2019-20

Benefits Summary

UBTech

Look inside for important information about how to use your PEHP benefits.

PEHP Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

PEHP Health & Benefits

UBTech

2019-20

UBTech Benefits Summary

UBTECH
Benefits Summary

Effective July 2019

This Benefits Summary should be used in conjunction with the PEHP Master Policy. It contains information that only applies to PEHP subscribers who are employed by UBTech and their eligible dependents. Members of any other PEHP plan should refer to the applicable publications for their coverage.

It is important to familiarize yourself with the information provided in this Benefits Summary and the PEHP Master Policy to best utilize your medical plan. The Master Policy is available by calling PEHP. You may also view it at www.pehp.org.

This Benefits Summary is for informational purposes only and is intended to give a general overview of the benefits available under those sections of PEHP designated on the front cover. This Benefits Summary is not a legal document and does not create or address all of the benefits and/or rights and obligations of PEHP. The PEHP Master Policy, which creates the rights and obligations of PEHP and its members, is available upon request from PEHP and online at www.pehp.org. All questions concerning rights and obligations regarding your PEHP plan should be directed to PEHP.

The information in this Benefits Summary is distributed on an "as is" basis, without warranty. While every precaution has been taken in the preparation of this Benefits Summary, PEHP shall not incur any liability due to loss, or damage caused or alleged to be caused, directly or indirectly by the information contained in this Benefits Summary.

The information in this Benefits Summary is intended as a service to members of PEHP. While this information may be copied and used for your personal benefit, it is not to be used for commercial gain.

The employers participating with PEHP are not agents of PEHP and do not have the authority to represent or bind PEHP.

6/19/19

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Medical Benefits

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Welcome to PEHP

We want to make accessing and understanding your healthcare benefits simple. This Benefits Summary contains important information on how best to use PEHP's comprehensive benefits.

Please contact the following PEHP departments or affiliates if you have questions.

ON THE WEB

» ..... www.pehp.org

Create a PEHP for Members account at www.pehp.org to review your claims history, get important information through our Message Center, see a comprehensive list of your coverages, find and compare providers in your network, access Healthy Utah rebate information, check your FLEX$ account balance, and more.

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.

PREAUTHORIZATION

» Inpatient hospital preauthorization..... 801-366-7755
..... or 800-753-7754

MENTAL HEALTH/SUBSTANCE ABUSE PREAUTHORIZATION

» PEHP Customer Service 801-366-7755
..... or 800-765-7347

PRESCRIPTION DRUG BENEFITS

» PEHP Customer Service 801-366-7555
..... or 800-765-7347

» Express Scripts 800-903-4725
..... www.express-scripts.com

SPECIALTY PHARMACY

» Accredo 800-501-7260

PEHP FLEX$

» PEHP FLEX$ Department 801-366-7503
..... or 800-753-7703

HEALTH SAVINGS ACCOUNTS (HSA)

» PEHP FLEX$ Department 801-366-7503
..... or 800-753-7703

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

PRENATAL AND POSTPARTUM PROGRAM

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

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

VALUE-ADDED BENEFITS PROGRAM

» PEHPplus..... www.pehp.org/plus

» Blomquist Hale 800-926-9619
..... www.blomquisthale.com

ONLINE ENROLLMENT HELP LINE

.....801-366-7410
..... or 800-753-7410

CLAIMS MAILING ADDRESS

PEHP
560 East 200 South
Salt Lake City, UT 84102-2004

Benefits Changes & Reminders

Chronic Medications Covered Before Deductible

This is a major new benefit for STAR HSA Plan members who no longer have to meet their deductible before getting certain chronic medications covered under the plan. www.pehp.org for details.

New Cost Comparison Tool

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

Get Up to $2,000 in Cash Back

You can now share in the savings when you choose a lower-cost provider. Find out about cash back services using PEHP's new Cost Comparison Tool. Look for the green phone with a dollar sign. Visit www.pehp.org for details.

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

Consider consulting a doctor remotely with your smartphone from Intermountain Connect Care (all networks) or University of Utah Health Virtual Visits (Summit only). It's convenient and costs less.

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.

Invitro Fertilization Benefit

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.

Autism Spectrum Disorder Benefit

A brief overview of PEHP's Autism Spectrum Disorder coverage »

Children ages 2-9 (stops on 10th birthday) are eligible for the benefit, which covers up to 600 hours per year of behavioral health treatment.

» Please call PEHP (801-366-7555 or 800-765-7347) for information about which autism spectrum disorders and services are covered.

» Therapeutic care includes services provided by speech therapists, occupational therapists, or physical therapists.

» Eligible Autism Spectrum Disorder services do not accrue separately, and are subject to the medical plan's visit limits, regular cost sharing limitations – deductibles, co-payments, and coinsurance – and would apply to the out-of-pocket maximum.

» Mental health and speech therapy services require Preauthorization.

» No benefits for services received from out-of-network Providers. List of in-network providers is available at PEHP for Members at www.pehp.org or by calling PEHP (801-366-7555 or 800-765-7347).

» Regular medical benefits will apply (see benefits grid for applicable co-pay and coinsurance).

PEHP Value Providers

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**

E-CARE/TELEMEDICINE

Visit a doctor online anytime, anywhere.

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

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

Traditional Plan » $10 per visit

Intermountain Connect Care » available on all networks

University of Utah Health Virtual Visits » available on Summit network only

Download on the App Store | GET IT ON Google Play

Check with your employer to see which medical and dental plans are available to you. 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.

PEHP Value Providers

COLONOSCOPY

Get Cash Back » Get cash back* when you get your colonoscopy from one of these Value Providers. You must call PEHP prior to service to be eligible for cash back. You need to get the colonoscopy in the provider's office or at an ambulatory surgical center to be eligible for cash back as 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

If you're on the Advantage Network, *there is only one Utah Gastroenterology location where cash back is available. 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

**Please note cash back is subject to income taxes.*

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+

You must call PEHP prior to service to get cash back. 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 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 Value Providers

LABORATORIES

Visit these labs for exclusive PEHP member savings.

MULTIPLE LOCATIONS
The following laboratories have more than one location. For the location near you, visit the Provider Lookup at www.pehp.org.

Accupath Diagnostics
Advantage and Summit networks

Cedar Diagnostics LLC
Advantage and Summit networks

Esoterix
Advantage network only

Labcorp Inc
Advantage and Summit networks

Pathology Associates Medical Labs
Summit network only

Quest Diagnostics
Summit network only

BOUNTIFUL
Bountiful Health Center Lab
390 N Main St. | **801-294-1150**
Advantage network only

MURRAY
Intermountain Central Lab
5252 S Intermountain Dr. | **801-535-8163**
Summit network only

SALT LAKE CITY
IHC Health Center Salt Lake Clinic
333 S 900 E | **801-535-8163**
Advantage and Summit networks

OUT-OF-STATE
ALBUQUERQUE, N.M.
Tricore Reference Laboratories
1001 Woodward Pl. NE | **505-938-8803**
Summit network only

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

Check with your employer to see which medical and dental plans are available to you. 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.

