

Your To-Do Checklist

1 Medical Options

- STAR HSA Plan
- Traditional Plan
- Consumer Plus Plan

2 Network Options

- Summit
- Advantage

3 Dental Options

- Preferred
- Traditional
- Regence Expressions
- Basic HSA Dental
- Discount HSA Dental

If you're happy with your current benefits, you don't need to do anything, except re-enroll in FLEX\$ if you have a FLEX\$ account. If you have other qualifying medical and/or dental coverage, you can enroll in the Opt-Out Cash Benefit.

Navigating This Guide

Click the icons below for detailed information about each topic

Benefit Changes & Reminders	Medical Networks	Health Accounts
Things to Consider	Dental Plans	Wellness & Other Benefits
Medical Plans	Dental Grids	Cost Tools
Plans at a Glance	Vision Coverage	Life & Accident
Medical Grids	Plan Rates	Optional State Benefits

Enroll online and see other State of Utah benefits at www.pehp.org/stateofutah/openenrollment

Benefit Changes & Reminders

Preferred Network No Longer Available

Effective July 1, 2022 the Preferred Network will no longer be available by your employer. This means you may only elect the Advantage or Summit Network. See hospital list on [page 16](#).

Assisted Reproductive Technology

A \$4,000 benefit is available each time In Vitro Fertilization Services are used to implant a single embryo.

Other Insurance Coverage?

If you have other qualifying medical or dental coverage, you can sign up for the Opt-out Cash Benefit during open enrollment and get cash added to your salary. **Opt-out of coverage through your Medical and Dental online enrollment.**

PEHP Cost Tools

Use PEHP Cost Tools to keep more money in your pocket and find cash back. Learn more at www.pehp.org/save.

Life Event During Open Enrollment

If you have a life event, such as a child/adoption, marriage/divorce, or lose other insurance coverage during Open Enrollment, make sure to add/drop coverage using the “Midyear Event” section of online enrollment to ensure coverage begins or ends the correct date.

Life Assistance Counseling

You have access to *free* life assistance counseling through Blomquist Hale. Learn more at www.blomquisthale.com

Do We Have Your Current Contact Information?

It’s important that we have your correct address to ensure claims are processed correctly and you receive cash back, if applicable. Log in to your PEHP account and click on “Update Contact Information” under your account on the top right.

Still Eligible for HSA?

If your eligibility has changed, please be aware of your benefit options.

Need Help Deciding?

Send your questions to openrollment@pehp.org

» PEHP specialist Taylor Hooton





Things to Consider before choosing medical plan

1 How often do you use your medical plan?

- If you only have routine or office visits, switching to a lower-cost plan and paying the full cost of office visits may be more cost-effective. What's more important: lower upfront costs (Traditional Plan) or more take home pay (STAR HSA plan)?
- Chronic conditions, prescriptions, specialists, etc. How much did you spend on these things last year? The year before?
- Anything on the horizon - having a child, upcoming surgery or service?

Did you know?

You can download your claims history from your PEHP account to see how much you spend on healthcare in an average year.

2 How much will covered healthcare cost you?

Annual premium - see [pages 4-5](#) for plan amounts

- Remember, this is deducted from your paycheck whether you go to the doctor or not.

Deductible & Out-of-Pocket Maximum (OOPM)

- Traditional Plan: copays go towards your OOPM, but not your deductible. Your total out of pocket costs would be the deductible + OOPM. Remember, each person has their own individual deductible & OOPM until the double/family limits are met.
- STAR HSA & Consumer Plus: The OOPM is the most you will pay in a year for covered in-network services. Your OOPM includes what you've paid in your deductible.

3 What about a Flexible Savings Account (FSA) or Health Savings Account (HSA)?

FSA - You are choosing how much to set aside for healthcare costs, and funding your own account with pre-tax dollars. The benefit is saving in taxes and having access to FSA dollars upfront to spend on healthcare; however, you may risk losing money at the end of the year if the funds aren't spent.

HSA - Your employer is funding your HSA depending on how many people are on your plan (Single, Double, Family), which covers more than half of your deductible! You have the option to add your payroll contributions too, and this money rolls over year-to-year if you don't spend it!

Did you know?

FSA and HSA funds can be used to pay for more than just services covered by your medical, dental, or vision plan. You can also use funds for braces, LASIK, glasses/contacts, certain over-the-counter medications, and more. Search for qualifying expenses at <https://healthequity.com/qme>.

Medical Plans

A

STAR HSA Plan

■ Single ■ Double ■ Family

Your Annual Cost

Single
\$132.34

Double
\$273.26

Family
\$375.70

Employer HSA Contribution 
Funds are deposited twice per year.

Single
\$909.22

Double
\$1,826.76

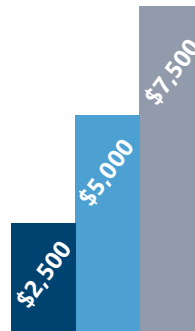
Family
\$1,918.54

You can convert 25% or 50% of employer HSA contribution into cash.

Medical Deductible
Medical & Pharmacy



Out-of-Pocket Maximum (OOPM)
Medical & Pharmacy



Plan Benefits

PEHP pays 80% coinsurance after deductible and you pay 20% coinsurance until you reach your OOPM.

Review coverage and benefit details on [page 7](#).

B

Traditional Plan

Your Annual Cost

Single
\$676.78

Double
\$1,395.16

Family
\$1,862.64

Employer HSA Contribution 
Funds are deposited twice per year.

Single
\$0

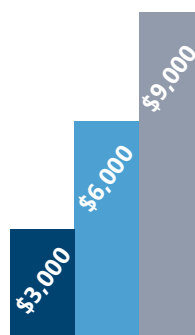
Double
\$0

Family
\$0

Medical Deductible
Medical & Pharmacy



Out-of-Pocket Maximum*
Medical & Pharmacy



Plan Benefits

Review coverage and benefit details on [page 10](#).

*per individual

SEE [CONSUMER PLUS PLAN AND OPT-OUT CASH BENEFIT](#)

Medical Plans (continued)

C

Consumer Plus Plan

Your Annual Cost

Single
\$0

Double
\$0

Family
\$0

Employer 
HSA Contribution
Funds are deposited twice per year.
Single
\$1,824.68

Double
\$3,649.62

Family
\$3,649.62

You can convert 25%, 50%, 75% or 100% of employer HSA contribution into cash.

■ Single ■ Double ■ Family

Medical Deductible
Medical & Pharmacy



Out-of-Pocket Maximum
Medical & Pharmacy



Plan Benefits

PEHP pays 70% coinsurance after deductible and you pay 30% coinsurance until you reach your OOPM.

Review coverage and benefit details on [page 13](#).

D

Opt-Out Cash Benefit

If you have other medical insurance coverage, you can opt-out of PEHP medical coverage in exchange for more money in each paycheck.

» **Single: \$76.93 per paycheck**

» **Double/Family: \$153.85 per paycheck**

» To opt-out, go to the Medical section of online enrollment. Click "Change" then select "Opt Out" from the available plans.

» Income is subject to tax.

» Please do not cancel/terminate your current medical plan. You must enroll in the Opt-Out option by June 10.

SEE STAR AND TRADITIONAL PLANS



Plans at a Glance

A STAR HSA Plan

- » You pay 2% of the premium, and the State pays 98%.
- » You get money in 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.
- » If you're not eligible for an HSA, you can still receive the contribution amount in an employer-funded HRA account.
- » It covers more [preventive services](#) paid at 100% compared to other plans, including chronic medications like diabetes. See a list of medications on page 19 of the Covered Drug List at www.pehp.org/pharmacy.

B Traditional Plan

- » You pay 8% of the premium, and the State pays 92%.
- » 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.
- » You have the option to add on a Flexible Spending Account (FLEX\$) for qualified health expenses, which is funded through pre-tax payroll deductions.

C Consumer Plus Plan

- » Essential benefit plan with catastrophic coverage.
- » Similar to the STAR HSA Plan with a higher deductible, lower coinsurance, but fewer covered benefits and medications. See the Medical Grids and [Consumer Plus Covered Drug List](#) for what is covered.
- » Your employer puts more money into an HSA or HRA for health-related expenses than the STAR HSA Plan to offset a higher deductible.
- » You can participate in wellness programs, including Healthy Utah testing sessions; however, you're **not** eligible for rebates.



STAR HSA

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Percentages indicate your share of PEHP's In-Network Rate.

