Look inside for an overview of your benefits and what’s new for the 2019-20 plan year.
State of Utah Open Enrollment

April 11-June 7 » This is the time to enroll in or make changes to your benefits and learn more about your options.

How to Enroll in Benefits or Make Changes Online

1. Log in to PEHP for Members at www.pehp.org. To create your personal account, you’ll need your PEHP ID number and the last four digits of your Social Security number. Find your PEHP ID number on your benefits card, 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 7).
Enrollment Timeline

April 11
» Your annual open enrollment period begins. It’s the time of year you may switch from one medical, dental, or vision plan to another. Take this time to review your choices and learn more about the PEHP benefits available to you. Enroll at www.pehp.org.

April 15
» Benefit fairs begin across the state through May 13.

June 7
» Deadline to enroll or make changes in medical, dental, vision, or FLEX$. You may enroll in Life or AD&D benefits at any time.

July 1

Attend a Benefits Fair
We’re visiting workplaces across the state during open enrollment.

This is your chance to learn about your benefits and talk to PEHP representatives. See the schedule at pehp.org to find dates and locations. Ask your employer to provide time for you to attend.

» PEHP specialist Taylor Hahn
Highlights: 2019-20 Plan Year

STAR HSA Plan
The STAR HSA Plan provides an 8% higher benefit level than the Traditional Plan. See pages 6-7 to help determine which plan is best for you.

Chronic Medications Covered Before Deductible
This is a major new benefit for STAR HSA Plan members who no longer have to meet their deductible before getting certain chronic medications covered under the plan. See page 17 for a list of medications.

HSA Cash Conversion Option
STAR HSA and Consumer Plus members may choose to take up to 50% of the employer HSA contribution in cash. See page 8 for details.

Consumer Plus Plan
The Utah Basic Plus Plan is now called Consumer Plus Plan. The plan remains the same, with higher out-of-pocket limits, higher HSA employer contributions, and fewer covered benefits.

Need Immediate Care?
Consider consulting a doctor remotely with your smartphone from Intermountain Connect Care (all networks) or University of Utah Health Virtual Visits (Summit only). It’s convenient and costs less. See page 16 for details.

New Cost Comparison Tool
PEHP has replaced its old Cost Calculator with a new and vastly improved Cost Comparison Tool. This tool makes it possible to compare costs based on location and between providers of the same type. You can also find Value Providers, such as clinics and labs. See page 13 for details.

Get Up to $2,000 in Cash Back
You can now share in the savings when you choose a lower-cost provider. Find out about cash back services using PEHP’s new Cost Comparison Tool. Look for the green phone with a dollar sign. See page 14 for details.

Get the Best Care by Asking 5 Questions
When it comes to your health, questions matter. You have a right to know how a recommended treatment will help you; what the potential downsides are; whether there are other simpler, less costly options; what would happen if you didn’t get care; and how much the treatment will cost. See more on page 15.
Your To-Do Checklist

1. 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 more in premium. Summit and Advantage cost the same.

More About Networks » Pages 11-12.

2. Your Medical Options

STAR HSA Plan ☐ Traditional Plan ☐ Consumer Plus Plan ☐ (formerly Utah Basic Plus)

By taking the time to understand HSA-qualified plans, such as the STAR HSA plan, you could save hundreds each year and build a nest egg for healthcare and retirement. More About Plans » Pages 6-7.

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 10.

Need Help Deciding?

Consider calling a Health Benefits Advisor or attending a PEHP benefits fair, held across the state through May 13. Ask your employer to provide time for you to attend. Call PEHP at 801-366-7555.

[Image of people]
# Plan Comparison

Figures below based on Advantage & Summit Networks. For more details, see the State of Utah 2019-20 Benefits Summary. Find it at www.pehp.org/openenrollment or email publications@pehp.org

## STAR HSA Plan

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Double</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Annual Cost</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employer Money for Your HSA**</td>
<td>$791.96</td>
<td>$1,583.92</td>
<td>$1,583.92</td>
</tr>
<tr>
<td>Medical Deductible</td>
<td>$1,500</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum Medical &amp; Pharmacy</td>
<td>$3,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Plan Benefits</td>
<td>Pays covered benefits generally at 80% (using in-network providers, after deductible).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\*Deductible does not apply to Out-of-Pocket Maximum.