PEHP Online Tools

Access Benefits and Claims

WWW.PEHP.ORG

Access important benefit tools and information by creating an online personal account at www.pehp.org.

- » Receive important messages about your benefits and coverage through our Message Center.
- » See your claims history — including medical, dental, and pharmacy. Search claims histories by member, plan, and date range.
- » Become a savvy consumer using our Cost & Quality Tools.
- » View and print plan documents, such as forms and Master Policies.
- » Get a simple breakdown of the PEHP benefits in which you're enrolled.
- » Track your biometric results and access Healthy Utah rebates and resources.
- » Access your FLEX$ account.
- » Cut down on clutter by opting in to paperless delivery of explanation of benefits (EOBs). Opt to receive EOBs by email, rather than paper forms through regular mail, and you'll get an email every time a new one is available.
- » Change your mailing address.

Find a Provider

WWW.PEHP.ORG

Looking for a provider, clinic, or facility that is contracted with your plan? Look no farther than www.pehp.org. Go online to search for providers by name, specialty, or location.

Access Your Pharmacy Account

WWW.EXPRESS-SCRIPTS.COM

Create an account with Express Scripts, PEHP's pharmacy benefit manager, and get customized information that will help you get your medications quickly and at the best price.

Go to www.express-scripts.com to create an account. All you need is your PEHP ID card and you're on your way.

You'll be able to:

- » Check prices.
- » Check an order status.
- » Locate a pharmacy.
- » Refill or renew a prescription.
- » Get mail-order instructions.
- » Find detailed information specific to your plan, such as drug coverage, co-pays, and cost-saving alternatives.

Summit

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

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

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

Cache County
- Cache Valley Hospital

Carbon County
- Castleview Hospital

Davis County
- Lakeview Hospital
- Davis Hospital

Duchesne County
- Uintah Basin Medical Center

Garfield County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Cedar City Hospital

Juab County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Hospital
- Fillmore Community Hospital

Salt Lake County
- Huntsman Cancer Hospital
- Jordan Valley Hospital
- Jordan Valley Hospital - West
- Lone Peak Hospital
- Primary Children's Medical Center

Salt Lake County (cont.)
- Riverton Children's Unit
- St. Marks Hospital
- Salt Lake Regional Medical Center
- University of Utah Hospital
- University Orthopaedic Center

San Juan County
- Blue Mountain Hospital
- San Juan Hospital

Sanpete County
- Gunnison Valley Hospital
- Sanpete Valley Hospital

Sevier County
- Sevier Valley Hospital

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Uintah County
- Ashley Regional Medical Center

Utah County
- 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

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

No-Pay Providers

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

Advantage

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

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital

Cache County
- Logan Regional Hospital

Carbon County
- Castleview Hospital

Davis County
- 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 Regional Medical Center

Utah County
- American Fork Hospital
- Orem Community Hospital
- Utah Valley Hospital

Wasatch County
- Heber Valley Medical Center

Washington County
- Dixie Regional Medical Center

Weber County
- McKay-Dee Hospital

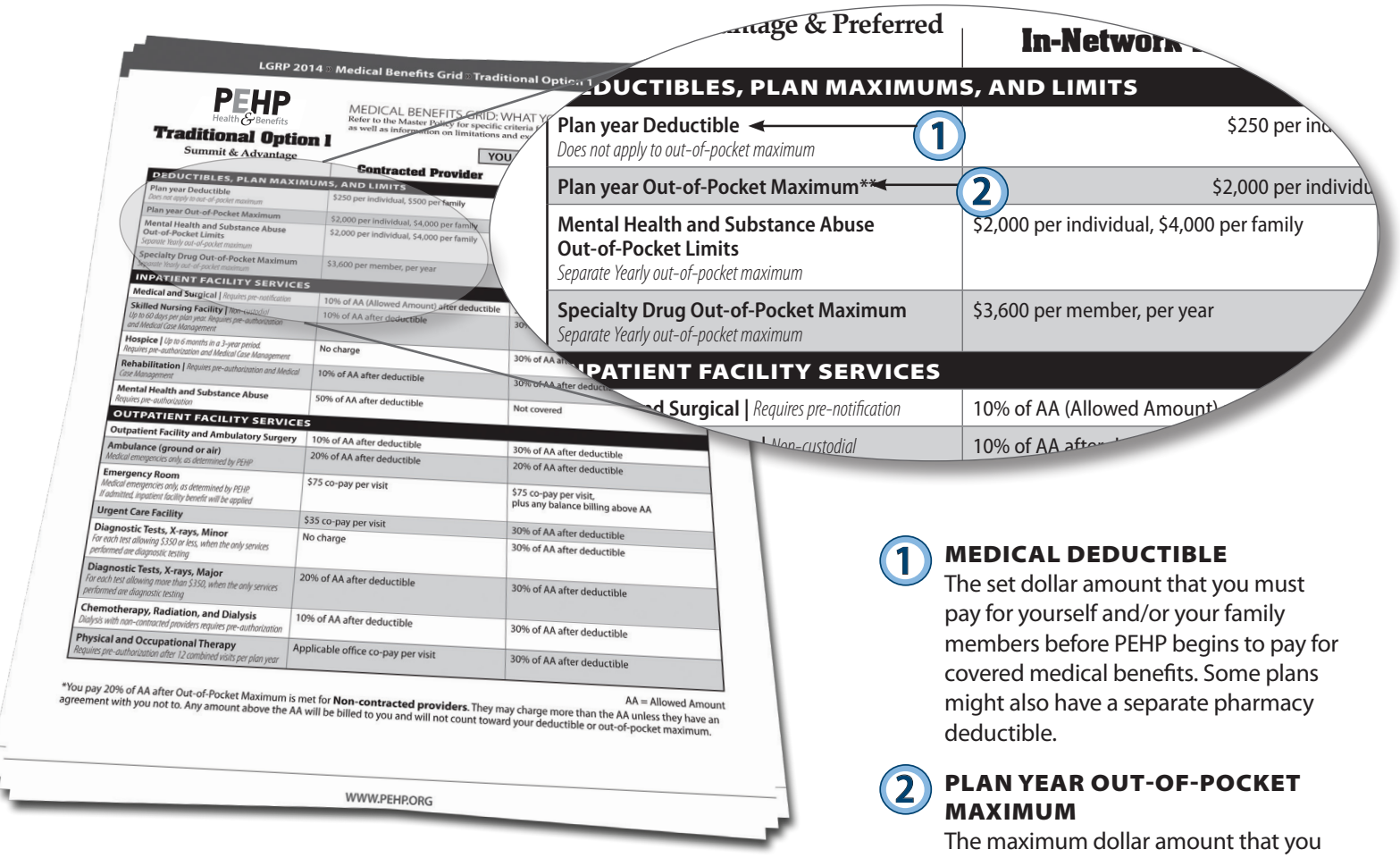
Out-of-State – Colorado
- St. Mary's Hospital – Grand Junction
- Southwest Memorial Hospital – Cortez

Preferred

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

**Formerly IASIS*

Understanding Your Benefits Grid



1 MEDICAL DEDUCTIBLE

The set dollar amount that you must pay for yourself and/or your family members before PEHP begins to pay for covered medical benefits. Some plans might also have a separate pharmacy deductible.

