b>Plan year Out-of-Pocket Maximum</b> <i>Includes amounts applied to Co-Insurance and prescription drugs</i>	\$3,000 per individual \$6,000 per double \$9,000 per family	No out-of-pocket maximum *See above for additional information **See below for additional information
<b>Maximum Lifetime Benefit</b>	None	None
**Applicable deductibles and Co-Insurance for services provided by an out-of-network provider will apply to your in-network plan year deductible and Out-of-Pocket Maximum. However, once your in-network deductible and Out-of-Pocket Maximum are met, Co-Insurance amounts for out-of-network providers will still apply.		
<b>INPATIENT FACILITY SERVICES</b>		
<b>Medical and Surgical</b>   <i>All out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Skilled Nursing Facility</b>   <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Hospice</b>   <i>Up to 6 months in a 3-year period. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Rehabilitation</b> <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Mental Health and Substance Abuse</b> <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible

**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.

	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b> <i>You may be balance billed. See Page 10 for explanation</i>
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgery</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible
<b>Emergency Room</b> <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% of In-Network Rate, minimum \$150 co-pay per visit	20% of In-Network Rate, minimum \$150 co-pay per visit, plus any balance billing above In-Network Rate
<b>Urgent Care Facility</b>	\$45 co-pay per visit  <b>Preferred only:</b> University of Utah Medical Group Urgent Care Facility: \$50 co-pay per visit	40% of In-Network Rate after deductible
<b>Diagnostic Tests, X-rays, Minor</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Chemotherapy, Radiation, and Dialysis</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
<b>Physical and Occupational Therapy</b> <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	Applicable office co-pay per visit	40% of In-Network Rate after deductible
<b>PROFESSIONAL SERVICES</b>		
<b>Inpatient Physician Visits</b>	Applicable office co-pay per visit	40% of In-Network Rate after deductible
<b>Surgery and Anesthesia</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>PEHP e-Care</b> <i>Amwell</i>	<b>Medical:</b> \$10 co-pay per visit. <b>Mental Health:</b> Standard benefits apply. See PEHP Value Options benefits page for details	Not applicable
<b>PEHP Value Clinics</b>	<b>Medical:</b> \$10 co-pay per visit	Not applicable
<b>Primary Care Office Visits and Office Surgeries</b>	\$25 co-pay per visit  <b>Preferred only:</b> University of Utah Medical Group Primary Care Office visits: \$50 co-pay per visit	40% of In-Network Rate after deductible
<b>Specialist Office Visits and Office Surgeries,</b>	\$35 co-pay per visit  <b>Preferred only:</b> University of Utah Medical Group Specialist Office visit: \$50 co-pay per visit	40% of In-Network Rate after deductible
<b>Emergency Room Specialist</b>	\$35 co-pay per visit	\$35 co-pay per visit, plus any balance billing above In-Network Rate
<b>Diagnostic Tests, X-rays</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Mental Health and Substance Abuse</b> <i>No preauthorization required for outpatient services. Inpatient services require preauthorization</i>	<b>Outpatient:</b> \$35 co-pay per visit <b>Inpatient:</b> Applicable office co-pay per visit	<b>Outpatient:</b> 40% of In-Network Rate after deductible <b>Inpatient:</b> 40% of In-Network Rate after deductible

**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.

	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b> <i>You may be balance billed. See Page 10 for explanation</i>
<b>PRESCRIPTION DRUGS</b>		
<b>30-day Pharmacy</b> <i>Retail only</i>	<b>Tier 1:</b> \$10 co-pay <b>Tier 2:</b> 25% of discounted cost. \$25 minimum, no maximum co-pay <b>Tier 3:</b> 50% of discounted cost. \$50 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the applicable co-pay. Member pays any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	<b>Tier 1:</b> \$20 co-pay <b>Tier 2:</b> 25% of discounted cost. \$50 minimum, no maximum co-pay <b>Tier 3:</b> 50% of discounted cost. \$100 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the applicable co-pay. Member pays any balance
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay. Member pays any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20% of In-Network Rate after deductible. No maximum co-pay <b>Tier B:</b> 30% of In-Network Rate after deductible. No maximum co-pay	<b>Tier A:</b> 40% of In-Network Rate after deductible. <b>Tier B:</b> 50% of In-Network Rate after deductible.
<b>Specialty Medications, through specialty vendor Accredo</b>   <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 30%. \$225 maximum co-pay <b>Tier C:</b> 20%. No maximum co-pay	Not covered
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>   <i>See limitations</i>	No charge after deductible, up to \$4,000 per adoption	
<b>Affordable Care Act Preventive Services</b> <i>See Master Policy for complete list</i>	No charge	40% of In-Network Rate after deductible
<b>Allergy Serum</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Chiropractic Care</b>   <i>Up to 10 visits per plan year</i>	Applicable office co-pay per visit	Not covered
<b>Dental Accident</b>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
<b>Durable Medical Equipment, DME</b> <i>Except for oxygen and Sleep Disorder Equipment, DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require preauthorization. Maximum limits apply on many items. See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Medical Supplies</b>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Infertility Services**</b> <i>Select services only. See the Master Policy</i>	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible
<b>Injections</b>   <i>Requires preauthorization if over \$750</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
<b>Temporomandibular Joint Dysfunction**</b> <i>Up to \$1,000 lifetime maximum</i>	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible

\*\*Some services on your plan are payable at a reduced benefit of 50% of In-Network Rate or 30% of In-Network Rate. These services do not apply to any out-of-pocket maximum. Deductible may apply. Refer to the Master Policy for specific criteria for the benefits listed above, as well as information on limitations and exclusions.

**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.

# Important Benefit Change After You Reach Your Out-of-Pocket Maximum

Total costs can vary for big-ticket healthcare procedures among Utah hospitals. Here's an example generated by PEHP's Cost Calculator.

## Knee replacement - full

	"Hospital A"	"Hospital B"	"Hospital C"	"Hospital D"
▶ TOTAL COST	\$23,504	\$33,016	\$33,739	\$39,808

Below is a list of credits that apply for procedures listed on the next page for the Traditional (non-HSA) Plan on the Summit network.

