

2018-2019

Open Enrollment

State of Utah

Look inside for an overview
of your benefits and what's
new for the 2018-19 plan year.



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

State of Utah Open Enrollment

April 12-June 8 » This is the time to enroll in or make changes to your benefits and learn more about your options.

How to Enroll in Benefits or Make Changes Online



1 Log in to PEHP for Members at www.pehp.org. To create your personal account, you'll need your PEHP ID number and the last four digits of your Social Security number. Find your PEHP ID number on your benefits card, your EOBs, or call PEHP at 801-366-7555.



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

Online Enrollment



3 The Online Enrollment page shows benefits available to you and your enrollment status. Click "Enroll" or "Change." You may change your selections any time before the end of open enrollment (June 8).

Enroll **Change**

Highlights of 2018-19 Plan Year	4
Your To-Do Checklist	5
Insurance Basics	6
Which Plan is Right for You?	8
Health Plan Comparison	9
Biweekly Rates	10
Dental Comparison	11
Medical Networks	12
Vision Consideration	14
Preventive Services	15
Where You Get Healthcare	16
On-Demand Doctors	17
PEHP Value Providers	18
#LiveShareInspire	21
Contact Information	22

Attend a Benefit Fair

We're visiting workplaces across the state for informative benefit fairs during open enrollment. This is your chance to learn about your benefits and talk to PEHP representatives. [See the schedule](#) to find dates and locations. Your employer is required to provide time for you to attend.



» PEHP specialist Amanda Averett

Enrollment Timeline

April 12

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

April 18

» Benefit fairs begin across the state, through May 18. [See schedule](#).

June 8

» Deadline to enroll or make changes in medical, dental, vision, or FLEX\$. You may enroll in [Life or AD&D](#) benefits at any time.

July 1

» New plan year begins. Deductibles and out-of-pocket maximums reset.

June 30, 2019

» 2018-19 plan year ends.

Highlights: 2018-19 Plan Year

The STAR Plan

The STAR Plan provides a mathematically higher benefit level than the Traditional Plan. See **pages 8-9** to help determine which plan is best for you.

Traditional Plan Copays

Copays remain the same, but some services are at different copay levels to better reflect comparative costs.

Use PEHP Cost Tools

You can now anticipate where your doctor is likely to send your lab and how much it may cost. You can also get dollar ratings for hospitals and other facilities. Compare costs in the Provider Lookup when you log in to PEHP for Members.

Send Secure Messages to PEHP

Have a question or can't find what you're looking for online? Log in to [PEHP for Members](#) and send us your questions via the Message Center. From the homepage, find "Messages" at the top-right.

Health Benefit Advisors

Need help deciding which plan to choose, whether to be covered by more than one plan, or different cost options for a service? Call a PEHP Health Benefit Advisor at 801-366-7555.

E-Care

Consult a doctor remotely with Intermountain Connect Care. Available on all PEHP networks. See **page 17** for details.

Crisis & Life Assistance Counseling

You have access to counseling services with [Blomquist Hale Employee Assistance](#). Crisis counseling is also available 24/7 and always confidential. PEHP pays 100% of the cost. Call 1-800-926-9619 for an appointment.

Assisted Reproductive Technology

Beginning July 1, 2018, Traditional and STAR Plan members have the option of using a one-time \$4,000 benefit for invitro fertilization. [Preauthorization](#) is required. For more information, call 801-366-7755 or 800-753-7754.

Looking for Lower Drug Costs?

Search for coverage and pricing for any medication available through your drug benefit plan. Log in to PEHP for Members, go to MyBenefits and click on Express Scripts Personal Account. You'll see medication prices from different pharmacies. To get the best deal, make sure you use the [PEHP Preferred Drug List](#). You can call us for help, **801-366-7551 or 888-366-7551**.

Getting the Most of Your Benefits

Take a moment to learn about your out-of-network benefit and how to get reimbursed by PEHP when you make a cash purchase. **See page 13** for details.

Your To-Do Checklist

1

Your Medical Options

The STAR Plan ☐ Traditional Plan ☐ Utah Basic Plus ☐

By taking the time to understand HSA-qualified plans, such as The STAR Plan, you could save hundreds each year and build a huge nest egg for healthcare and retirement. **More About Plans » Pages 8-9.** [See Benefits Summary](#)

Same Provider Network

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

2

Your Network Options

Summit ☐ Advantage ☐ Preferred ☐

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

More About Networks » Pages 12-13.