2 PLAN YEAR OUT-OF-POCKET MAXIMUM

The maximum dollar amount that you and/or your family pays each year for covered medical services in the form of copayments and coinsurance (and deductibles for STAR plans). Some plans might also have separate out-of-pocket maximums for mental health & substance abuse and for specialty drug charges.

CO-PAY

A specific amount you pay directly to a provider when you receive covered services. This can be either a fixed dollar amount or a percentage of the PEHP In-Network Rate.

IN-NETWORK

In-network benefits apply when you receive covered services from in-network providers. You are responsible to pay the applicable copayment.

OUT-OF-NETWORK

If your plan allows the use of out-of-network providers, out-of-network benefits apply when you receive covered services. You are responsible to pay the applicable co-pay, plus the difference between the billed amount and PEHP's In-Network Rate.

IN-NETWORK RATE

The amount in-network providers have agreed to accept as payment in full. If you use an out-of-network provider, you will be responsible to pay your portion of the costs as well as the difference between what the provider bills and the In-Network Rate (balance billing). In this case, the allowed amount is based on our in-network rates for the same service.

For more definitions, please see the Master Policy.

Understanding In-Network Providers

It's important to understand the difference between in-network and out-of-network providers and how the In-Network Rate works to avoid unexpected charges.

In-Network Rate

Doctors and facilities contracted in your network — in-network providers — have agreed not to charge more than PEHP's In-Network Rate for specific services. Your benefits are often described as a percentage of the In-Network Rate. With in-network providers, you pay a predictable amount of the bill: the remaining percentage of the In-Network Rate. For example, if PEHP pays your benefit at 80% of In-Network Rate, your portion of the bill generally won't exceed 20% of the In-Network Rate.

Balance Billing

It's a different story with out-of-network providers. They may charge more than the In-Network Rate unless they have an agreement with you not to. These doctors and facilities, who aren't a part of your network, have no pricing agreement with PEHP. The portion of the benefit PEHP pays is based on what we would pay a n in-network provider. You'll be billed the full amount that the provider charges above the In-Network Rate. This is called "balance billing."

Understand that charges to you may be substantial if you see an out-of-network provider. Your plan generally pays a smaller percentage of the In-Network Rate, and you'll also be billed for any amount charged above the In-Network Rate.

Negotiate a Price

Don't get Balance Billed: Although non-contracted providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.

The amount you pay for charges above the In-Network Rate won't apply to your deductible or out-of-pocket maximum.

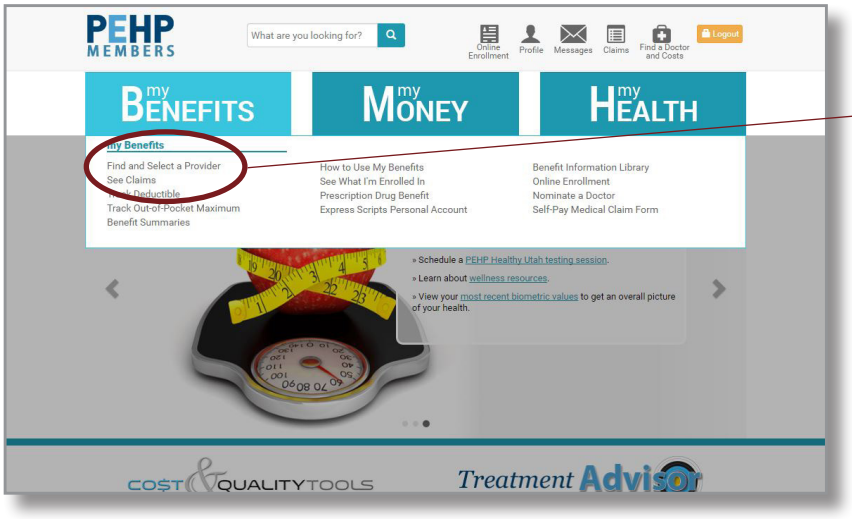
Consider Your Options

Carefully choose your network based on the group of medical providers you prefer or are more likely to see. See the Medical Networks comparison in this book or go to www.pehp.org and log in to PEHP for Members to see which network includes your doctors.

Ask questions before you get medical care. Make sure every person and every facility involved is contracted in your network.

Although out-of-network providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.

Learn More » Your Network and Your Money



Go to www.pehp.org, log into PEHP for Members, and click on *Find and Select a Provider* under the *myBenefits* menu to find a doctor or facility in your network.

Health Savings Accounts

About Health Savings Account (HSA)

An HSA is a tax-advantaged, interest-bearing account. Your money goes in tax free, grows tax free, and can be spent on qualified health expenses tax free. An HSA can be a great way to save for health expenses in both the short and long term.

An HSA is similar to a flexible spending account; you contribute pre-tax dollars to pay for eligible health expenses.

An HSA has several advantages. You never have to forfeit what you don't spend. Your money carries over from year-to-year and even from employer-to-employer. All the while, an HSA can earn tax-free interest in a savings account.

The STAR Plan employer HSA contributions for 2019-20 will be $791.96 for a single plan and $1,583.92 for double and family plans. Contributions will be frontloaded semi-annually, half by the end of July 2019 and half by the end of January 2020.

Consumer Plus Plan employer HSA contributions for 2019-20 will be $1,824.68 for a single plan and $3,649.62 for a double and family plan. Contributions will be frontloaded semi-annually, half by the end of July 2019 and half by the end of January 2020.

You can also contribute to an HSA much like you would a 401(k). You decide how many pre-tax dollars you want withheld from each paycheck, and earnings grow tax free.

Eligible HSA expenses include deductibles and Co-Insurance, as well as health expenses that are eligible to be paid with a medical flexible spending account.

HSA Eligibility

To be eligible for the HSA the following things must apply to you:

- You're not participating in or covered by a flexible spending account (FSA) or HRA or their balances will be $0 on or before June 30.
- You're not covered by another health plan (unless it's another HSA-qualified plan).
- You're not covered by Medicare or TRICARE.
- You're not a dependent of another taxpayer.

Banking with HealthEquity

PEHP has an arrangement with HealthEquity to handle your HSA. Your employer will make your HSA contributions through PEHP to HealthEquity into your account. You are responsible for the management of your HSA funds once they are in the account.

For More Information

For more information about HSAs go to: www.pehp.org/thestarplan, www.healthequity.com/stateofutah, www.ustreas.gov, or www.irs.gov.