Facility Name	Credit
Davis Hospital; Jordan Valley Hospital; Jordan Valley Hospital - West; Salt Lake Regional Hospital	<b>\$250 credit</b> Your out-of-pocket maximum lowered by \$250

### THESE APPLY ONLY WHEN YOU HAVE THE SUMMIT NETWORK

### The hospitals below are part of the Summit network but have no credit:

#### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

#### Box Elder County

Bear River Valley Hospital  
Brigham City Community Hospital

#### Cache County

Logan Regional Hospital

#### Carbon County

Castleview Hospital

#### Duchesne County

Uintah Basin Medical Center

#### Garfield County

Garfield Memorial Hospital

#### Grand County

Moab Regional Hospital

#### Iron County

Valley View Medical Center

#### Juab County

Central Valley Medical Center

#### Kane County

Kane County Hospital

#### Millard County

Delta Community Medical Center  
Fillmore Community Hospital

#### Salt Lake County

Huntsman Cancer Hospital  
Primary Children's Medical Center  
Riverton Children's Unit  
University Orthopaedic Center  
St. Marks Hospital  
Lone Peak Hospital  
University of Utah Hospital

#### San Juan County

Blue Mountain Hospital  
San Juan Hospital

#### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

#### Sevier County

Sevier Valley Medical Center

#### Summit County

Park City Medical Center

#### Tooele County

Mountain West Medical Center

#### Uintah County

Ashley Valley Medical Center

#### Utah County

Mountain Point Medical Center  
Mountain View Hospital  
Timpanogos Regional Hospital

#### Wasatch County

Heber Valley Medical Center

#### Washington County

Dixie Regional Medical Center

#### Weber County

Ogden Regional Medical Center

*This applies only to The STAR Plan and Traditional plan.*

# Wellness and Value-Added Benefits

## PEHP Healthy Utah

PEHP Healthy Utah is an exclusive wellness benefit for subscribers and their spouses. It offers a variety of programs, services and resources to help you get and stay well - including cash rebates\* for good health and health improvements.

Subscribers and their spouses are eligible to attend one Healthy Utah biometric testing session each plan year free of charge. PEHP Healthy Utah is offered at the discretion of the Employer.

### FOR MORE INFORMATION

#### PEHP Healthy Utah

801-366-7300 | 855-366-7300

» E-mail: [healthyutah@pehp.org](mailto:healthyutah@pehp.org)

» Web: [www.pehp.org](http://www.pehp.org)

## PEHP WeeCare

PEHP WeeCare is our prenatal and postpartum program. The purpose of WeeCare is to help expectant mothers have a healthy pregnancy, a safe delivery, and a healthy baby. Those with PEHP coverage are eligible to participate.

Those eligible may enroll at any time during pregnancy through 12 weeks postpartum. WeeCare participants may qualify to receive free prenatal vitamins, educational materials, and cash rebates\*.

### FOR MORE INFORMATION

#### PEHP WeeCare

P.O. Box 3503

Salt Lake City, Utah 84110-3503

801-366-7400 | 855-366-7400

» E-mail: [weecare@pehp.org](mailto:weecare@pehp.org)

» Web: [www.pehp.org/weecare](http://www.pehp.org/weecare)

## PEHP Plus

The money-saving program PEHPplus helps promote good health and save you money. It provides savings on a wide assortment of healthy lifestyle products and services, such as eyewear, gyms, Lasik, and hearing. Learn more at [www.pehp.org/plus](http://www.pehp.org/plus).

## PEHP Waist Aweigh

PEHP Waist Aweigh is a weight management program offered at no extra cost to subscribers and spouses enrolled in a PEHP medical plan. If you have a Body Mass Index (BMI) of 30 or higher, you may qualify. PEHP Waist Aweigh is offered at the discretion of the Employer.

For more information about PEHP Waist Aweigh and to enroll, go to [www.pehp.org](http://www.pehp.org).

### FOR MORE INFORMATION

#### PEHP Waist Aweigh

801-366-7300 | 855-366-7300

» E-mail: [waistaweigh@pehp.org](mailto:waistaweigh@pehp.org)

» Web: [www.pehp.org](http://www.pehp.org)

*If you are unable to meet the medical standards to qualify for our weight management program and reach ongoing requirements, because it is unreasonably difficult due to a medical condition, upon written notification, PEHP will accept physician recommendation and/or modification to provide you with a reasonable alternative standard to participate. Members who claim PEHP Waist Aweigh rebates\* are ineligible for the PEHP Healthy Utah BMI Improvement rebate\*. The total amount of rewards cannot be more than 30% of the cost of employee-only coverage under the plan.*

## Life Assistance Counseling

PEHP pays for members to use Blomquist Hale Consulting for distressing life problems such as: marital struggles, financial difficulties, drug and alcohol issues, stress, anxiety, depression, despair, death in family, issues with children, and more. Blomquist Hale Life Assistance Counseling is a confidential counseling and wellness service provided to members and covered at 100% by PEHP.

### FOR MORE INFORMATION

Blomquist Hale, 800-926-9619

» Web: [www.blomquisthale.com](http://www.blomquisthale.com)

*\*FICA tax may be withheld from all wellness rebates. This will slightly lower any amount you receive. PEHP will mail additional tax information to you after you receive your rebate. Consult your tax advisor if you have any questions*

# PEHP Dental Care

## Introduction

PEHP wants to keep you healthy and smiling brightly. We offer dental plans that provide coverage for a full range of dental care.

When you use in-network providers, you pay a coinsurance and PEHP pays the balance. When you use out-of-network providers, PEHP pays a specified portion of the In-Network Rate (In-Network Rate), and you are responsible for the balance.

There is no deductible for Diagnostic or Preventive services.

Refer to the PEHP Dental Master Policy for complete benefit limitations and exclusions and specific plan guidelines. The Master Policy is available at [www.pehp.org](http://www.pehp.org). Call PEHP Customer Service to request a copy.

## Waiting Period for Orthodontic, Implant, and Prosthodontic Benefits

There is a Waiting Period of six months from the effective date of coverage for Orthodontic, Implant, and Prosthodontic benefits unless prior continuous dental coverage of 6 months or more can be shown.

Members returning from military service will have the six-month waiting period for orthodontics waived if they reinstate their dental coverage within 90 days of their military discharge date.

## Missing Tooth Exclusion

Services to replace teeth that are missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with PEHP.

However, the plan may review the abutment teeth for eligibility of Prosthodontic benefits. The Missing Tooth Exclusion does not apply if a bridge, denture, or implant was in place at the time the coverage became effective.

## Limitations and Exclusions

Written preauthorization may be required for prosthodontic services. Preauthorization is not required for orthodontics.

Refer to the Dental Care Master Policy for complete benefit limitations, exclusions, and specific plan guidelines.

## Master Policy

Refer to the PEHP Dental Master Policy for complete benefit limitations and exclusions and specific plan guidelines. The Master Policy is available at [www.pehp.org](http://www.pehp.org). Call PEHP Customer Service to request a copy.

