



State of Utah 2016-17

State of Utah Benefits Summary

STATE OF UTAH

Benefits Summary

Effective July 2016

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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 the State of Utah 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.

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

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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

»Website www.pehp.org

Create an online personal account at www.pehp.org to review your claims history, receive important information through our Message Center, see a comprehensive list of your coverages, use the Cost & Quality Tools to find 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.....801-366-7551
..... or 888-366-7551

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

SPECIALTY PHARMACY

»Accredo..... 800-803-2523

GROUP TERM LIFE AND AD&D

»PEHP Life and AD&D 801-366-7495

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

» PEHP Waist Aweigh..... 801-366-7300
..... or 855-366-7300

» PEHP Integrated Care 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

Benefit Changes

On-Demand Doctors

See a doctor via mobile or web with discounted PEHP pricing through [Amwell On-Demand Doctors](#). It's available 24 hours a day, every day, and you don't need an appointment.

PEHP Value Clinics

Make one of these full-service clinics your family doctor and save! They provide all the services of a family doctor or dentist, but at a lower cost. See **Page 6** for a list of clinics and pricing.

Know. Plan. Act.

Take control of your health in three simple steps and earn cash rewards with [PEHP Healthy Utah](#). Learn more at www.pehp.org/healthyutah

Out-of-Network Dental

If you use an out-of-network dentist, your benefit is 20% less and you may be subject to balance billing. See **Pages 27-28** for dental plan benefits.

Know Before You Go

Get familiar with all the great PEHP online tools to help you understand your treatment options, see costs, choose a doctor, and navigate healthcare. Still need help? Give us a call at 801-366-7555.

Traditional Rates 7.3% Higher

Medical rates for the Traditional medical plan have increased 7.3% for 2016-17. The STAR Plan and Utah Basic Plus continue to have no employee premium (with Summit or Advantage networks). PEHP Dental rates remain the same as last plan year, but Regence Expressions rates have increased.

Autism Benefit

Your autism benefit is changing; see **Page 5**.

HRA Option

If you're ineligible for a [Health Savings Account](#) (HSA), your employer contribution will be deposited into a [Health Reimbursement Account](#) (HRA) if you choose The STAR Plan or Utah Basic Plus.

Autism Spectrum Disorder Benefit

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

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

- » Therapeutic care includes services provided by speech therapists, occupational therapists, or physical therapists.
- » Please call PEHP (801-366-7555 or 800-765-7347) for information about which autism spectrum disorders and services are covered.
- » Eligible Autism Spectrum Disorder services do not accrue separately, and are subject to the medical plan's visit limits, regular cost sharing limitations – deductibles, co-payments, and coinsurance – and would apply to the out-of-pocket maximum.
- » Mental health services require Preauthorization.
- » No benefits for services received from out-of-network Providers. List of in-network providers is available at [PEHP for Members](#) or by calling PEHP (801-366-7555 or 800-765-7347).



PEHP Value Clinics

Convenient and Affordable » Make one of these full-service clinics your family doctor and save! They provide all the services of a family doctor or dentist, but at a lower cost.

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

Hours: M-F 7 a.m. to 6 p.m.

Salt Lake City
[Midtown Clinic](#)

230 South 500 East, Suite 510

801-320-5660

Hours: M-F 8:30 a.m. to 5 p.m.

Ogden
[Health Clinics of Utah](#)

2540 Washington Blvd., Ste. 122

801-626-3670

Hours: M-F 7 a.m. to 6 p.m.

Provo
[Health Clinics of Utah](#)

150 E Center Street, Ste. 1100

801-374-7011

Hours: M-F 8 a.m. to 5 p.m.

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

Hours: M-F 7:30 a.m. to 6 p.m.

Ogden
[Family Dental Plan](#)

950 25th Street, #A

801-395-7090

Hours: M-F 7:30 a.m. to 6 p.m.

St. George
[Family Dental Plan](#)

321 N Mall Drive, Ste. M101

435-652-3806

Hours: M-F 8 a.m. to 5 p.m.



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

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

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Logan Regional 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

Valley View Medical Center

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Medical Center
Fillmore Community Hospital

Salt Lake County

Huntsman Cancer Hospital
Jordan Valley Hospital

Salt Lake County (cont.)

Jordan Valley 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 Medical Center

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

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

Valley View Medical Center

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Medical Center
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 Medical Center

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 Regional Medical Center

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.



Understanding Your Benefits Grid

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS	
Plan Year Deductible <i>Applies to out-of-pocket maximum</i>	\$250 per individual
Plan year Out-of-Pocket Maximum**	\$3,000 per individual

INPATIENT FACILITY SERVICES	
Medical and Surgical All-out-of-network facilities and some in-network facilities require pre-authorization. See the Master Policy for details	10% of In-Network Rate after deductible
Skilled Nursing Facility Non-custodial services require pre-authorization	10% of In-Network Rate

①

MEDICAL DEDUCTIBLE

The set dollar amount you must pay for yourself and/or your family members before PEHP begins to pay for covered medical benefits.

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).

CO-PAYMENT

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 any applicable co-payment.

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

State of Utah plans pay limited benefits for out-of-network providers. It's important to understand the difference between in-network and out-of-network providers and how the PEHP In-Network Rate works to avoid unexpected charges.

In-Network Rate

Doctors and facilities in-network with 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 an in-network provider. You could be billed the full amount that the provider charges above the In-Network Rate. This is called "balance billing."

Negotiate a Price

DON'T GET BALANCE BILLED

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.

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 could also be billed for any amount charged above the In-Network Rate.

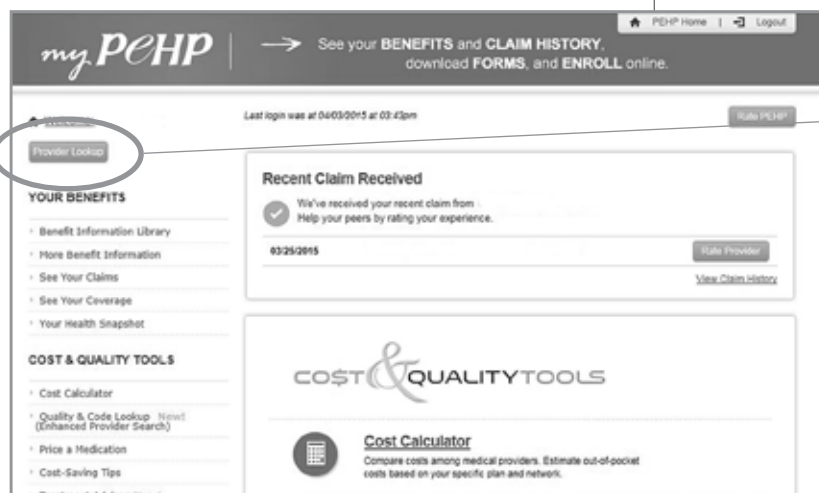
The amount you pay for charges above the In-Network Rate won't apply to your deductible or out-of-pocket maximum.

Consider Your Options

Carefully choose your network based on the group of medical providers you prefer or are more likely to see. See the comparison on Page 8 or go to www.pehp.org to see which network includes your doctors.

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

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.



Go to www.pehp.org, log into your personal online account, and click "Provider Lookup" to find a doctor or facility in-network with 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 2016-17 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 2016 and half by the end of January 2017.

