

2017-2018 Enrollment Guide

State of Utah

New employees' guide to understanding and enrolling in benefits.



PROUDLY SERVING UTAH PUBLIC EMPLOYEES

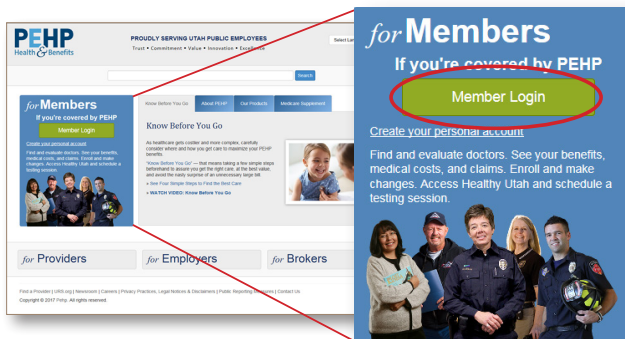
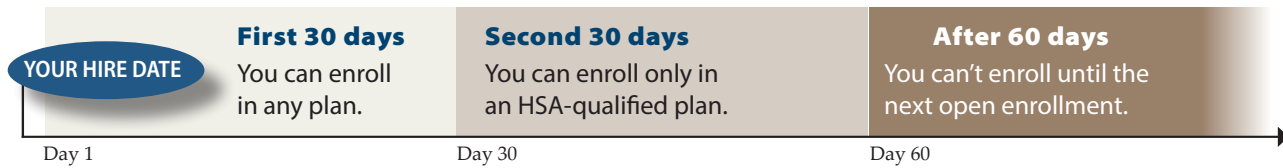
You Have 60 Days From Your Hire Date to Enroll in a Medical Plan

As long as you enroll within 60 days of your hire date, your coverage will begin the day you're hired or become eligible for benefits.

You may change your plan once a year during open enrollment.

During the first 30 days, you may choose among all medical plans.

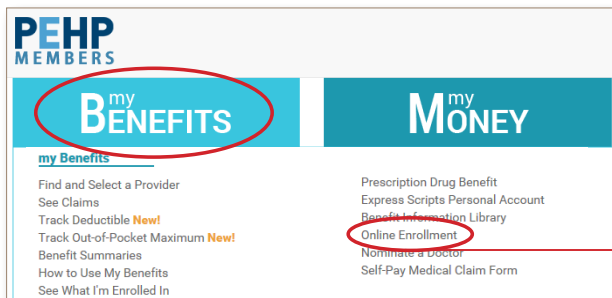
If you wait more than 30 days, you may select only an HSA-qualified plan.



How to Enroll in Benefits

1 Log in to [PEHP for Members](http://www.pehp.org) at www.pehp.org. To create your personal account, you'll need your PEHP ID number and your Social Security number. Find your PEHP ID number on your benefits card or your EOBs. Or call PEHP at 801-366-7555.

2 From the PEHP for Members homepage, find "Online Enrollment" under the "my Benefits" menu.



Online Enrollment

3 The Online Enrollment page shows benefits available to you and your enrollment status. Click "Enroll" or "Change." You may change your selections any time before the end of open enrollment (June 9).



Your To-Do Checklist

1

Your Medical Options

The STAR Plan ☐ Traditional Plan ☐ Utah Basic Plus ☐

By taking the time to understand [HSA](#)-qualified plans, such as [The STAR Plan](#), you could save hundreds each year and build a huge nest egg for healthcare and retirement. **More About Plans » Pages 6-7**

Same Provider Network

Remember, whether you choose The STAR Plan, Tradition Plan, or Utah Basic Plus, you have the same access to providers on whichever network you choose.

2

Your Network Options

Summit ☐ Advantage ☐ Preferred ☐

Consider the doctors, hospitals, and other healthcare providers you prefer to see when you choose your network. Preferred is the largest network, and it will cost you considerably more in premium. Summit and Advantage cost the same.