Learn more:

www.pehp.org/stateofutah/thestarplan | www.healthequity.com/stateofutah

PEHP Health & Benefits

STAR HSA

Summit, Advantage & Preferred

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

	YOU PAY	
	In-Network Provider	**Out-of-Network Provider***
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan Year Deductible	$1,500 single plan, $3,000 double or family plan	
Plan Year Out-of-Pocket Maximum *Includes amounts applied to Deductibles, Co-Insurance and prescription drugs.*	$2,500 single plan, $5,000 double plan, $7,500 family plan	
INPATIENT FACILITY SERVICES		
Medical and Surgical | *All out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility | *Non-custodial Up to 60 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation | *Up to 45 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) *Medical emergencies only, as determined by PEHP*	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible
Emergency Room *Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied*	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Urgent Care Facility	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Minor	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy *Outpatient – up to 20 combined visits per plan year. No Preauthorization required*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible

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

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Visits	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	**Medical:** $10 co-pay per visit after deductible. **Mental Health:** Standard benefits apply after deductible. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	**Medical:** 20% of In-Network Rate after deductible	Not applicable
Primary Care Office Visits and Office Surgeries	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Emergency Room Specialist	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *No preauthorization required for outpatient services. Inpatient services require preauthorization*	**Outpatient:** 20% of In-Network Rate after deductible **Inpatient:** 20% of In-Network Rate after deductible	**Outpatient:** 40% of In-Network Rate after deductible **Inpatient:** 40% of In-Network Rate after deductible
PRESCRIPTION DRUGS | ***Pharmacy benefits for The STAR HSA Plan are subject to the deductible unless covered under an Expanded Preventive Drug Benefit***		
30-day Pharmacy *Retail only*	**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 *Maintenance only*	**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
Specialty Medications, retail pharmacy *Up to 30-day supply*	**Tier A:** 20%. No maximum co-pay **Tier B:** 30%. No maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient *Up to 30-day supply*	**Tier A:** 20% of In-Network Rate. No maximum co-pay **Tier B:** 30% of In-Network Rate. No maximum co-pay	**Tier A:** 40% of In-Network Rate. **Tier B:** 50% of In-Network Rate.
Specialty Medications, through specialty vendor Accredo *Up to 30-day supply*	**Tier A:** 20%. $150 maximum co-pay **Tier B:** 30%. $225 maximum co-pay **Tier C:** 20%. No maximum co-pay	Not covered

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption or Assisted Reproductive Technology (ART) | *See limitations*	20% after deductible, up to $4,000 per adoption or up to $4,000 per lifetime for ART	
Affordable Care Act Preventive Services *See Master Policy for complete list*	No charge	40% of In-Network Rate after deductible
Allergy Serum	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chiropractic Care | *Up to 10 visits per plan year*	20% of In-Network Rate after deductible	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions *Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply*	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Durable Medical Equipment, DME *Except for oxygen and Sleep Disorder Equipment, certain DME over $750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies *See the Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing *Up to 60 visits per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services *Select services only. See the Master Policy*	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible
Injections	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction *Up to $1,000 lifetime maximum*	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible

PEHP Health & Benefits

Traditional (Non-HSA)

Summit, Advantage & Preferred

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

	YOU PAY	
	In-Network Provider	**Out-of-Network Provider***
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan Year Deductible *Not included in the Out-of-Pocket Maximum*	$350 per individual, $700 per family	
Plan year Out-of-Pocket Maximum**	$3,000 per individual, $6,000 per double, $9,000 per family	
INPATIENT FACILITY SERVICES		
Medical and Surgical | *All out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility | *Non-custodial Up to 60 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation | *Up to 45 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) *Medical emergencies only, as determined by PEHP*	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible
Emergency Room *Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied*	20% of In-Network Rate, minimum $150 co-pay per visit	20% of In-Network Rate, minimum $150 co-pay per visit, plus any balance billing above In-Network Rate
Urgent Care Facility	$45 co-pay per visit	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy *Outpatient – up to 20 combined visits per plan year. No Preauthorization required*	Applicable office co-pay per visit	40% of In-Network Rate after deductible

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

**Some services on your plan are payable at a reduced benefit of 50% of In-Network Rate or 30% of In-Network Rate. These services do not apply to any out-of-pocket maximum. Deductible may apply. Refer to the Master Policy for specific criteria for the benefits listed above, as well as information on limitations and exclusions.

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Visits	Applicable office co-pay per visit	40% of In-Network Rate after deductible
Surgery and Anesthesia *Includes Office-based Surgeries*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	**Medical:** $10 co-pay per visit. **Mental Health:** Standard benefits apply. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	**Medical:** $10 co-pay per visit	Not applicable
Primary Care Office Visits	$25 co-pay per visit **University of Utah Medical Group:** $35 co-pay per visit	40% of In-Network Rate after deductible
Specialist Office Visits	$35 co-pay per visit **University of Utah Medical Group:** $45 co-pay per visit	40% of In-Network Rate after deductible
Emergency Room Specialist	$35 co-pay per visit	$35 co-pay per visit, plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *No preauthorization required for outpatient services.* *Inpatient services require preauthorization*	$35 co-pay per visit **University of Utah Medical Group:** $45 co-pay per visit	**Outpatient:** 40% of In-Network Rate after deductible **Inpatient:** 40% of In-Network Rate after deductible
PRESCRIPTION DRUGS		
30-day Pharmacy *Retail only*	**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 *Maintenance only*	**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
Specialty Medications, retail pharmacy *Up to 30-day supply*	**Tier A:** 20%. No maximum co-pay **Tier B:** 30%. No maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient *Up to 30-day supply*	**Tier A:** 20% of In-Network Rate after deductible. No maximum co-pay **Tier B:** 30% of In-Network Rate after deductible. No maximum co-pay	**Tier A:** 40% of In-Network Rate after deductible. **Tier B:** 50% of In-Network Rate after deductible.
Specialty Medications, through specialty vendor Accredo | *Up to 30-day supply*	**Tier A:** 20%. $150 maximum co-pay **Tier B:** 30%. $225 maximum co-pay **Tier C:** 20%. No maximum co-pay	Not covered

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption or Assisted Reproductive Technology (ART) | *See limitations*	20% after deductible, up to $4,000 per adoption or up to $4,000 per lifetime for ART	
Affordable Care Act Preventive Services *See Master Policy for complete list*	No charge	40% of In-Network Rate after deductible
Allergy Serum	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chiropractic Care | *Up to 10 visits per plan year*	Applicable office co-pay per visit	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions *Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply*	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Durable Medical Equipment, DME *Except for oxygen and Sleep Disorder Equipment, certain DME over $750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies *See the Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing *Up to 60 visits per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services** *Select services only. See the Master Policy*	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible
Injections	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction** *Up to $1,000 lifetime maximum*	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible

**Some services on your plan are payable at a reduced benefit of 50% of In-Network Rate or 30% of In-Network Rate. These services do not apply to any out-of-pocket maximum. Deductible may apply. Refer to the Master Policy for specific criteria for the benefits listed above, as well as information on limitations and exclusions.

This applies only to The STAR Plan and Traditional plan.

Wellness and Value-Added Benefits

PEHP Healthy Utah

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.

PEHP Healthy Utah and related cash incentives are offered at the discretion of the Employer.

