



Member Guide

PEHP

MEMBERS FIRST

Navigating the healthcare system can be confusing and overwhelming. The good news is that you're not alone. Our mission at PEHP is to serve you in a partnership of trust with a commitment to value, innovation, and excellence.

This guide will help you understand basic health insurance terms, how to maximize your PEHP benefits, and give you the tools you need to make the best healthcare decisions for you and your family.



WEB: WWW.PEHP.ORG

PHONE: 801-366-7555



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ONLINE

TOOLS HELP YOU FIND QUALITY CARE

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

To get started, log in to your PEHP account at www.pehp.org. When you log in, you'll find cost tools under ***Find Providers & Costs » Find a Doctor or Hospital.***

Find a Provider

Search for doctors and other healthcare providers in your network, see and compare cost information, and read reviews from other PEHP members.



Find a Facility

Search for healthcare facilities (e.g. hospitals, clinics, surgical centers) in your network, and see and compare cost information.



Compare Medical Costs

Search by medical services to find and compare providers and costs. You'll get an idea of how much you can expect to pay for the service.



Compare Prescription Costs

Find drug options for your health condition, compare prices at different pharmacies, including home delivery for 90-day supplies.





Your online account also gives you access to:

Message Center

We send important information to you. You can also send us documents and ask questions.



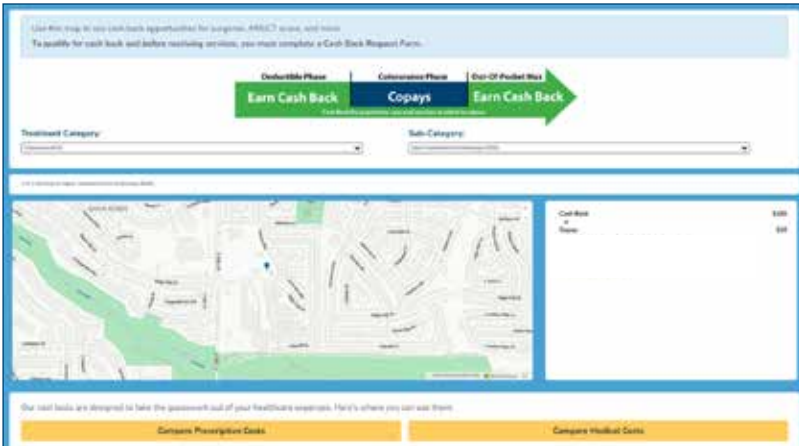
More

Access/print a temporary ID card, see your claims history, see your spending amount towards deductible, access the benefit information library, your contact info, open enrollment.



Can't find what you're looking for?
Call PEHP at 801-366-7555 or 800-765-7347.

ONLINE CASH BACK/COPAY MAP



Before you schedule a surgery or imaging, use the Cash Back/Copay Map to pay no more than a \$45 copay or get cash back – it's our way of rewarding you for making smart, high-value choices for your care.

Traditional Plan

- » Pay no more than \$45 copay for all services — no deductible, no hidden fees.*
- » Always earn cash back for certain preventive services (e.g., colonoscopy) at select locations.
- » After your Out-of-Pocket Maximum, you can earn cash back on additional services.

High-Deductible Plan (e.g. STAR HSA Plan)

- » Earn cash back when you visit providers on the map. Once you've met your deductible, pay no more than a \$45 copay.*
- » After your Out-of-Pocket Maximum, you can earn additional cash back.
- » Always earn cash back for certain preventive services (e.g., colonoscopy) at select locations.

Log in to your PEHP account and look for the map under the **Find Providers & Costs** menu.

**Copay is for selected treatment only. Other services or equipment during or after treatment are subject to your medical plan benefits.*

UNDERSTANDING YOUR BENEFITS

Pencils down! You won't need to take notes to decipher confusing terminology and processes again. This section does it for you.

DEFINITIONS | Simplifying key health insurance terminology.

Network vs. Plan

Your plan outlines your medical coverage and your network is where you go for healthcare, such as hospitals and clinics.

Coinsurance

A percentage of the cost you pay for certain services. After your deductible, you pay coinsurance on most services.

Deductible

The amount you must first pay before PEHP begins to pay its portion of your claims.