Utah Basic Plus employer HSA contributions for 2016-17 will be \$1,824.68 for a single plan and \$3,649.36 for a double and family plan. Contributions will be frontloaded semi-annually, half by the end of July 2016 and half by the end of January 2017.

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. The State of Utah 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.

Utah Basic Plus

For Utah Basic Plus members double covered through the State, be aware of the IRS limit and notify PEHP to only accept IRS limit.

2016 HSA IRS limits

Single: \$3,350

Double/Family: \$6,650

55+ Catch-up contribution: \$1,000

Learn more: www.pehp.org/thestarplan | www.healthequity.com/stateofutah

The PEHP STAR Plan (HSA-Qualified)

SUMMIT*

ADVANTAGE*

PREFERRED**

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions. * Services received by an out-of-network provider will be paid at a percentage of PEHP's In-Network Rate (In-Network Rate). You will be responsible for your assigned Co-Insurance and deductible (if applicable). You may also be responsible for any amounts billed by an out-of-network provider in excess of PEHP's In-Network Rate. There is no out-of-pocket maximum for services received from an out-of-network provider.

YOU PAY

	In-Network Provider	Out-of-Network Provider <i>You may be balance billed. See Page 10 for explanation</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan Year Deductible	\$1,500 single plan \$3,000 double or family plan	Same as using an in-network provider *See above for additional Information **See below for additional Information
Plan Year Out-of-Pocket Maximum <i>Includes amounts applied to Deductibles, Co-Insurance and prescription drugs. Any one individual may not apply more than \$6,850 toward the family Out-of-Pocket Maximum</i>	\$2,500 single plan \$5,000 double plan \$7,500 family plan	No out-of-network out-of-pocket maximum *See above for additional Information **See below for additional Information
Maximum Lifetime Benefit	None	None
**Applicable deductibles and Co-Insurance for services provided by an out-of-network provider will apply to your in-network plan year deductible and out-of-pocket maximum.		
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice <i>Up to 6 months in a 3-year period. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	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 <i>You may be balance billed. See Page 10 for explanation</i>
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) <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% of In-Network Rate 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 <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
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 <i>Amwell</i>	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 <i>No preauthorization required for outpatient services. Inpatient services require preauthorization</i>	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

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 <i>You may be balance billed. See Page 10 for explanation</i>
PRESCRIPTION DRUGS		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay after deductible Tier 2: 25% of discounted cost after deductible. \$25 minimum, no maximum co-pay Tier 3: 50% of discounted cost after deductible. \$50 minimum, no maximum co-pay	Plan pays up to the discounted cost after deductible, minus the applicable co-pay. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay after deductible Tier 2: 25% of discounted cost after deductible. \$50 minimum, no maximum co-pay Tier 3: 50% of discounted cost after deductible. \$100 minimum, no maximum co-pay	Plan pays up to the discounted cost after deductible, minus the applicable co-pay. Member pays any balance
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20% after deductible. No maximum co-pay Tier B: 30% after deductible. No maximum co-pay	Plan pays up to the discounted cost after deductible, minus the applicable co-pay. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	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 <i>Up to 30-day supply</i>	Tier A: 20% after deductible. \$150 maximum co-pay Tier B: 30% after deductible. \$225 maximum co-pay Tier C: 20% after deductible. No maximum co-pay	Not covered
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	No charge after deductible, up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	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 <i>Up to 10 visits per plan year</i>	20% of In-Network Rate after deductible	Not covered
Dental Accident	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 <i>Except for oxygen and Sleep Disorder Equipment, DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require preauthorization. Maximum limits apply on many items. See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services <i>Select services only. See the Master Policy</i>	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible
Injections <i>Requires preauthorization if over \$750</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction <i>Up to \$1,000 lifetime maximum</i>	50% of In-Network Rate after deductible	70% 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.

Getting a Credit After You Reach Your Out-of-Pocket Maximum

Total costs can vary for big-ticket healthcare procedures among Utah hospitals. Here's an example generated by PEHP's Cost Calculator.

Knee replacement - full

	"Hospital A"	"Hospital B"	"Hospital C"	"Hospital D"
▶ TOTAL COST	\$26,190	\$33,390	\$38,035	\$39,808

Below is a list of credits that apply for procedures listed on the next page for the The STAR Plan or Utah Basic Plus on the Summit network.

Facility Name	Credit
Davis Hospital; Jordan Valley Hospital; Jordan Valley West Hospital; Mountain Point Medical Center; Salt Lake Regional Hospital	\$250 credit Your out-of-pocket maximum lowered by \$250

THESE APPLY ONLY WHEN YOU HAVE THE SUMMIT NETWORK

The hospitals below are part of the Summit network but have no credit:

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Logan Regional Hospital

Carbon County

Castlevue Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Valley View Medical Center

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Medical Center
Fillmore Community Hospital

Salt Lake County

Huntsman Cancer Hospital
Primary Children's Medical Center
Riverton Children's Unit
University Orthopaedic Center
St. Marks Hospital
Lone Peak Hospital
University of Utah Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Medical Center

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

Mountain Point Medical Center
Mountain View Hospital
Timpanogos Regional Hospital

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

Ogden Regional Medical Center

Applicable Procedures

Inpatient only

BACK

Various spinal fusion surgeries

COLON

Colon surgery

HEART

Carotid endarterectomy with other medical conditions

Valve replacement and repair

Heart bypass (CABG)

Angioplasty (PTCA) with drug-eluting stent

HERNIA

Hernia repair, except inguinal and femoral for adults

HIP

Hip replacement

KNEE

Knee replacement

MASTECTOMY

Total mastectomy for cancer

SHOULDER

Shoulder replacement

Depending on where you choose to have these procedures performed, you may be eligible for a credit toward your out-of-pocket maximum.

To find out if your procedure is eligible, get the five-digit CPT (Current Procedural Technology) code from your doctor and call PEHP. With the information, we can tell you if your procedure may trigger the credit. However, neither we nor the facility can guarantee how the procedure will be billed until after you're discharged. Everything that happens during your inpatient stay affects the final billing. The final billing determines if the procedure is eligible for the credit.

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. * Services received by an out-of-network provider will be paid at a percentage of PEHP's In-Network Rate (In-Network Rate). You will be responsible for your assigned Co-Insurance and deductible (if applicable). You may also be responsible for any amounts billed by an out-of-network provider in excess of PEHP's In-Network Rate. There is no out-of-pocket maximum for services received from an out-of-network provider.