FOR MORE INFORMATION

PEHP Healthy Utah, 801-366-7300 or 855-366-7300

- **Email: healthyutah@pehp.org**
- **Web: www.pehp.org/members/pehp-healthy-utah**

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 up to 12 months after delivery.

Participate in PEHP WeeCare and receive free educational resources. PEHP WeeCare is not intended to take the place of your doctor. It's another resource for answers to questions during pregnancy. Cash incentives* are available for enrolling and for postpartum weight loss.

FOR MORE INFORMATION

PEHP WeeCare

801-366-7400 | 855-366-7400

- **E-mail: weecare@pehp.org**
- **Web: www.pehp.org/members/pehp-weecare**

**FICA tax may be withheld from all wellness rebates. This will slightly lower any amount you receive. PEHP will mail additional tax information to you after you receive your rebate. Consult your tax advisor if you have any questions.*

PEHP Plus

PEHPplus provides savings of up to 60 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/plus.

PEHP Health Coaching

PEHP Health Coaching is a lifestyle behavior change program available to subscribers and spouses with a body mass index (BMI) of 30 or greater. This benefit provides education and support to help members engage in improving their health by forming action plans, setting goals, and following up monthly with a health coach.

Enrolled members will work with a coach for 6-12* months, depending on participant's initial BMI.

The program is designed to help members achieve a healthy weight by learning how to form and sustain healthy habits. With this approach, members' focus can go beyond weight loss to the greater benefits of lasting health and well-being. Interested members can enroll by logging on to www.pehp.org.

**Length of enrollment and participation activities will depend on a member's initial BMI.*

FOR MORE INFORMATION

PEHP Health Coaching, 801-366-7300 | 855-366-7300

- **E-mail: healthcoaching@pehp.org**
- **Web: www.pehp.org/members/pehp-health-coaching**

If you are unable to meet the medical standards to qualify for the program because it is medically unadvisable or unreasonably difficult due to a medical condition, upon written notification, PEHP shall provide you with a reasonable alternative standard to qualify for the program. The total amount of rewards cannot be more than 30% of the cost of employee-only coverage under the plan.

Life Assistance Counseling

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, despair, death in family, issues with children, 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**

PEHP Dental Care

Introduction

PEHP wants to keep you healthy and smiling brightly. We offer dental plans that provide coverage for a full range of dental care.

When you use in-network providers, you pay a coinsurance and PEHP pays the balance. When you use out-of-network providers, PEHP pays a specified portion of the In-Network Rate (In-Network Rate), and you are responsible for the balance.

There is no deductible for Diagnostic or Preventive services.

Refer to the PEHP Dental Master Policy for complete benefit limitations and exclusions and specific plan guidelines. The Master Policy is available at www.pehp.org. Call PEHP Customer Service to request a copy.

Waiting Period for Orthodontic, Implant, and Prosthodontic Benefits

There is a Waiting Period of six months from the effective date of coverage for Orthodontic, Implant, and Prosthodontic benefits unless prior continuous dental coverage of 6 months or more can be shown.

Members returning from military service will have the six-month waiting period for orthodontics waived if they reinstate their dental coverage within 90 days of their military discharge date.

Missing Tooth Exclusion

Services to replace teeth that are missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with PEHP.

However, the plan may review the abutment teeth for eligibility of Prosthodontic benefits. The Missing Tooth Exclusion does not apply if a bridge, denture, or implant was in place at the time the coverage became effective.

Limitations and Exclusions

Written preauthorization may be required for prosthodontic services. Preauthorization is not required for orthodontics.

Refer to the Dental Care Master Policy for complete benefit limitations, exclusions, and specific plan guidelines.

Master Policy

Refer to the PEHP Dental Master Policy for complete benefit limitations and exclusions and specific plan guidelines. The Master Policy is available at www.pehp.org. Call PEHP Customer Service to request a copy.

UB Tech 2019-20 » Dental

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.

	Preferred Dental Care		Traditional Dental Care	
	IN NETWORK	**OUT OF NETWORK**	**IN NETWORK**	**OUT OF NETWORK**
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS				
Deductible (Does not apply to diagnostic or preventive services)	**$25** per member, **$75** maximum per family	**$25** per member, **$75** maximum per family	None	None
Annual Benefit Max	**$1,500**	**$1,500**	**$1,500**	**$1,500**
DIAGNOSTIC	**YOU PAY**	**YOU PAY**	**YOU PAY**	**YOU PAY**
Periodic Oral Examinations	No Charge	**20%** of In-Network Rate	No Charge	**20%** of In-Network Rate
X-rays	**20%** of In-Network Rate	**40%** of In-Network Rate	No Charge	**20%** of In-Network Rate
PREVENTIVE				
Cleanings and Fluoride Solutions	**20%** of In-Network Rate	**40%** of In-Network Rate	No Charge	**20%** of In-Network Rate
Sealants | Permanent molars only through age 17	**20%** of In-Network Rate	**40%** of In-Network Rate	No Charge	**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**		**$1,500**	
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

Regence Expressions℠ Dental Plan

$0 Deductible
$1,500 Maximum

STATE OF UTAH
Effective Date:

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

Benefit Summary	
Deductible per contract year	$0 Per Member Deductible $0 Family Deductible
Maximum benefit per contract year	$1,500 Per Member

Understanding Your Benefits

- Once you have satisfied any applicable deductible, we pay a percentage of the allowed amount for covered servies up to any maximum benefit. When our payment is less than 100%, you pay the remaining percentage. This is your **Coinsurance** (Member Responsibility).
- We do not reimburse Dentists for charges above the allowed amount. A **Participating Dentist** will not charge you for any balances for covered services beyond your coinsurance amount. **Nonparticipating Dentists**, however, may bill you for any balances over our payment level in addition to any coinsurance amount. You can find a list of providers at our Website or by calling Customer Service.

Covered Dental Services (Per Member)	***Member Responsibility***
Preventive Dental Services ▪ Bitewing x-rays: 2 per contract year ▪ Complete intra-oral mouth x-rays: Once in a 3-year period ▪ Cleanings: 2 per contract year (in lieu of periodontal maintenance) ▪ Oral examinations: 2 per contract year ▪ Panoramic mouth x-rays: Once in a 3-year period ▪ Sealants (bicuspids and molars only): Under 15 years of age ▪ Space Maintainers: Under 13 years of age ▪ Topical fluoride application: Under 26 years of age, 2 treatments per contract year	0%
Basic Dental Services ▪ Repair of Bridges, Crowns, Dentures: Coverage for adjustments and repair allowed one year of after placement ▪ Endodontic services including root canal treatment, pulpotomy and apicoectomy ▪ Emergency treatment for pain relief ▪ Fillings consisting of composite and amalgam restorations ▪ General dental anesthesia or intravenous sedation (subject to necessity) ▪ Uncomplicated and complex oral surgery procedures ▪ Periodontal maintenance: 2 per plan year (in lieu of preventive cleanings) ▪ Periodontal debridement: Once in a 3-year period ▪ Periodontal scaling and root planing: 2 per contract year ▪ Vestibuloplasty	20%
Major Dental Services ▪ Bridges: Except no benefits are provided for replacement made fewer than 5-years after placement ▪ Crowns: Except no benefits are provided for replacement made fewer than 5-years after placement ▪ Dentures (full and partial): Except no benefits are provided for replacement made fewer than 5-years after placement ▪ Implants (endosteal)	50%
Orthodontia Services ▪ Orthodontic treatment: No age limit ▪ $1,500 per member lifetime maximum benefit	50%