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$1,500 Double/family plans: \$3,000 <i>One person or a combination can meet the \$3,000 double/family deductible</i>	
Plan year Out-of-Pocket Maximum	Single plans: \$2,500 Double plans: \$5,000 Family plans: \$7,500 <i>One person or a combination can meet the \$7,500 family maximum</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	40% after deductible
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit after deductible	Not applicable
PEHP Value Clinics	Medical: 20% after deductible	Not applicable
Primary Care Visits <i>Includes office surgeries and inpatient visits</i>	20% after deductible	40% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</i>	20% after deductible	40% after deductible
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	20% after deductible	20% after deductible
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
Mental Health and Substance Abuse <i>Treatment for Autism at in-network providers only, requires Preauthorization</i>	20% after deductible	40% after deductible
PRESCRIPTION DRUGS <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost. \$25 minimum, no maximum co-pay Tier 3: 50% of discounted cost. \$50 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost. \$50 minimum, no maximum co-pay Tier 3: 50% of discounted cost. \$100 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

*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. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
PRESCRIPTION DRUGS <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Tier A: 40%. No maximum co-pay Tier B: 50%. No maximum co-pay
Specialty Medications, through Home Health or Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C1: 10%. No maximum co-pay Tier C2: 20%. No maximum co-pay Tier C3: 30%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	20% after deductible	40% after deductible
Urgent Care Facility	20% after deductible	40% after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% after deductible	20% after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	40% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year.</i>	20% after deductible	40% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	20% after deductible	40% after deductible
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require Preauthorization. See Master Policy for details</i>	20% after deductible	40% after deductible
Skilled Nursing Facility <i>Non-custodial. Up to 60 days per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
Hospice	20% after deductible	40% after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
Mental Health & Substance Abuse <i>All services require Preauthorization. Residential Treatment benefit: up to 60-day limit applies, no out-of-network coverage</i>	20% after deductible	40% after deductible

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption / Assisted Reproductive Technology (ART) <i>See Master Policy for benefit limits. ART requires Preauthorization. Excludes multiple-embryo ART implants</i>	20% after deductible, up to \$4,000 per adoption or up to \$4,000 per single-embryo ART implant	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care <i>Up to 10 visits per plan year</i>	20% after deductible	Not covered
Durable Medical Equipment <i>Some DME requires Preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
Medical Supplies <i>See Master Policy for benefit limits</i>	20% after deductible	40% after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year</i>	20% after deductible	40% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	20% after deductible	40% after deductible
Infertility Services <i>Select services only. See Master Policy for details.</i>	20% after deductible	40% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	20% after deductible	40% after deductible



Traditional (Non-HSA)

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Percentages indicate your share of PEHP's In-Network Rate.

In-Network Provider

Out-of-Network Provider*

Balance billing may apply

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Does not apply to Out-of-Pocket Maximum</i>	Single plans: \$350 Double/family plans: \$350 per person, \$700 per family <i>One person cannot meet more than \$350</i>	
Plan year Out-of-Pocket Maximum <i>Please refer to the Master Policy for exceptions to the out-of-pocket maximum.</i>	Single plans: \$3,000 Double plans: \$3,000 per person, \$6,000 per double Family plans: \$3,000 per person, \$9,000 per family <i>One person cannot meet more than \$3,000</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	40% after deductible
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit	Not applicable
PEHP Value Clinics	\$10 co-pay per visit	Not applicable
Primary Care Visits <i>Does not include office surgeries and inpatient visits</i>	\$25 co-pay per visit IHC: \$35 co-pay per visit for Summit network University of Utah Medical Group: \$35 co-pay per visit	40% after deductible
Specialist Visits <i>Does not include office surgeries and inpatient visits</i>	\$35 co-pay per visit IHC: \$45 co-pay per visit for Summit network University of Utah Medical Group: \$45 co-pay per visit	40% after deductible
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	\$35 co-pay per visit	\$35 co-pay per visit
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
Mental Health and Substance Abuse <i>Treatment for Autism at in-network providers only, requires Preauthorization</i>	\$35 co-pay per visit University of Utah Medical Group: \$45 co-pay per visit	40% after deductible
PRESCRIPTION DRUGS <i>For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost. \$25 minimum, no maximum co-pay Tier 3: 50% of discounted cost. \$50 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost. \$50 minimum, no maximum co-pay Tier 3: 50% of discounted cost. \$100 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

*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. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

State of Utah 2022-23 » Medical Benefits Grid » Traditional

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
SPECIALTY DRUGS For Drug Tier info, see the Covered Drug List at www.pehp.org		
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% after deductible. No maximum co-pay Tier B: 30% after deductible. No maximum co-pay	Tier A: 40% after deductible. No maximum co-pay Tier B: 50% after deductible. No maximum co-pay
Specialty Medications, through Home Health or Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C1: 10%. No maximum co-pay Tier C2: 20%. No maximum co-pay Tier C3: 30%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	20% after deductible	40% after deductible
Urgent Care Facility	\$45 co-pay per visit	40% after deductible
Emergency Room <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
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	20% after deductible	40% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	40% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year.</i>	Applicable co-pay per visit	40% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	20% after deductible	40% after deductible
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	20% after deductible	40% after deductible
Skilled Nursing Facility <i>Non-custodial. Up to 60 days per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
Hospice	20% after deductible	40% after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
Mental Health & Substance Abuse <i>All services require Preauthorization. Residential Treatment benefit: up to 60-day limit applies, no out-of-network coverage</i>	20% after deductible	40% after deductible

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption / Assisted Reproductive Technology (ART) <i>See Master Policy for benefit limits. ART requires Preauthorization. Excludes multiple-embryo ART implants</i>	20% after deductible, up to \$4,000 per adoption or up to \$4,000 per single-embryo ART implant	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care <i>Up to 10 visits per plan year</i>	Applicable office co-pay per visit	Not covered
Durable Medical Equipment <i>Some DME requires Preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
Medical Supplies <i>See Master Policy for benefit limits</i>	20% after deductible	40% after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year</i>	20% after deductible	40% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	20% after deductible	40% after deductible
Infertility Services <i>Select services only. See Master Policy for details</i>	20% after deductible	40% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details</i>	20% after deductible	40% after deductible

State of Utah 2022-23 » Consumer Plus » Benefits Grids

Important Notice: Consumer Plus is administered by its own Master Policy. The benefits are different from the Traditional or STAR plans. Find details in the Consumer Plus Master Policy.

You may not select Consumer Plus unless you are currently on The STAR Plan.

If you choose Consumer Plus, you must enroll in an HSA-qualified plan the next enrollment period.



MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Percentages indicate your share of PEHP's In-Network Rate.

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$3,000 Double/family plans: \$6,000 <i>One person or a combination can meet the \$6,000 double/family deductible</i>	
Plan year Out-of-Pocket Maximum	Single plans: \$6,050 Double/family plans: \$12,100 <i>One person can only meet \$8,700, or a combination can meet the \$12,100 double/family maximum</i>	
WELLCARE PROGRAM ANNUAL ROUTINE CARE		
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	50% of In-Network Rate after deductible
Vision Screening <i>One time between ages 3 and 5</i>	No charge	50% of In-Network Rate after deductible
Pediatric Dental Services** <i>Routine cleaning, exams, x-rays and fluoride. Two times per plan year. Age 3 through the end of the month in which the Member turns 19 years of age. Sealants once every five years. See Master Policy for details.</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Pediatric Vision Services <i>Lenses only. One time per plan year. Age 3 through the end of the month in which the Member turns 19 years of age. Can see Provider of choice</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit after deductible	Not applicable
PEHP Value Clinics	Medical: 30% after deductible	Not applicable
Primary Care Visits <i>Includes office surgeries and inpatient visits</i>	30% after deductible	50% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</i>	30% after deductible	50% after deductible
Surgery and Anesthesia	30% after deductible	50% after deductible
Emergency Room Specialist Visits	30% after deductible	30% after deductible
Diagnostic Tests, Labs, X-rays	30% after deductible	50% after deductible
Mental Health and Substance Abuse <i>Treatment for Autism at in-network providers only, requires Preauthorization</i>	30% after deductible	50% after deductible

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

*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. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

**Payable only as secondary to a dental plan or if member does not have a separate dental plan.

State of Utah 2022-23 » Consumer Plus » Benefits Grids

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
PRESCRIPTION DRUGS <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
30-day Pharmacy <i>Retail only</i>	Preferred generic: 30% of discounted cost Preferred brand name: 30% of discounted cost	Plan pays up to the discounted cost. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	30% of In-Network Rate. No maximum Co-Insurance	Not covered
Specialty Medications, through Home Health or Accredo <i>Up to 30-day supply</i>	30% of In-Network Rate. No maximum Co-Insurance	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	30% after deductible	50% after deductible
Urgent Care Facility	30% after deductible	50% after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	30% after deductible	30% after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	30% after deductible	
Diagnostic Tests, Labs, X-rays	30% after deductible	50% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	30% after deductible	50% after deductible
Physical, Occupational and Speech Therapy <i>Outpatient – Up to 10 combined visits per plan year.</i>	30% after deductible	50% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	30% after deductible	50% after deductible
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	30% after deductible	50% after deductible
Skilled Nursing Facility and Rehabilitation <i>Non-custodial. Up to 30 days per plan year. Requires Preauthorization</i>	30% after deductible	50% after deductible
Hospice	30% after deductible	50% after deductible
Mental Health & Substance Abuse <i>All services require Preauthorization.</i>	30% after deductible	50% after deductible

State of Utah 2022-23 » Consumer Plus » Benefits Grids

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption <i>See Master Policy for benefit limits</i>	30% after deductible, up to \$4,000 per adoption	
Allergy Serum	30% after deductible	50% after deductible
Chiropractic care	Not covered	Not covered
Durable Medical Equipment <i>Some DME requires Preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	30% after deductible Summit Network: Alpine Home Medical	50% after deductible
Medical Supplies <i>See Master Policy for benefit limits</i>	30% after deductible	50% after deductible
Home Health/Skilled Nursing <i>Up to 30 visits per plan year</i>	30% after deductible	50% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	30% after deductible	50% after deductible
Infertility Services	Not covered	Not covered
Sleep Studies and Sleep Equipment	Not covered	Not covered
Temporomandibular Joint Dysfunction	Not covered	Not covered

Medical Networks

DID YOU KNOW?