YOU PAY

	In-Network Provider	Out-of-Network Provider <i>You may be balance billed. See Page 10 for explanation</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan Year Deductible <i>Not included in the Out-of-Pocket Maximum</i>	\$350 per individual, \$700 per family	Same as using an in-network provider *See above for additional information **See below for additional information
Plan year Out-of-Pocket Maximum <i>Includes amounts applied to Co-Insurance and prescription drugs</i>	\$3,000 per individual \$6,000 per double \$9,000 per family	No out-of-pocket maximum *See above for additional information **See below for additional information
Maximum Lifetime Benefit	None	None
**Applicable deductibles and Co-Insurance for services provided by an out-of-network provider will apply to your in-network plan year deductible and Out-of-Pocket Maximum.		
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice <i>Up to 6 months in a 3-year period. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	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 <i>You may be balance billed. See Page 10 for explanation</i>
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) <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% of In-Network Rate, minimum \$150 co-pay per visit	20% of In-Network Rate, minimum \$150 co-pay per visit, plus any balance billing above In-Network Rate
Urgent Care Facility	\$45 co-pay per visit Preferred only: University of Utah Medical Group Urgent Care Facility: \$50 co-pay per visit	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 <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	Applicable office co-pay per visit	40% of In-Network Rate after deductible
PROFESSIONAL SERVICES		
Inpatient Physician Visits	Applicable office co-pay per visit	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 <i>Amwell</i>	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 and Office Surgeries	\$25 co-pay per visit Preferred only: University of Utah Medical Group Primary Care Office visits: \$50 co-pay per visit	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries,	\$35 co-pay per visit Preferred only: University of Utah Medical Group Specialist Office visit: \$50 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 <i>No preauthorization required for outpatient services. Inpatient services require preauthorization</i>	Outpatient: \$35 co-pay per visit Inpatient: Applicable office co-pay per visit	Outpatient: 40% of In-Network Rate after deductible Inpatient: 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 <i>You may be balance billed. See Page 10 for explanation</i>
PRESCRIPTION DRUGS		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost. \$25 minimum, no maximum co-pay Tier 3: 50% of discounted cost. \$50 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the applicable co-pay. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost. \$50 minimum, no maximum co-pay Tier 3: 50% of discounted cost. \$100 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the applicable co-pay. Member pays any balance
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	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 <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	No charge after deductible, up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	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 <i>Up to 10 visits per plan year</i>	Applicable office co-pay per visit	Not covered
Dental Accident	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 <i>Except for oxygen and Sleep Disorder Equipment, DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require preauthorization. Maximum limits apply on many items. See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services** <i>Select services only. See the Master Policy</i>	50% of In-Network Rate after deductible	70% of In-Network Rate after deductible
Injections <i>Requires preauthorization if over \$750</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction** <i>Up to \$1,000 lifetime maximum</i>	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.

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.

Out-of-Pocket Maximum Credit » Traditional » Summit Network

Important Benefit Change After You Reach Your Out-of-Pocket Maximum

Total costs can vary for big-ticket healthcare procedures among Utah hospitals. Here's an example generated by PEHP's Cost Calculator.

Knee replacement - full

	"Hospital A"	"Hospital B"	"Hospital C"	"Hospital D"
► TOTAL COST	\$23,504	\$33,016	\$33,739	\$39,808

Below is a list of credits that apply for procedures listed on the next page for the Traditional (non-HSA) Plan on the Summit network.

Facility Name	Credit
Davis Hospital; Jordan Valley Hospital; Jordan Valley Hospital - West; Salt Lake Regional Hospital	\$250 credit Your out-of-pocket maximum lowered by \$250

THESE APPLY ONLY WHEN YOU HAVE THE SUMMIT NETWORK

The hospitals below are part of the Summit network but have no credit:

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Logan Regional Hospital

Carbon County

Castleview Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Valley View Medical Center

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Medical Center
Fillmore Community Hospital

Salt Lake County

Huntsman Cancer Hospital
Primary Children's Medical Center
Riverton Children's Unit
University Orthopaedic Center
St. Marks Hospital
Lone Peak Hospital
University of Utah Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Medical Center

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

Mountain Point Medical Center
Mountain View Hospital
Timpanogos Regional Hospital

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

Ogden Regional Medical Center

This applies only to The STAR Plan and Traditional plan.

Wellness and Value-Added Benefits

PEHP Healthy Utah

PEHP Healthy Utah is an exclusive wellness benefit for subscribers and their spouses. It offers a variety of programs, services and resources to help you get and stay well - including cash rebates* for good health and health improvements.

Subscribers and their spouses are eligible to attend one Healthy Utah biometric testing session each plan year free of charge. PEHP Healthy Utah is offered at the discretion of the Employer.

FOR MORE INFORMATION

PEHP Healthy Utah

801-366-7300 | 855-366-7300

» E-mail: healthyutah@pehp.org

» Web: www.pehp.org

PEHP WeeCare

PEHP WeeCare is our prenatal and postpartum program. The purpose of WeeCare is to help expectant mothers have a healthy pregnancy, a safe delivery, and a healthy baby. Those with PEHP coverage are eligible to participate.

Those eligible may enroll at any time during pregnancy through 12 weeks postpartum. WeeCare participants may qualify to receive free prenatal vitamins, educational materials, and cash rebates*.

FOR MORE INFORMATION

PEHP WeeCare

P.O. Box 3503

Salt Lake City, Utah 84110-3503

801-366-7400 | 855-366-7400

» E-mail: weecare@pehp.org

» Web: www.pehp.org/weecare

PEHP Plus

The money-saving program PEHPplus helps promote good health and save you money. It provides savings on a wide assortment of healthy lifestyle products and services, such as eyewear, gyms, Lasik, and hearing.

Learn more at www.pehp.org/plus.

PEHP Waist Aweigh

PEHP Waist Aweigh is a weight management program offered at no extra cost to subscribers and spouses enrolled in a PEHP medical plan. If you have a Body Mass Index (BMI) of 30 or higher, you may qualify. PEHP Waist Aweigh is offered at the discretion of the Employer.

For more information about PEHP Waist Aweigh and to enroll, go to www.pehp.org.

FOR MORE INFORMATION

PEHP Waist Aweigh

801-366-7300 | 855-366-7300

» E-mail: waistaweigh@pehp.org

» Web: www.pehp.org

If you are unable to meet the medical standards to qualify for our weight management program and reach ongoing requirements, because it is unreasonably difficult due to a medical condition, upon written notification, PEHP will accept physician recommendation and/or modification to provide you with a reasonable alternative standard to participate. Members who claim PEHP Waist Aweigh rebates are ineligible for the PEHP Healthy Utah BMI Improvement rebate*. 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

**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*

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

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

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

Utah Basic Plus (HSA-Qualified)

SUMMIT

ADVANTAGE

PREFERRED

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions. * Services received by an out-of-network provider will be paid at a percentage of PEHP's In-Network Rate (In-Network Rate). You will be responsible for your assigned Co-Insurance and deductible (if applicable). You may also be responsible for any amounts billed by an out-of-network provider in excess of PEHP's In-Network Rate. There is no out-of-pocket maximum for services received from an out-of-network provider.