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**

**Traditional Dental Care**

	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>				
<b>Deductible</b> <small>(Does not apply to diagnostic or preventive services)</small>	<b>\$25</b> per member, <b>\$75</b> maximum per family	<b>\$25</b> per member, <b>\$75</b> maximum per family	None	None
<b>Annual Benefit Max</b>	<b>\$1,500</b>	<b>\$1,500</b>	<b>\$1,500</b>	<b>\$1,500</b>
<b>DIAGNOSTIC</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Periodic Oral Examinations</b>	No Charge	<b>20%</b> of In-Network Rate	No Charge	<b>20%</b> of In-Network Rate
<b>X-rays</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate	No Charge	<b>20%</b> of In-Network Rate
<b>PREVENTIVE</b>				
<b>Cleanings and Fluoride Solutions</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate	No Charge	<b>20%</b> of In-Network Rate
<b>Sealants</b>   Permanent molars only through age 17	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate	No Charge	<b>20%</b> of In-Network Rate
<b>RESTORATIVE</b>				
<b>Amalgam Restoration</b>	<b>20%</b> of In-Network Rate AD*	<b>40%</b> of In-Network Rate AD	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>Composite Restoration</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ENDODONTICS</b>				
<b>Pulpotomy</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>Root Canal</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>PERIODONTICS</b>				
	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ORAL SURGERY</b>				
<b>Extractions</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ANESTHESIA</b>   General Anesthesia in conjunction with oral surgery or impacted teeth only				
<b>General Anesthesia</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>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</b>				
<b>PROSTHODONTIC BENEFITS</b>   Preauthorization may be required				
<b>Crowns</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Bridges</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Dentures (partial)</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Dentures (full)</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>IMPLANTS</b>				
<b>All related services</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>ORTHODONTIC BENEFITS</b>   6-month Waiting Period				
<b>Maximum Lifetime Benefit per Member</b>	<b>\$1,500</b>		<b>\$1,500</b>	
<b>Eligible Appliances and Procedures</b>	<b>50%</b> of eligible fees to plan maximum AD		<b>50%</b> 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.

\* **AD** = After Deductible

# Regence Expressions<sup>SM</sup> Dental Plan

\$0 Deductible  
\$1,500 Maximum

STATE OF UTAH  
Effective Date: July 1, 2016



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

## Benefit Summary

Deductible per contract year	\$0 Per Member Deductible \$0 Family Deductible
Maximum benefit per contract year	\$1,500 Per Member

## Understanding Your Benefits

- Once you have satisfied any applicable deductible, we pay a percentage of the allowed amount for covered services up to any maximum benefit. When our payment is less than 100%, you pay the remaining percentage. This is your **Coinsurance** (Member Responsibility).
- We do not reimburse Dentists for charges above the allowed amount. A **Participating Dentist** will not charge you for any balances for covered services beyond your coinsurance amount. **Nonparticipating Dentists**, however, may bill you for any balances over our payment level in addition to any coinsurance amount. You can find a list of providers at our Website or by calling Customer Service.

## Covered Dental Services (Per Member)

## Member Responsibility

Covered Dental Services (Per Member)	Member Responsibility
<b>Preventive Dental Services</b> <ul style="list-style-type: none"> <li>Bitewing x-rays: 2 per contract year</li> <li>Complete intra-oral mouth x-rays: Once in a 3-year period</li> <li>Cleanings: 2 per contract year (in lieu of periodontal maintenance)</li> <li>Oral examinations: 2 per contract year</li> <li>Panoramic mouth x-rays: Once in a 3-year period</li> <li>Sealants (bicuspid and molars only): Under 15 years of age</li> <li>Space Maintainers: Under 13 years of age</li> <li>Topical fluoride application: Under 26 years of age, 2 treatments per contract year</li> </ul>	0%
<b>Basic Dental Services</b> <ul style="list-style-type: none"> <li>Repair of Bridges, Crowns, Dentures: Coverage for adjustments and repair allowed one year of after placement</li> <li>Endodontic services including root canal treatment, pulpotomy and apicoectomy</li> <li>Emergency treatment for pain relief</li> <li>Fillings consisting of composite and amalgam restorations</li> <li>General dental anesthesia or intravenous sedation (subject to necessity)</li> <li>Uncomplicated and complex oral surgery procedures</li> <li>Periodontal maintenance: 2 per plan year (in lieu of preventive cleanings)</li> <li>Periodontal debridement: Once in a 3-year period</li> <li>Periodontal scaling and root planing: 2 per contract year</li> <li>Vestibuloplasty</li> </ul>	20%
<b>Major Dental Services</b> <ul style="list-style-type: none"> <li>Bridges: Except no benefits are provided for replacement made fewer than 5-years after placement</li> <li>Crowns: Except no benefits are provided for replacement made fewer than 5-years after placement</li> <li>Dentures (full and partial): Except no benefits are provided for replacement made fewer than 5-years after placement</li> <li>Implants (endosteal)</li> </ul>	50%
<b>Orthodontia Services</b> <ul style="list-style-type: none"> <li>Orthodontic treatment: No age limit</li> <li>\$1,500 per member lifetime maximum benefit</li> </ul>	50%

### **Dental Exclusions**

We will not provide benefits for any of the following conditions, treatments, services, supplies or accommodations, including any direct complications or consequences that arise from them. However, these exclusions will not apply with regard to an otherwise covered service for an injury, if the injury results from an act of domestic violence or a medical condition (including physical and mental) and regardless of whether such condition was diagnosed before the injury, as required by federal law.

**Aesthetic Dental Procedures:** Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.

**Antimicrobial Agents:** Localized delivery of antimicrobial agents into diseased crevicular tissue via a controlled release vehicle.

#### **Collection of Cultures and Specimens**

**Condition Caused By Active Participation in a War or Insurrection:** The treatment of any condition caused by or arising out of a member's active participation in a war or insurrection.

**Condition Incurred In or Aggravated During Performances In the Uniformed Services:** The treatment of any member's condition that the Secretary of Veterans Affairs determines to have been incurred in, or aggravated during, performance of service in the uniformed services of the United States.

#### **Connector Bar or Stress Breaker**

**Cosmetic/Reconstructive Services and Supplies** except for dentally appropriate services and supplies to treat a congenital anomaly and to restore a physical bodily function lost as result of injury or illness.

**Desensitizing:** Application of desensitizing medicaments or desensitizing resin for cervical and/or root surface.

#### **Diagnostic Casts or Study Models**

#### **Duplicate X-Rays**

**Expenses Before Coverage Begins or After Coverage Ends:** Services and supplies incurred before your effective date under the contract or after your termination under the contract except as may be provided under the other continuation options of the contract.

**Facility Charges:** Services and supplies provided in connection with facility services, including hospitalization for dentistry and extended-care facility visits.

**Fees, Taxes, Interest:** Charges for shipping and handling, postage, interest or finance charges that a dentist might bill.

**Fractures of the Mandible:** Services and supplies provided in connection with the treatment of simple or compound fractures of the mandible.