Advantage and Summit cost you the same. In-network rates for services and facilities may be different between the two. Compare provider costs at www.pehp.org/providerlookup

PEHP Advantage

37 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

Network consists of predominantly Intermountain Healthcare (IHC) providers and facilities.

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
Intermountain Layton 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 Valley Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Hospital

Weber County

McKay-Dee Hospital

PEHP Summit

42 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

Network consists of predominantly Steward Health, MountainStar, and University of Utah hospitals & clinics providers and facilities.

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

Davis Hospital
Lakeview 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

Salt Lake County (cont)

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

St. George Regional Hospital

Weber County

Ogden Regional Medical Center

Non-Covered Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit.

[See a list of Non-Covered Providers.](#)

Dental Plans

Preferred

Your cost per paycheck	
Single	\$1.33
Double	\$2.47
Family	\$4.52

- » Small deductible that doesn't apply to preventive services
- » Pays 80% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » \$1,500 annual limit per member, per plan year

Traditional

Your cost per paycheck	
Single	\$2.41
Double	\$4.46
Family	\$8.16

- » No deductible
- » Pays 100% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » \$1,500 annual limit per member, per plan year

Regence Expressions

- » Plan administered by Regence Blue Cross Blue Shield of Utah

Your cost per paycheck	
Single	\$8.95
Double	\$15.63
Family	\$27.68

- » No deductible
- » Pays 100% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » \$1,500 annual limit per member, per plan year

[SEE MORE DENTAL OPTIONS](#)

IMPORTANT INFORMATION

Waiting Period » If you have been without dental coverage for more than 63 days, there is a waiting period of six months from the effective date of coverage for orthodontic, implant, and prosthodontic benefits. 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](#).



Dental Plans (continued)

Basic HSA Dental

- » Must be on STAR HSA or Consumer Plus medical plan
- » No cost to you per paycheck
- » Small deductible that doesn't apply to preventive services
- » Pays 100% of in-network rate for X-rays and cleanings
- » Covers ONLY cleanings, preventive services, cavities (no orthodontics)
- » \$500 annual limit per member
- » Annual HSA State contribution amounts
 - › Single: \$75
 - › Double: \$140
 - › Family: \$255
- » If you choose this plan, you're not eligible to enroll in Preferred Choice, Traditional or Regence Expressions for 3 years

Discount HSA Dental

- » Must be on STAR HSA or Consumer Plus medical plan
- » No cost to you per paycheck
- » Access to discounts, no insurance coverage
- » Annual HSA State contribution amounts
 - › Single: \$235
 - › Double: \$430
 - › Family: \$785
- » If you choose this plan, you're not eligible to enroll in Preferred Choice, Traditional or Regence Expressions for 3 years

Opt-Out Cash Benefit

- If you have other dental insurance coverage, you can opt-out of dental coverage in exchange for more money each paycheck
- » Single: \$3.85
 - » Double: \$7.70
 - » Family: \$15.39
- » To opt-out, go to the Dental section of online enrollment. Click "Change" then select "Opt-Out" from the available plans.
- » Income is subject to tax

[SEE MORE DENTAL OPTIONS](#)



EFFECTIVE: JULY 1, 2022–JUNE 30, 2023

OPEN ENROLLMENT: APRIL 13–JUNE 10, 2022

Preferred Dental Care

Traditional Dental Care

	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS				
Deductible <small>(Does not apply to diagnostic or preventive services)</small>	\$25 per person, \$75 maximum per family	\$25 per person, \$75 maximum per family	\$0	\$0
Annual Benefit Max	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$1,500 per person
DIAGNOSTIC	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Periodic Oral Examinations	\$0	20% of In-Network Rate	\$0	20% of In-Network Rate
X-rays	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
PREVENTIVE				
Cleanings and Fluoride Solutions	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
Sealants Permanent molars only through age 17	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
RESTORATIVE				
Amalgam Restoration	20% of In-Network Rate AD*	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
Composite Restoration	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
ENDODONTICS				
Pulpotomy	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
Root Canal	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
PERIODONTICS				
	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
ORAL SURGERY				
Extractions	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
ANESTHESIA General Anesthesia in conjunction with oral surgery or impacted teeth only				
General Anesthesia	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
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				
PROSTHODONTIC BENEFITS Preauthorization may be required				
Crowns	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
Bridges	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
Dentures (partial)	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
Dentures (full)	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
IMPLANTS				
All related services	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
ORTHODONTIC BENEFITS 6-month Waiting Period				
Maximum Lifetime Benefit per Member	\$1,500 <small>Does not apply to the Annual Benefit Maximum</small>		\$1,500 <small>Does not apply to the Annual Benefit Maximum</small>	
Eligible Appliances and Procedures	50% of eligible fees to plan maximum AD		50% 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](#). If coverage is provided by a PEHP medical plan, then there is no dental plan coverage.

* AD = After Deductible

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.

Basic HSA Dental Care

Must be on STAR HSA or Consumer Plus Plan

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Deductible (Does not apply to diagnostic or preventive services)	\$50 per person, \$150 maximum per family	\$50 per person, \$150 maximum per family
Annual Benefit Max	\$500 per person	\$500 per person
DIAGNOSTIC		
	YOU PAY	YOU PAY
Periodic Oral Exams	\$0	20% of In-Network Rate
X-rays	\$0	20% of In-Network Rate
PREVENTIVE		
Cleanings and Fluoride Solutions	\$0	20% of In-Network Rate
Sealants Permanent molars only through age 17	\$0	20% of In-Network Rate
RESTORATIVE		
Amalgam Restoration	50% of In-Network Rate AD*	70% of In-Network Rate AD
Composite Restoration	50% of In-Network Rate AD	70% of In-Network Rate AD
ENDODONTICS		
Not covered		
PERIODONTICS		
Not covered		
ORAL SURGERY		
Not covered		
ANESTHESIA		
General Anesthesia in conjunction with oral surgery or impacted teeth		
Not covered		
PROSTHODONTIC BENEFITS		
Not covered		
IMPLANTS		
Not covered		
ORTHODONTIC BENEFITS		
Not covered		

* AD = After Deductible

- » HSA Employer Contribution Amounts:
 - › Single: \$75
 - › Double: \$140
 - › Family: \$255

- » If you choose this plan, you're not eligible to enroll in Preferred Choice, Traditional or Regence Expressions for 3 years

Discount HSA Dental Care

Must be on STAR HSA or Consumer Plus Plan

Discount HSA Dental offers no coverage for dental services, but you are eligible for an average savings of 25% on dental services when you visit dentists in the PEHP network (find them at www.pehp.org or by calling PEHP).

» HSA Employer Contribution Amounts

- › Single: \$235
- › Double: \$430
- › Family: \$785

- » If you choose this plan, you're not eligible to enroll in Preferred Choice, Traditional or Regence Expressions for 3 years

State Of Utah
Regence ExpressionsSM ValueCare
Effective July 1, 2022 through June 30, 2023



Regence

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

This plan includes preventive and diagnostic services, as well as restorative and major services. After satisfaction of the deductible, this plan will provide payment for the services at the percentages listed below up to the calendar year maximum. Payment of benefits is based on a percentage of the Allowed Amount. Participating providers have agreed to accept the Allowed Amounts as payment for services. Services of a Nonparticipating provider are based on a percentage of the Allowed Amount. The Member will be responsible for any additional charges over the Allowed Amount.

Cost Share Details		Participating	Nonparticipating
Annual Deductible	The total deductible you pay per plan year		\$0 Individual \$0 Family
Annual Limit	The combined total for your deductible, coinsurance and copays per plan year		\$1,500 Individual

Preventive and Diagnostic Dental Services		What You Pay
Cleanings and Examinations	Cleanings - 2 per plan year with Preventive oral examinations - 2 per plan year	Covered in full
X-rays	Bitewing x-rays - 2 sets per plan year Complete intra-oral mouth x-ray - Once in a 3-year period Panoramic mouth x-ray - Once in a 3-year period	Covered in full
Other Preventive Dental Services	Sealants (permanent bicuspid and molars only) for members under 15 years of age Space maintainers for members under 13 years of age Topical fluoride application - 2 per plan year for members under 26 years of age	Covered in full

Basic Dental Services		What You Pay
Complex Oral Surgery	Including surgical extraction of teeth	20%
Emergency and Other Basic Dental Services	Emergency treatment for pain relief	20%
Endodontic Services	Services including root canal treatment, pulpotomy and apicoectomy	20%
Periodontal Services	Periodontal maintenance - 2 per plan year (in lieu of preventive cleanings) Debridement - Once in a 3-year period Scaling and root planing - 1 in a 2-year period per quadrant	20%

Major Dental Services		What You Pay
Bridges (fixed partial dentures)	Replacement once per 5 years after placement	50%
Crowns, Inlays and Onlays	Replacement once (per tooth) 5 years after placement	50%
Dentures (full and partial)	Replacement 5 years after placement	50%
Implants (endosteal)		50%

Orthodontia Services		What You Pay
Orthodontia Services	\$1,500 per lifetime 0 month waiting period	50%

This benefit summary provides a brief description of your plan benefits, limitations and/or exclusions under your plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at regence.com. **PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND/OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY.** Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.