Dental Exclusions
We will not provide benefits for any of the following conditions, treatments, services, supplies or accommodations, including any direct complications or consequences that arise from them. However, these exclusions will not apply with regard to an otherwise covered service for an injury, if the injury results from an act of domestic violence or a medical condition (including physical and mental) and regardless of whether such condition was diagnosed before the injury, as required by federal law.
Aesthetic Dental Procedures: Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.
Antimicrobial Agents: Localized delivery of antimicrobial agents into diseased crevicular tissue via a controlled release vehicle.
Collection of Cultures and Specimens
Condition Caused By Active Participation in a War or Insurrection: The treatment of any condition caused by or arising out of a member's active participation in a war or insurrection.
Condition Incurred In or Aggravated During Performances In the Uniformed Services: The treatment of any member's condition that the Secretary of Veterans Affairs determines to have been incurred in, or aggravated during, performance of service in the uniformed services of the United States.
Connector Bar or Stress Breaker
Cosmetic/Reconstructive Services and Supplies except for dentally appropriate services and supplies to treat a congenital anomaly and to restore a physical bodily function lost as result of injury or illness.
Desensitizing: Application of desensitizing medicaments or desensitizing resin for cervical and/or root surface.
Diagnostic Casts or Study Models
Duplicate X-Rays
Expenses Before Coverage Begins or After Coverage Ends: Services and supplies incurred before your effective date under the contract or after your termination under the contract except as may be provided under the other continuation options of the contract.
Facility Charges: Services and supplies provided in connection with facility services, including hospitalization for dentistry and extended-care facility visits.
Fees, Taxes, Interest: Charges for shipping and handling, postage, interest or finance charges that a dentist might bill.
Fractures of the Mandible: Services and supplies provided in connection with the treatment of simple or compound fractures of the mandible.
Gold-Foil Restorations
Government Programs: Benefits that are covered, or would be covered in the absence of this plan, by any federal, state or government program.
Home Visits
Implants: Services and supplies provided in connection with implants, whether or not the implant itself is covered.
Investigational Services: Investigational treatment or procedures (health interventions) and services, supplies and accommodations provided in connection with investigational treatments or procedures (health interventions).
Medications and Supplies including take home drugs, pre-medications, therapeutic drug injections and supplies.
Motor Vehicle Coverage and Other Insurance Liability
Nitrous Oxide
Non-Direct Patient Care including appointments scheduled and not kept, charges for preparing medical reports, itemized bills or claim forms, and visits or consultations that are not in person, including telephone consultations and email exchanges.
Occlusal Treatment: Services and supplies provided in connection with dental occlusion, including occlusal analysis, adjustments and occlusal guards.
Oral Hygiene Instructions
Oral Surgery treating any fractured jaw and orthognathic surgery. By orthognathic surgery, we mean surgery to manipulate facial bones, including the jaw, in patients with facial bone abnormalities performed to restore the proper anatomic and functional relationship of the facial bones.
Personal Comfort Items: Items that are primarily used for personal comfort or convenience, contentment, personal hygiene, aesthetics or other nontherapeutic purposes.
Photographic Images
Pin Retention in Addition to Restoration
Precision Attachments
Prosthesis including maxillofacial prosthetic procedures and modification of removable prosthesis following implant surgery.
Provisional Splinting
Replacements: Services and supplies provided in connection with the replacement of any dental appliance (including, but not limited to, dentures and retainers), whether lost, stolen or broken.

Dental Exclusions
Riot, Rebellion and Illegal Acts: Services and supplies for treatment of an illness, injury or condition caused by a member's voluntary participation in a riot, armed invasion or aggression, insurrection or rebellion or sustained by a member arising directly from an act deemed illegal by an officer or a court of law.
Self-Help, Self-Care, Training or Instructional Programs
Separate Charges: Services and supplies that may be billed as separate charges (these are considered inclusive of the billed procedure) including any supplies, local anesthesia and sterilization.
Services and Supplies Provided by a Member of Your Family
Services Performed in a Laboratory
Surgical Procedures: Services and supplies provided in connection with the following surgical procedures: exfoliative cytology sample collection or brush biopsy; incision and drainage of abscess extraoral soft tissue, complicated or non-complicated; radical resection of maxilla or mandible; removal of nonodontogenic cyst, tumor or lesion; surgical stent and surgical procedures for isolation of a tooth with rubber dam.
Temporomandibular Joint (TMJ) Dysfunction Treatment
Third-Party Liability: Services and supplies for treatment of illness or injury for which a third party is or may be responsible.
Tooth Transplantation: Services and supplies provided in connection with tooth transplantation, including reimplantation from one site to another and splinting and/or stabilization.
Travel and Transportation Expenses
Work-Related Conditions: Expenses for services and supplies incurred as a result of any work related injury or illness, including any claims that are resolved related to a disputed claim settlement. The only exception is if an enrolled employee is exempt from state or federal workers' compensation law.

Please note: This benefit summary provides a brief description of your dental plan benefits, limitations and exclusions under your dental plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at our Website, **www.myRegence.com**. Please refer to your benefits booklet for a complete list of benefits, the limitations and exclusions that apply and a definition of dentally appropriate.

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

Contact Customer Service at 1 (888) 367-2119

www.regence.com

PEHP Flexible Spending Plan — FLEX$

Save Money With FLEX$

Sign up for PEHP's flexible spending account – FLEX$ — and save. FLEX$ saves you money by reducing your taxable income. Each year you set aside a portion of your pre-tax salary for your account. That money can be used to pay eligible out-of-pocket health expenses and dependent day care expenses.

FLEX$ Options

FLEX$ has three options, two for medical expenses (one exclusive to The STAR HSA Plan) and another for dependent day care. You may contribute a minimum of $130 and a maximum of $2,700 a year for healthcare expenses and up to $5,000 a year for dependent daycare expenses.

FLEX$ HEALTH CARE ACCOUNT

Use this account to pay for eligible out-of-pocket health expenses for you or your eligible dependents. Pay for such things as out-of-pocket deductibles and co-pays, prescription glasses, laser eye surgery, and more. Go to www.pehp.org for a list of eligible items.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

If you are enrolled in The STAR Plan, you can also choose to enroll in a Limited Purpose Flexible Spending Account. The pre-tax monies you choose to fund this account can be used for eligible dental and vision expenses, and after you have met The STAR Plan deductible you can use these funds for eligible medical expenses.

FLEX$ DEPENDENT DAY CARE ACCOUNT

This account may be used for eligible day-care expenses for your eligible dependents to allow you or your spouse to work or to look for work.