#### **Gold-Foil Restorations**

**Government Programs:** Benefits that are covered, or would be covered in the absence of this plan, by any federal, state or government program.

#### **Home Visits**

**Implants:** Services and supplies provided in connection with implants, whether or not the implant itself is covered.

**Investigational Services:** Investigational treatment or procedures (health interventions) and services, supplies and accommodations provided in connection with investigational treatments or procedures (health interventions).

**Medications and Supplies** including take home drugs, pre-medications, therapeutic drug injections and supplies.

#### **Motor Vehicle Coverage and Other Insurance Liability**

#### **Nitrous Oxide**

**Non-Direct Patient Care** including appointments scheduled and not kept, charges for preparing medical reports, itemized bills or claim forms, and visits or consultations that are not in person, including telephone consultations and email exchanges.

**Occlusal Treatment:** Services and supplies provided in connection with dental occlusion, including occlusal analysis, adjustments and occlusal guards.

#### **Oral Hygiene Instructions**

**Oral Surgery** treating any fractured jaw and orthognathic surgery. By orthognathic surgery, we mean surgery to manipulate facial bones, including the jaw, in patients with facial bone abnormalities performed to restore the proper anatomic and functional relationship of the facial bones.

**Personal Comfort Items:** Items that are primarily used for personal comfort or convenience, contentment, personal hygiene, aesthetics or other nontherapeutic purposes.

#### **Photographic Images**

#### **Pin Retention in Addition to Restoration**

#### **Precision Attachments**

**Prosthesis** including maxillofacial prosthetic procedures and modification of removable prosthesis following implant surgery.

#### **Provisional Splinting**

**Replacements:** Services and supplies provided in connection with the replacement of any dental appliance (including, but not limited to, dentures and retainers), whether lost, stolen or broken.

### **Dental Exclusions**

**Riot, Rebellion and Illegal Acts:** Services and supplies for treatment of an illness, injury or condition caused by a member's voluntary participation in a riot, armed invasion or aggression, insurrection or rebellion or sustained by a member arising directly from an act deemed illegal by an officer or a court of law.

#### **Self-Help, Self-Care, Training or Instructional Programs**

**Separate Charges:** Services and supplies that may be billed as separate charges (these are considered inclusive of the billed procedure) including any supplies, local anesthesia and sterilization.

#### **Services and Supplies Provided by a Member of Your Family**

#### **Services Performed in a Laboratory**

**Surgical Procedures:** Services and supplies provided in connection with the following surgical procedures: exfoliative cytology sample collection or brush biopsy; incision and drainage of abscess extraoral soft tissue, complicated or non-complicated; radical resection of maxilla or mandible; removal of nonodontogenic cyst, tumor or lesion; surgical stent and surgical procedures for isolation of a tooth with rubber dam.

#### **Temporomandibular Joint (TMJ) Dysfunction Treatment**

**Third-Party Liability:** Services and supplies for treatment of illness or injury for which a third party is or may be responsible.

**Tooth Transplantation:** Services and supplies provided in connection with tooth transplantation, including reimplantation from one site to another and splinting and/or stabilization.

#### **Travel and Transportation Expenses**

**Work-Related Conditions:** Expenses for services and supplies incurred as a result of any work related injury or illness, including any claims that are resolved related to a disputed claim settlement. The only exception is if an enrolled employee is exempt from state or federal workers' compensation law.

**Please note:** This benefit summary provides a brief description of your dental plan benefits, limitations and exclusions under your dental plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at our Website, [www.Regence.com](http://www.Regence.com). Please refer to your benefits booklet for a complete list of benefits, the limitations and exclusions that apply and a definition of dentally appropriate.



# Regence

Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

Contact Customer Service at 1 (888) 367-2119

[www.regence.com](http://www.regence.com)



Enroll today  
in a convenient  
and affordable  
vision care plan

**You get vision wellness for you and your family**

Regular eye exams measure your eyesight and they also can detect other serious illnesses such as diabetes, heart disease and high blood pressure.

**You get great savings of approximately 40% with only a \$10 eye exam copay**

And, those who receive an annual eye exam with their medical plan also have a vision hardware choice. Save on eye exams, eyeglasses and contacts with vision coverage through your EyeMed plan.

**You get convenience and choice**

Use your benefit at thousands of private practice and leading optical retail locations close to where you live, work and shop.

**Enroll today! For more information, see plan details on next page.**



The biggest network and the most choice. Because more is more.

# You're on the Insight Network

For a complete list of providers near you, use our Provider Locator on [eyemed.com](http://eyemed.com) or call 1.866.804.0982. For LASIK providers, call 1.877.5LASER6 or visit [eyemedlasik.com](http://eyemedlasik.com).

Vision Plan Options	EyeMed Full (H)	EyeMed Eyewear Only (F)
Network	Insight Network	Insight Network
Benefit Frequencies (exam, lenses, frame)	12, 12, 12 (months)	N/A, 12, 12 (months)
Co-pays	\$10 exam, \$10 lenses	\$10 lenses
Exam	Covered in full	N/A
Exam Options		
Standard Fit follow-up	Upt to \$55	N/A
Premium Fit follow-up	10% of Retail	
Retinal Imaging	Up to \$39 covered	N/A
Frame	Covered up to \$100, 20% off balance	Covered up to \$130, 20% off balance
Lenses		
Single Vision, Bifocal, Trifocal (plastic)	Covered in full	Covered in full
Lenticular	Covered in full	Covered in full
Standard Progressives	\$75	\$75
Premium Progressives	\$95-\$120	\$95-\$120
Lens Options		
UV Protection	\$15	\$15
Tint (solid and gradient)	\$15	\$15
Standard Plastic Scratch Coating	\$15	\$15
Standard Polycarbonate - Adults	\$40	\$40
Standard Polycarbonate - Children	\$40	\$40
Standard Anti-Reflective Coating	\$45	\$45
Premium Anti-Reflective Coating	\$57 - \$68	\$57 - \$68
Photochromic/Transitions Plastic	\$75	\$75
Other add-ons	20% off retail	20% off retail
Contact Lenses (in lieu of lenses)		
Conventional	\$120 allowance, 15% off balance	\$130 allowance, 15% off balance
Disposable	\$120 allowance	\$130 allowance
Discounts		
LASIK and PRK Vision Correction	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price
Additional Complete Pairs	40%	40%
Additional Conventional Contact Lenses	15%	15%

Benefits may not be combined with any discount, promotional offering or other group benefit plans. Member will receive 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses. Benefit allowances provide no remaining balance for future use within same benefit frequency. There are certain brand-name Vision Materials in which the manufacturer imposes a no-discount practice. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Limitations and Exclusions apply.