1 (888) 367-2119 - TTY: 711 | 2890 East Cottonwood Parkway, Salt Lake City, UT 84121 | regence.com

NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service

1-800-541-8981 (TTY: 711)

Customer Service for all other plans

1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service

Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355, (TTY: 711)
Fax: 1-888-309-8784
medicareappeals@regence.com

Customer Service for all other plans

Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-344-6347, (TTY: 711)
CS@regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW,
Room 509F HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Need Vision Coverage?

Several Ways to Address Your Vision Needs » You get vision exams through your medical plan and shop for frames and lenses using pre-tax dollars. Or 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 optometrist 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 an optometrist. 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.

Your cost per paycheck

Opticare Full		Opticare, Eyewear Only	
Single	\$4.00	Single	\$3.13
Double	\$6.17	Double	\$4.64
Family	\$8.81	Family	\$6.48

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.

Your cost per paycheck

EyeMed Full		EyeMed, Eyewear Only	
Single	\$3.40	Single	\$2.95
Double	\$5.50	Double	\$4.63
Family	\$7.58	Family	\$6.31



OPTICARE PLAN:

0-150/140C - Full Plan

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
Comprehensive Eye Exam	100% Covered	\$10 Co-pay	\$40 Allowance
Retail Imaging	\$20 Co-pay	\$39 Co-pay	
Contact fitting Standard Spherical	\$0 Co-pay - Covered 100%	\$40 Co-pay	
Speciality Toric or Multifocal	\$40 Co-pay	\$80 Co-pay	
Routine Dilation	100% Covered	100% Covered	Included above
Standard Plastic Lenses			
Single Vision	\$0 Co-pay - 100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	\$0 Co-pay - 100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	\$0 Co-pay - 100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Standard Progressive	\$30 Co-pay	\$50 Co-pay	
Digital Progressive (MasterpieceHD)	\$80 Co-pay	\$100 Co-pay	
Options & Coatings			
UV	\$0 Co-pay - 100% Covered	\$10 Co-pay	Included Above
Tint	\$0 Co-pay - 100% Covered	\$10 Co-pay	
Scratch	\$0 Co-pay - 100% Covered	\$10 Co-pay	
Polycarbonate Kids (Under age 19)	\$20 Co-pay	\$40 Co-pay	
Polycarbonate Adults	\$40 Co-pay	\$40 Co-pay	
Premium Anti-Reflective	\$50 Co-pay	25% Discount	
Transitions/Photochromic	\$50 Co-pay	\$75 Co-pay	
BluDefense Digital (includes AR)	\$100 Co-pay	NA	
Polarized	25% Discount	0-25% Discount	
Other Add-ons	25% Discount	0-25% Discount	
Frames			
Allowance Based on Retail Pricing	\$150 Allowance	\$130 Allowance	\$70 Allowance
Additional Eyewear Throughout the Year	50% Off Retail	25-50% Off Retail	
Contacts			
Contact benefits is in lieu of lens and frame benefit.	\$140 Allowance	\$130 Allowance	\$100 Allowance
Medically Necessary Contacts	\$0 Co-pay - Covered 100%	\$250 Allowance	NA
Additional Contact Purchases	Up to 20% off Discount	Up to 10% Discount	
Non-RX (Plano Sunglasses)	25% Discount	20% Discount	
All other options	25% Discount	20% Discount	
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months



OPTICARE PLAN: 150/140C - Eyewear Only Plan

Products/Services	Select Network	Broad Network	Out-Of-Network
Standard Plastic Lenses			
Single Vision	\$0 Co-pay - 100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	\$0 Co-pay - 100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	\$0 Co-pay - 100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Standard Progressive	\$30 Co-pay	\$50 Co-pay	
Digital Progressive (MasterpieceHD)	\$80 Co-pay	\$100 Co-pay	
Options & Coatings			
UV	\$0 Co-pay - 100% Covered	\$10 Co-pay	Included Above
Tint	\$0 Co-pay - 100% Covered	\$10 Co-pay	
Scratch	\$0 Co-pay - 100% Covered	\$10 Co-pay	
Polycarbonate Kids (Under age 19)	\$20 Co-pay	\$40 Co-pay	
Polycarbonate Adults	\$40 Co-pay	\$40 Co-pay	
Premium Anti-Reflective	\$50 Co-pay	25% Discount	
Transitions/Photochromic	\$50 Co-pay	\$75 Co-pay	
BluDefense Digital (includes AR)	\$100 Co-pay	NA	
Polarized	25% Discount	0-25% Discount	
Other Add-ons	25% Discount	0-25% Discount	
Frames			
Allowance Based on Retail Pricing	\$150 Allowance	\$130 Allowance	\$70 Allowance
Additional Eyewear Throughout the Year	50% Off Retail	25-50% Off Retail	
Contacts			
Contact benefits is in lieu of lens and frame benefit.	\$140 Allowance	\$130 Allowance	\$100 Allowance
Medically Necessary Contacts	\$0 Co-pay - Covered 100%	\$250 Allowance	NA
Additional Contact Purchases	Up to 20% off Discount	Up to 10% Discount	
Non-RX (Plano Sunglasses)	25% Discount	20% Discount	
All other options	25% Discount	20% Discount	
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
LASIK	20% Off Retail or 10% off promo price	NA	NA
Visian ICL	20% Off Retail or 10% off promo price	NA	NA



PEHP Full

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive - Standard	\$75 copay	Up to \$40
Progressive - Premium Tier 1 - 3	\$95 - 120 copay	Up to \$40
Progressive - Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$96
Contacts - Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$96
Contacts - Medically Necessary	\$0 copay	Up to \$200
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 12 months from the date of service	Once every 12 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

(Plan allows the member to receive either contacts and frame, or frame and lens services.)



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

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

Heads Up

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

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training; subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.



PEHP Eyewear Only



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

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

Heads Up

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

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive - Standard	\$75 copay	Up to \$40
Progressive - Premium Tier 1 - 3	\$95 - 120 copay	Up to \$40
Progressive - Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$104
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$104
Contacts - Medically Necessary	\$0 copay	Up to \$200
EXAM SERVICES		
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 12 months from the date of service	Once every 12 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: any Vision Examination; medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all Brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

EFFECTIVE: JULY 1, 2022–JUNE 30, 2023

OPEN ENROLLMENT: APRIL 13–JUNE 10, 2022

Biweekly Medical Rates

	Employer (biweekly)	Biweekly Employer HSA Contribution	Employee (What you pay, biweekly)	Total biweekly cost of plan
STAR HSA Plan (Summit or Advantage Network)				
Single	\$249.10	\$34.97 *	\$5.09	\$289.16
Double	\$515.46	\$70.26 *	\$10.51	\$596.23
Family	\$708.13	\$73.79 *	\$14.45	\$796.37
Traditional Plan (Summit or Advantage Network)				
Single	\$289.60	N/A	\$26.03	\$315.63
Double	\$597.10	N/A	\$53.66	\$650.76
Family	\$797.11	N/A	\$71.64	\$868.75
Consumer Plus Plan (Summit or Advantage Network)				
Single	\$214.05	\$70.18 *	0	\$284.23
Double	\$445.63	\$140.37*	0	\$586.00
Family	\$641.83	\$140.37*	0	\$782.20

* Each half of your employer HSA contribution will be deposited twice per plan year. Check with your employer for distribution dates.

Biweekly Vision Rates

	Employee		Employee
EyeMed Full		Opticare Full	
Single	\$3.40	Single	\$4.00
Double	\$5.50	Double	\$6.17
Family	\$7.58	Family	\$8.81
EyeMed, Eyewear Only		Opticare, Eyewear Only	
Single	\$2.95	Single	\$3.13
Double	\$4.63	Double	\$4.64
Family	\$6.31	Family	\$6.48

Biweekly Dental Rates

	Employer (biweekly)	Biweekly Employer HSA Contribution	Employee (What you pay, biweekly)	Total biweekly cost of plan
PEHP Preferred Choice				
Single	\$11.98	N/A	\$1.33	\$13.31
Double	\$22.25	N/A	\$2.47	\$24.72
Family	\$40.46	N/A	\$4.52	\$44.98
PEHP Traditional				
Single	\$11.98	N/A	\$2.41	\$14.39
Double	\$22.25	N/A	\$4.46	\$26.71
Family	\$40.46	N/A	\$8.16	\$48.62
PEHP Basic HSA Dental				
Single	\$9.07	\$2.87*	\$0.00	\$11.94
Double	\$16.82	\$5.36*	\$0.00	\$22.18
Family	\$30.60	\$9.78*	\$0.00	\$40.38
PEHP Discount HSA Dental				
Single	\$0.53	\$9.01*	\$0.00	\$9.54
Double	\$0.99	\$16.49*	\$0.00	\$17.48
Family	\$1.80	\$30.11*	\$0.00	\$31.91
Regence Expressions				
Single	\$11.98	N/A	\$8.95	\$20.93
Double	\$22.25	N/A	\$15.63	\$37.88
Family	\$40.46	N/A	\$27.68	\$68.14

Wellness & Value Added Benefits

PEHP Healthy Utah & Wellness Rebates

PEHP Healthy Utah is an employee health promotion program aimed at enhancing the well-being of members by increasing awareness of health risks and providing support in making health-related lifestyle changes. PEHP Healthy Utah offers a variety of programs, services, cash incentives, and resources to help members get and stay well.