YOU PAY

	In-Network Provider	Out-of-Network Provider <i>You may be balance billed. See Page 10 for explanation</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Medical Deductible	\$3,000 single plan, \$6,000 double or family plan	Same as using an in-network provider *See Above for Additional Information **See Below for Additional Information
Plan Year Out-of-Pocket Maximum <i>Includes amounts applied to Deductibles, Co-Insurance and prescription drugs. Any one individual may not apply more than \$6,850 toward the family Out-of-Pocket Maximum</i>	\$6,050 single plan, \$12,100 double or family plan	No Out-of-Network Out-of-Pocket Maximum *See Above for Additional Information **See Below for Additional Information
Maximum Annual Benefit	None	None
**Applicable deductibles and Co-Insurance for services provided by an out-of-network provider will apply to your in-network plan year deductible and Out-of- Pocket Maximum.		
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Skilled Nursing Facility and Rehabilitation <i>Non-custodial. Up to 30 combined days per plan year. Requires preauthorization</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Hospice <i>Up to 6 months in a 3-year period. Requires preauthorization</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	30% of In-Network Rate after deductible	50% 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 <i>You may be balance billed. See Page 10 for explanation</i>
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	30% of In-Network Rate after deductible	30% of In-Network Rate after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	30% of In-Network Rate after deductible	30% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Urgent Care Facility	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Diagnostic Tests, X-rays	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible. Dialysis requires preauthorization
Chemotherapy, Radiation, and Dialysis	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Physical, Occupational, and Speech Therapy <i>Limited to 10 visits per plan year for all therapy types combined. Preauthorization required only for home visits</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
PROFESSIONAL SERVICES		
Inpatient Physician Visits	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Emergency Room Physician Visits	30% of In-Network Rate after deductible	30% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Surgery and Anesthesia	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
PEHP e-Care <i>Amwell</i>	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: 30% of In-Network Rate after deductible	Not applicable
Primary Care Office Visits	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Specialist Office Visits	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Diagnostic Tests, X-rays	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Mental Health/Substance Abuse <i>No Preauthorization required for outpatient service. Inpatient services require Preauthorization</i>	30% of In-Network Rate after deductible	50% 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 <i>You may be balance billed. See Page 10 for explanation</i>
PRESCRIPTION DRUGS		
30-day Pharmacy <i>Retail only</i>	Preferred generic: 30% of discounted cost after deductible Preferred brand name: 30% of discounted cost after deductible	Plan pays up to the discounted cost after deductible. Member pays any balance
Specialty Injectable Medications, office/outpatient <i>Up to 30-day supply</i>	30% of In-Network Rate after deductible. No maximum Co-Insurance	Not covered
Specialty Injectable Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	30% of In-Network Rate after deductible. No maximum Co-Insurance	Not covered
Specialty Oral Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	30% of In-Network Rate after deductible. No maximum Co-Insurance	Not covered
MISCELLANEOUS SERVICES		
Adoption <i>See Limitations</i>	30% after deductible, up to \$4,000 per adoption	
Allergy Serum	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Chiropractic Care	Not covered	Not covered
Surgery and Anesthesia	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Durable Medical Equipment, DME <i>Except for oxygen, DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require preauthorization. Maximum limits apply on many items. See the Master Policy for benefit limits</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Medical Supplies	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 30 visits per plan year. Requires Preauthorization</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Infertility Services	Not covered	Not covered
Injections <i>Requires Preauthorization if over \$750</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction	Not covered	Not covered
Sleep Studies and Sleep Equipment	Not covered	Not covered
WELL CARE PROGRAM ANNUAL ROUTINE CARE		
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	50% of In-Network Rate after deductible
Vision Screening <i>One time between ages 3 and 5</i>	No charge	50% of In-Network Rate after deductible
Pediatric Dental Services** <i>Routine cleaning, exams, x-rays and fluoride. Two times per plan year. Age 3 through the end of the month in which the Member turns 19 years of age. Sealants once every five years. See Master Policy for details.</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Pediatric Vision Services <i>Lenses only. One time per plan year. Age 3 through the end of the month in which the Member turns 19 years of age. Can see Provider of choice</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible

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

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.

This applies only to Utah Basic Plus.

Wellness and Value-Added Benefits

PEHP Healthy Utah

PEHP Healthy Utah is an exclusive wellness benefit for subscribers and their spouses. It offers a variety of programs, services and resources to help you get and stay well.

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

**Utah Basic Plus members are not eligible for the rebates*

PEHP Integrated Care

As the name suggests, PEHP Integrated Care takes a big-picture approach to your health, incorporating everything from wellness to pharmacy to education to complex care management. It's our new approach to disease management that addresses an entire spectrum of prevention and care.

It's for PEHP members with diabetes, coronary artery disease, congestive heart failure, asthma, or chronic obstructive pulmonary disease, as well as other diseases and conditions. With your permission, PEHP Integrated Care nurses will stay in touch with you by phone, secure email, and educational mailings. We'll be here to help guide you through your treatment plan and answer questions you may have about managing your condition.

FOR MORE INFORMATION

PEHP Integrated Care

801-366-7555 | 800-765-7347

» Web: www.pehp.org

PEHPplus

The money-saving program PEHPplus helps promote good health and save you money. It provides savings on a wide assortment of healthy lifestyle products and services, such as eyewear, gyms, Lasik, and hearing. Learn more at www.pehp.org/plus.

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.

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.

* **AD** = After Deductible

Regence ExpressionsSM Dental Plan

\$0 Deductible
\$1,500 Maximum

STATE OF UTAH
Effective Date: July 1, 2016



Regence

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 services 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 <ul style="list-style-type: none"> 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 (bicuspid 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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.Regence.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

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 Life and Accident

PEHP offers two ways to assure your loved-ones' well-being in the event of your death or disability.

PEHP Term Life offers up to \$500,000 of coverage. You may also apply for coverage for your spouse and/or dependent children.

PEHP Group Accident Plan provides benefits:

- » For death due to an accident on or off the job;
- » For permanent loss of speech, hearing, eyesight, or limb function due to an accident;
- » To supplement lost wages;
- » To cover out-of-pocket expenses beyond what your medical plan pays.

Don't wait another day to protect yourself and your family from the unforeseen.

Group Term Life Coverage

EMPLOYEE BASIC COVERAGE

Your employer funds basic coverage at no charge to you.

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

LINE-OF-DUTY DEATH BENEFIT

If you're enrolled in basic coverage, you get an additional \$50,000 Line-of-Duty Death Benefit at no extra cost. Enrollment is automatic.

ACCIDENTAL DEATH RIDER

If you're enrolled in basic coverage, you get an additional \$20,000 Accidental Death Benefit at no extra cost. Enrollment is automatic.

EVIDENCE OF INSURABILITY

You must submit evidence of insurability if:

- » You want more coverage than the guaranteed issue.
- » You apply for any amount of coverage 60 days after your hire date.

After you apply for coverage, PEHP will guide you through the necessary steps to get evidence of insurability. They may include:

- » Completing a health questionnaire.
- » Basic biometric testing and blood work.
- » Furnishing your medical records.

EMPLOYEE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date, you can buy up to \$150,000 as guaranteed issue. After 60 days or for coverage greater than \$150,000 you must provide evidence of insurability.

Biweekly Rates	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.16	1.75	2.30	3.46	4.62	5.78	6.94	8.06	9.22	10.37	11.52
Age 30 to 35	1.23	1.86	2.47	3.68	4.92	6.15	7.38	8.60	9.83	11.05	12.28
Age 36 to 40	1.73	2.61	3.48	5.21	6.94	8.69	10.42	12.15	13.90	15.63	17.36
Age 41 to 45	2.12	3.20	4.25	6.37	8.51	10.62	12.76	14.86	16.99	19.11	21.23
Age 46 to 50	4.03	6.04	8.06	12.08	16.11	20.14	24.16	28.19	32.22	36.23	40.27
Age 51 to 55	4.84	7.25	9.67	14.49	19.33	24.16	29.00	33.82	38.66	43.49	48.33
Age 56 to 60	7.71	11.58	15.43	23.16	30.88	38.59	46.30	54.02	61.75	69.47	77.18
Age 61 to 70	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
After age 70, rates remain constant and coverage changes											
Coverage Amounts	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
Age 71 to 75	25,000	37,500	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	12,500	18,750	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

PEHP Life and Accident

SPOUSE TERM COVERAGE

If you apply within 60 days of your hire date or date of marriage, you can buy up to \$50,000 as guaranteed issue for your spouse. After 60 days or for coverage greater than \$50,000 you will need evidence of insurability.