#### Value-Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional, value-added features including:

- **Additional Eyewear** - Save up to 40% off additional complete pairs of glasses after the initial benefit has been used. This money-saving program is available at any participating provider.
- **Eye Care Supplies** - Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchases at network providers (not valid on doctor's services or contact lenses).
- **Laser Vision Correction** - Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.



# LOOK GOOD. SEE WELL.

**It's not about how much you can see,  
it's about how well you can see.**

Every eye is different and we don't believe in cookie-cutter procedures. Custom LASIK provides wavefront scanning and custom mapping to give you a safer, more precise treatment that is as unique as your fingerprint.

## ► **SAVE \$1,500 On Custom LASIK Surgery.**

PEHP Opticare members save up to \$750 per eye on custom LASIK vision correction surgery.

LASIK surgery discount available at Standard Optical locations ONLY. All prescriptions welcome. Some restrictions apply. See store for details. Price may vary based on prescription. Financing available.





# Opticare Plan: 10-120C/120C

	<u>Exam + Hardware</u>	<u>Hardware Only</u>
Single	\$ 8.32	\$ 6.39
Two Party	\$13.25	\$ 9.70
Family	\$19.65	\$13.66

**Plan Options:**

**10-120C Full Benefits**-(Eye exam +hardware benefit)\*OR **120C Eyewear Only**-(No eye exam, hardware only benefit)

<b>PEHP</b>	<b>Select Network</b>	<b>Broad Network</b>	<b>Out-of-network</b>
<b>Eye Exam * (10-120C Plan ONLY)</b>			
Eyeglass exam	\$10 Co-pay	\$15 Co-pay	◆\$40 Allowance
Contact exam	\$10 Co-pay	\$15 Co-pay	◆\$40 Allowance
Routine Dilation	100% Covered	Retail	Included above
Contact Fitting	100% Covered	Retail	Included above
<b>Plastic Lenses (10-120C/120C)</b>			
Single Vision	100% Covered	\$10 Co-pay	◆\$85 Allowance
Bifocal (FT 28)	100% Covered	\$10 Co-pay	for lenses,
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	options,
			and coatings
<b>Lens Options (10-120C/120C)</b>			
Progressive (Standard plastic no-line)	\$30 Co-pay	\$50 Co-pay	
Premium Progressive Options	20% Discount	No Discount	
Glass lenses	15% Discount	15% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
<b>Coatings (10-120C/120C)</b>			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	Up to 25% Discount	
<b>Frames (10-120C/120C)</b>			
Allowance Based on Retail Pricing	\$120 Allowance	\$100 Allowance	◆\$80 Allowance
<b>Add'l Eyewear (10-120C/120C)</b>			
** Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
<b>Contacts (10-120C/120C)</b>			
Contact benefits is in lieu Of lens and frame benefit.	\$120 Allowance	\$100 Allowance	◆\$80 Allowance
<b>Additional contact purchases:</b>			
***Conventional	Up to 20% off	Retail	
***Disposables	Up to 10% off	Retail	
<b>Frequency (10/120C/120C)</b>			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
<b>LASIK Benefit (10-120C/120C)</b>			
LASIK	\$750 Off Per Eye	Not Covered	Not Covered

**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

\*\* 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](http://www.opticareofutah.com) or call 800-363-0950

# Life Assistance Counseling

**PEHP has Selected Blomquist Hale Employee Assistance as the Exclusive Provider for Your Life Assistance Benefit**

## **Who is Eligible?**

All State and Quasi-State Risk Pool employees with PEHP Traditional and PEHP STAR medical plans, and their covered dependents, are eligible to receive Life Assistance counseling services with no co-pay or fees. PEHP pays 100% of the cost of the Life Assistance Counseling care.

## **Brief, Solution-Focused Therapy**

At Blomquist Hale, we use a brief, solution-focused therapy model to resolve problems quickly. Using this approach, clients take more responsibility in learning how to resolve their own problems than in traditional therapy. If a more intensive level of service is needed, a Blomquist Hale counselor will assist you in finding the appropriate resource. Blomquist Hale does not cover the costs of referred services.

## **Confidentiality**

Blomquist Hale practices strict adherence to all professional, state and federal confidentiality guidelines. Confidentiality is guaranteed to all participants.

## **How to Access the Service**

Access is as simple as calling and scheduling an appointment. No paperwork or approval is needed! All that is required is your PEHP ID number to verify that you are eligible for these services.



**Licensed Professional  
Clinicians**

**100% Confidential**

**Convenient Locations**

**PEHP**  
Health & Benefits

**Salt Lake City**  
801-262-9619

**Ogden**  
801-392-6833

**Orem**  
801-225-9222

**Brigham City**  
435-723-1610

**Logan**  
435-752-3241

**Call Our Local Offices or Toll Free 1-800-926-9619**

# Saving for college is like walking a child to school. You take one small step at a time.



## Let the Utah Educational Savings Plan (UESP) payroll contribution plan help put you on the right path.

Contributing even a small amount from each paycheck to a UESP college savings account can help make college more affordable. Every dollar saved means one less dollar of student loan debt.

It's free and easy to open a new account online at [uesp.org](http://uesp.org). Then it takes just minutes to set up payroll contribution with your employer.

*"You don't have to worry about, 'Oh, I've got to remember to put \$50 away for my kid's education.' It just happens, and you know what? You adjust to the deduction out of your paycheck and you don't even have to think about it."*

Melissa H., UESP account owner

Regional Training Manager, Utah Division of Child and Family Services, Price, Utah

### Tax Advantages

- Earnings grow Utah state and federal tax-deferred
- Withdrawals are tax-free when used for qualified higher education expenses, including:
  - » Tuition and fees
  - » Required books, supplies, and equipment
  - » Computers and peripheral equipment, related software, and Internet access
  - » Certain room and board costs

### Flexible Options

- UESP offers 14 investment options
- Funds managed by Vanguard and Dimensional, FDIC-insured accounts, and the Public Treasurers' Investment Fund
- Age-Based, Static, and Customized investment options

### Utah State Tax Credit

- Up to \$95 Utah state tax credit for single filers per qualified beneficiary
- Up to \$190 Utah state tax credit for joint filers per qualified beneficiary

### Low Fees

- UESP is one of the nation's most affordable college savings plans
- No minimum contribution required

You can use your savings at any school that participates in federal financial aid programs.