3

Your Dental Plan

PEHP Preferred Choice ☐ PEHP Traditional ☐ Regence Expressions ☐

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

More About Dental » Page 11. [See Dental Grids](#)

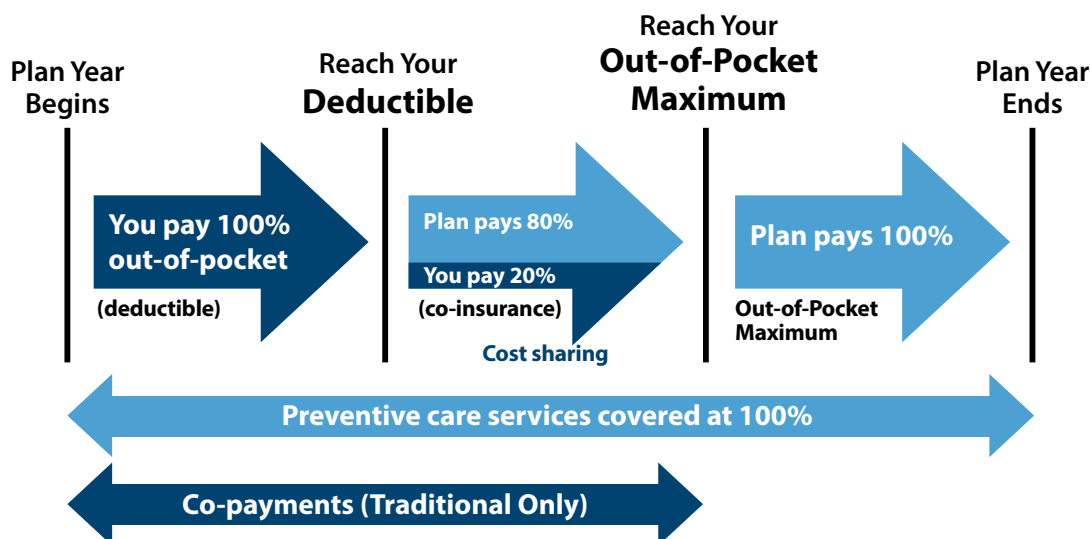
Need Help Deciding?

Consider calling a health benefit advisor or attending a [PEHP benefit fair](#), held across the state, through May 18. Your employer is required to provide time for you to attend. [See schedule](#) or call PEHP at 801-366-7555.



Insurance Basics » Plans

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



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

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

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

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

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

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

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

Insurance Basics » Networks

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



In Your Network

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

In-Network Rate »

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

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



Out of Network

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

Out-of-Network Provider »

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

No-Pay Providers »

Providers for which PEHP pays no benefits.

Balance Billing »

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

Which Plan is Right for You?

The STAR Plan Provides a Higher Benefit Level

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

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

- » Costs for just one individual's treatment is enough to reach The STAR Plan out-of-pocket maximum, **and the rest of your family's claims are minimal.**
- » You have many costly prescription drugs or professional office visits for which you would pay a low co-payment on the Traditional Plan **and all other claims are minimal.**
- » You don't have enough accumulated in your HSA to pay for a known, high drug expense at the beginning of the Plan year.

The STAR Plan Features

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

Traditional Plan Features

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

Utah Basic Plus

- » Essential benefit plan with catastrophic coverage.
- » Operates much like the STAR Plan with a higher deductible, lower coinsurance, fewer covered benefits, and a higher employer HSA contribution.