### Special Note

If you enroll in Consumer Plus Plan this year, you can't switch to the Traditional Plan next open enrollment. You'll have to enroll in the STAR HSA Plan first before you can switch to the Traditional Plan.

## Traditional Plan

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Double</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Annual Cost</td>
<td>$583.18</td>
<td>$1,202.50</td>
<td>$1,605.50</td>
</tr>
<tr>
<td>Employer Money for Your HSA**</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Medical Deductible</td>
<td>$350</td>
<td>$700</td>
<td>$700</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum Medical &amp; Pharmacy</td>
<td>$6,000</td>
<td>$6,000</td>
<td>$9,000</td>
</tr>
<tr>
<td>Plan Benefits</td>
<td>Pays covered benefits generally at 80% (using in-network providers, after deductible).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Deductible does not apply to Out-of-Pocket Maximum.

### Special Note

If you enroll in Traditional Plan this year, you can't switch to the Consumer Plus Plan next open enrollment. You'll have to enroll in the STAR HSA Plan first before you can switch to the Consumer Plus Plan.

## Consumer Plus Plan

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Double</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Annual Cost</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employer Money for Your HSA**</td>
<td>$1,824.68</td>
<td>$3,649.62</td>
<td>$3,649.62</td>
</tr>
<tr>
<td>Medical Deductible</td>
<td>$3,000</td>
<td>$6,050</td>
<td>$6,050</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum Medical &amp; Pharmacy</td>
<td>$6,100</td>
<td>$12,100</td>
<td>$12,100</td>
</tr>
<tr>
<td>Plan Benefits</td>
<td>Covers fewer services, generally at 70% (using in-network providers, after deductible).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Special Note

If you enroll in Consumer Plus Plan this year, you can't switch to the Traditional Plan next open enrollment. You'll have to enroll in the STAR HSA Plan first before you can switch to the Traditional Plan.

**You can also contribute. See page 8 for 2019 HSA contribution limits.**
Plans at a Glance

**STAR HSA Plan**
- The STAR HSA Plan provides 8% higher benefit than the Traditional Plan.
- Your employer puts money into an HSA for health-related expenses to offset a higher deductible.
- HSA funds carry over from year-to-year and grow tax-free. You never forfeit what you don’t spend. Save for healthcare and retirement expenses.
- It covers the most preventive care services paid at 100% compared to other plans.
- Certain preventive medications are now covered before you meet your deductible. See page 20.

The STAR HSA Plan is likely your better choice, unless:
- Costs for just one individual’s treatment is enough to reach the STAR HSA Plan out-of-pocket maximum, and the rest of your family’s claims are minimal.
- You don’t have enough accumulated in your HSA to pay for a known, high drug expense at the beginning of the plan year.

**Traditional Plan**
- You pay a portion of the plan from your paycheck and don’t receive HSA contributions from your employer.
- It has a lower deductible and gives you predictable costs through fixed co-pays.
- Each family member has their own deductible and out-of-pocket maximum.
- Deductible does not apply to out-of-pocket maximum.

**Consumer Plus Plan (formerly Utah Basic Plus)**
- Essential benefit plan with catastrophic coverage.
- Similar to the STAR HSA Plan with a higher deductible, lower coinsurance, fewer covered benefits.
- Your employer puts more money into an HSA for health-related expenses than the STAR HSA Plan to offset a higher deductible.
Employer HSA Funds

If you’re on the STAR HSA or Consumer Plus plan, you can convert 25% or 50% of your employer HSA contribution into income.

» If you choose to convert your employer HSA funds, please note it is taxable income. You will receive a check and W-2 from PEHP.

» You save in taxes by keeping the money in your HSA.