Subscribers and their spouses are eligible to attend one Healthy Utah biometric testing session each plan year free of charge.

Members on the Consumer Plus Plan are not eligible for rebates.

FOR MORE INFORMATION

PEHP Healthy Utah

801-366-7300 or 855-366-7300

» Email: healthyutah@pehp.org

» Web: www.pehp.org/wellness

» Rebates: www.pehp.org/rebates

PEHP WeeCare

PEHP WeeCare is a pregnancy and postpartum program provided to support and educate PEHP members. PEHP WeeCare's goal is to help expectant mothers have the healthiest and safest pregnancy possible. Members can enroll online at any time during pregnancy.

While PEHP WeeCare is not intended to take the place of your doctor, it's another resource for answers to questions during pregnancy.

Rebates are not available on the Consumer Plus Plan.

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

» Web: www.pehp.org/weecare

PEHP Wellness Programs

As a PEHP member, you have access to wellness programs and activities to help you stay on top of your health. Below are some of the programs you can participate in:

- Health Coaching – Meet your health and weight management goals with personalized help from a health coach
- Wellness Challenges – Improve your physical and mental well-being in a new and challenging way every month
- Diabetes Management – Receive education and support from a registered dietitian to manage or prevent diabetes
- Workout Warrior – Stay active and physically fit with weekly motivational tips and resources from a certified personal trainer

FOR MORE INFORMATION

PEHP Wellness Programs

801-366-7300 | 855-366-7300

» E-mail: healthyutah@pehp.org

» Web: www.pehp.org/wellness

Mental Health Care & Resources

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, 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

Find other resources at www.pehp.org/mentalhealth

Wellness & Value Added Benefits

Diabetes Savings Program

You may qualify for less expensive test strips and short-acting insulin if you enroll in the Diabetes Savings Program.

FOR MORE INFORMATION

» Web: www.pehp.org/diabetes

Legal Guardianship

This benefit allows children under guardianship to remain covered by PEHP between ages 19-26 like natural born children. To continue coverage, the guardian child must have been enrolled in coverage prior to being 18 years of age and met the federal qualifications for coverage as a guardian child. Call PEHP to learn more, 801-366-7555 or 800-765-7347.

Preventive Medications Covered Before Deductible

If you're on the STAR HSA Plan, certain chronic medications are covered before you meet your deductible. See a list of medications on page 19 of the [Covered Drug List](#).

Bariatric Surgery

Bariatric surgery is covered when done by specific in-network providers. Preauthorization is required. Call PEHP to learn more about this benefit, 801-366-7555 or 800-765-7347.

E-Care Benefit

Need Immediate Care? Consult a Doctor Remotely. With your PEHP E-Care benefit you have access to care for urgent needs such as:

- » COVID-19 Symptoms
- » Eye infections
- » Painful urination
- » Joint pain or strains
- » Minor skin problems



FOR MORE INFORMATION

» Web: www.pehp.org/ecare

PEHP Value Providers

PEHP Value Providers include outstanding healthcare providers available to PEHP members with the lowest out-of-pocket costs. The next time you need care, don't forget these options for value and convenience.

FOR MORE INFORMATION

» Web: www.pehp.org/valueproviders

PEHPplus

PEHPplus provides savings of up to 50 percent on a wide assortment of healthy lifestyle products and services, such as eyewear, gyms, Lasik, and hearing. We're frequently adding new discounts, so check it out at www.pehp.org/pehpplus.

Preventive Care

Stay healthy by getting preventive screenings every year. Preventive benefits are covered at no cost to you when you see an in-network provider – even before you meet your deductible. See your preventive care checklist at www.pehp.org/preventiveservices

Life Assistance Counseling

Blomquist Hale

SOLUTIONS

WHEN LIFE GETS CHALLENGING WE CAN HELP

The Blomquist Hale Life Assistance Counseling program provides direct, **face-to-face** guidance to address virtually any stressful life situation or problem. Not to mention there is absolutely **no cost** to you. Meeting with our team is simple. Call to schedule an appointment today. **(800) 926-9619**


Count On:


- ✓ 24/7 Crisis Service
- ✓ 100% Confidential
- ✓ Professional, Friendly Team
- ✓ Convenient Locations
- ✓ Extended Hours
- ✓ No Co-pay Required


WE CAN HELP WITH

Marital & Family Counseling 

Stress, Anxiety or Depression 

Personal & Emotional Challenges 

Grief or Loss 

Financial or Legal Problems 

Substance Abuse or Addictions 

Senior Care Planning 

To register for our no cost online webinars, please go to:
<https://blomquisthale.com/Work-Shops.html>

Public Safety & First Responders



Job-Related Stress? You're Not Alone. There's Help.

If you're a First Responder or work in Public Safety, you have access to PEHP's Expanded Mental Wellness Benefit.

This benefit, available to you and your spouse at no cost, helps address the stress inherent in the workplace by offering counseling services for any reason.

Contact a mental health professional today:

Blomquist Hale: 800-926-9619 | www.blomquisthale.com

Expanded Mental Wellness Benefit

- » Spouses eligible
- » No cost
- » No preauthorization
- » No visit limits

PEHP Cost Tools



**Shop for the best care and the best value
using PEHP's Cost Tools.**

You may even find cash back.

Learn more: www.pehp.org/save

PEHP Life & Accident

Group Term Life Coverage

EMPLOYEE BASIC COVERAGE

Your employer funds this at no charge to you.

COVERAGE	AMOUNT
Up to Age 70	25,000
Age 71 to 75	12,500
Age 76 and over	6,250

LINE-OF-DUTY DEATH BENEFIT

You get an additional \$50,000 Line-of-Duty Death Benefit at no extra cost. Enrollment is automatic.

ACCIDENTAL DEATH RIDER

You get an additional \$20,000 Accidental Death Benefit at no extra cost. Enrollment is automatic.



EMPLOYEE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date, you can buy up to \$200,000 as guaranteed issue.

After 60 days or for coverage greater than \$200,000 you must provide evidence of insurability*, which may include completing a health questionnaire, biometric testing and blood work, and furnishing your medical records.

Biweekly Rates	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 35	1.10	1.66	2.21	3.31	4.42	5.52	6.63	7.73	8.84	9.94	11.05
Age 35 to 39	1.38	2.07	2.76	4.14	5.52	6.90	8.29	9.67	11.05	12.43	13.81
Age 40 to 44	1.93	2.90	3.87	5.80	7.73	9.67	11.60	13.53	15.47	17.40	19.33
Age 45 to 49	2.85	4.28	5.71	8.56	11.41	14.27	17.12	19.98	22.83	25.68	28.54
Age 50 to 54	4.24	6.35	8.47	12.70	16.94	21.17	25.41	29.64	33.88	38.11	42.35
Age 55 to 59	6.17	9.25	12.34	18.50	24.67	30.84	37.01	43.17	49.34	55.51	61.68
Age 60 to 64	9.11	13.67	18.23	27.34	36.45	45.57	54.68	63.79	72.91	82.02	91.13
Age 65 to 69	12.61	18.92	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
After age 69, rates remain constant and coverage changes											
Coverage Amounts	12.61	18.92	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
Age 70 to 74	25,000	37,500	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 75 and over	12,500	18,750	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

PEHP Life & Accident

SPOUSE TERM COVERAGE

If you apply within 60 days of your hire date or date of marriage, you can buy up to \$50,000 as guaranteed issue for your spouse. After 60 days or for coverage greater than \$50,000 you will need evidence of insurability, which may include completing a health questionnaire, biometric testing and blood work, and furnishing your medical records.