Biweekly Rates	25,000	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	0.59	1.16	1.75	2.30	3.46	4.62	5.78	6.94	8.06	9.22	10.37	11.52
Age 30 to 35	0.63	1.23	1.86	2.47	3.68	4.92	6.15	7.38	8.60	9.83	11.05	12.28
Age 36 to 40	0.88	1.73	2.61	3.48	5.21	6.94	8.69	10.42	12.15	13.90	15.63	17.36
Age 41 to 45	1.07	2.12	3.20	4.25	6.37	8.51	10.62	12.76	14.86	16.99	19.11	21.23
Age 46 to 50	2.01	4.03	6.04	8.06	12.08	16.11	20.14	24.16	28.19	32.22	36.23	40.27
Age 51 to 55	2.41	4.84	7.25	9.67	14.49	19.33	24.16	29.00	33.82	38.66	43.49	48.33
Age 56 to 60	3.85	7.71	11.58	15.43	23.16	30.88	38.59	46.30	54.02	61.75	69.47	77.18
Age 61 to 70	6.54	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
After age 70, rates remain constant and coverage changes												
Coverage Amounts	6.54	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
Age 71 to 75	12,500	25,000	37,500	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	18,750	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

DEPENDENT CHILDREN COVERAGE

If you apply within 60 days of your hire date, you can buy any available amount of coverage for dependent children. After 60 days, any new application for coverage or increase in coverage will require evidence of insurability. All eligible children will be covered at the same level.

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

PEHP Life and Accident

Accidental Death and Dismemberment (AD&D)

AD&D provides benefits for death and loss of use of limbs, speech, hearing or eyesight due to an accident, subject to the limitations of the policy.

INDIVIDUAL PLAN

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

FAMILY PLAN

- » You select coverage ranging from \$25,000 to \$250,000, and your spouse and dependents will be automatically covered as follows:
 - › Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse's coverage increases to 50% of yours;
 - › Each dependent child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child's coverage increases to 20% of yours.
- » If an injury results in any of the losses shown below within one year of the date of the accident, the plan will pay the amount shown in the opposite column. The total amount payable for all such losses as a result of any one accident will not exceed the principal sum. The principal sum applicable to the insured person is the amount specified on the enrollment form.

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

AD&D Coverage and Cost

INDIVIDUAL PLAN				FAMILY PLAN		
Coverage Amount	Biweekly Cost	Semi-Monthly Cost	Monthly Cost	Biweekly Cost	Semi-Monthly Cost	Monthly Cost
25,000	0.43	0.46	0.92	0.58	0.62	1.24
50,000	0.85	0.92	1.84	1.14	1.24	2.48
75,000	1.28	1.38	2.76	1.72	1.86	3.72
100,000	1.69	1.84	3.68	2.28	2.48	4.96
125,000	2.12	2.30	4.60	2.85	3.10	6.20
150,000	2.54	2.76	5.52	3.42	3.72	7.44
175,000	2.97	3.24	6.48	3.99	4.34	8.68
200,000	3.39	3.68	7.36	4.57	4.96	9.92
225,000	3.82	4.14	8.28	5.13	5.58	11.16
250,000	4.23	4.60	9.20	5.71	6.20	12.40

LIMITATIONS AND EXCLUSIONS

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

PEHP Life and Accident

Accident Weekly Indemnity

- » Employee coverage only
- » If you enroll in AD&D, you may also buy Accident Weekly Indemnity, which provides a weekly income if you are totally disabled due to an accident that is not job related.
- » The maximum eligible weekly amount is based on your monthly gross salary at the time of enrollment. You may buy coverage less than the eligible monthly gross salary, but may not exceed the eligible monthly gross salary.

Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	BIWEEKLY COST	SEMI-MONTHLY COST	MONTHLY COST
250 and under	25	0.12	0.14	0.28
251 to 599	50	0.24	0.26	0.52
600 to 700	75	0.35	0.38	0.76
701 to 875	100	0.46	0.50	1.00
876 to 1,050	125	0.58	0.64	1.28
1,051 to 1,200	150	0.70	0.76	1.52
1,201 to 1,450	175	0.81	0.88	1.76
1,451 to 1,600	200	0.93	1.02	2.04
1,601 to 1,800	225	1.04	1.14	2.28
1,801 to 2,164	250	1.16	1.26	2.52
2,165 to 2,499	300	1.39	1.50	3.02
2,500 to 2,899	350	1.62	1.76	3.52
2,900 to 3,599	400	1.86	2.02	4.04
3,600 and over	500	2.32	2.52	5.04

Accident Medical Expense

- » Employee coverage only
- » Helps you pay for medical expenses in excess of those covered by all group insurance plans and no-fault automobile insurance.
- » Will provide up to \$2,500 to help cover medical expenses incurred due to an accident that is not job related.

Accident Medical Expense Coverage and Cost

MEDICAL EXPENSE COVERAGE	BIWEEKLY COST	SEMI-MONTHLY COST	MONTHLY COST
\$ 2,500	\$ 0.38	\$ 0.42	\$ 0.84

Master Policy

This brochure provides only a brief overview. Complete terms and conditions governing these plans are available in the Group Term Life and Accident Plan Master Policy. It's available via your online personal account at www.pehp.org. Contact PEHP to request a copy.

PEHP Long-Term Disability

Did you know that you may have a Long-Term Disability (LTD) benefit paid for by your employer?

The PEHP LTD benefit may pay a portion of your salary and medical coverage if you have an accident, disease, illness, or are physically disabled due to a line-of-duty related injury. To qualify for LTD you must be disabled and unable to return to work for more than three months. The application process should begin when you stop working.

You must apply for LTD within six months from your last day worked in your regular job.

For more information, visit www.pehp.org and login to your online personal account. Or contact the PEHP LTD department at: 801-366-7583 or 800-365-7347.

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 two options, one for medical expenses and another for dependent day care. You may contribute a minimum of \$130 and a maximum of \$2,550 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.

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.



Enroll today
in a convenient
and affordable
vision care plan

You get vision wellness for you and your family

Regular eye exams measure your eyesight and they also can detect other serious illnesses such as diabetes, heart disease and high blood pressure.

You get great savings of approximately 40% with only a \$10 eye exam copay

And, those who receive an annual eye exam with their medical plan also have a vision hardware choice. Save on eye exams, eyeglasses and contacts with vision coverage through your EyeMed plan.

You get convenience and choice

Use your benefit at thousands of private practice and leading optical retail locations close to where you live, work and shop.

Enroll today! For more information, see plan details on next page.



The biggest network and the most choice. Because more is more.

You're on the Insight Network

For a complete list of providers near you, use our Provider Locator on eyemed.com or call 1.866.804.0982. For LASIK providers, call 1.877.5LASER6 or visit eyemedlasik.com.