» To convert a portion of your employer HSA funds into your income, log in to your PEHP account, go to “Online Enrollment” and choose how much. We can also help. Contact us at 801-366-7503 or 800-753-7703.

<table>
<thead>
<tr>
<th>2019 HSA Contribution Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single</strong></td>
</tr>
<tr>
<td>$3,500</td>
</tr>
<tr>
<td><strong>Double</strong></td>
</tr>
<tr>
<td>$7,000</td>
</tr>
<tr>
<td><strong>Family</strong></td>
</tr>
<tr>
<td>$7,000</td>
</tr>
</tbody>
</table>
## Biweekly Medical Rates

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Employer (biweekly)</th>
<th>Biweekly Employer HSA Contribution</th>
<th>Employee (What you pay, biweekly)</th>
<th>Total biweekly cost of plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAR HSA Plan (Summit or Advantage Network)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$214.38</td>
<td>$30.46 *</td>
<td>0</td>
<td>$244.84</td>
</tr>
<tr>
<td>Double</td>
<td>$443.89</td>
<td>$60.92 *</td>
<td>0</td>
<td>$504.81</td>
</tr>
<tr>
<td>Family</td>
<td>$613.00</td>
<td>$60.92 *</td>
<td>0</td>
<td>$673.92</td>
</tr>
<tr>
<td><strong>STAR HSA Plan (Preferred Network)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$214.38</td>
<td>$30.46 *</td>
<td>$66.93</td>
<td>$311.77</td>
</tr>
<tr>
<td>Double</td>
<td>$443.89</td>
<td>$60.92 *</td>
<td>$138.65</td>
<td>$643.46</td>
</tr>
<tr>
<td>Family</td>
<td>$613.00</td>
<td>$60.92 *</td>
<td>$192.09</td>
<td>$866.01</td>
</tr>
<tr>
<td><strong>Traditional Plan (Summit or Advantage Network)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$249.61</td>
<td>N/A</td>
<td>$22.43</td>
<td>$272.04</td>
</tr>
<tr>
<td>Double</td>
<td>$514.65</td>
<td>N/A</td>
<td>$46.25</td>
<td>$560.90</td>
</tr>
<tr>
<td>Family</td>
<td>$687.05</td>
<td>N/A</td>
<td>$61.75</td>
<td>$748.80</td>
</tr>
<tr>
<td><strong>Traditional Plan (Preferred Network)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$244.84</td>
<td>N/A</td>
<td>$113.18</td>
<td>$358.02</td>
</tr>
<tr>
<td>Double</td>
<td>$504.81</td>
<td>N/A</td>
<td>$233.41</td>
<td>$738.22</td>
</tr>
<tr>
<td>Family</td>
<td>$673.92</td>
<td>N/A</td>
<td>$311.57</td>
<td>$985.49</td>
</tr>
<tr>
<td><strong>Consumer Plus Plan (Summit or Advantage Network)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$174.66</td>
<td>$70.18 *</td>
<td>0</td>
<td>$244.84</td>
</tr>
<tr>
<td>Double</td>
<td>$364.45</td>
<td>$140.37*</td>
<td>0</td>
<td>$504.82</td>
</tr>
<tr>
<td>Family</td>
<td>$533.55</td>
<td>$140.37*</td>
<td>0</td>
<td>$673.92</td>
</tr>
<tr>
<td><strong>Consumer Plus Plan (Preferred Network)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$174.66</td>
<td>$70.18 *</td>
<td>$53.29</td>
<td>$298.13</td>
</tr>
<tr>
<td>Double</td>
<td>$364.45</td>
<td>$140.37*</td>
<td>$111.37</td>
<td>$616.19</td>
</tr>
<tr>
<td>Family</td>
<td>$533.55</td>
<td>$140.37*</td>
<td>$164.82</td>
<td>$838.74</td>
</tr>
</tbody>
</table>

* 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.