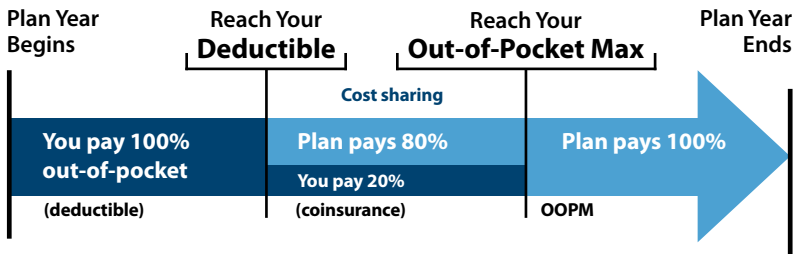
Copayment

Often called co-pay, it's a set dollar amount you pay for a service. The Traditional Plan requires specific copayments for an office visit. This amount is applied to the out-of-pocket maximum but is not applied to the deductible.

Out-of-Pocket Maximum

The maximum you pay out-of-pocket for covered services in a plan year after which PEHP pays 100%, as long as it's in-network and covered.

Here's how it works*



Preventive care services are covered at no cost to you on all plans.

**This is a general example and may not apply to your plan.*

UNDERSTANDING YOUR BENEFITS

In-Network Rate

The in-network rate is the PEHP-negotiated price that providers have agreed to accept for covered services.

Balance Billing

Balance billing happens when an out-of-network provider charges more than the in-network rate.

If you go out-of-network, you may be billed the full amount the provider charges above the in-network rate, unless you agree to a price in advance.



Preventive Care

PEHP pays 100% of preventive care, such as an annual physical exam or flu shots. See a list of free preventive services at www.pehp.org/preventiveservices.

How to Avoid Balance Billing

Make sure every person and every facility involved in your care is in your network. Search for providers in your network when you log in to your PEHP account. Just click on the *Find a Providers & Costs* menu to access the Provider Directory. If you see an out-of-network doctor, use this information to negotiate and avoid balance billing.





UNDERSTANDING YOUR BENEFITS

NON-COVERED SERVICES

While PEHP covers most medical services, PEHP doesn't cover certain procedures that are not medically necessary, experimental, or cosmetic. See your Master Policy for a list of limited and excluded services. You can also call us at 801-366-7555.

▶ Paying for Non-Covered Services

Use your **HSA** or **Flex** plan money to pay for charges. Some non-covered services are considered "qualified medical expenses" by the IRS, making it possible to use **HSA** or **Flex** funds for those services even if PEHP doesn't pay. Find the official list of qualified medical expenses at <http://www.irs.gov/publications/p502>.

Important!

Your doctor may tell you a service is covered by your plan, but it's up to you to verify. Remember, your doctor and their staff may not know all the details of your health plan. Check your Benefits Summary when you log in to your PEHP account or call us at 801-366-7555 when your doctor orders any surgery or diagnostic testing.

UNDERSTANDING **YOUR BENEFITS**

NON-COVERED PROVIDERS

PEHP doesn't pay for services from certain providers, even if you have an out-of-network benefit. PEHP constantly runs reports on provider practices and reviews member feedback. Through this process we identify providers who may put you at risk for overbilling, perform services that may not be medically necessary, or perform services generally not covered by PEHP. See a list of non-covered providers when you log in to your PEHP account under ***Find Providers & Costs***.

IN-NETWORK VS. OUT-OF-NETWORK

Get the best benefit by visiting doctors, hospitals, and other providers contracted in your network. Search for providers when you log in to your PEHP account under ***Find Providers & Costs » Find a Doctor or Hospital***.

Make sure every person and every facility involved in your care is contracted in your network. For example, just because your doctor is in your network, don't assume the lab he/she uses is too.



UNDERSTANDING YOUR BENEFITS

PEHP MEDICAL NETWORKS

	Summit Network (and Summit Exclusive)	Capital Network	Advantage Network (and Advantage Exclusive)	Preferred Network
University of Utah (includes Huntsman Cancer Institute)	✓	✓	Out-of-Network	✓
CommonSpirit Holy Cross (formerly Steward Health)	✓	✓	Out-of-Network	✓
MountainStar	✓	Out-of-Network	Out-of-Network	✓
Intermountain	Limited (rural and Primary Children's)	Limited (rural and Primary Children's)	✓	✓
Surgical & Imaging Centers	✓	✓	Limited Availability	✓



Want a Provider in Your Network?

If there's a provider you like but not contracted with PEHP, simply request to add them to your network. Submit the *Nominate a Provider* form under the *Find Providers & Costs* menu at www.pehp.org

UNDERSTANDING YOUR BENEFITS

OUT-OF-STATE COVERAGE

If you're traveling or living outside of Utah and need urgent care, you're covered. Just make sure you visit a PEHP-contracted out-of-state provider. Log in into your PEHP account and click on the ***Find Providers & Costs*** menu » ***Find a Doctor or***

Hospital, then out-of-state network.