Vision Plan Options	EyeMed Full (H)	EyeMed Eyewear Only (F)
Network	Insight Network	Insight Network
Benefit Frequencies (exam, lenses, frame)	12, 12, 12 (months)	N/A, 12, 12 (months)
Co-pays	\$10 exam, \$10 lenses	\$10 lenses
Exam	Covered in full	N/A
Exam Options		
Standard Fit follow-up	Upt to \$55	N/A
Premium Fit follow-up	10% of Retail	
Retinal Imaging	Up to \$39 covered	N/A
Frame	Covered up to \$100, 20% off balance	Covered up to \$130, 20% off balance
Lenses		
Single Vision, Bifocal, Trifocal (plastic)	Covered in full	Covered in full
Lenticular	Covered in full	Covered in full
Standard Progressives	\$75	\$75
Premium Progressives	\$95-\$120	\$95-\$120
Lens Options		
UV Protection	\$15	\$15
Tint (solid and gradient)	\$15	\$15
Standard Plastic Scratch Coating	\$15	\$15
Standard Polycarbonate - Adults	\$40	\$40
Standard Polycarbonate - Children	\$40	\$40
Standard Anti-Reflective Coating	\$45	\$45
Premium Anti-Reflective Coating	\$57 - \$68	\$57 - \$68
Photochromic/Transitions Plastic	\$75	\$75
Other add-ons	20% off retail	20% off retail
Contact Lenses (in lieu of lenses)		
Conventional	\$120 allowance, 15% off balance	\$130 allowance, 15% off balance
Disposable	\$120 allowance	\$130 allowance
Discounts		
LASIK and PRK Vision Correction	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price
Additional Complete Pairs	40%	40%
Additional Conventional Contact Lenses	15%	15%

Benefits may not be combined with any discount, promotional offering or other group benefit plans. Member will receive 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses. Benefit allowances provide no remaining balance for future use within same benefit frequency. There are certain brand-name Vision Materials in which the manufacturer imposes a no-discount practice. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Limitations and Exclusions apply.

Value-Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional, value-added features including:

- **Additional Eyewear** - Save up to 40% off additional complete pairs of glasses after the initial benefit has been used. This money-saving program is available at any participating provider.
- **Eye Care Supplies** - Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchases at network providers (not valid on doctor's services or contact lenses).
- **Laser Vision Correction** - Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.



LOOK GOOD. SEE WELL.

**It's not about how much you can see,
it's about how well you can see.**

Every eye is different and we don't believe in cookie-cutter procedures. Custom LASIK provides wavefront scanning and custom mapping to give you a safer, more precise treatment that is as unique as your fingerprint.

► **SAVE \$1,500 On Custom LASIK Surgery.**

PEHP Opticare members save up to \$750 per eye on custom LASIK vision correction surgery.

LASIK surgery discount available at Standard Optical locations ONLY. All prescriptions welcome. Some restrictions apply. See store for details. Price may vary based on prescription. Financing available.





Opticare Plan: 10-120C/120C

	<u>Exam + Hardware</u>	<u>Hardware Only</u>
Single	\$ 8.32	\$ 6.39
Two Party	\$13.25	\$ 9.70
Family	\$19.65	\$13.66

Plan Options:

10-120C Full Benefits-(Eye exam +hardware benefit)*OR **120C Eyewear Only**-(No eye exam, hardware only benefit)

PEHP	Select Network	Broad Network	Out-of-network
Eye Exam * (10-120C Plan ONLY)			
Eyeglass exam	\$10 Co-pay	\$15 Co-pay	♦\$40 Allowance
Contact exam	\$10 Co-pay	\$15 Co-pay	♦\$40 Allowance
Routine Dilation	100% Covered	Retail	Included above
Contact Fitting	100% Covered	Retail	Included above
Plastic Lenses (10-120C/120C)			
Single Vision	100% Covered	\$10 Co-pay	♦\$85 Allowance
Bifocal (FT 28)	100% Covered	\$10 Co-pay	for lenses,
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	options,
			and coatings
Lens Options (10-120C/120C)			
Progressive (Standard plastic no-line)	\$30 Co-pay	\$50 Co-pay	
Premium Progressive Options	20% Discount	No Discount	
Glass lenses	15% Discount	15% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
Coatings (10-120C/120C)			
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 (10-120C/120C)			
Allowance Based on Retail Pricing	\$120 Allowance	\$100 Allowance	♦\$80 Allowance
Add'l Eyewear (10-120C/120C)			
** Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts (10-120C/120C)			
Contact benefits is in lieu Of lens and frame benefit.	\$120 Allowance	\$100 Allowance	♦\$80 Allowance
Additional contact purchases:			
***Conventional	Up to 20% off	Retail	
***Disposables	Up to 10% off	Retail	
Frequency (10/120C/120C)			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
LASIK Benefit (10-120C/120C)			
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

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.

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.

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.



**Licensed Professional
Clinicians**

100% Confidential

Convenient Locations



Salt Lake City
801-262-9619

Ogden
801-392-6833

Orem
801-225-9222

Brigham City
435-723-1610

Logan
435-752-3241

Call Our Local Offices or Toll Free 1-800-926-9619

Saving for college is like walking a child to school. You take one small step at a time.



Let the Utah Educational Savings Plan (UESP) payroll contribution plan help put you on the right path.

Contributing even a small amount from each paycheck to a UESP college savings account can help make college more affordable. Every dollar saved means one less dollar of student loan debt.

It's free and easy to open a new account online at uesp.org. Then it takes just minutes to set up payroll contribution with your employer.

"You don't have to worry about, 'Oh, I've got to remember to put \$50 away for my kid's education.' It just happens, and you know what? You adjust to the deduction out of your paycheck and you don't even have to think about it."

Melissa H., UESP account owner

Regional Training Manager, Utah Division of Child and Family Services, Price, Utah

Tax Advantages

- Earnings grow Utah state and federal tax-deferred
- Withdrawals are tax-free when used for qualified higher education expenses, including:
 - » Tuition and fees
 - » Required books, supplies, and equipment
 - » Computers and peripheral equipment, related software, and Internet access
 - » Certain room and board costs

Flexible Options

- UESP offers 14 investment options
- Funds managed by Vanguard and Dimensional, FDIC-insured accounts, and the Public Treasurers' Investment Fund
- Age-Based, Static, and Customized investment options

Utah State Tax Credit

- Up to \$95 Utah state tax credit for single filers per qualified beneficiary
- Up to \$190 Utah state tax credit for joint filers per qualified beneficiary

Low Fees

- UESP is one of the nation's most affordable college savings plans
- No minimum contribution required

You can use your savings at any school that participates in federal financial aid programs.

Take your first steps today.

Learn more
800.418.2551 | uesp.org



Utah Educational Savings Plan®
A Nonprofit 529 College Savings Program

Read the Program Description for more information and consider all investment objectives, risks, charges, and expenses before investing. Call 800.418.2551 for a copy of the Program Description or visit uesp.org. Investments are not guaranteed by UESP, the Utah State Board of Regents, UHEAA, or any other state or federal agency. However, Federal Deposit Insurance Corporation (FDIC) insurance is provided for the FDIC-insured accounts. Please read the Program Description to learn about the FDIC-insured accounts. Your investment could lose value. Non-Utah taxpayers and residents: You should determine whether the state in which you or your beneficiary pay taxes or live offers a 529 plan that provides state tax or other benefits not otherwise available to you by investing in UESP. You should consider such state tax treatment and benefits, if any, before investing in UESP. UESP cannot 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.