More About Networks » Pages 9-10

3

Your Dental Plan

PEHP Preferred Choice ☐ PEHP Traditional ☐ Regence Expressions ☐

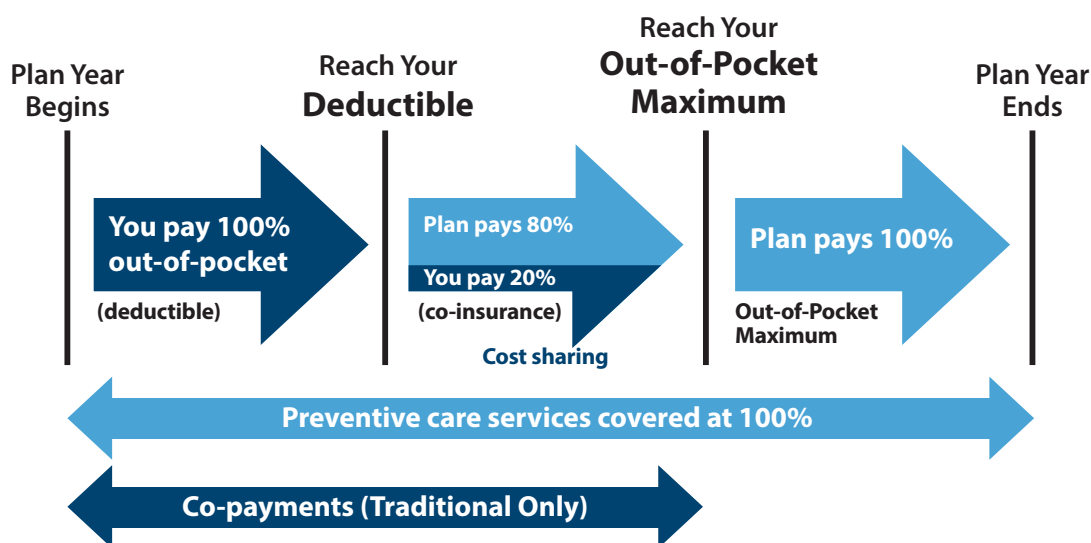
Preferred Choice and Traditional have the same network of providers. Preferred Choice has a small deductible and has the lowest premium. Regence Expressions is administered by Regence of Utah. It doesn't have a deductible and has a national network of providers, but it has the highest premium.

More About Dental » Page 12



Insurance Basics » Plans

Your Health Plan » Your plan determines how PEHP pays benefits. The STAR Plan, Traditional, and Utah Basic Plus are your choices.



Deductible » The amount you must first pay before PEHP begins to pay its portion of your claims. Family deductibles are \$3,000 for The STAR Plan and \$700 for the Traditional Plan.

Out-of-Pocket Maximum » The maximum you pay out-of-pocket for covered services in a plan year after which PEHP pays 100%. For a family plan, it's \$9,000 on the Traditional Plan after paying \$700 deductible and \$7,500 on The STAR Plan.

Co-insurance » A percentage of the cost you pay for certain services. After your deductible, you pay 20% co-insurance on most services on The STAR Plan and Traditional Plan.

Preventive Care » PEHP pays 100% of preventive care or care meant to discover a condition, rather than treat a known condition, as determined by federal law.

Co-payment (Co-pay) » A set dollar amount you pay for a service. The Traditional Plan requires specific co-payments, such as \$25 or \$35 for an office visit.

Covered Services » PEHP may not cover all services. We only cover those proven to be medically necessary and not experimental or investigational. We may require [preauthorization](#) and place visit and other limits on certain covered benefits.

Pharmacy Cost Sharing » You pay cost sharing based on the tier of drug. For Tier 1 (typically generics) you pay a \$10 co-payment. For Tier 2, you pay 25% co-insurance (\$25 minimum). Tier 3 is 50% co-insurance (\$50 minimum). Pharmacy cost sharing applies to the deductible only on The STAR Plan, not on the Traditional Plan.

Insurance Basics » Networks

Provider Network » Your network determines which healthcare providers you see for the best value and most predictable costs. Choose among three – Summit, Advantage, and Preferred.