## Biweekly Dental Rates

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Employer</th>
<th>Employee (What you pay, biweekly)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEHP Preferred Choice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$11.85</td>
<td>$1.32</td>
<td>$13.17</td>
</tr>
<tr>
<td>Double</td>
<td>$22.01</td>
<td>$2.45</td>
<td>$24.46</td>
</tr>
<tr>
<td>Family</td>
<td>$40.07</td>
<td>$4.45</td>
<td>$44.52</td>
</tr>
<tr>
<td>PEHP Traditional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$11.85</td>
<td>$2.39</td>
<td>$14.24</td>
</tr>
<tr>
<td>Double</td>
<td>$22.01</td>
<td>$4.42</td>
<td>$26.43</td>
</tr>
<tr>
<td>Family</td>
<td>$40.08</td>
<td>$8.06</td>
<td>$48.14</td>
</tr>
<tr>
<td>Regence Expressions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$12.22</td>
<td>$9.86</td>
<td>$22.08</td>
</tr>
<tr>
<td>Double</td>
<td>$22.69</td>
<td>$17.39</td>
<td>$40.08</td>
</tr>
<tr>
<td>Family</td>
<td>$41.31</td>
<td>$30.85</td>
<td>$72.16</td>
</tr>
</tbody>
</table>

## Biweekly Vision Rates

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Employee</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EyeMed Full</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$3.40</td>
<td></td>
</tr>
<tr>
<td>Double</td>
<td>$5.56</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$7.71</td>
<td></td>
</tr>
<tr>
<td><strong>Opticare Full</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$3.83</td>
<td></td>
</tr>
<tr>
<td>Double</td>
<td>$6.10</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$9.04</td>
<td></td>
</tr>
<tr>
<td><strong>EyeMed, Eyewear Only</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$2.94</td>
<td></td>
</tr>
<tr>
<td>Double</td>
<td>$4.67</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$6.40</td>
<td></td>
</tr>
<tr>
<td><strong>Opticare, Eyewear Only</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$2.94</td>
<td></td>
</tr>
<tr>
<td>Double</td>
<td>$4.46</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$6.29</td>
<td></td>
</tr>
</tbody>
</table>
## Dental Comparison

<table>
<thead>
<tr>
<th>DENTAL PLAN</th>
<th>PEHP Preferred Choice</th>
<th>PEHP Traditional</th>
<th>Regence Expressions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>It has a small deductible that doesn’t apply to preventive services. Pays 80% of in-network rate for X-rays and cleanings.</td>
<td>It has no deductible. Pays 100% of in-network rate for X-rays and cleanings.</td>
<td>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.</td>
</tr>
</tbody>
</table>
| **Biweekly Rates** | Single: $1.32  
Double: $2.45  
Family: $4.45 | Single: $2.39  
Double: $4.42  
Family: $8.06 | Single: $9.86  
Double: $17.39  
Family: $30.85 |
| **Deductible** | $25 per member  
up to $75 per family | Not Applicable | Not Applicable |
| **Maximum Yearly Benefit** | $1,500 per member | $1,500 per member | $1,500 per member |
| **Networks** | Both PEHP plans share the same provider network. | 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. | |
| **Important Note**: If you use an out-of-network dentist, your benefit will be 20% less and you may be balance billed. | |

**PEHP Value Clinics** 10% discount on what you would normally pay an in-network provider; see page 18.

**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.
Summit

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

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital
- Brigham City Community Hospital

Cache County
- Cache Valley Hospital

Carbon County
- Castleview 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
- Jordan Valley Hospital - West
- Lone Peak Hospital
- Primary Children's Medical Center

Salt Lake County (cont.)
- 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 Regional 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

Out-of-State – Colorado
- St. Mary's Hospital – Grand Junction
- Southwest Memorial Hospital – Cortez

No-Pay Providers
PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. Find participating providers and see a list of No-Pay Providers 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
- Castleview Hospital

Davis County
- Intermountain Layton 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
- Alta View Hospital
- Intermountain Medical Center
- The Orthopedic Specialty Hospital (TOSH)
- LDS Hospital

Salt Lake County (cont.)
- 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 Regional 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

Out-of-State – Colorado
- St. Mary's Hospital – Grand Junction
- Southwest Memorial Hospital – Cortez

Preferred

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

*Formerly IASIS
Network Considerations

With both networks you get access to hospitals and doctors' offices, where prices can vary. The Summit network provides more cash back (§) opportunities for certain services. See sample procedures and price estimates for both networks below.