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To qualify for and redeem reward, you must sign up for eStatements at account setup and initiate a monthly direct deposit such as payroll, pension, unemployment, Social Security or other government benefits within 60 days of coupon redemption. Minimum \$5.00 deposit must be made in the account within the first 30 days. Reward will be deposited into account within 30 business days after eStatement setup and initial direct deposit posting. Account must remain open for minimum of six months from reward date, or it will be debited from account at closing. Limit one reward per person, per household. Offer not available on MyFree Checking, secondary accounts, account conversions or in combination with any other offer. Employees of Mountain America not eligible. Reward is considered interest and will be reported on IRS Form 1099-INT. Membership required—based on eligibility. Federally insured by NCUA up to at least \$250,000. Available for a limited time. Subject to change without notice. Coupon not available for resale. **Promo code "MACUSG"**

Great News!

Due to your employer's partnership with Mountain America, you are already qualified for a new Mountain America checking account. All you have to do is set up direct deposit through your employer, and the account is yours!*

*Some restrictions may apply.

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Simply transfer an existing consumer loan at another financial institution to Mountain America, and we'll give you our \$50 Loan Refinance Guarantee. We promise to save you \$50 or more on your monthly loan payment... or we'll give you \$50 in cash.

Eligible Consumer Loans

- ▶ Auto
- ▶ RV
- ▶ Signature
- ▶ Home Equity
- ▶ Short Term Mortgage



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CREDIT UNION

Refinanced loans only. Existing Mountain America loans and business loans not eligible. All loans subject to credit approval. Must refinance at Mountain America in order to receive cash reward. Membership required—based on eligibility. Note to FSR: During application process, enter the code "refi50" into "description" field.



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UPEA

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Nominate a public employee today!

Nominees can be an employee of any city, county, or state government agency.

Recognize employees who:

- ▶ Demonstrate expertise in their work
- ▶ Identify problems and find workable and cost-effective solutions
- ▶ Build strong relationships with the public and fellow employees
- ▶ Display commitment to serving the public as a client
- ▶ Are dedicated to economy and efficiency in government
- ▶ Volunteers to give back to the community

Winners will be announced bi-weekly on KSL Radio during the Doug Wright show and will be recognized at a quarterly Public Employee Salute Luncheon.



Nominate online

— at —

www.upea.net



For additional information please contact Holly Kener 801-264-1247, or hkener@upea.net or Spencer Carver from Mountain America at 801-735-8666 or scarver@macu.com



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As a State of Utah Employee you have access to valuable features and benefits on auto and home** insurance from MetLife Auto & Home.

Put Our Money-Saving Discounts to Work for You

- You can receive up to a 15% employee group discount
- Save up to 20% for your years of service with your company

Enjoy Simple and Convenient Payment Options

- Earn an additional discount when you pay your premium through automatic payroll deduction
- Use your favorite credit card and you may earn valuable membership reward points***

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Call us today for free quotes at 1 800 GET-MET 8 (1-800-438-6388) or visit us online at www.metlife.com/mybenefits.

MetLife

* Savings are based on national annualized average savings for a group auto policy where the customer provided his/her prior premium and prior carrier at the time of the original quote (between 01/13–12/13) and where the MetLife Auto & Home written auto premium amount resulted in a price less than the disclosed prior carrier's premium. Source: MetLife Auto & Home internal research (2014)

[**Home insurance is not part of MetLife Auto & Home's benefit offering in Florida and Massachusetts.]

*** Use of credit/debit card is optional. The same insurance is available regardless of the method of payment. Payments may be made by cash, check or by credit/debit card.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates: Economy Preferred Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Group Property and Casualty Insurance Company and Metropolitan Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. Coverage, rates and discounts are available in most states to those who qualify. Met P&C®, MetCasSM and MetGenSM are licensed in state of Minnesota.

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MetLaw -- covers you, your spouse and dependents.

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Representation for these services:

Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Document Review

- Any Personal Legal Documents

Family Law

- Prenuptial Agreement
- Uncontested Adoption
- Uncontested Divorce
- Uncontested Guardianship
- Name Change

Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

Real Estate Matters

- Eviction and Tenant Problems (Tenant Only)
- Security Deposit Assistance (For Tenant)
- Tenant Negotiations

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privilege Restoration (Includes License Suspension due to DUI)

Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

Juvenile Matters

- Juvenile Court Defense, including Criminal Matters

Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- Identity Theft Defense
- Personal Bankruptcy
- Foreclosure Defense
- Tax Collection Defense

Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Family Matters™**

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment - online or by phone

Enroll By June 10, 2016. Here's how:

Call us at 1-800-GET-MET8 or return the enrollment form provided. Enrollment forms can also be found on the Employee Gateway.

Your cost for the Plan will then automatically be deducted from your paychecks. Once you enroll, you must remain in the Plan for the entire Plan year.

If you are already enrolled in the Plan, your coverage will be automatically renewed unless you call 1-800-GET-MET8 (1-800-438-6388) to cancel the coverage.

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Hyatt Legal Plans

A MetLife Company



Group legal plans and Family Matters provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife® and affiliates, and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. *Not available in all states. **For Family Matters, different terms and exclusions apply.



TheStandard®

State of Utah – Voluntary Short Term Disability Plan

What is Short Term Disability? The plan is designed to replace a portion of your income in the event you become unable to work due to a non-occupational accident or sickness (including pregnancy). This plan can help protect your income whether you are a long term State employee or a recent new hire. There are two options available to choose from and the premiums are affordable and will be payroll deducted.

Features of the Disability Plan:

- Replaces 60% of your gross weekly earnings to a weekly maximum of \$1,500 per week
- Payable for up to 90 Days or when your Long Term Disability begins
- Plan Allows Flexibility

Option 1 - 7 (calendar) Day Waiting Period	Option 2 – 30 (calendar) Day Waiting Period
Note: Waiting Period is the period of time that you must be disabled before benefits are payable	