Biweekly Rates	25,000	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 35	0.55	1.10	1.66	2.21	3.31	4.42	5.52	6.63	7.73	8.84	9.94	11.05
Age 35 to 39	0.69	1.38	2.07	2.76	4.14	5.52	6.90	8.29	9.67	11.05	12.43	13.81
Age 40 to 44	0.97	1.93	2.90	3.87	5.80	7.73	9.67	11.60	13.53	15.47	17.40	19.33
Age 45 to 49	1.43	2.85	4.28	5.71	8.56	11.41	14.27	17.12	19.98	22.83	25.68	28.54
Age 50 to 54	2.12	4.24	6.35	8.47	12.70	16.94	21.17	25.41	29.64	33.88	38.11	42.35
Age 55 to 59	3.08	6.17	9.25	12.34	18.50	24.67	30.84	37.01	43.17	49.34	55.51	61.68
Age 60 to 64	4.56	9.11	13.67	18.23	27.34	36.45	45.57	54.68	63.79	72.91	82.02	91.13
Age 65 to 69	6.31	12.61	18.92	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
After age 69, rates remain constant and coverage changes												
Coverage Amounts	6.31	12.61	18.92	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
Age 70 to 74	12,500	25,000	37,500	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 75 and over	6,250	12,500	18,750	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

DEPENDENT CHILDREN COVERAGE

If you apply within 60 days of your hire date, you can buy any available amount of coverage for dependent children. All eligible children will be covered at the same level. You must notify us when your last eligible dependent reaches age 26 or marries to stop payroll deduction of premium.

After 60 days, any new application for coverage or increase in coverage will require evidence of insurability, which may include completing a health questionnaire, biometric testing and blood work, and furnishing your medical records.

Coverage Amount	5,000	10,000	15,000
Biweekly cost	0.24	0.48	0.72

Accidental Death and Dismemberment (AD&D)

AD&D provides benefits for death and loss of limbs, speech, hearing or eyesight due to an accident, subject to the limitations of the policy. An accident does not include an injury resulting in whole or in part from a disease, a physical or mental defect, or some other medical condition that either occurred prior to the injury, occurred as a result of repetitive motion actions, or is degenerative in nature. See pages 17-18 of Master Policy.

INDIVIDUAL PLAN

You select coverage ranging from \$25,000 to \$250,000.

FAMILY PLAN

- › Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse's coverage increases to 50% of yours;
- › Each dependent child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child's coverage increases to 20% of yours.
- » If an injury results in any of the losses shown below within one year of the date of the accident, the plan will pay the amount shown in the opposite column. The total amount payable for all such losses as a result of any one accident will not exceed the principal sum. The principal sum applicable to the insured person is the amount specified on the enrollment form.

FOR LOSS OF	BENEFIT PAYABLE
Life	Principal Sum
Two Limbs	Principal Sum
Sight of Two Eyes	Principal Sum
Speech and Hearing (both ears)	Principal Sum
One Limb or Sight of One Eye	Half Principal Sum
Speech or Hearing (both ears)	Half Principal Sum
Use of Two Limbs	Principal Sum
Use of One Limb	Half Principal Sum
Thumb and Index Finger On Same Hand	Quarter Principal Sum
Thumb or Index Finger	Eighth Principal Sum
Any Two Fingers on One Hand	Tenth Principal Sum

*Total benefit for loss of digits on one hand shall not exceed 25%. Benefits may not be combined upon the loss of multiple digits.

PEHP Life & Accident

Accidental Death and Dismemberment (AD&D)

AD&D Coverage and Cost

INDIVIDUAL PLAN		FAMILY PLAN
Coverage Amount	Biweekly Cost	Biweekly Cost
25,000	0.20	0.29
50,000	0.39	0.58
75,000	0.59	0.86
100,000	0.78	1.15
125,000	0.98	1.44
150,000	1.17	1.73
175,000	1.37	2.01
200,000	1.57	2.30
225,000	1.76	2.59
250,000	1.96	2.88

LIMITATIONS AND EXCLUSIONS

See the Group Term Life and Accident Plan Master Policy for details on plan limitations and exclusions. Call 801-366-7495 or visit www.pehp.org for details.

Master Policy

This brochure provides only a brief overview. Complete terms and conditions are available in the Group Term Life and Accident Plan Master Policy. It's available when you log in to your PEHP account at www.pehp.org. Or request a copy by emailing publications@pehp.org.



560 East 200 South
Salt Lake City, UT 84102-2004
801-366-7495 | 800-753-7495
www.pehp.org

Accident Weekly Indemnity

Accident Weekly Indemnity provides a weekly income if you are totally disabled due to an accident that is not job related.

An accident does not include an injury resulting in whole or in part from a disease, a physical or mental defect, or some other medical condition that either occurred prior to the injury, occurred as a result of repetitive motion actions, or is degenerative in nature.

- » Available if you enroll in AD&D
- » Employee coverage only
- » The maximum eligible weekly amount is based on your monthly gross salary at the time of enrollment. You may buy coverage less than the eligible monthly gross salary, but may not exceed the eligible monthly gross salary.

Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	BIWEEKLY COST
250 and under	25	0.11
251 to 599	50	0.20
600 to 700	75	0.29
701 to 875	100	0.40
876 to 1,050	125	0.50
1,051 to 1,200	150	0.60
1,201 to 1,450	175	0.69
1,451 to 1,600	200	0.80
1,601 to 1,800	225	0.89
1,801 to 2,164	250	0.99
2,165 to 2,499	300	1.18
2,500 to 2,899	350	1.38
2,900 to 3,599	400	1.58
3,600 and over	500	1.97

Accident Medical Expense

Accidental Medical Expense helps you pay for medical expenses in excess of those covered by all group insurance plans and no-fault automobile insurance.

- » Employee coverage only
- » Will provide up to \$2,500 to help cover medical expenses incurred due to an accident that is not job related.

Accident Medical Expense Coverage and Cost

MEDICAL EXPENSE COVERAGE	BIWEEKLY COST
\$ 2,500	\$ 0.46

Health Accounts

Health Savings Account (HSA)

An HSA is like a flex account, but better. You never have to worry about forfeiting HSA money you don't spend – it carries over year-to-year and employer-to-employer. Money goes in tax-and-FICA-free, grows tax-free, and can be used for eligible expenses tax-free.

Your employer helps fund your HSA account, and the funds are distributed twice per year. Use it to save for future health needs and retirement, plus make penalty-free withdrawals after age 65. Check with your employer on how much and how often they contribute.

To be eligible for an HSA, the following things must apply:

- » You must enroll in an HSA-eligible medical plan.
- » You're not covered by a general-purpose flex account (FSA) or HRA (see below) or the balance is \$0 before you open an HSA.
- » You're not covered by another health plan (unless it's also an HSA-qualified plan).
- » You're not covered by Medicare or TRICARE. (If you're already enrolled in Medicare and have an HSA, you can use funds for eligible expenses, but you cannot contribute funds to your HSA account.)
- » You're not a dependent of another taxpayer.

HSA contribution limits for calendar year 2022:

Single: \$3,650 (Total from employer + employee)

Double/Family: \$7,300 (Total from employer + employee)

PEHP will enroll you in the HSA, but HealthEquity administers your HSA account. HealthEquity will issue you a VISA card to pay for eligible expenses or you can submit your receipt and reimburse yourself from your HSA account.

FOR MORE INFORMATION

- » Web: healthequity.com/stateofutah/hsa

Flexible Spending Account (FLEX\$)

FLEX\$ is a flexible spending account that saves you money by setting aside a portion of your pre-tax salary to pay eligible expenses. There are two different FLEX\$ accounts – one for medical expenses and another to help with dependent childcare costs.

- » Great option to save for expenses if you're not eligible for an HSA.
- » If you sign up for a FLEX\$ account, PEHP will frontload your elected funds at the beginning of the plan year and issue you a Mastercard to use as payment for eligible expenses. Eligible expenses are set by the IRS.
- » If you do have an HSA, you can have a limited FLEX\$ account to pay for dental, vision, and post-deductible medical expenses only.
- » FLEX\$ accounts are use-or-lose. You may rollover up to \$570 into the new plan year, but anything beyond that is forfeited.
- » You must enroll in FLEX\$ each year during open enrollment to participate.

You can contribute up to \$2,850 in calendar year 2022.

[Learn More](#)

Health Reimbursement Account (HRA)

If you choose the STAR HSA or Consumer Plus plans and you're not eligible for a health savings account (HSA), your employer contribution will be deposited into an HRA instead.

An HRA is an employer-paid fund that reimburses you for qualified medical expenses for you and your dependents. However, unlike with an HSA, you can't make personal contributions to an HRA. Funds rollover year-to-year, however, if you leave employment there is only a three-year period to spend the funds or they are forfeited. Check with your employer on how much and how often they contribute to the HRA.

For more information about FLEX\$, HSAs, or HRAs, call 801-366-7503 or 800-753-7703.



Learn About Your Retirement Benefits

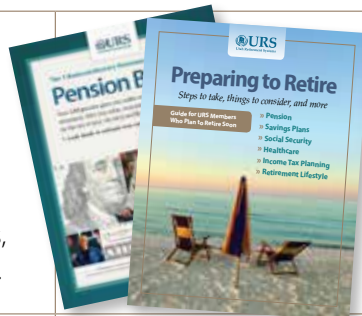
Your Benefits, Your Way

Whatever your style of learning, URS is here to help you understand your retirement benefits.



Website

Go to www.urs.org for information about your pension and savings plans. Log in to **myURS** to manage investments, beneficiaries, and more.