**ADVANTAGE**  Price estimates for Intermountain Healthcare hospitals

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Doctor's Office</th>
<th>Surgery/Imaging Center</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>$956</td>
<td>$988</td>
<td>$1,672-2,495</td>
</tr>
<tr>
<td>Back MRI</td>
<td>$326</td>
<td>Not Available</td>
<td>$1,400</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>Not Available</td>
<td>Not Available</td>
<td>$24,918-35,007</td>
</tr>
</tbody>
</table>

**SUMMIT**  Price ranges for Steward (formerly IASIS), MountainStar, University of Utah, surgical centers, imaging centers

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Doctor's Office</th>
<th>Surgery/Imaging Center</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>$1,057</td>
<td>$1,673</td>
<td>$1,750-2,805</td>
</tr>
<tr>
<td>Back MRI</td>
<td>$327</td>
<td>$601</td>
<td>$1,797</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>Not Available</td>
<td>$14,685</td>
<td>$30,926-36,665</td>
</tr>
</tbody>
</table>

*For illustrative purposes only. Based on PEHP average-cost data from February 2019 using cost comparison tool. Costs may vary. Estimates shown reflect the total cost — not necessarily your portion of the cost.

**Compare Medical Costs by Network**

Log in to your PEHP account, then click on the “Find a Provider & Costs” icon on the top right. Compare price differences for medical services between the Advantage and Summit networks. Choose a network and then click on “Find and Compare Costs” tab. You’ll see prices for your chosen treatment by type of facility. Learn more on pages 13-14.

**Using Your Out-of-Network Benefit**  Under this benefit, PEHP credits up to 100% of the in-network rate toward your remaining deductible for services from a non-contracted provider. Once you reach your deductible, PEHP pays 20% less than normal, including after you reach your out-of-pocket maximum. This ensures you receive some benefit when you either mistakenly or purposefully use a non-contracted provider. Because there is no contract with PEHP, you may be subject to balance billing unless you have negotiated a price with the provider.

**Seeking Reimbursement for Cash Payments**  You may elect to pay cash for covered medical services. Check your Benefits Summary to see which services are allowed out-of-network. When you do obtain eligible services, just submit your receipt to PEHP for reimbursement or credit towards your deductible. PEHP will follow the same process and rules in paying for the claim as if submitted by a provider. For services beyond what PEHP covers, see if you can use HSA or Flex funds, which come under much broader IRS rules.
Search by medical services to find providers and costs using PEHP’s new and improved Cost Comparison Tool. Plus, find cash back opportunities.

**To get started**
Log in to your PEHP account at www.pehp.org. Next, click on the “Find a Provider and Costs” icon on the top right, then choose your network.

Under the “Find & Compare Costs” tab, you can search by medical services. You’ll see cost information for services based on past claims PEHP processed.

Your search results will display common procedures to give you a better idea of total costs at different locations where the service has been performed.

Learn more:
www.pehp.org/general/how-to-use-cost-saving-tools

---

**See Other Side for Cash Back Information**
Get Cash Back

PEHP offers cash back opportunities for certain medical services performed by lower-cost providers. The amount of cash back can range from $50 to $2,000.

**Eligible services include:**
- Colonoscopies
- Some outpatient surgeries
- Some inpatient stays
- MRIs and CT scans
- Some medications
- Pharmacy tourism

**We Pay, You Save**
1. PEHP pays you for using lower-cost providers through a cash back program created by the Legislature.
2. Not only do you get cash back, it saves you money on deductibles and co-insurance.
3. You help keep overall healthcare costs down and help preserve your benefits.