An In-Network Provider will charge the In-Network Rate for services. You may also be able to negotiate a better Cash Rate.

In-Network Rate »

The amount in-network providers have agreed to accept as payment in full for services. Sometimes you're responsible for the full in-network rate. Other times, the rate is shared or PEHP pays 100%.

Cash Rate » The rate you negotiate with a provider that is less than the in-network rate. You can get credit toward your limits from PEHP for the amount you pay in cash by submitting the [appropriate documentation](#) or by your provider submitting a claim with the cash rate reflected as the billed amount. Call PEHP at 801-366-7555 for more information.



Use caution with Out-of-Network Providers. You may be Balance Billed. PEHP pays no benefits for No-Pay Providers.

Out-of-Network Provider »

Any provider not contracted with your network. Your plan may pay limited benefits for out-of-network providers. But you are responsible for any amount charged above the **in-network rate**; this is called **balance billing**.

No-Pay Providers »
Providers for which PEHP pays no benefits.

Balance Billing »

When you receive services from an out-of-network provider who seeks payment for full billed charges.

Which Plan is Right for You?

The STAR Plan Provides a Higher Benefit Level

For the 2017-18 plan year, The STAR Plan provides a mathematically higher benefit than the Traditional Plan. Our analysis shows 96% of state employees are better off on The STAR Plan, and this number rises to over 99% if you put your premium savings in your HSA.

Accordingly, The STAR Plan is likely your better choice, unless:

- » Costs for just one individual's treatment is enough to reach The STAR Plan out-of-pocket maximum, **and the rest of your family's claims are minimal.**
- » You have many costly prescription drugs or professional office visits for which you would pay a low co-payment on the Traditional Plan **and all other claims are minimal.**

The STAR Plan Features

- » You capture the savings when you find less expensive treatment options.
- » Money from your [HSA](#) carries over from year-to-year. You never forfeit what you don't spend. Save for healthcare and retirement expenses.
- » You pay no premium when you choose the Summit or Advantage Network and can put that savings and more into an HSA tax-free.
- » You're eligible for more [preventive care services](#) paid at 100%.

Traditional Plan Features

- » Protects you from the full cost of high healthcare bills before you can build HSA funds.
- » Gives you predictable costs through co-pays for office visits.
- » Applies a separate out-of-pocket maximum for each family member.
- » Allows you to pay less out-of-pocket for healthcare in exchange for your payment of premium and not receiving an employer HSA contribution.

Utah Basic Plus

Essential benefit plan with catastrophic coverage.

Important Note: Health benefits do not constitute vested rights. Instead, they can and often do change from year-to-year. The information in this summary applies to the plan year beginning July 1, 2017, and ending June 30, 2018. You have the opportunity each open enrollment to choose your health plan.