If you or any covered family members are living out-of-state, notify PEHP so we can make sure claims are paid correctly and you can access your full benefits.

Important!

If you travel outside of Utah specifically to seek medical care, PEHP will not pay for the services, unless you get preauthorization from us for a covered service not available in Utah.

OUT-OF-COUNTRY COVERAGE

If you're traveling outside the country and need medical care, just send us a copy of the foreign claim and a receipt of payment and we'll reimburse you for covered services up to the in-network rate.

REASONS FOR ENROLLMENT CHANGES

Your employer's open enrollment period is the time to make changes to your benefits and to re-enroll in FLEX\$. However, changes can be made anytime if it coincides with a birth or adoption of a child, marriage, divorce, dependent reaches age 26, loss of other insurance coverage, retirement, or Medicare enrollment.

It's important to notify PEHP immediately if you have any of the changes above. Call PEHP at 801-366-7555.

COORDINATION OF BENEFITS

When you're covered by two or more insurance plans, PEHP uses state guidelines to determine which portion of your claims each plan pays.

For example, your employer's plan is primary for your claims and your spouse's plan is secondary. The primary plan covers the major portion of eligible bills, and the secondary plan may cover any remainder.



Here to help

Call us at 801-366-7555 and let us help you:

- » Decide if you are better on one plan or two.
- » Understand how HSA rules apply to double coverage situations.
- » Avoid getting stuck with medical bills due to confusion in coverages.

APPEALS

If you disagree with a PEHP decision regarding how claims are paid, you can submit an appeal form within 180 days of PEHP's initial determination. After 180 days, your appeal will be denied.

REIMBURSEMENT FOR CASH PAYMENT

Providers may give better discounts directly to you if paid in full at the time of service. Submit a detailed bill with receipt of payment to PEHP to get reimbursed or get credited towards your deductible.

Log in to your PEHP account and find the reimbursement form under *Resources & Help* » *Find a Form* » *Self-Pay Dental and Medical Claim Form*



PHARMACY

PRESCRIPTION DRUGS

To get the best deal in prescription drugs, use the PEHP Covered Drug List, which is a list of prescription medications available to members at a lower copayment.

BRAND vs. GENERIC

Save money by going with generic alternatives when available.

- » Generic drugs usually offer the lowest out of pocket spending.
- » Generic drugs are safe, effective, and produce the same effects as the comparable brand name.
- » If you choose to use a brand name drug when a generic is available, you'll pay the difference in price.

HOME DELIVERY

You often can spend less by ordering up to 90-day supplies through home delivery.



SEARCH FOR LOWER DRUG COSTS

Find drug options for your health condition, compare prices at different pharmacies, and see if cash back is available for your medication.

Log in to your PEHP account, then click ***Find Providers & Costs*** » ***Find a Doctor or Hospital***, then visit the ***Compare Prescription Costs*** tab.



PRESCRIPTION ASSISTANCE PROGRAMS

Medication-assistance programs may help reduce the cost of your medication:

Rx Help Centers®
rxhelpcenters.com

Patient Access Network Foundation®
panfoundation.org

Patient Advocate Foundation®
patientadvocate.org

HealthWell Foundation®
healthwellfoundation.org

COST SHARING

You pay cost sharing based on the tier of drug:

Tier 1: Preferred generic medications that are available at the lowest copayment/coinsurance.

Tier 2: Preferred brand name medications that are available at an intermediate copayment/coinsurance.

Tier 3: Non-preferred medications that are available at the highest copayment/coinsurance.

Covered Drug List

See the PEHP Covered Drug List and drug tier information at www.pehp.org/pharmacy.



GROUPS NOT COVERED

PEHP pharmacy benefits do not apply to all school districts. Check with your employer.

PHARMACY

PRESCRIPTION DRUGS

DIABETES RESOURCES

If you have diabetes, you can get fast-acting Insulin Lispro (generic Humalog) at No Cost. See a list of other benefits available to help manage diabetes at www.pehp.org/diabetes

PHARMACY TOURISM PROGRAM

To help you save money on your prescriptions, PEHP offers members the option to fill select medications at a designated pharmacy in Canada or Mexico. The PEHP Pharmacy Tourism Program allows you to fill 90-day supply of medications you're currently taking.

Program Details

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

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



You are responsible for food expenses and the cost to acquire a passport.

Learn more at www.pehp.org/pharmacy/tourism.