**How is Cash Back Determined?**
The amount eligible for cash back depends on the amount of savings available in your network for a specific service. Cash back can range between $50 and $2,000. Cash back is only available if PEHP is your primary insurance.

**How to Find & Apply for Cash Back Opportunities**

1. **Log in to Your PEHP Account**
   When you log in to your PEHP account at www.pehp.org, click on the “Find a Provider and Costs” icon on the top right, then choose your network.

2. **Search for Medical Services**
   Under the “Find & Compare Costs” tab, you can search by medical services. You’ll see cost information for services based on past claims PEHP processed. Your search results will display common services based on the treatment you entered to give you a better idea of total costs at different locations where the service has been performed. For each location, you’ll see a list of providers who have performed your desired treatment.

3. **See Cash Back Opportunities & Apply**
   If cash back is available for the service, you’ll see a cash back indicator next to the location and provider name. **To qualify for cash back, you must contact PEHP at 801-366-7555 or through the secure Message Center before receiving services.** A Health Benefits Advisor will help you determine where to go for the best value and tell you how much cash back you can expect to receive. When you call and apply, you’ll have 90 days to get the service done. Once PEHP has processed your claim, please allow up to 60 days to receive your cash back. Please note this is taxable income and FICA is withheld. All PEHP cash back incentives cannot exceed $3,900 per calendar year.
Get the Best Care by Asking 5 Questions

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

1. How will this treatment help me?
According to the Institutes of Medicine, more than 30% (or $750B) of healthcare is unnecessary, which is more than we spend on K-12 education as a nation. This is not only wasteful, but can subject patients to avoidable complications. Make sure you know how care will help you.

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

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

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

5. How much will this cost?
No one likes to think about costs when it comes to getting the healthcare you need. But it would be a mistake to believe that expensive care is the best care in every situation or that providers who operate in a business environment are not aware of how the cost of care impacts their bottom line. Don’t be afraid to ask about costs. A drug that costs $5 can be better than one that costs $500 and a lab that costs $10 is no different than one that costs $100.
Need Immediate Care? Consult a Doctor Remotely

A Fast, Easy Way to See a Doctor »

Families have access to care 24/7/365 (even on holidays) for urgent, low-level needs such as:
» Eye infections
» Painful urination
» Joint pain or strains
» Minor skin problems

Intermountain Connect Care »
» Summit
» Advantage
» Preferred

University of Utah Health Virtual Visits »
» Summit only

If You’re on the Traditional Plan
Each on-demand doctor consultation costs only a $10 co-pay.

If You’re on the STAR HSA Plan
Each on-demand doctor consultation costs only $49 before you meet your deductible. After your deductible is met, you pay only a $10 co-pay.

Download the app from the Google Play Store or iTunes App Store.
Expanded preventive medications means that PEHP will pay a portion of the drug cost for some STAR plans even before you meet your deductible. Check your benefit summary for plan coverage details as not all STAR plans include this benefit. Make sure to visit an in-network pharmacy to receive this benefit.

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

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

### Respiratory
- **ANTICHOLINERGICS**
  - ipratropium bromide solution
- **INHALED CORTICOSTEROIDS**
  - ProAir HFA inhaler
  - ProAir RespiClick
  - QVAR inhaler
  - Ventolin inhaler
- **SABA/ANTICHOLINERGICS**
  - ipratropium-albuterol inhaler
  - ipratropium-albuterol nebulized
- **SHORT ACTING BETAGONISTS**
  - albuterol ER tablets
  - albuterol nebulized
  - albuterol syrup
  - albuterol tablets

### Osteoporosis
- **MISCELLANEOUS**
  - alendronate

### Renin/Angiotensin System Antagonist (ACEi/ARB)
- enalapril
  - fosinopril
  - irbesartan
  - lisinopril
  - losartan
  - quinapril
  - ramipril
  - trandolapril
  - verapamil
  - verapamil ER

### Diuretics
- amiloride
- bumetanide
- chlorothiazide
- chlorthalidone
- furosemide solution
- furosemide tablets
- hydrochlorothiazide capsules
- hydrochlorothiazide tablets
- indapamide
- methazolamide
- methyclothiazide
- spironolactone
- torsemide

### Vasodilators
- hydralazine
- isosorbide
Need Vision Coverage?

Several Ways to Address Your Vision Needs » Some members get vision exams through PEHP and shop for frames and lenses using pre-tax dollars. Others buy a vision plan to cover the bulk of vision costs. Do the math to see what’s best for you. Here’s a summary.