Medical Plans

MEDICAL PLAN	The STAR Plan (HSA-qualified)	Traditional (non-HSA)	Utah Basic Plus (HSA-qualified)
Your Annual Rates <i>Amount you pay</i> <i>See biweekly rates on Page 12.</i>	Advantage and Summit: \$0	Advantage and Summit: Single: \$536.90 Double: \$1,107.08 Family: \$1,477.84	Advantage and Summit: \$0
Employer Annual Contribution to Your HSA	Single: \$791.96 Double and Family: \$1,583.92	Not applicable (not an HSA-qualified plan by federal standards)	Single: \$1,824.68 Double and Family: \$3,649.62
HSA Funding <i>When you add your premium savings to your employer contribution</i>	Single: \$1,328.86 Double: \$2,691.00 Family: \$3,061.76 <i>Advantage and Summit</i>	Not applicable (not an HSA-qualified plan by federal standards)	Single: \$2,361.58 Double: \$4,756.70 Family: \$5,127.46 <i>Advantage and Summit</i>
Medical Deductible	\$1,500 single plan \$3,000 double or family plan	\$350 per individual \$700 per family plan	\$3,000 single plan \$6,000 double or family plan
Out-of-Pocket Maximum	Medical and Pharmacy: \$2,500 single plan \$5,000 double plan \$7,500 family plan	Medical and Pharmacy: \$3,000 per individual \$6,000 per double plan \$9,000 per family plan <i>Deductible does not apply to out-of-pocket maximum</i>	Medical and Pharmacy: \$6,050 single plan \$12,100 double plan \$12,100 family plan
Benefits	Pays covered benefits generally at 80% (using in-network providers , after deductible). Most preventive care (using in-network providers) covered at 100%. Includes expanded list of preventive services.	Pays covered benefits generally at 80% (using in-network providers , after deductible). Most preventive care (using in-network providers) covered at 100%.	Covers fewer services, generally at 70% (using in-network providers , after deductible). Basic benefits; fewer services covered. Most preventive care (using in-network providers) covered at 100%. Includes expanded list of preventive services.
Eligibility	No special eligibility requirements for the plan. However, you must meet certain requirements to open an HSA and to contribute or receive contributions to it. Otherwise, your employer contribution will go into an HRA .	No special eligibility requirements.	No special eligibility requirements for the plan. However, you must meet certain requirements to open an HSA and to contribute or receive contributions to it. Otherwise, your employer contribution will go into an HRA . If you enroll in Utah Basic Plus this year, you can't switch to a non-HSA plan next open enrollment.

For more details, see the State of Utah 2017-18 Benefits Summary.
Find it at www.pehp.org/openenrollment, or email publications@pehp.org.

Biweekly Rates

Biweekly Medical Rates

	Employer (biweekly)	Biweekly Employer HSA Contribution	Employee (What you pay, biweekly)	Total biweekly cost of plan
The STAR Plan (Summit or Advantage Network)				
Single	\$194.93	\$30.46 *	0	\$225.39
Double	\$403.79	\$60.92 *	0	\$464.71
Family	\$559.47	\$60.92 *	0	\$620.39
The STAR Plan (Preferred Network)				
Single	\$194.93	\$30.46 *	\$61.61	\$287.00
Double	\$403.80	\$60.92 *	\$127.63	\$592.35
Family	\$559.47	\$60.92 *	\$176.84	\$797.23
Traditional Plan (Summit or Advantage Network)				
Single	\$229.78	N/A	\$20.65	\$250.43
Double	\$473.77	N/A	\$42.58	\$516.35
Family	\$632.48	N/A	\$56.84	\$689.32
Traditional Plan (Preferred Network)				
Single	\$225.39	N/A	\$104.19	\$329.58
Double	\$464.72	N/A	\$214.87	\$679.59
Family	\$620.39	N/A	\$286.82	\$907.21
Utah Basic Plus (Summit or Advantage Network)				
Single	\$155.20	\$70.18 *	0	\$225.38
Double	\$324.35	\$140.37 *	0	\$464.72
Family	\$480.02	\$140.37 *	0	\$620.39
Utah Basic Plus (Preferred Network)				
Single	\$155.20	\$70.18 *	\$49.06	\$274.44
Double	\$324.35	\$140.37 *	\$102.52	\$567.24
Family	\$480.02	\$140.37 *	\$151.73	\$772.12

Biweekly Dental Rates

	Employer	Employee (What you pay, biweekly)	Total
PEHP Preferred Choice			
Single	\$12.22	\$1.36	\$13.58
Double	\$22.69	\$2.52	\$25.21
Family	\$41.31	\$4.59	\$45.90
PEHP Traditional			
Single	\$12.22	\$2.46	\$14.68
Double	\$22.69	\$4.56	\$27.25
Family	\$41.31	\$8.31	\$49.62
Regence Expressions			
Single	\$12.22	\$9.86	\$22.08
Double	\$22.69	\$17.39	\$40.08
Family	\$41.31	\$30.85	\$72.16

Biweekly Vision Rates

	Employee		Employee
EyeMed Full		Opticare Full	
Single	\$3.40	Single	\$3.83
Double	\$5.56	Double	\$6.10
Family	\$7.71	Family	\$9.04
EyeMed, Eyewear Only		Opticare, Eyewear Only	
Single	\$2.94	Single	\$2.94
Double	\$4.67	Double	\$4.46
Family	\$6.40	Family	\$6.29

* Each half of your employer HSA contribution will be deposited twice per plan year.
 1. Expect the first semiannual contribution to be deposited by the end of July.
 2. Expect the second semiannual contribution to be deposited by the end of January.