Plan Comparison Chart

MEDICAL PLAN	The STAR Plan (HSA-qualified)	Traditional (non-HSA)	Utah Basic Plus (HSA-qualified)
Your Annual Rates <i>Amount you pay</i> <i>See biweekly rates on Page 10.</i>	\$0	Single: \$559 Double: \$1,152.58 Family: \$1,538.68	\$0
Employer Annual Contribution to Your HSA	Single: \$791.96 Double and Family: \$1,583.92	\$0 (not an HSA-qualified plan by federal standards)	Single: \$1,824.68 Double and Family: \$3,649.62
Medical Deductible	\$1,500 single plan \$3,000 double or family plan	\$350 per individual \$700 per family plan	\$3,000 single plan \$6,000 double or family plan
Out-of-Pocket Maximum	Medical and Pharmacy: \$2,500 single plan \$5,000 double plan \$7,500 family plan	Medical and Pharmacy: \$3,000 per individual \$6,000 per double plan \$9,000 per family plan <i>Deductible does not apply to out-of-pocket maximum</i>	Medical and Pharmacy: \$6,050 single plan \$12,100 double plan \$12,100 family plan
Benefits	Pays covered benefits generally at 80% (using in-network providers , after deductible). See Grids	Pays covered benefits generally at 80% (using in-network providers , after deductible). See Grids	Covers fewer services, generally at 70% (using in-network providers , after deductible). See Grids
Eligibility	No special eligibility requirements for the plan. However, you must meet certain requirements to open an HSA and to contribute or receive contributions to it. Otherwise, your employer contribution will go into an HRA .	No special eligibility requirements. If you enroll in Traditional this year, you cannot enroll in Utah Basic Plus next open enrollment.	No special eligibility requirements for the plan. However, you must meet certain requirements to open an HSA and to contribute or receive contributions to it. Otherwise, your employer contribution will go into an HRA . If you enroll in Utah Basic Plus this year, you can't switch to the Traditional Plan next open enrollment.

Figures above based on Advantage & Summit Networks.

For more details, see the State of Utah 2018-2019 Benefits Summary.

Find it at www.pehp.org/openenrollment or email publications@pehp.org

Biweekly Rates

Biweekly Medical Rates

	Employer (biweekly)	Biweekly Employer HSA Contribution	Employee (What you pay, biweekly)	Total biweekly cost of plan
The STAR Plan (Summit or Advantage Network)				
Single	\$204.17	\$30.46 *	0	\$234.63
Double	\$422.84	\$60.92 *	0	\$483.77
Family	\$584.90	\$60.92 *	0	\$645.82
The STAR Plan (Preferred Network)				
Single	\$204.17	\$30.46 *	\$64.14	\$298.77
Double	\$422.84	\$60.92 *	\$132.87	\$616.63
Family	\$584.90	\$60.92 *	\$184.09	\$829.91
Traditional Plan (Summit or Advantage Network)				
Single	\$239.20	N/A	\$21.50	\$260.70
Double	\$493.19	N/A	\$44.33	\$537.52
Family	\$658.40	N/A	\$59.18	\$717.58
Traditional Plan (Preferred Network)				
Single	\$234.63	N/A	\$108.47	\$343.10
Double	\$483.77	N/A	\$223.68	\$707.45
Family	\$645.82	N/A	\$298.58	\$944.41
Utah Basic Plus (Summit or Advantage Network)				
Single	\$164.45	\$70.18 *	0	\$234.63
Double	\$343.40	\$140.37 *	0	\$483.77
Family	\$505.46	\$140.37 *	0	\$645.82
Utah Basic Plus (Preferred Network)				
Single	\$164.45	\$70.18 *	\$51.07	\$285.70
Double	\$343.40	\$140.37 *	\$106.72	\$590.49
Family	\$505.46	\$140.37 *	\$157.95	\$803.77

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

Biweekly Dental Rates

	Employer	Employee (What you pay, biweekly)	Total
PEHP Preferred Choice			
Single	\$11.85	\$1.32	\$13.17
Double	\$22.01	\$2.45	\$24.46
Family	\$40.07	\$4.45	\$44.52
PEHP Traditional			
Single	\$11.85	\$2.39	\$14.24
Double	\$22.01	\$4.42	\$26.43
Family	\$40.07	\$8.06	\$48.14
Regence Expressions			
Single	\$12.22	\$9.86	\$22.08
Double	\$22.69	\$17.39	\$40.08
Family	\$41.31	\$30.85	\$72.16