With the STAR HSA Plan  
Did you know that members on the STAR HSA Plan get one annual vision exam covered at 100% before deductible? If you’re on The STAR HSA plan, take advantage of this great benefit to get a prescription from your doctor for lenses. Then shop around and use HSA dollars to pay for lenses and frames tax-free.

With the Traditional Plan  
A vision exam costs only a $35 co-pay for most specialists. Once you get your prescription, shop for the best deal on frames and lenses. Use FLEX$ money to pay for the eyewear with pre-tax dollars.

Funding Through Opticare  
You get your choice of two plans. One covers eyewear only while the other includes an eye exam. You may get a discount on frames from the sticker price. If you choose the eye-exam plan you would run the cost through Opticare and pay $10 for the visit compared to the $35 or no charge on PEHP.

Funding Through EyeMed  
You get your choice of two plans. One covers eyewear only while the other includes an eye exam. You may get a discount on frames from the sticker price. If you choose the eye-exam plan you would run the cost through EyeMed and pay $10 for the visit compared to the $35 or no charge on PEHP.
Insurance Basics » Plans

**Your Health Plan** » Your plan determines how PEHP pays benefits. The STAR HSA, Traditional, and Consumer 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 HSA 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 HSA 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 HSA 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 HSA Plan, not on the Traditional Plan.
Insurance Basics » Networks

**Provider Network** » Your network determines which healthcare providers you see. Choose among three – Summit, Advantage, and Preferred.

- **In-Your-Network**
  - **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 for the amount you pay by submitting the Self-Pay Medical Form. Call PEHP at 801-366-7555 for more information.

- **Out-of-Network**
  - **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.

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

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

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

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

Follow us on social media and watch PEHP informational videos

How to use PEHP Cost Comparison Tool

Know Your Network

Monthly Tips to Maximize Your Benefits


Understanding the STAR HSA Plan

PEHP Member Guide

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.

Read it online: pehp.org/healthcaretopics
Email us for a printed copy: publications@pehp.org
CUSTOMER SERVICE
801-366-7555 or 800-765-7347
Weekdays from 8 a.m. to 5:30 p.m.
Have your PEHP ID or Social Security number on hand for faster service. Foreign language assistance available.

GROUP TERM LIFE AND AD&D
» PEHP Life and AD&D
801-366-7495

HEALTH SAVINGS ACCOUNTS (HSA)
» PEHP FLEX$ Department
801-366-7503 or 800-753-7703

» HealthEquity
866-960-8058
www.healthequity.com/stateofutah

SAVINGS PROGRAM
» PEHPplus
www.pehp.org/plus
Provides savings of up to 60% on healthy lifestyle products and services. From eyeglasses and gyms to acupuncture and massage, there’s a wide variety of discounts for PEHP members. We frequently add new discounts, categories, and vendors, so check back often.

PEHP PHARMACY CUSTOMER SERVICE
801-366-7551 or 888-366-7551

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

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

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

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

ONLINE ENROLLMENT HELP LINE
801-366-7410 or 800-753-7410

BENEFITS SUMMARY
Read the 2019-20 State of Utah Benefits Summary for more detailed information about your benefits.

To request printed copies of this Open Enrollment Guide, email publications@pehp.org.

Benefit Fair 24/7
This convenient, interactive overview of all State of Utah benefits includes medical, dental, life, retirement benefits, and more.

» See Tutorial at www.pehp.org/openenrollment/efair