Network Considerations

With the Advantage network you get care at hospitals and generally pay similar prices from one to another. With the Summit network, some services are available only at hospitals, while others are also available at surgical or imaging centers with prices varying from one facility to the next. With both networks you get access to doctors' offices, where prices can vary. The Summit network also provides rebates for certain procedures (see your Benefits Summary).

ADVANTAGE Price estimates for Intermountain Healthcare hospitals

Procedure	Doctor's Office	Surgery/Imaging Center	Hospital
Hysteroscopy	\$567	Not Available	\$4,165-5,858
Colonoscopy	\$653	Not Available	\$1,100-2,225
MRI of Head	\$536	Not Available	\$1,931-2,638
Knee Arthroscopy	Not Available	Not Available	\$3,279-8,373
Knee Replacement	Not Available	Not Available	\$31,485-33,289

SUMMIT Price ranges for IASIS, MountainStar, University of Utah, surgical centers, imaging centers

Procedure	Doctor's Office	Surgery/Imaging Center	Hospital
Hysteroscopy	\$507-567	\$1,209-1,638	\$3,721-9,532
Colonoscopy	\$653	\$645-1,456	\$629-2,728
MRI of Head	\$536	\$550	\$1,179-1,890
Knee Arthroscopy	Not Available	\$851-1,489	\$2,287-7,059
Knee Replacement	Not Available	\$12,800-20,000	\$23,961-36,815

*For illustrative purposes only. Based on PEHP average-cost data from April 2017. Costs may vary. Estimates shown reflect the total cost — not necessarily your portion of the cost.

Live in Rural Utah? If so, consider which group of Wasatch Front providers you prefer when you choose your network. In addition to any personal preference or need for network-specific care, consider whether your local hospital and doctors are more likely to refer you to specialty care from Advantage (Intermountain) or Summit (University, Iasis, or MountainStar) providers and where emergency transport would most likely send you. Remember, while your local contracted providers are in all of PEHP's networks, contracted providers along the Wasatch Front are not. Getting care from an out-of-network provider almost always means that PEHP will pay less, and you could be subject to [balance billing](#).

Note About Cache Valley Hospital » Cache Valley Hospital will be available on the Summit network July 1, 2017, and Logan Regional Hospital will only be available for Advantage and Preferred. This change also may affect individual providers in the Cache Valley area. For details, go to www.pehp.org/cache or call PEHP at 801-366-7555.

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

Cache Valley Hospital

Carbon County

Castlevue 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

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Huntsman Cancer Hospital
Jordan Valley Hospital

Salt Lake County (cont.)

Jordan Valley Hospital - 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 Hospital

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 Center

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

Ogden Regional Medical Center

New this year, Cache Valley Hospital now covered, Logan Regional not covered on Summit.

No-Pay Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. Find the list at www.pehp.org.

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

Castlevue Hospital

Davis County

Davis Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
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 Hospital

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 Hospital

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.



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 at www.pehp.org or by calling PEHP (801-366-7555 or 800-765-7347).