Biweekly Vision Rates

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

Dental Comparison

DENTAL PLAN	PEHP Preferred Choice	PEHP Traditional	Regence Expressions
Summary <i>This brief comparison is for illustrative purposes only.</i> See your Benefits Summary for details.	This PEHP plan shares the same dental network as Traditional. It has a small deductible that doesn't apply to preventive services. Pays 80% of in-network rate for X-rays and cleanings.	This PEHP plan shares the same dental network as Preferred Choice. It has no deductible. Pays 100% of in-network rate for X-rays and cleanings.	This plan is administered by Regence of Utah. It does not have a deductible and pays 100% of in-network rate for X-rays and cleanings. Has a national network of providers.
Biweekly Rates <i>Amount you pay</i>	Single: \$1.32 Double: \$2.45 Family: \$4.45	Single: \$2.39 Double: \$4.42 Family: \$8.06	Single: \$9.86 Double: \$17.39 Family: \$30.85
Deductible <i>Doesn't apply to preventive services</i>	\$25 per member up to \$75 per family	Not Applicable	Not Applicable
Maximum Benefit	Maximum yearly benefit of \$1,500 per member	Maximum yearly benefit of \$1,500 per member	Maximum yearly benefit of \$1,500 per member
Networks	Share the same provider network. Important Note: If you use an out-of-network dentist, your benefit will be 20% less and you may be balance billed .		Has a national provider network. If you see an out-of-network provider, the plans will pay the in-network rate, and you may be balance billed .

[See Full Dental Grids](#)

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

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

Missing Tooth Exclusion » Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with PEHP. Learn more in the [Dental Master Policy](#).



Summit

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

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Cache Valley Hospital

Carbon County

Castlevue Hospital

Davis County

Lakeview Hospital
Davis Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Huntsman Cancer Hospital
Jordan Valley Hospital

Salt Lake County (cont.)

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

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

Mountain View Hospital
Timpanogos Regional Hospital
Mountain Point Medical Center

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

Ogden Regional Medical Center

Advantage

Intermountain Healthcare (IHC) providers and facilities. You can also see Summit providers on the Advantage network, but your benefits will pay less.

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital

Cache County

Logan Regional Hospital

Carbon County

Castlevue Hospital

Davis County

Davis Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Alta View Hospital
Intermountain Medical Center

Salt Lake County (cont.)

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

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

McKay-Dee Hospital

Preferred

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

» [Learn More About Your Network](#)

*Formerly IASIS

No-Pay Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. [See List of No-Pay Providers](#)

Network Considerations

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

ADVANTAGE Price estimates for Intermountain Healthcare hospitals

Procedure	Doctor's Office	Surgery/Imaging Center	Hospital
Hysteroscopy	\$568-1,247	Not Available	\$4,060-7,678
Colonoscopy	\$851-1,031	\$871-926	\$1,702-2,469
MRI of Head	\$552-584	Not Available	\$2,053-2,591
Knee Arthroscopy	Not Available	\$3,872-5,068	\$4,901-6,345
Knee Replacement	Not Available	Not Available	\$33,771-35,570
Maternity - delivery	Not Available	Not Available	\$9,222-10,893

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

Procedure	Doctor's Office	Surgery/Imaging Center	Hospital
Hysteroscopy	\$663-1,060	\$1,867-2,044	\$4,004-7,027
Colonoscopy	\$791-1,031	\$1,513-1,658	\$2,218-2,872
MRI of Head	\$550-594	\$550-594	\$2,046-2,248
Knee Arthroscopy	Not Available	\$2,370-2,926	\$4,455-6,572
Knee Replacement	Not Available	\$14,627-23,487	\$27,805-37,067
Maternity - delivery	Not Available	Not Available	\$8,512-10,918

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

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

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

Need Vision Coverage?

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

With The STAR Plan

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

With the Traditional Plan

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

Funding Through Opticare

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

Funding Through EyeMed

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



YOU'RE COVERED



PEHP Pays for **Preventive Benefits** at 100%*

Don't put off that test or immunization. Preventive benefits are covered at no cost to you when you see a contracted provider — even before you meet your deductible.

Some common examples:

(recommended ages and populations vary)

- » **Immunization vaccines** (e.g., Flu vaccine, TDAP vaccine, Pneumonia vaccine etc.)
- » **Wellness exams for a child, teen, adult or senior**
- » **Vision test**
- » **Blood screening tests** (e.g., Cholesterol test, Blood sugar test, Metabolic blood test, etc.)
- » **Other screening tests** (e.g., Pap test, Colonoscopy, etc.)
- » **Birth control**

For a complete list of preventive services, visit
www.pehp.org/members/preventive