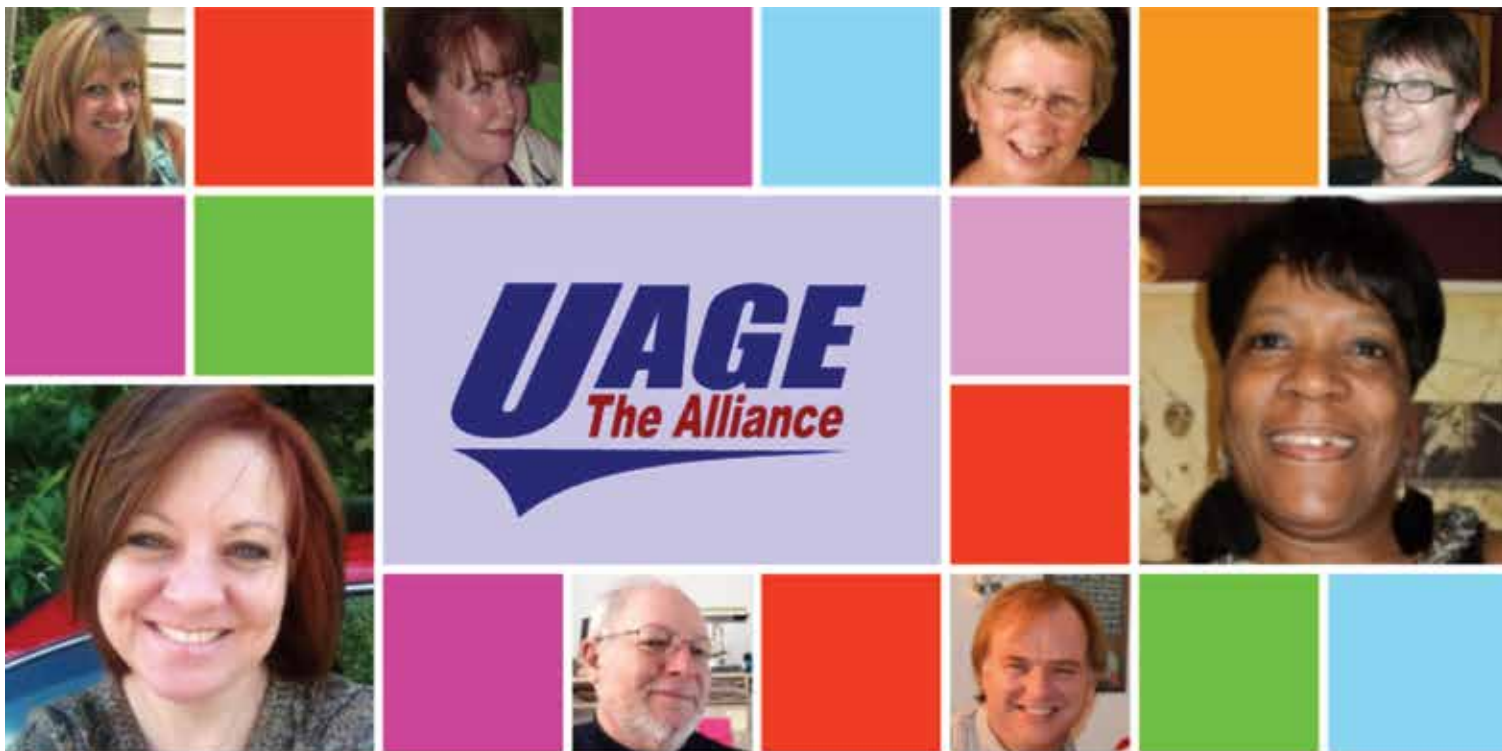
Advantages to the Voluntary Short Term Disability Plan:

- Receive both your Voluntary Short Term Disability Benefits & Annual Leave
- No Evidence of Insurability – No Pre-Existing Condition Provisions – Tax Free Benefit
- Easy Enrollment – On line enrollment available at www.standard.com/enroll.
- The Enrollment System utilizes your employee ID number not your social security number

Affordable Premiums - Example:

- Premiums are based on the Plan Option you elect, your Age and your gross Weekly Earnings
- Example: Age 43, Annual Salary \$ 42,000

Option 1 - (7 Day Waiting Period)	Tax Free Weekly Benefit - \$485	Bi-Weekly Premium = \$17.90
Option 2 – (30 Day Waiting Period)	Tax Free Weekly Benefit - \$485	Bi-Weekly Premium = \$ 7.37



We are Members of the **Utah Alliance of Government Employees** asking you to join with us to create positive change. It's a fact that when people work on common issues, we will have more success than one of us doing it alone. Our pay, benefits, and working conditions need you.

UAGE is not a new Idea - It's just a better Idea. The concept of joining together on common issues is not new; people of all professions are doing it. Here are just a few examples;

Utah Taxpayers Association, Utah Association of REALTORS, Utah League of Cities and Towns, Utah Bankers Association, National Governors Association, Utah Association of Counties, Utah City Management Association... **It works for them - let it work for us!**

Join With Us - Join UAGE - Your Voice Matters

☐ I am a Civilian employee and will pay .5% (one half of one percent)

☐ I am a Sworn Officer and will Pay 0.7% (seven tenths of one percent)

* Sworn Officers have an additional insurance for on the job incidents. Only available through UAGE

I, the undersigned, designate the Utah Alliance of Government Employees as my duly chosen and authorized representative on matters relating to my employment in order to promote and protect my economic welfare. I hereby authorize you to deduct from my earnings each pay period the amount as stated above, or an amount that may be established in the future by the Board of Directors. I also authorize access of my employment records for the sole purpose of maintaining my correct address and phone numbers.

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email _____ Gross Annual Wage _____

Employer _____ SSN or Emp. ID _____

Signature _____ Date _____

**Return this application to your
UAGE representative**

**Or fax it to
801-483-1200**

**Or mail it to
UAGE
PO BOX 456
Draper, UT 84020**

Need assistance - Call 801-483-1200



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With
the Access
Savings Network,
you'll save countless
dollars at places you
shop at every day, even
enough to recover
your cost of
dues.

The Savings Really Add Up!

Purchase	Frequency	Typical savings per purchase	Purchases per year	Yearly savings
FOOD				
Grocery Store Coupons	5 items/wk	\$1.00	36	\$180.00
Dining - Lunch	1 meal/wk	\$3.00	52	\$156.00
Dining - Dinner	2 meals/mo	\$5.50	24	\$132.00
Pizza	2 purchases/mo	\$8.00	24	\$192.00
EVERYDAY NEEDS & SERVICES				
Apparel	8 items/yr	\$14.75	8	\$118.00
Home Improvement	2 purchases/yr	\$50.00	2	\$100.00
Carpet Cleaning	1 purchase/yr	\$20.00	1	\$20.00
Misc Shopping	8 purchases/yr	\$12.50	8	\$100.00
Flowers/Gifts	2 purchases/yr	\$6.50	2	\$13.00
Oil Changes	4 oil changes/yr	\$6.00	4	\$24.00
Cell Phone Service	12 payments/yr	\$8.25	12	\$99.00
Auto Parts	2 purchases/yr	\$15.25	2	\$30.50
ENTERTAINMENT				
Bowling/Laser tag/Mini golf	4 purchases/yr	\$6.25	4	\$25.00
Theme Park Visits	4 passes/yr	\$34.00	4	\$136.00
Concerts/Sports/Event Tickets	4 tickets/yr	\$27.00	4	\$108.00
Movies	6 tickets/yr	\$6.00	6	\$36.00
Golf	4 rounds/yr	\$18.00	4	\$72.00
TRAVEL				
Hotel Stays	7 nights/yr	\$13.50	7	\$94.50
Car Rental	5 days/yr	\$16.25	5	\$81.25
Cruise	1 cruise for two/yr	\$35.00	2	\$70.00
Ski Vacation	1 day pass/yr	\$15.00	1	\$15.00
TOTAL SAVINGS				\$1,802.25



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UPEA is tracking the issues that matter to you



Dues: \$6.92 a pay period

- UPEA is an Independent, Public Employee Advocate
- UPEA Advocates for Employees at the State Legislature
- UPEA Helps Employees During Grievance Proceedings
- UPEA Advises Employees of Their Rights
- UPEA Ensures Employers Give Employees Due Process
- UPEA Recognizes and Rewards Exceptional Employees
- UPEA Encourages and Supports Participation in the Political Process
- UPEA is the Largest Public Employee Labor Organization in Utah
- UPEA is Run Entirely by Utah Public Employees Like You
- UPEA Dues Stay 100% in the State of Utah to Support Public Employees

Sign Up Online

www.upea.net