HOW TO SAVE MONEY IN HEALTHCARE

Here are some common issues to know to avoid unexpected or unnecessary medical bills.

Hidden Providers

A hidden provider is generally a provider to whom your doctor sends your blood to be tested or sends an x-ray to be read. They can also be medical equipment providers when you receive equipment from your doctor in the office or from the hospital. If it's an out-of-network provider, they may balance bill you.

Avoid this scenario by knowing which labs and radiology groups are in your network and insist that any time you have blood drawn, or an x-ray taken, they are sent to one of those providers. Always check the PEHP Provider Directory or call PEHP to confirm.

Preventive Services

(when scope of visit changes)

Routine visits for preventive services are covered at no cost to you when you see a doctor contracted in your network. However, you'll be billed if you get additional services at this visit. An "additional service" is something as minor as a discussion with your doctor about a past or current condition. Ask your doctor how the visit will be billed; PEHP pays based on how it's billed.



HOW TO SAVE MONEY IN HEALTHCARE

Preauthorization

Some services require preauthorization. To get preauthorization, your doctor must call PEHP. Most doctors know how and when to do this, but be sure to verify. Otherwise, your benefits could be reduced or denied. Visit www.pehp.org/preauthorization to see a list of services that require preauthorization.

Find & Compare Costs

Search by medical services to find and compare providers and costs. When you log in to your PEHP account, click on ***Find Providers & Costs » Find a Doctor or Hospital***, then choose your network.



HOW TO SAVE MONEY IN HEALTHCARE

Lab Samples

Always ask where your samples are being sent to avoid unnecessary, large bills. Find in-network labs in the PEHP Provider Directory. Just because your doctor is in your network, don't assume the lab he/she uses is too. If you go out-of-network, we'll send you a check in the name of the provider for the in-network rate.

Where your sample goes matters	Dr. Office	Lab	Hospital
Blood Test	\$7	\$6	\$14-49
Lipid Test	\$19	\$15	\$50-55
Obstetric Panel	\$65	\$55	\$153

Genetic Tests

All genetic tests require preauthorization. Unlike other simple blood tests that may cost between \$6 to \$100, genetic tests can cost around \$1,000 and can exceed \$5,000. So even when a test is covered, your portion of the bill can still cost you a lot of money. Make sure you decide the test is worth it before you agree to it.



HOW TO SAVE MONEY IN HEALTHCARE

Get the Right Service at the Right Place

Use PEHP Cost Tools at www.pehp.org/save



We can help!

Call a Health Benefits Advisor
801-366-7555 or 800-765-7347



HOW TO SAVE MONEY IN HEALTHCARE

Ask Questions

Know what questions to ask your doctor and PEHP. Don't be afraid to speak up. Some common questions to ask:

- » **Does this service require preauthorization?**
- » **Is the lab you're using in my network?**
- » **What are my other options?**
- » **Is the specialist you're referring me to in my network?**
- » **Is this test necessary?**
- » **Is there a lower-cost treatment?**
- » **Is aggressive treatment the right option now, or would a wait-and see approach be better?**
- » **Is there a generic version of this drug?**

WELLNESS

PROGRAMS & RESOURCES

PEHP offers wellness programs, tools, and resources to help you feel better and improve your quality of life. Visit www.pehp.org/wellness to learn more. Check with your employer to see which benefits apply to you.

BIOMETRIC SCREENINGS

These 30-minute, one-on-one health assessments are provided free of charge to eligible employees and their spouses.



EARN CASH REWARDS

REBATES

Get cash rewards for participating in wellness programs and activities.



Learn more at www.pehp.org/wellness

WELLNESS

CHOOSE YOUR OWN PATH TO WELLNESS

Whether you're trying to be more active, improve your eating habits or boost your mental well-being – you can now choose your own path to wellness from a menu of options.

And as always, you can earn cash rebates when you participate in our programs.

Physical Well-Being



Mental & Emotional Well-Being



Diabetes Help



Weight Management



Additional categories include Financial Wellness, Family & Social Well-Being, Healthy Eating, Webinars and more!

Find more at www.pehp.org/wellness

WELLNESS

PROGRAMS & RESOURCES

Pregnancy Resources

Enroll in WeeCare, a pregnancy and postpartum



WeeCare

program that helps expectant mothers have the healthiest and safest pregnancy possible. A rebate is offered for enrolling to receive educational materials and support. Learn more at www.pehp/weecare.