Dental Comparison

DENTAL PLAN	PEHP Preferred Choice	PEHP Traditional	Regence Expressions
Summary <i>This brief comparison is for illustrative purposes only. See your Benefits Summary for details. Find it at www.pehp.org/openenrollment</i>	This PEHP plan shares the same dental network as Traditional. It has a small deductible that doesn't apply to preventive services. Pays 80% of in-network rate for X-rays and cleanings.	This PEHP plan shares the same dental network as Preferred Choice. It has no deductible. Pays 100% of in-network rate for X-rays and cleanings.	This plan is administered by Regence of Utah. It does not have a deductible and pays 100% of in-network rate for X-rays and cleanings. Has a national network of providers.
Biweekly Rates <i>Amount you pay</i>	Single: \$1.36 Double: \$2.52 Family: \$4.59	Single: \$2.46 Double: \$4.56 Family: \$8.31	Single: \$9.86 Double: \$17.39 Family: \$30.85
Deductible <i>Doesn't apply to preventive services</i>	\$25 per member up to \$75 per family	Not Applicable	Not Applicable
Maximum Benefit	Maximum yearly benefit of \$1,500 per member	Maximum yearly benefit of \$1,500 per member	Maximum yearly benefit of \$1,500 per member
Networks	Share the same provider network. Important Note: If you use an out-of-network dentist, your benefit will be 20% less and you may be balance billed.		Has a national provider network. If you see an out-of-network provider, the plans will pay the in-network rate, and you may be balance billed.

PEHP Value Dental Clinics » 10% discount on what you would normally pay an in-network provider; **see Page 16.**

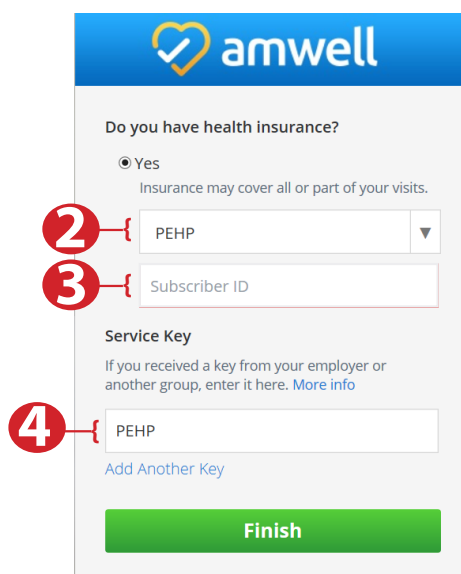
Waiting Period » There is a waiting period of six months from the effective date of coverage for orthodontic, implant, and prosthodontic benefits, unless you've had previous, continuous coverage. Learn more in the [Dental Master Policy](#).

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 PEHP. Learn more in the [Dental Master Policy](#).



Amwell On-Demand Doctors

See a Doctor for \$10 » Amwell doctor visits are available via mobile or web 24 hours a day, every day, and you don't need an appointment. Use Amwell for fevers, ear infections, cold, flu, allergies, migraines, pinkeye, stomach pain, and much more.



amwell

Do you have health insurance?

☒ Yes
Insurance may cover all or part of your visits.

2 { PEHP

3 { Subscriber ID

Service Key
If you received a key from your employer or another group, enter it here. [More info](#)

4 { PEHP

[Add Another Key](#)

Finish

To Get PEHP's Lower Pricing

Each on-demand doctor consultation costs only a \$10 co-pay with PEHP's discount.

1. Go to www.amwell.com or get the app (available at [iTunes](#) and [Google Play Store](#)).
2. Choose "PEHP" as your health insurance.
3. Enter your subscriber ID. Find it on your benefits card. Or log in to [PEHP for Members](http://www.pehp.org) at www.pehp.org and go to "See What I'm Enrolled In" in the "my Benefits" menu.
4. Find the service key field and enter "PEHP".



PEHP Value Clinics

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 North 1950 West, Ste. 201 | **801-715-3500**

[Midtown Clinic](#)

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

[RC Willey Employee Clinic](#)

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

[WesTech Wellness Center](#)

3605 South West Temple | **801-441-1002**

NORTH SALT LAKE

[Orbit Employee Clinic](#)

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

[FJM Clinic](#)

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

CLEARFIELD

[Futura Onsite Clinic](#)

11 H St. | **801-774-3265**

LAYTON

[Onsite Care at Davis Hospital](#)

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

OGDEN

[Health Clinics of Utah](#)