### Take your first steps today.

Learn more  
800.418.2551 | [uesp.org](http://uesp.org)



**Utah Educational Savings Plan®**  
A Nonprofit 529 College Savings Program

Read the Program Description for more information and consider all investment objectives, risks, charges, and expenses before investing. Call 800.418.2551 for a copy of the Program Description or visit [uesp.org](http://uesp.org). Investments are not guaranteed by UESP, the Utah State Board of Regents, UHEAA, or any other state or federal agency. However, Federal Deposit Insurance Corporation (FDIC) insurance is provided for the FDIC-insured accounts. Please read the Program Description to learn about the FDIC-insured accounts. Your investment could lose value. Non-Utah taxpayers and residents: You should determine whether the state in which you or your beneficiary pay taxes or live offers a 529 plan that provides state tax or other benefits not otherwise available to you by investing in UESP. You should consider such state tax treatment and benefits, if any, before investing in UESP. UESP cannot provide legal, financial, investment, or tax advice and the information provided in this document does not contain legal, financial, investment, or tax advice and cannot be construed as such or relied upon for those purposes.

# EMPLOYER GROUP SPECIALS

If you want a financial institution that truly cares about you, then give Mountain America a chance. We've stood by the philosophy of People Helping People for over 80 years now.



**\$100  
BONUS**  
when you open your new  
checking account.

Simply **bring this coupon** to any branch and open your new MyStyle<sup>SM</sup> checking account with direct deposit and free eStatements **to get your \$100 bonus.**

To qualify for and redeem reward, you must sign up for eStatements at account setup and initiate a monthly direct deposit such as payroll, pension, unemployment, Social Security or other government benefits within 60 days of coupon redemption. Minimum \$5.00 deposit must be made in the account within the first 30 days. Reward will be deposited into account within 30 business days after eStatement setup and initial direct deposit posting. Account must remain open for minimum of six months from reward date, or it will be debited from account at closing. Limit one reward per person, per household. Offer not available on MyFree Checking, secondary accounts, account conversions or in combination with any other offer. Employees of Mountain America not eligible. Reward is considered interest and will be reported on IRS Form 1099-INT. Membership required—based on eligibility. Federally insured by NCUA up to at least \$250,000. Available for a limited time. Subject to change without notice. Coupon not available for resale. **Promo code "MACUSG"**

## Great News!

Due to your employer's partnership with Mountain America, you are already qualified for a new Mountain America checking account. All you have to do is set up direct deposit through your employer, and the account is yours!\*

\*Some restrictions may apply.

## Mountain America's Guaranteed Checking

**Put a smile on your face with  
our \$50 loan refinance guarantee!**



Simply transfer an existing consumer loan at another financial institution to Mountain America, and we'll give you our \$50 Loan Refinance Guarantee. We promise to save you \$50 or more on your monthly loan payment... or we'll give you \$50 in cash.

### Eligible Consumer Loans

- ▶ Auto
- ▶ RV
- ▶ Signature
- ▶ Home Equity
- ▶ Short Term Mortgage



**MOUNTAIN AMERICA**  
CREDIT UNION

Refinanced loans only. Existing Mountain America loans and business loans not eligible. All loans subject to credit approval. Must refinance at Mountain America in order to receive cash reward. Membership required—based on eligibility. Note to FSR: During application process, enter the code "refi50" into "description" field.



1-800-748-4302 ▶ [www.macu.com](http://www.macu.com)



**UPEA**

# Utah Public Employee Salute

Nominate a public employee today!

Nominees can be an employee of any city, county, or state government agency.

## Recognize employees who:

- ▶ Demonstrate expertise in their work
- ▶ Identify problems and find workable and cost-effective solutions
- ▶ Build strong relationships with the public and fellow employees
- ▶ Display commitment to serving the public as a client
- ▶ Are dedicated to economy and efficiency in government
- ▶ Volunteers to give back to the community

Winners will be announced bi-weekly on KSL Radio during the Doug Wright show and will be recognized at a quarterly Public Employee Salute Luncheon.

**UPEA**  
Utah Public Employees' Association

**Nominate online**

— at —

**[www.upea.net](http://www.upea.net)**

**MOUNTAIN AMERICA**  
CREDIT UNION

For additional information please contact Holly Kener 801-264-1247, or [hkener@upea.net](mailto:hkener@upea.net) or Spencer Carver from Mountain America at 801-735-8666 or [scarver@macu.com](mailto:scarver@macu.com)



# Don't Miss Out on Hundreds of Dollars\* in Savings

As a State of Utah Employee you have access to valuable features and benefits on auto and home\*\* insurance from MetLife Auto & Home.

## Put Our Money-Saving Discounts to Work for You

- You can receive up to a 15% employee group discount
- Save up to 20% for your years of service with your company

## Enjoy Simple and Convenient Payment Options

- Earn an additional discount when you pay your premium through automatic payroll deduction
- Use your favorite credit card and you may earn valuable membership reward points\*\*\*

## Benefit From Our Comprehensive Coverage Solutions

- Save more with our multi-policy discounts when you insure both your home and auto
- Choose from a variety of insurance policies to meet your coverage needs, including boat, condo, motor home, recreational vehicle and renter's

Call us today for free quotes at 1 800 GET-MET 8 (1-800-438-6388) or visit us online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

# MetLife

\* Savings are based on national annualized average savings for a group auto policy where the customer provided his/her prior premium and prior carrier at the time of the original quote (between 01/13-12/13) and where the MetLife Auto & Home written auto premium amount resulted in a price less than the disclosed prior carrier's premium. Source: MetLife Auto & Home internal research (2014)

[\*\*Home insurance is not part of MetLife Auto & Home's benefit offering in Florida and Massachusetts.]

\*\*\* Use of credit/debit card is optional. The same insurance is available regardless of the method of payment. Payments may be made by cash, check or by credit/debit card.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates: Economy Preferred Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Group Property and Casualty Insurance Company and Metropolitan Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. Coverage, rates and discounts are available in most states to those who qualify. Met P&C®, MetCas<sup>SM</sup> and MetGen<sup>SM</sup> are licensed in state of Minnesota.

As an employee of State of Utah,  
you could receive exclusive  
savings on auto and home  
insurance from Liberty Mutual.<sup>1</sup>



Join thousands of satisfied customers with  
Liberty Mutual Insurance.<sup>2</sup>



**Discounted Rates**—You could save up to \$519.52 a year<sup>3</sup> on auto insurance and receive additional discounts on home insurance.