Take Control of Your Healthcare Costs

Get the right service at the right place

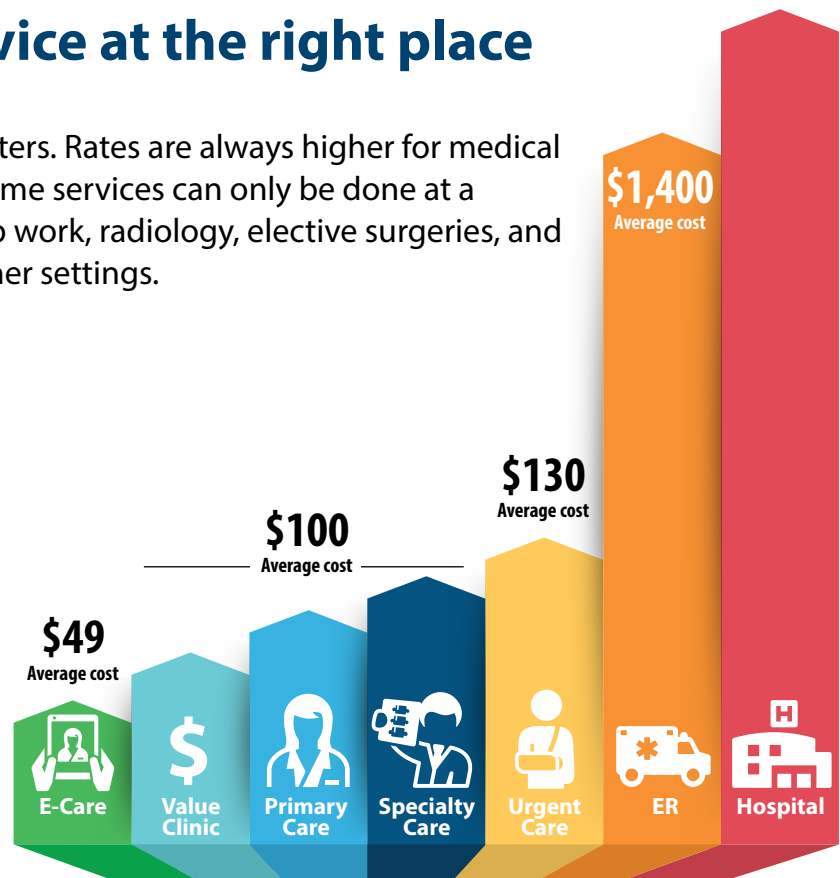
Where you get healthcare matters. Rates are always higher for medical services done at a hospital. Some services can only be done at a hospital but others, such as lab work, radiology, elective surgeries, and urgent care can be done in other settings.

For lab work, let your doctor know you want to use an independent lab, like Labcorp, that will forward the results to your doctor.

For radiology and certain elective surgeries, consider seeking services outside of a hospital for substantial savings. For example, you could save \$1,442 for an MRI at a large multi-specialty clinic like:

- Revere Health
- Granger Clinic
- Tanner Clinic
- Ogden Clinic

If you don't have a medical emergency but need immediate medical attention, visit the nearest Urgent Care Clinic. Also, consider consulting a doctor online through your E-Care benefit for convenient 24/7 urgent care. Intermountain [Connect Care](#) is PEHP's preferred E-Care provider for all networks, including Summit.



E-Care

- » Stuffy and runny nose
- » Sore throat
- » Allergies
- » Cough
- » Eye infections
- » Painful urination

Office Visit

- » Not life-threatening
- » Routine/Preventive
- » Can be seen during usual business hours
- » Can wait for an appointment

Urgent Care

- » Common, non-life threatening conditions
- » Broken bones
- » Minor cuts
- » Minor burns
- » Cold/flu symptoms after hours

Emergency Room

- » Chest pain or pressure
- » Severe headache or head injury
- » Severe bleeding
- » Sudden or severe pain
- » Coughing blood or vomiting blood
- » Difficulty breathing or shortness of breath
- » Sudden dizziness, weakness, or changes in vision
- » Severe or persistent vomiting or diarrhea
- » Changes in mental status, such as confusion or weakness
- » Evaluation of an assault, physical or sexual abuse, or child abuse
- » Severe infection
- » Complications of early pregnancy
- » Abdominal pain that is severe or with repeated and persistent vomiting
- » If you are unsure whether you are having a life-threatening medical emergency

Consult a Doctor Remotely with Intermountain Connect Care

A Fast, Easy Way to See a Doctor »

Connect Care gives families access to care 24/7/365 (even on holidays) for urgent, low-level needs such as:

- » Allergies
- » Sore throat
- » Eye infections
- » Cough
- » Painful urination
- » Lower back pain
- » Joint pain or strains
- » Minor skin problems