2540 Washington Blvd., Ste. 122 | **801-626-3670**

[FJM Clinic](#)

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

OREM

[Blendtec Health and Wellness Clinic](#)

1206 South 1680 West | **801-225-1281**

LEHI

[OnSite Care at Mountain Point Medical](#)

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

DENTAL

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

SALT LAKE CITY

[Family Dental Plan](#)

168 North 1950 West, Ste. 202 | **801-715-3400**

OGDEN

[Family Dental Plan](#)

950 25th St., #A | **801-395-7090**

GASTROENTEROLOGY CLINICS

These value clinics provide many services such as colonoscopies at their office at a better cost than at a facility.

UTAH GASTROENTEROLOGY

Bountiful | Riverton | Salt Lake City
St. George | Draper

www.utahgastro.com | **801-944-3199**

GRANITE PEAKS

[GASTROENTEROLOGY](#)

Sandy | Lehi

www.granitepeaksgi.com | **801-207-9042**

Know Before You Go

Tools Help You Choose a Doctor and Understand Your Treatment »

Take a few simple steps to assure you get the right care, at the best value, and avoid the nasty surprise of an unnecessary large bill.

Learn more at www.pehp.org/knowbeforeyogo.

Step 1 » Learn About Your Condition

Use the **PEHP Treatment Advisor** and read **Treatment Tips** to learn more about your condition and treatment options.

Step 2 » Always Use Provider Search

Use **Find and Select a Provider** every time you see a doctor. Even if you've seen the doctor previously, a provider's network affiliations can always change.

See potential coverage pitfalls for a particular provider type. See member reviews of individual providers, comments on practice patterns, and hints to avoid surprise bills. Use the **Treatment Cost Calculator** to estimate treatment costs.

Step 3 » Prepare for Your Appointment

Know questions to ask your doctor. Come prepared with your prescription history. Find out if you need preauthorization.

Step 4 » After Your Appointment

Call PEHP if you need help figuring out what to do next — 801-366-7555. See how far along you are toward your deductible and out-of-pocket maximum: Log in to PEHP for Members and find **Spending Toward Limits** in the "my Money" menu.

See more ideas for each step and a video showing how to use our online tools at www.pehp.org/knowbeforeyogo



Find these innovative tools at PEHP for Members at www.pehp.org. Look for them under these menus.

**my
BENEFITS**

Find and Select a Provider

**my
MONEY**

Facility and Treatment Costs
(Treatment Cost Calculator)

**my
HEALTH**

Find Treatment Options
(Treatment Advisor)

PEHP Life & Accident

Enrollment is Easy and Affordable » Give your loved-ones long-term financial protection in the event of your death. Protect your family's finances in the event of your spouse or dependent child's death.

Enroll at Any Time

Open enrollment is a great time to consider Life & Accident coverage. But you can enroll at any time at [PEHP for Members](#) at www.pehp.org. From the PEHP for Members homepage, go to the "my Benefits" menu and find "Enroll in Life & Accident."

Group Term Life Coverage

Buy coverage at varying amounts for yourself, your spouse, and your children. Costs are based on your amount of coverage and age.

Accidental Death and Dismemberment

Pays benefits in the event of your death or injury in an accident. You can buy up to \$250,000 in coverage, and rates are the same regardless of your age.

Other Benefits

Accidental Weekly Indemnity provides additional income if you miss work because of a non-job-related accident. Accident Medical Expense helps pay medical expenses beyond what insurance pays if you're injured in a non-job-related accident.

Learn More

Contact PEHP Life & Accident: 801-366-7495 or 800-753-7495. See the [PEHP Life & Accident brochure](#) for more details. Email publications@pehp.org to request a printed copy.



See costs and coverage at PEHP for Members at www.pehp.org. From the PEHP for Members homepage, go to the "my Benefits" menu and click "Enroll in Life & Accident" to see benefit and cost grids. Read the PEHP Life & Accident brochure and Master Policy in the "Benefits Information Library" found in the "my Benefits" menu.