**Exceptional Service**—Whether you're in an accident or just need some advice, know we'll always be on call for you.



**Superior Benefits**—Enjoy a number of superior benefits, such as 24-Hour Claims Assistance, Accident Forgiveness<sup>4</sup>, Roadside Assistance<sup>5</sup> and Better Car Replacement.<sup>TM6</sup>



**Liberty Mutual**  
INSURANCE

For a free quote, call 800-524-9400  
or visit [libertymutual.com/utah](http://libertymutual.com/utah)  
Client # 110225

<sup>1</sup> Discounts and savings are available where state laws and regulations allow, and may vary by state. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify. <sup>2</sup> Based on Liberty Mutual Insurance Company's 2014 Customer Satisfaction Survey in which more than 81% of policyholders reported their interaction with Liberty Mutual service representatives to be "among the best experiences" and "better than average." <sup>3</sup> Average annual savings based on countrywide survey of new customers from 01/27/2014 to 01/16/2015 who reported their prior insurers' premiums when they switched to Liberty Mutual's group auto and home program. Savings do not apply in MA. <sup>4</sup> For qualifying customers only. Accident Forgiveness is subject to terms and conditions of Liberty Mutual's underwriting guidelines. Not available in CA and may vary by state. <sup>5</sup> With the purchase of optional Towing & Labor coverage. Applies to mechanical breakdowns and disablements only. Towing related to accidents would be covered under your Collision or Other Than Collision coverage. <sup>6</sup> Optional coverage. Applies to a covered total loss. Deductible applies. Does not apply to leased vehicles and motorcycles. Not available in NC.

Coverage provided and underwritten by Liberty Mutual Insurance and its affiliates, 175 Berkeley Street, Boston, MA 02116.

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Valid through October 4, 2016.

# POWER MORTGAGE

Pay no closing costs

UP TO **\$5,000**

and no origination fee\*

Get details:

[ssfcu.org/mortgage](http://ssfcu.org/mortgage) | 1-800-681-4466

 **SECURITY SERVICE**  
FEDERAL CREDIT UNION



\*Membership eligibility required. Loan subject to credit approval. Power Mortgage does not cover mortgage insurance, seller paid closing costs, discount points, or prepaids & reserves. The program is not valid for FHA or VA loans. If loan is closed or paid off within first 36 months of the term, member may be required to reimburse all or some of the closing costs paid by Security Service. Financing available for properties in TX, CO, and UT only.

### Smart. Simple. Affordable.<sup>®</sup>

MetLaw -- covers you, your spouse and dependents.

Telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice

E-Services -- Attorney locator, law firm e-panel, law guide, free, downloadable legal documents, financial planning, insurance and work/life resources

### Representation for these services:

#### Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

#### Document Review

- Any Personal Legal Documents

#### Family Law

- Prenuptial Agreement
- Uncontested Adoption
- Uncontested Divorce
- Uncontested Guardianship
- Name Change

#### Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

#### Real Estate Matters

- Eviction and Tenant Problems (Tenant Only)
- Security Deposit Assistance (For Tenant)
- Tenant Negotiations

#### Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

#### Traffic Offenses\*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privilege Restoration (Includes License Suspension due to DUI)

#### Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

#### Juvenile Matters

- Juvenile Court Defense, including Criminal Matters

#### Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- Identity Theft Defense
- Personal Bankruptcy
- Foreclosure Defense
- Tax Collection Defense

#### Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense

#### Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

#### Family Matters<sup>TM\*\*</sup>

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment - online or by phone

### Enroll By June 10, 2016. Here's how:

Call us at 1-800-GET-MET8 or return the enrollment form provided. Enrollment forms can also be found on the Employee Gateway.

Your cost for the Plan will then automatically be deducted from your paychecks. Once you enroll, you must remain in the Plan for the entire Plan year.

If you are already enrolled in the Plan, your coverage will be automatically renewed unless you call 1-800-GET-MET8 (1-800-438-6388) to cancel the coverage.

Smart. Simple. Affordable.<sup>®</sup>

**Hyatt Legal Plans**

A MetLife Company



Group legal plans and Family Matters provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife<sup>®</sup> and affiliates, and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. \*Not available in all states. \*\*For Family Matters, different terms and exclusions apply.



TheStandard<sup>®</sup>

**State of Utah – Voluntary Short Term Disability Plan**

**What is Short Term Disability?** The plan is designed to replace a portion of your income in the event you become unable to work due to a non-occupational accident or sickness (including pregnancy). This plan can help protect your income whether you are a long term State employee or a recent new hire. There are two options available to choose from and the premiums are affordable and will be payroll deducted.

**Features of the Disability Plan:**

- Replaces 60% of your gross weekly earnings to a weekly maximum of \$1,500 per week
- Payable for up to 90 Days or when your Long Term Disability begins
- Plan Allows Flexibility

<b>Option 1 - 7 (calendar) Day Waiting Period</b>	<b>Option 2 – 30 (calendar) Day Waiting Period</b>
<b>Note: Waiting Period is the period of time that you must be disabled before benefits are payable</b>	

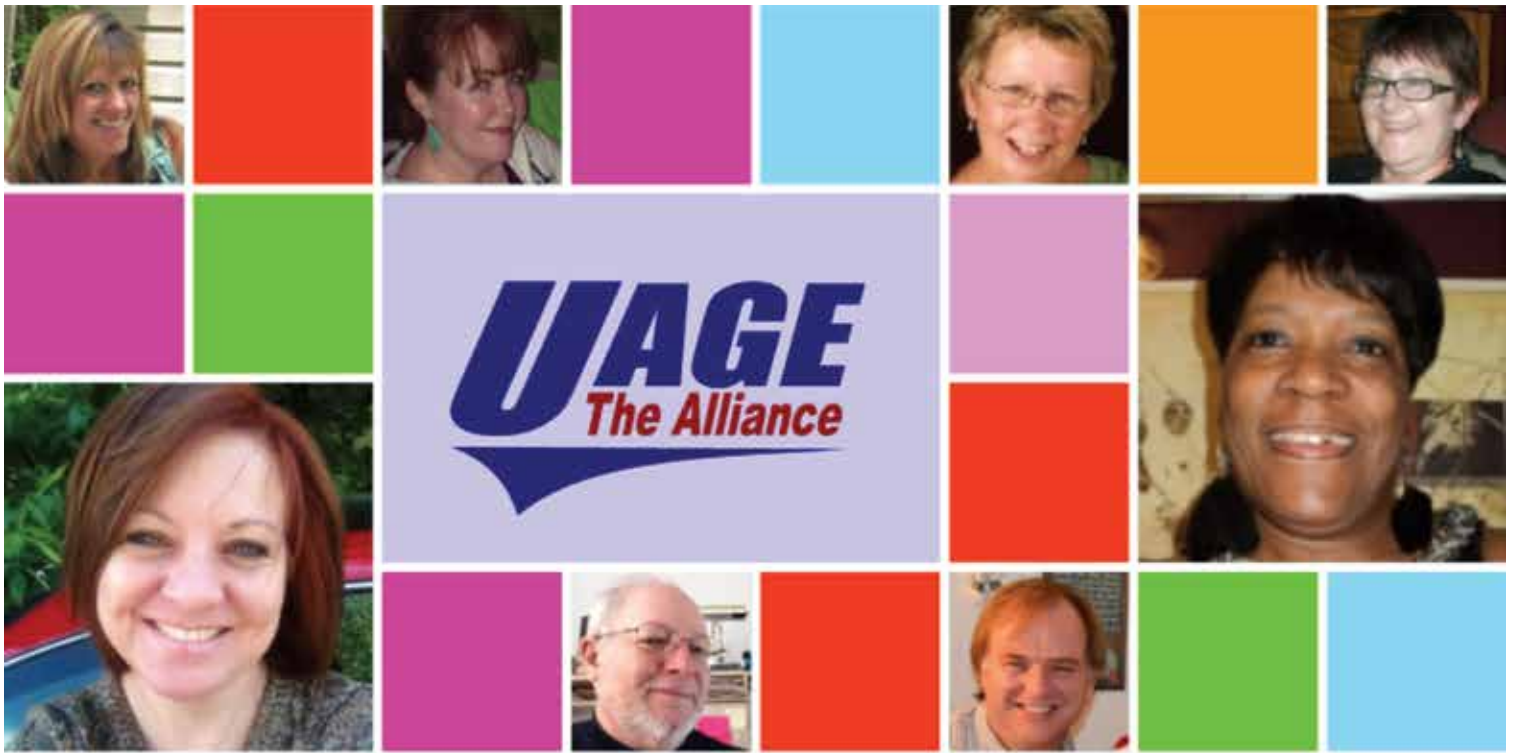
**Advantages to the Voluntary Short Term Disability Plan:**