Publications

Understand your pension, savings plans options, and more. Find publications at www.urs.org. Or email publications@urs.org to request printed copies.

Videos

Understand the basics of your retirement benefits, learn how to manage them online, and more. Go to www.urs.org/us/videos.

Webinars

Learn at your own computer or device. See schedule at www.urs.org/us/webinars. Archived webinars are available.

Seminars

Held throughout the year, seminars provide an overview of your benefits and more. Go to www.urs.org/us/seminars.

One-on-One

A URS Retirement Planning Advisor can provide custom retirement guidance. Schedule a free session at **myURS** at www.urs.org.



Via Phone

We look forward to answering your questions. Call weekdays between 8 a.m. and 5 p.m., **801-366-7700** or **800-365-8772**.



Individual Retirement Planning

Let's Work Together for Your Secure Retirement

These free sessions help you financially plan for retirement.

Have questions about your URS benefits? Want some guidance to see if you're on track for a comfortable retirement? Let us help.



Many Ways to Meet

Sessions are available in-person at the URS Salt Lake City office and workplaces throughout Utah, or virtually. To register for a session, log in to myURS at www.urs.org.

We'll Help You Answer These Questions and More:

- » Am I on track for retirement?
- » What are my retirement needs, and how can I meet them?
- » Which Tier 2 retirement option should I choose?
- » Which URS savings plan and investment options are right for me?
- » What pension payout option is right for me?
- » How much should I be saving?

Learn more at www.urs.org/us/counseling or call 801-366-7470.

Optional State Benefits

The companies and organizations below offer exclusive benefits and discounts to State of Utah employees. For more information, contact them directly or visit www.pehp.org/stateofutah/openenrollment and click “Rates and Other Benefits.”

Farmers Insurance *(formerly MetLife Home & Auto)*

The Farmers GroupSelect program provides State of Utah employees access to personal lines insurance products with the convenience of being able to pay through payroll deduction. Unique group discounts available for State of UT employees!

FOR MORE INFORMATION

» Phone: 1-800-438-6381

MetLife Legal Plans

With a MetLife Legal Plan, you can get access to comprehensive legal services at an affordable cost of \$21.25/month. No deductible, no claim forms, or usage limits for covered services.

FOR MORE INFORMATION

» Phone: 1-800-821-6400

» Web: info.legalplans.com/4940010

my529

my529 is Utah’s official nonprofit 529 educational savings plan. A 529 plan is a tax-advantaged vehicle to encourage individuals to invest for future qualified education expenses.

FOR MORE INFORMATION

» Web: my529.org

Mountain America Credit Union

As a State of Utah employee, you’re eligible for a \$100 incentive on a new MyStyle Checking Account with Mountain America Credit Union.

FOR MORE INFORMATION

» Web: macu.com/mystyle-checking

Use promo code: SEGMACU

Liberty Mutual Insurance

Since 1912, Liberty Mutual has been committed to providing a broad range of competitively priced insurance products and services to meet our customers ever changing needs.

FOR MORE INFORMATION

» Web: libertymutual.com/utah

Utah Public Employees Association

Founded in 1929, UPEA is an independent, member-based labor association representing public employees. UPEA works with members to improve public service, ensuring that you are protected, compensated, and appreciated. Public employee issues require constant monitoring, and advocacy. UPEA works full time with policy makers at the Utah State Legislature to ensure that public employees are represented in policy decisions.

FOR MORE INFORMATION

» Web: upea.net

The Standard

The Standard offers Voluntary Short Term Disability Insurance for State of Utah employees. Short Term Disability is designed to pay a weekly benefit to you in the event you cannot work because of a covered illness or injury.

FOR MORE INFORMATION

» Web: standard.com/edu/state-utah/23876

HealthEquity

If you enroll in the STAR HSA or Consumer Plus plans, and are eligible for a health savings account, HealthEquity administers your HSA account. Visit their website to learn how to accelerate your health savings with a HealthEquity account.

FOR MORE INFORMATION

» Web: learn.healthequity.com/stateofutah/hsa/



PROUDLY SERVING UTAH PUBLIC EMPLOYEES

560 East 200 South » Salt Lake City, UT » 84102-2004 » 801-366-7555 or 800-765-7347 » www.pehp.org

Important Notices About Your Benefits

Several important notices about your PEHP benefits are included with this letter. To learn more, see your benefits summary and master policy. Find them at your Benefits Information Library at PEHP for Members at www.pehp.org. If you haven't created an online personal account, you'll need your PEHP ID and Social Security number. Find your PEHP ID number on your benefits card or your claims. Or call PEHP at 801-366-7555.

Notice of COBRA Rights

PEHP is providing you and your Dependents notice of your rights and obligations under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") to temporarily continue health Coverage if you are an Employee of an Employer with 20 or more Employees and you or your eligible Dependents, (including newborn and /or adopted children) in certain instances would lose PEHP Coverage. Both you and your spouse should take the time to read this notice carefully. If you have any questions please call the PEHP Office at 801-366-7555 or refer to the Benefits Summary and/or the PEHP Master Policy at www.PEHP.org.

There may be other Coverage available through the Healthcare Marketplace Exchange. Please see the Coverage Alternatives information at the end of this section.

Qualified Beneficiary

A Qualified Beneficiary is an individual who is covered under the Employer group health plan the day before a COBRA Qualifying Event.

Who is Covered

» Employees

If you have group health Coverage with PEHP, you have a right to continue this Coverage if you lose Coverage or experience an increase in the cost of the premium because of a reduction in your hours of employment or the voluntary or involuntary termination of your employment for reasons other than gross misconduct on your part.

» Spouse of Employees

If you are the spouse of an Employee covered by PEHP, and you are covered the day prior to experiencing a Qualifying Event, you are a "Qualified Beneficiary" and have the right to choose COBRA Coverage for yourself if you lose group health Coverage under PEHP for any of the following Qualifying Events:

1. The death of your spouse;
2. The termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment;
3. Divorce or legal separation from your spouse;
4. Your spouse becoming entitled to Medicare; or
5. The commencement of certain bankruptcy proceedings, if your spouse is retired.

» Dependent Children

A Dependent child of an Employee who is covered by PEHP on the day prior to experiencing a Qualifying Event, is also a "Qualified Beneficiary" and has the right to COBRA Coverage if group health Coverage under PEHP is lost for any of the following Qualifying Events:

1. The death of the covered parent;
2. The termination of the covered parent's employment (for

reasons other than gross misconduct) or reduction in the covered parent's hours of employment;

3. The parents' divorce or legal separation;
4. The covered parent becoming entitled to Medicare;
5. The Dependent ceasing to be a "Dependent child" under PEHP; or
6. A proceeding in a bankruptcy reorganization case, if the covered parent is retired.

A child who meets the definition of Dependent, who is born to or placed for adoption with the covered Employee during a period of COBRA Coverage is also a Qualified Beneficiary.

Secondary Qualifying Event

A Secondary Qualifying Event means one Qualifying Event occurring after another. It allows a Qualified Beneficiary who is already on COBRA to extend COBRA Coverage under certain circumstances, from 18 months to 36 months of Coverage from the date of the original Qualifying Event.

Separate Election

If there is a choice among types of Coverage under the plan, each of you who are eligible for COBRA Coverage is entitled to make a separate election among the types of Coverage. Thus, a spouse or Dependent child is entitled to elect COBRA Coverage even if the covered Employee does not make that election. Similarly, a spouse or Dependent child may elect a different Coverage from the Coverage that the Employee elects.

Your Duties Under The Law

It is the responsibility of the covered Employee, spouse, or Dependent child to notify the Employer or Plan Administrator in writing within sixty (60) days of a divorce, legal separation, child losing Dependent status or secondary qualifying event, under the group health plan in order to be eligible for COBRA Coverage. PEHP can be notified at 560 East 200 South, Salt Lake City, UT, 84102. PEHP Customer Service: 801-366-7555; toll free 800-765-7347. Appropriate documentation must be provided, such as: divorce decree, marriage certificate, etc.

Keep PEHP informed of address changes to protect you and your family's rights. It is important for you to notify PEHP at the above address if you have changed marital status, or you, your spouse or your Dependents have changed addresses.

In addition, the covered Employee or a family Member must inform PEHP of a determination by the Social Security Administration that the covered Employee or covered family Member was disabled during the 60-day period after the Employee's termination of employment or reduction in hours, within 60 days of such determination and before the end of the original 18-month COBRA Coverage period. (See "Special rules for disability," below.) If, during continued Coverage, the Social Security Administration determines that the Employee or family Member is no longer disabled, the individual must inform PEHP of this redetermination within 30 days of the date it is made.

Employers' Duties Under The Law

Your Employer has the responsibility to notify PEHP of the Employee's death, termination of employment, reduction in hours, or Medicare eligibility. Notice must be given to PEHP within 60 days of the occurrence of the above-listed events. When PEHP is notified that one of these events has happened, PEHP in turn will notify you and your Dependents that you have the right to choose COBRA Coverage. Under the law, you and your Dependents have up to 60 days from the date you would lose Coverage because of one of the events to inform PEHP that you want COBRA Coverage or 60 days from the date of your Election Notice.