Connect Care is available on all PEHP networks »

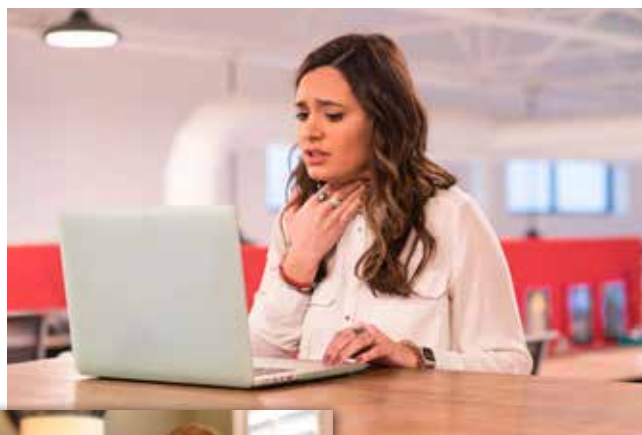
- » Summit
- » Advantage
- » Preferred

If You're on a Traditional Plan

Each on-demand doctor consultation costs only a **\$10 co-pay**.

If You're on The STAR Plan

Each on-demand doctor consultation costs only **\$49** before you meet your deductible. After your deductible is met, you pay only a **\$10 co-pay**.



PEHP
Health & Benefits

Download the app from the [Google Play Store](#) or [iTunes App Store](#).





MEDICAL

The STAR Plan » 25% discount on what you would normally pay an in-network provider

Traditional Plan » \$10 office co-pay

SALT LAKE CITY

Health Clinics of Utah

168 N 1950 W, Ste. 201 | **801-715-3500**

Midtown Clinic

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

RC Willey Employee Clinic

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

WesTech Wellness Center

3605 S West Temple | **801-506-0000**

NORTH SALT LAKE

Orbit Employee Clinic

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

FJM Clinic

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

CLEARFIELD

Futura Onsite Clinic

11 H Street | **801-774-3265**

LAYTON

Onsite Care at Davis Hospital

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

OGDEN

Health Clinics of Utah

2540 Washington Blvd., Ste. 122 | **801-395-6499**

FJM Clinic

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

PROVO

Health Clinics of Utah

150 E Center St., Ste. 1100 | **801-374-7011**

OREM

Blendtec Health and Wellness Clinic

1206 S 1680 W | **801-225-1281**

LEHI

OnSite Care at Mountain Point Medical

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



INTERMOUNTAIN CONNECT CARE

Available on all PEHP networks.

The STAR Plan » \$49 per visit or \$10 per visit after deductible.

Traditional Plan » \$10 per visit

Visit a doctor online
anytime, anywhere.

- » Stuffy and runny nose
- » Allergies
- » Sore throat
- » Eye infections
- » Cough
- » Painful urination
- » Lower back pain
- » Joint pain or strains
- » Minor skin problems



DENTAL

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

SALT LAKE CITY

Family Dental Plan

168 N 1950 W, Ste. 202 | **801-715-3400**

OGDEN

Family Dental Plan

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

You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.



LABORATORY

Visit these labs for exclusive PEHP member savings. View rates in the [PEHP Provider Lookup](#).

ADVANTAGE PLAN	SUMMIT PLAN
Accupath Diagnostic Visit PEHP Provider Lookup for location near you	Accupath Diagnostic Visit PEHP Provider Lookup for location near you
Bountiful Health Center Lab Bountiful Clinic Lab 390 N Main St, Bountiful 801-294-1150	Cedar Diagnostics LLC Visit PEHP Provider Lookup for location near you
Cedar Diagnostics LLC Visit PEHP Provider Lookup for location near you	Intermountain Central Lab 5252 S Intermountain Dr, Murray 801-535-8163
Esoterix Genetic Lab Visit PEHP Provider Lookup for location near you	Labcorp Inc Visit PEHP Provider Lookup for location near you
Labcorp Inc Visit PEHP Provider Lookup for location near you	Pathology Associates Medical Labs Visit PEHP Provider Lookup for location near you
Salt Lake Clinic Lab IHC Health Center Salt Lake Clinic 333 S 900 E, Salt Lake City 801-535-8163	Quest Diagnostics Visit PEHP Provider Lookup for location near you
Tricare Reference Laboratories 1001 Woodward Pl NE Albuquerque, NM 505-938-8803	Salt Lake Clinic Lab IHC Health Center Salt Lake Clinic 333 S 900 E, Salt Lake City 801-535-8163





COLONOSCOPY

Get Cash Back » Get \$55 cash back when you get your colonoscopy from one of these Value Providers. You need to get the colonoscopy in the provider's office or at an ambulatory surgical center to be eligible for \$55. This doesn't apply to hospitals, even if your doctor determines you must do it there. Remember, you'll always get the best pricing when you use a PEHP Value Provider.