Using Your FLEX$ Card

You will automatically receive a FLEX$ Benefit Card at no extra cost. It works just like a credit card and is accepted at most eligible merchants that take MasterCard.

Use the card at participating locations and your eligible charges will automatically deduct from your FLEX$ account.

For places that don't accept the FLEX$ card, simply pay for the charges and submit a copy of the receipt and a claim form to PEHP for reimbursement.

You will be responsible to keep all receipts for tax and audit purposes. Also, PEHP may ask for verification of any charges.

Important Considerations

- You must plan ahead wisely and set aside only what you will need for eligible expenses each year. FLEX$ is a use-it-or-lose-it program – only $500 will carry over from year to year.
- The total amount you elect to withhold throughout the year for medical expenses will be immediately available as soon as the plan year begins.
- You can't contribute to a health savings account (HSA) while you're enrolled in healthcare FLEX$. However, you may have a dependent day care FLEX$ or a limited FSA and contribute to an HSA.

Enrollment

ENROLL ONLINE

Log in to your online personal account at www.pehp.org. Click on online enrollment.

PEHP Eyewear Only (Plan F)

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Frames	$0 Copay, $130 allowance, 80% of charge over $130	Up to $65
Standard Plastic 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
Standard Progressive Lens	$75	Up to $40
Premium Progressive Lens[Δ]	$95 - $120	
Tier 1	$95	Up to $40
Tier 2	$105	Up to $40
Tier 3	$120	Up to $40
Tier 4	$75, 80% of charge less $120 allowance	Up to $40
Lens Options (paid by the member in addition to the price of the lenses)		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate–Adults	$40	N/A
Standard Polycarbonate–Kids under 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Premium Anti-Reflective Coating[Δ]	$57 - $68	N/A
Tier 1	$57	N/A
Tier 2	$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	$0 Copay, $130 Allowance, 85% of charge over $130	Up to $104
Disposable	$0 Copay, $130 Allowance, plus off balance over $130	Up to $104
Medically Necessary	$0 Copay, Paid in Full	Up to $200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	$2.94 $4.67 $6.40 off the retail price or 5% off the promotional price	N/A
Additional Pairs Discount	nbers also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Additional Discounts (Additional discounts are not insured benefits)		
Complete pair of prescription eyeglasses	40% off	
Non-prescription sunglasses	20% off	
Remaining balance beyond plan coverage	20% off	

Bi-Weekly Rate

Premium- Monthly	
Subscriber	$6.38
Subscriber + 1	$10.15
Family	$13.91

Benefits are not provided from services or materials arising from: Orthopic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; 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 will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. [Δ]Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

PEHP Full (Plan H)

Additional discounts

40% OFF
Complete pair of prescription eyeglasses

20% OFF
Non-prescription sunglasses

20% OFF
Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

Take a sneak peek before enrolling

- You're **Bi-Weekly Rate** SIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	$10 Co-pay	Up to $30
Retinal Imaging	Up to $39	N/A
Frames	$0 Co-pay, $100 Allowance, 80% of charge over $100	Up to $50
Standard Plastic Lenses		
Single Vision	$10 Co-pay	Up to $25
Bifocal	$10 Co-pay	Up to $40
Trifocal	$10 Co-pay	Up to $55
Standard Progressive Lens	$75	Up to $40
Premium Progressive Lens[Δ]	$95 - $120	
Tier 1	$95	Up to $40
Tier 2	$105	Up to $40
Tier 3	$120	Up to $40
Tier 4	$75, 80% of charge less $120 Allowance	Up to $40
Lenticular	$10 Co-pay	Up to $55
Lens Options		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate–Adults	$40	N/A
Standard Polycarbonate–Kids under 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Premium Anti-Reflective Coating[Δ]	$57-$68	N/A
Tier 1	$57	N/A
Tier 2	$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	$75	N/A
Polarized	20% off retail	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to $55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only.)		
Conventional	$0 Co-pay, $120 Allowance, 85% of charge over $120	Up to $96
Disposable	$0 Co-pay, $120 Allowance; plus balance over $120	Up to $96
Medically Necessary	$0 Co-pay, paid-in-full	Up to $200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	$3.40 $5.56 $7.71 5% off the retail price or 5% off the promotional price	
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Premiums–monthly		
Subscriber	$7.39	
Subscriber + 1	$12.09	
Family	$16.76	

Benefits are not provided from services or materials arising from: Orthopic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; 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 will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. [Δ]Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

Opticare of Utah

Bi-Weekly Rates

Exam + Eyewear 10-175/150C

Eyewear Only (NO Eye Exam)

1901 West Parkway Blvd. SLC, UT 84119 ● opticareofutah.com ● Phone: (801)-869-2020 ● Fax: (801) 954-0054

Plan Options: 10-175/150C Full Benefits-(Eye Exam +Eyewear Benefit) 175/150 Eyewear Only-(NO Eye Exam)

MONTHLY	EXAM + EYEWEAR	EYEWEAR ONLY
Employee	$8.32	$6.39
Two Party	$13.25	$9.70
Family	$19.65	$13.66

LGRP	Select Network	Broad Network	Out-of-Network
EYE EXAM (10-175/150C Full Benefit)			
Eyeglass exam	$10 Co-pay	$10 Co-pay	~$40 Allowance
Contact exam	$10 Co-pay	$10 Co-pay	~$40 Allowance
Dilation	100% Covered	100% Covered	Included above
Contact Filling	100% Covered	Retail	Included above
Retinal Imaging	$20 Co-pay	$39 Co-pay	
PLASTIC LENSES			
Single Vision	100% Covered	$10 Co-pay	~$70 Allowance for lenses, options, and coatings
Biofocal (FT 28)	100% Covered	$10 Co-pay	
Trifocal (FT 7*28)	100% Covered	$10 Co-pay	
LENS OPTIONS			
Progressive (Standard plastic no-line)	$30 Co-pay	$50 Co-pay	
Premium Progressive Options	$80 Co-pay	$100 Co-pay	
Ultra Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	
Polycarbonate	$40 Co-pay	25% Discount	
High Index	$80 Co-pay	25% Discount	
COATINGS			
Scratch Resistant Coating	100% Covered	$10 Co-pay	
Ultra Violet Protection	100% Covered	$10 Co-pay	
Other Options	Up to 25% Discount	Up to 25% Discount	
A/R edge polish, tints, mirrors, etc.			
FRAMES			
Allowance Based on Retail Pricing	$175 Allowance	$140 Allowance	~$70 Allowance
ADDITONAL EYEWEAR			
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Additional Contact Purchases			
CONTACTS			
Contact benefits in lieu	$150 Allowance	$120 Allowance	~$100 Allowance
Of lense and frame benefit			
Additional contact purchases:	Up to 20% Discount	Retail	
****Conventional*	Up to 10% Discount	Retail	
****Disposables*			
FREQUENCY			
Exam, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
REFACTIVE SURGERY			
****LASIK	$750 Off Per Eye	Not Covered	Not Covered

Discounts

Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers, see provider for details
*** 50% discount varies by provider, ask provider for details.*
**** Must purchase full year supply to receive discounts on select brands. See provider for details.*
***** **LASIK (Refractive surgery)** Standard Optical Locations ONLY. LASIK services are not an insured benefit – this is a discount only.*
All pre & post operative care is provided by Standard Optical only and is based on Standard Optical retail fees.
***~Out of Network** – Out of Network benefit may not be combined with promotional items. Online purchases at approved providers only.*
For more Information please visit www.opticareofutah.com or call 800-363-0950

Visit Our Providers

Want to visit an Opticare of Utah participating preferred provider?