Election of COBRA Coverage

Members have 60 days from either termination of Coverage or date of receipt of COBRA election notice to elect COBRA. If no election is made within 60 days, COBRA rights are deemed waived and will not be offered again. If you choose COBRA Coverage, your Employer is required to give you Coverage that, as of the time Coverage is being provided, is identical to the Coverage provided under the plan to similarly situated Employees and their family Members. If you do not choose COBRA Coverage within the time period described above, your group health insurance Coverage will end.

Premium Payments

Payments must be made retroactively to the date of the qualifying event or loss of Coverage and paid within 45 days of the date of election. There is no grace period on this initial premium. Subsequent Payments are due on the first of each month with a thirty (30) day grace period. Delinquent Payments will result in a termination of COBRA Coverage.

The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of COBRA Coverage due to a disability, 150 percent) of the cost to the group health plan (including both Employer and Employee contributions) for Coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA Coverage. Claims paid in error by ineligibility under COBRA will be reviewed for collection. Ineligible premiums paid will be refunded.

How Long Will Coverage Last?

The law requires that you be afforded the opportunity to maintain COBRA Coverage for a maximum of 36 months, unless you lose group health Coverage because of a termination of employment or reduction in hours. In that case, the required COBRA Coverage period is 18 months. Additional qualifying events (such as a death, divorce, legal separation, or Medicare entitlement) may occur while the COBRA Coverage is in effect. Such events may extend an 18-month COBRA period to a maximum of 36 months, but in no event will COBRA Coverage extend beyond 36 months from the date of the event that originally made the Employee or a qualified beneficiary eligible to elect COBRA Coverage. You should notify PEHP if a second Qualifying Event occurs during your 18-month COBRA Coverage period.

Special Rules For Disability

If the Employee or covered family Member is disabled at any time during the first 60 days of COBRA Coverage, the COBRA Coverage period may be extended to 29 months for all family Members, even those who are not disabled.

The criteria that must be met for a disability extension is:

1. Employee or family Member must be determined by the Social Security Administration to be disabled.
2. Must be determined disabled during the first 60 days of COBRA Coverage.
3. Employee or family Member must notify PEHP of the disability no later than 60 days from the later of:
 - a. the date of the Social Security Administration disability determination;
 - b. the date of the Qualifying Event;
 - c. the loss of Coverage date; or
 - d. the date the Qualified Beneficiary is informed of the obligation to provide the disability notice.
4. Employee or family Member must notify Employer within the original 18 month COBRA period.
5. If an Employee or family Member is disabled and another qualifying event occurs within the 29-month COBRA period (other than bankruptcy of your Employer), then the COBRA Coverage period may continue up to a maximum of 36 months after the termination of employment or reduction in hours.

Special Rules For Retirees

In the case of a retiree or an individual who was a covered surviving spouse of a retiree on the day before the filing of a Title 11 bankruptcy proceeding by your Employer, Coverage may continue until death and, in the case of the spouse or Dependent child of a retiree, 36 months after the date of death of a retiree.

COBRA Coverage May Be Terminated

The law provides that your COBRA Coverage may be terminated prior to the expiration of the 18-, 29-, or 36-month period for *any* of the following reasons:

1. Your Employer no longer provides group health Coverage to any of its Employees.
2. The premium for COBRA Coverage is not paid in a timely manner (within the applicable grace period).
3. The individual becomes covered, after the date of election, under another group health plan (whether or not as an Employee) that does not contain any Exclusion or Limitation with respect to any preexisting condition of the individual.
4. The date in which the individual becomes entitled to Medicare, after the date of election.
5. Coverage has been extended for up to 29 months due to disability (see "Special rules for disability") and there has been a final determination that the individual is no longer disabled.

- Coverage will be terminated if determined by PEHP that the Employee or family Member has committed any of the following: fraud upon PEHP or Utah Retirement Systems, forgery or alteration of prescriptions; criminal acts associated with COBRA Coverage; misuse or abuse of benefits; or breach of the conditions of the Plan Master Policy.

You do not have to show that you are insurable to choose COBRA Coverage. However, under the law, you may have to pay all or part of the premium for your COBRA Coverage plus two percent.

This notice is a summary of the law and therefore is general in nature. The law itself and the actual Plan provisions must be consulted with regard to the application of these provisions in any particular circumstance.

Questions

If you have any questions about continuing Coverage, please contact PEHP at 560 East 200 South, Salt Lake City, UT, 84102. Customer Service: 801-366-7555; toll free 800-765-7347.

Coverage Alternatives

There may be other Coverage options for you and your family. You are now able to buy Coverage through the Health Insurance Marketplace, which may cost less than COBRA. In the Marketplace you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for Coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. Through the Marketplace you will also learn if you qualify for free or low-cost Coverage from Medicaid or the Children's Health Insurance Program (CHIP).

You have 60 days from the time you lose your job-based Coverage to enroll in the Marketplace. After 60 days your special enrollment period will end and you may not be able to enroll, you should take action right away. In addition, during an "open enrollment" period, anyone can enroll in Marketplace Coverage.

If you sign up for COBRA, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through a "special enrollment period." If you terminate your COBRA early without a qualifying event, you will have to wait to enroll in Marketplace Coverage until the next open enrollment period, and could end up without any health Coverage in the interim.

If your COBRA ends you will be eligible to enroll in Marketplace Coverage through a special enrollment period event, if the Marketplace open enrollment has ended. If you

sign up for Marketplace Coverage instead of COBRA, you cannot switch to COBRA under any circumstances.

You can access information regarding the Marketplace at HealthCare.gov or call 800-318-2596.

Notice of Women's Health and Cancer Rights Act

In accordance with The Women's Health and Cancer Rights Act of 1998, PEHP covers mastectomy in the treatment of cancer and Reconstructive Surgery after a mastectomy. If you are receiving benefits in connection with a mastectomy, Coverage will be provided according to PEHP's Medical Case Management criteria and in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction on the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical Complications in all stages of mastectomy, including lymphedemas.

Coverage of mastectomies and breast reconstruction benefits are subject to applicable Deductibles and Copayment Limitations consistent with those established for other benefits.

Following the initial reconstruction of the breast(s), any additional modification or revision to the breast(s), including results of the normal aging process, will not be covered.

All benefits are payable according to the schedule of benefits, based on this plan. Regular Preauthorization requirements apply.

Notice of Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance Coverage generally may not restrict benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery; or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending Provider (e.g. physician, nurse midwife or physicians assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care Provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours).

Notice of Exemption from HIPAA

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local government employers that sponsor health plans to elect to exempt a plan from these requirements for part of the plan that is self-funded by the employer, rather than provided through an insurance policy. PEHP has elected to exempt your plan from the following requirement:

- » Application of the requirements of the 2008 Wellstone Act and the 1996 Mental Health Parity Act;
- » The exemption from this Federal requirement will be in effect for the 2018-19 plan year. The election may be renewed for subsequent plan years.

HIPAA also requires PEHP to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under PEHP. There is no exemption from this requirement. The certificate provides evidence that you were covered under PEHP, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a Pre-existing condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

Notice of Privacy Practices for Protected Health Information

effective January 7, 2020

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

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

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

Types of Personal Information PEHP collects

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

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

Understanding Your Health Record / Information

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

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

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

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

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that

compiled it, the information belongs to you. You have the rights as outlined in Title 45 of the Code of Federal Regulations, Parts 160 & 164:

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

PEHP does not need to provide an accounting for disclosures:

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

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

The accounting must include:

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

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

Examples of Uses and Disclosures of Protected Health Information

PEHP will use your health information for treatment.

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

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

PEHP will use your health information for payment.

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

PEHP will use your health information for health operations.

For example: The Medical Director, his or her staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of PEHP's programs.

If your coverage is through an employer sponsored group health plan, PEHP may share summary health information with the plan sponsor, such as your enrollment or disenrollment in the plan. PEHP may disclose protected health information for plan administration activities. *Example: Your employer contracts with PEHP to provide a health plan, and PEHP provides your employer with certain statistics to explain the rates we charge.* For specific health information PEHP will only provide information after it receives a specific written request from the plan sponsor, which includes an agreement not to use your health information for employment related actions or decisions.

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

Examples include:

Public Health.

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

Business Associates.

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

Food and Drug Administration (FDA).

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

Workers Compensation.

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

Correctional Institution.

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

Law Enforcement.

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

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

Our Responsibilities Under the Federal Privacy Standard

PEHP is required to:

- Maintain the privacy of your health information, as required by law, and to provide individuals

with notice of our legal duties and privacy practices with respect to protected health information

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

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

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

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

Inspecting Your Health Information

If you wish to inspect or obtain copies of your protected health information, please send your written request to PEHP, Customer Service, 560 East 200 South, Salt Lake City, UT 84102-2099. We will arrange a convenient time for you to visit our office for inspection. We will provide copies to you for a nominal fee. If your request for inspection or copying of your protected health information is denied, we will provide you with the specific reasons and an opportunity to appeal our decision.

For More Information or to Report a Problem

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

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

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

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