- Receive both your Voluntary Short Term Disability Benefits & Annual Leave
- No Evidence of Insurability – No Pre-Existing Condition Provisions – Tax Free Benefit
- Easy Enrollment – On line enrollment available at [www.standard.com/enroll](http://www.standard.com/enroll).
- The Enrollment System utilizes your employee ID number not your social security number

**Affordable Premiums - Example:**

- Premiums are based on the Plan Option you elect, your Age and your gross Weekly Earnings
- Example: Age 43, Annual Salary \$ 42,000

<b>Option 1 - (7 Day Waiting Period)</b>	<b>Tax Free Weekly Benefit - \$485</b>	<b>Bi-Weekly Premium = \$17.90</b>
<b>Option 2 – (30 Day Waiting Period)</b>	<b>Tax Free Weekly Benefit - \$485</b>	<b>Bi-Weekly Premium = \$ 7.37</b>



We are Members of the **Utah Alliance of Government Employees** asking you to join with us to create positive change. It's a fact that when people work on common issues, we will have more success than one of us doing it alone. Our pay, benefits, and working conditions need you.

**UAGE is not a new Idea - It's just a better Idea.** The concept of joining together on common issues is not new; people of all professions are doing it. Here are just a few examples;

Utah Taxpayers Association, Utah Association of REALTORS, Utah League of Cities and Towns, Utah Bankers Association, National Governors Association, Utah Association of Counties, Utah City Management Association... **It works for them - let it work for us!**

## Join With Us - Join UAGE - Your Voice Matters

- I am a Civilian employee and will pay .5% (one half of one percent)
- I am a Sworn Officer and will Pay 0.7% (seven tenths of one percent)
- \* Sworn Officers have an additional insurance for on the job incidents. Only available through UAGE

I, the undersigned, designate the Utah Alliance of Government Employees as my duly chosen and authorized representative on matters relating to my employment in order to promote and protect my economic welfare. I hereby authorize you to deduct from my earnings each pay period the amount as stated above, or an amount that may be established in the future by the Board of Directors. I also authorize access of my employment records for the sole purpose of maintaining my correct address and phone numbers.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Gross Annual Wage \_\_\_\_\_

Employer \_\_\_\_\_ SSN or Emp. ID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this application to your  
UAGE representative**

**Or fax it to  
801-483-1200**

**Or mail it to  
UAGE  
PO BOX 456  
Draper, UT 84020**

**Need assistance - Call 801-483-1200**



# SAVINGS YOU CAN USE

With the Access Savings Network, you'll save countless dollars at places you shop at every day, even enough to recover your cost of dues.

## The Savings Really Add Up!

Purchase	Frequency	Typical savings per purchase	Purchases per year	Yearly savings
<b>FOOD</b>				
Grocery Store Coupons	5 items/wk	\$1.00	36	\$180.00
Dining - Lunch	1 meal/wk	\$3.00	52	\$156.00
Dining - Dinner	2 meals/mo	\$5.50	24	\$132.00
Pizza	2 purchases/mo	\$8.00	24	\$192.00
<b>EVERYDAY NEEDS &amp; SERVICES</b>				
Apparel	8 items/yr	\$14.75	8	\$118.00
Home Improvement	2 purchases/yr	\$50.00	2	\$100.00
Carpet Cleaning	1 purchase/yr	\$20.00	1	\$20.00
Misc Shopping	8 purchases/yr	\$12.50	8	\$100.00
Flowers/Gifts	2 purchases/yr	\$6.50	2	\$13.00
Oil Changes	4 oil changes/yr	\$6.00	4	\$24.00
Cell Phone Service	12 payments/yr	\$8.25	12	\$99.00
Auto Parts	2 purchases/yr	\$15.25	2	\$30.50
<b>ENTERTAINMENT</b>				
Bowling/Laser tag/Mini golf	4 purchases/yr	\$6.25	4	\$25.00
Theme Park Visits	4 passes/yr	\$34.00	4	\$136.00
Concerts/Sports/Event Tickets	4 tickets/yr	\$27.00	4	\$108.00
Movies	6 tickets/yr	\$6.00	6	\$36.00
Golf	4 rounds/yr	\$18.00	4	\$72.00
<b>TRAVEL</b>				
Hotel Stays	7 nights/yr	\$13.50	7	\$94.50
Car Rental	5 days/yr	\$16.25	5	\$81.25
Cruise	1 cruise for two/yr	\$35.00	2	\$70.00
Ski Vacation	1 day pass/yr	\$15.00	1	\$15.00

**TOTAL SAVINGS** **\$1,802.25**



**LOG ON TO YOUR ASSOCIATION'S SITE TODAY AND START SAVING!**

# UPEA is tracking the issues that matter to you



## Dues: \$6.92 a pay period

- UPEA is an Independent, Public Employee Advocate
- UPEA Advocates for Employees at the State Legislature
- UPEA Helps Employees During Grievance Proceedings
- UPEA Advises Employees of Their Rights
- UPEA Ensures Employers Give Employees Due Process
- UPEA Recognizes and Rewards Exceptional Employees
- UPEA Encourages and Supports Participation in the Political Process
- UPEA is the Largest Public Employee Labor Organization in Utah
- UPEA is Run Entirely by Utah Public Employees Like You
- UPEA Dues Stay 100% in the State of Utah to Support Public Employees

**Sign Up Online**

**[www.upea.net](http://www.upea.net)**