We have over 100 providers located in the State of Utah and over 18,000 nationwide.

To locate a provider in your area view our website:

www.opticareofutah.com

From the home page, click FIND an Opticare Provider and search by network choice (Select or Broad).

There you will find a selection of optical chains and independent private practice offices.

Needing to visit one of our nationwide providers?

Simply find a provider by searching with the Out-of-State network option searchable by zip code.

Need help or have questions?

Contact us:

(801) 869-2020 or (800) 363-0950

service@opticareofutah.com

Select In-Network

Standard Optical
Where Good Vision is Always in Fashion.

Broad In-Network

Visionworks

SHOPKO eyecare center

AMERICA'S BEST CONTACTS & EYEGLASSES

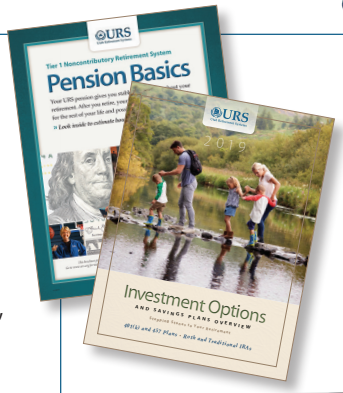
INDEPENDENT OPTOMETRY NETWORK

FirstLook Vision Network

URS
Utah Retirement Systems

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, retirement information, and more. Find publications at **www.urs.org**. Or email **publications@urs.org** to request printed copies.

Videos

Learn how to manage your benefits online and more.

Seminars

Held throughout the year, seminars provide an overview of your benefits and more. **www.urs.org/US/seminars**

Webinars

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

One-on-One

Meet face-to-face with a URS Retirement Planning Advisor for custom retirement guidance. Schedule a free session at **myURS** at **www.urs.org**.

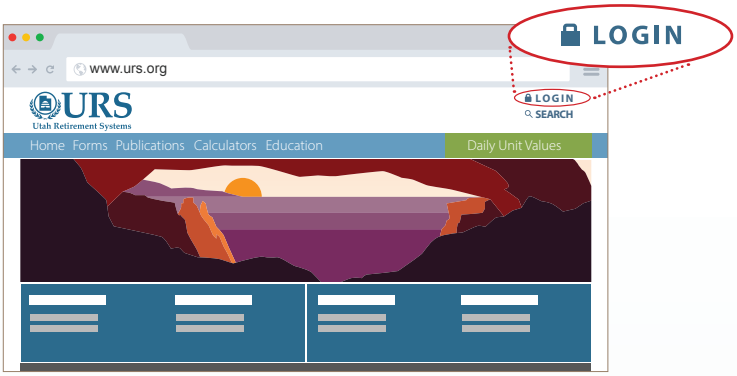
Via Phone

We look forward to answering your questions. Call weekdays between 8 a.m. and 5 p.m., **801-366-7770** or **800-695-4877**.

URS
Utah Retirement Systems

It's the No. 1

move to protect your information and money with URS.



Create a myURS account and log in regularly.

» Establish your account so fraudsters can't create one in your name.

» Manage your contact information to ensure you get notifications of account activity.

» Verify that your records are correct.

» Log in at least once a year to avoid having your delivery preferences reset to paper.

Learn How to Create a myURS Account:

www.urs.org/us/myurs

LIFE ASSISTANCE COUNSELING

PEHP has selected Blomquist Hale Employee Assistance as the exclusive provider for your Life Assistance Benefit.

Who Is Eligible?

All State and quasi state Risk Pool employees with PEHP Traditional and PEHP STAR medical plans, and their covered dependents, are eligible to receive Life Assistance counseling services with no co-pay or fees. PEHP pays 100% of the cost of the Life Assistance Counseling care.

Confidentiality

Blomquist Hale practices strict adherence to all professional, state and federal confidentiality guidelines. Confidentiality is guaranteed to all participants.

How to Access the Service

Access is as simple as calling and scheduling an appointment. No paperwork or approval is needed! All that is required is your PEHP ID number to verify that you are eligible for these services.

Brief, Solution-Focused Therapy

At Blomquist Hale, we use a brief, solution-focused therapy model to resolve problems quickly. Using this approach, clients take more responsibility in learning how to resolve their own problems than in traditional therapy. If a more intensive level of service is needed, a Blomquist Hale counselor will assist you in finding the appropriate resource. Blomquist Hale does not cover the costs of referred services.

- **Licensed Professional Clinicians**
- **100% Confidential**
- **Convenient Locations**

PEHP Health & Benefits

Locations

Salt Lake City	Ogden	Orem	Logan
801-262-9619	801-392-6833	801-255-9222	435-752-3241

*Blomquist Hale has other contracted providers throughout the state of Utah and the Nation.

Future Architect

Start building today.

my529, Utah's official tax-advantaged 529 educational savings plan, has helped families invest for future higher education costs for more than 20 years.

Get started today.

It takes just a few minutes to open an account at my529.org. It's free to get started, and my529 does not require ongoing or minimum contributions. It's easy to schedule contributions online. You also can contribute through ACH, check, bill pay, payroll, and our Gift Program.

Every dollar you invest means one less dollar to borrow and repay with interest.

Tax Advantages

- Earnings grow tax-deferred
- Withdrawals are tax-free when used for qualified higher education expenses
- Utah state tax credit

Several Flexible Investment Options

Low Fees

Not just for schools in Utah

Use your savings at any college, university, or technical school in the United States or abroad that participates in federal financial programs.

You can also use my529 funds for K-12 tuition expenses at public, private, and religious schools (up to $10,000 annually per beneficiary).

Learn more
800.418.2551 | my529.org

my529®
UTAH EDUCATIONAL SAVINGS PLAN

Investing is an important decision. Read the Program Description in its entirety for more information and consider all investment objectives, risks, charges, and expenses before investing. Call 800.418.2551 or visit my529.org for a copy of the Program Description. Investments in my529 are not insured or guaranteed by my529, the Utah State Board of Regents, the Utah Higher Education Assistance Authority or any other state or federal agency. Your investment could lose value. However, Federal Deposit Insurance Corporation (FDIC) insurance is provided for the FDIC-insured accounts. my529 does not provide legal, financial, investment, or tax advice, and the information provided in this document does not contain legal, financial, investment, or tax advice and cannot be construed as such or relied upon for those purposes. You should consult your own tax or legal advisor to determine the effect of federal and state tax laws on your particular situation.

Mar 2019


PEHP
Health & Benefits