Parenting Resources

PEHP partnered with ParentGuidance.org to provide free parenting resources to our members. This parenting program offers valuable insights and practical tips that can help you create a positive and nurturing environment for your child. Learn more at www.parentguidance.academy



myWellness Tracker

A program that helps you stay motivated and improve your overall well-being by tracking your wellness activities and participating in wellness challenges. Earn enough points from challenges to receive up to \$150. FICA tax withheld. Check with your employer for eligibility.

WELLNESS

HEALTH COACHING PROGRAMS

PEHP members have access to free health coaching for 3-6 months through our partners, AZOVA and Noble Health. Choose the program that helps you improve where you need it most.

Learn more at www.pehp.org/healthcoaching



AZOVA Coaching Programs

Work with licensed clinicians to tailor support just for you.

Free for 3 Months:*

- » Exercise, Nutrition, Sleep, Emotional Wellness
- » Chronic Obstructive Pulmonary Disease (COPD)
- » Hypertension
- » Chronic Kidney Disease
- » Other chronic conditions for 6 months once per plan year by invitation only



Noble Health Coaching Programs

Free for 3 Months:*

- » Weight Loss
- » Parenting Resources
- » Other chronic conditions for 6 months once per plan year by invitation only



**Additional health coaching time follows standard plan benefits and does not count toward plan limits.*

MENTAL HEALTH
CARE & SERVICES

Life's struggles can take an emotional toll on you.

It's OK to get help.

Your PEHP mental health benefit covers treatment for specific mental health conditions. Please note you must have a diagnosis to use this benefit and all providers must be contracted in your PEHP network. Preauthorization is required for some mental health services, including all inpatient mental health services, day treatment facilities, and intensive outpatient programs.

Visit www.pehp.org/mentalhealth to find the help you need for your anxiety, depression, substance abuse, or any other mental health conditions.

Call a PEHP Health Benefits Advisor to see which benefits apply to you, *801-366-7555 or 800-765-7347.*

www.pehp.org/mentalhealth





FLEXIBLE SPENDING (FLEX\$) & HEALTH SAVINGS ACCOUNTS

Understanding FLEX\$

FLEX\$ can save you money by reducing your taxable income. Each year at open enrollment you set aside a portion of your pre-tax salary for your FLEX\$ account.

PEHP offers two types of FLEX\$: healthcare and dependent day care. Enroll in one or both.

Important!

You must re-enroll in FLEX\$ every year during open enrollment.

How to Contribute

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

Can't Have an HSA

You can't contribute to a health savings account (HSA) while you're enrolled in a healthcare FLEX\$.

However, you may have a dependent day care FLEX\$ and/or a limited FSA and contribute to an HSA.

Rollover

Your employer's plan might allow you to carry over a limited balance into your healthcare FLEX\$ into the next plan year. If not, you will lose whatever money is not spent after a grace period.



Learn More

Contact PEHP FLEX\$
Phone: 801-366-7503
or 800-753-7703;
Email: flex@pehp.org

Understanding Health Savings Accounts

It's Your Account to Create Savings

- » Money in your HSA carries over from year-to-year and even from employer-to-employer.
- » Take money out for healthcare anytime, tax free.
- » Use your HSA to pay deductibles, copayments, and coinsurance your health plan doesn't cover.
- » Build a long-term nest egg for health expenses later in life.
- » Make penalty-free withdrawals for anything after age 65.
- » Contribute to your HSA with pre-tax money just like a 401(k).
- » Earn interest in a savings account or invest in funds you choose.

Employer Contribution

If you choose an HSA-qualified plan, your employer may help fund your HSA.



How to Start an HSA

To start an HSA, you must select an HSA-eligible plan, such as the STAR HSA Plan, during open enrollment. Log in to your PEHP account to find out about the HSA-eligible plans available to you.

MEDICARE SUPPLEMENT

PEHP Medicare Supplement is available to anyone who's ever been eligible for URS benefits or married to someone who is. When you become Medicare-eligible, consider the many advantages PEHP plans offer.

Extra Coverage
PEHP Medicare Supplement plans provide medical and prescription drug coverage beyond what Medicare pays.

Advantages

- » Monthly premiums can be deducted from your URS retirement check.
- » Coverage out-of-state and out-of-country.

Options for Every Budget

Medical, dental, vision, and prescription drug plans.

Learn More

www.pehp.org/medsup





HOW TO CONTACT US



**Health Benefits Advisors
& Preauthorization**
801-366-7555



Disease Management
801-366-7755



PEHP Pharmacy
801-366-7551



Wellness Programs
801-366-7300



FLEX\$ & HSA
801-366-7503



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PEHP
Health & Benefits