Utah Gastroenterology

Advantage Network Members Note – There is one Utah Gastroenterology location where cash back is available, noted below with **Advantage**. You may visit providers at the other locations but the cash back only applies at the one location. Summit, Capital, and Preferred Network members may use any of the facilities listed below and receive cash back.

- 6360 S 3000 E Ste 310, SLC (**Advantage**)
- 620 Medical Dr Ste 205, Bountiful
- 1250 E 3900 S Ste 360, SLC
- 13953 S Bangerter Pkwy, Draper
- 12391 S 4000 W, Riverton
- 3000 N Triumph Blvd, Ste 340, Lehi

Granite Peaks Gastroenterology

- 1393 E Sego Lilly Dr., Sandy
- 3000 N Triumph Blvd Ste 330, Lehi

Revere Health

- 1055 N. 500 W., Provo
- 1175 E. 50 S., American Fork

Preventive Colonoscopy 50+

The cash back applies even when it's preventive and covered at 100%.

Tip: Be sure the anesthesia is considered "moderate or conscious" sedation as general anesthesia isn't covered as part of the preventive service unless pre-authorized through PEHP. Also be aware that sometimes the colonoscopy can result in additional treatment or diagnosis where you would be responsible for some of the cost based on your benefit cost share.



PRESCRIPTION ASSISTANCE PROGRAMS

PEHP has identified several medication-assistance programs which may help to reduce the cost of your medication. See if you may qualify.

Rx Help Centers®

<http://rxhelpcenter.org/>

Patient Access Network Foundation®

<https://panfoundation.org/index.php/en/>

Patient Advocate Foundation®

<http://www.patientadvocate.org/>

HealthWell Foundation®

<https://www.healthwellfoundation.org/>

*PEHP Wellness Specialist
and show host Jody Treu.*



Live. Share. Inspire.

A **new show** for PEHP members and their families who want to learn how to live a **healthier lifestyle** using PEHP Wellness tools, resources, and programs.

- » New episodes released every other month
- » **Rewards** for watching
- » More info: www.pehp.org/liveshareinspire

CUSTOMER SERVICE

801-366-7555 or 800-765-7347

Weekdays from 8 a.m. to 5:30 p.m.
Have your PEHP ID or Social Security number on hand for faster service. Foreign language assistance available.

GROUP TERM LIFE AND AD&D

» PEHP Life and AD&D

801-366-7495

HEALTH SAVINGS ACCOUNTS (HSA)

» PEHP FLEX\$ Department

801-366-7503 or 800-753-7703

» HealthEquity

866-960-8058

www.healthequity.com/stateofutah

SAVINGS PROGRAM

» PEHPplus

www.pehp.org/plus

Provides savings of up to 60% on healthy lifestyle products and services. From eyeglasses and gyms to acupuncture and massage, there's a wide variety of discounts for PEHP members. We frequently add new discounts, categories, and vendors, so check back often.

PEHP PHARMACY CUSTOMER SERVICE

801-366-7551 or 888-366-7551

WELLNESS AND DISEASE MANAGEMENT

» PEHP Healthy Utah

801-366-7300 or 855-366-7300

www.pehp.org/healthyutah

» PEHP Health Coaching

801-366-7300 or 855-366-7300

» PEHP WeeCare

801-366-7400 or 855-366-7400

www.pehp.org/weecare

» PEHP Integrated Care

(Ask for Member Services Nurse)

801-366-7555 or 800-765-7347

ONLINE ENROLLMENT HELP LINE

801-366-7410 or 800-753-7410

BENEFITS SUMMARY

Read the [2018-19 State of Utah Benefits Summary](#) for more detailed information about your benefits.



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



Attend a Virtual Benefits Fair and learn about all benefits available to you. This convenient, interactive overview of all State of Utah benefits includes medical, dental, Life, retirement benefits, and more.

» [See Tutorial](#)