

2019-2020

Open Enrollment

State of Utah

Look inside for an overview of your benefits and what's new for the 2019-20 plan year.



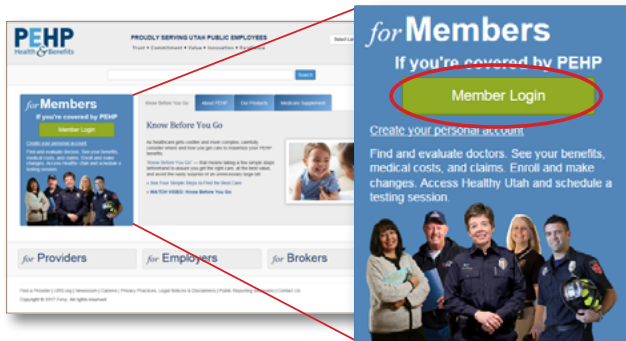
PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

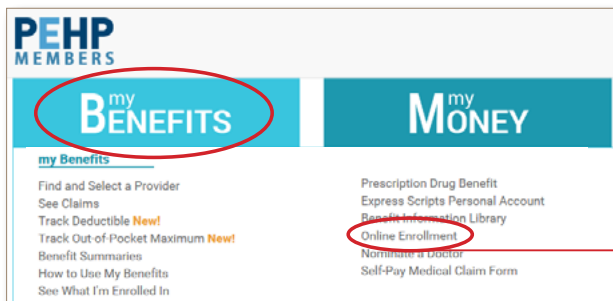
State of Utah Open Enrollment

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

How to Enroll in Benefits or Make Changes Online



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



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

Online Enrollment



3 The Online Enrollment page shows benefits available to you and your enrollment status. Click "Enroll" or "Change." You may change your selections any time before the end of open enrollment (June 7).



2019-20 Plan Year Highlights	4
Your To-Do Checklist	5
Health Plan Comparison	6
HSA Conversion	8
Biweekly Rates	9
Dental Comparison	10
Medical Networks	11
Cost Comparison Tool	13
Cash Back Program	14
Questions to Ask	15
E-Care/Telemedicine	16
Expanded Preventive Medications	17
Vision	18
Insurance Basics	19
Stay Connected	21
Contact Information	22

Attend a Benefits Fair

We're visiting workplaces across the state during open enrollment.

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



» PEHP specialist Taylor Hahn

Enrollment Timeline

April 11

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

April 15

» Benefit fairs begin across the state through May 13.

June 7

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

July 1

» New plan year begins. Deductibles and out-of-pocket maximums reset and go through June 30, 2020.

Highlights: 2019-20 Plan Year

STAR HSA Plan

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

Chronic Medications Covered Before Deductible

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

HSA Cash Conversion Option

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

Consumer Plus Plan

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

Need Immediate Care?

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

New Cost Comparison Tool

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

Get Up to \$2,000 in Cash Back



You can now share in the savings when you choose a lower-cost provider. Find out about cash back services using PEHP's new Cost Comparison Tool. Look for the green phone with a dollar sign. See **page 14** for details.

Get the Best Care by Asking 5 Questions

When it comes to your health, questions matter. You have a right to know how a recommended treatment will help you; what the potential downsides are; whether there are other simpler, less costly options; what would happen if you didn't get care; and how much the treatment will cost. See more on **page 15**.

Your To-Do Checklist

1

Your Network Options

Summit Advantage Preferred

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

More About Networks » Pages 11-12.

2

Your Medical Options

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

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

3

Your Dental Plan

PEHP Preferred Choice PEHP Traditional Regence Expressions

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

More About Dental » Page 10.

Need Help Deciding?

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



Plan Comparison

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

STAR HSA Plan

■ Single ■ Double ■ Family

Your Annual Cost

Single
\$0

Double
\$0

Family
\$0

Employer Money for Your HSA**

Single
\$791.96

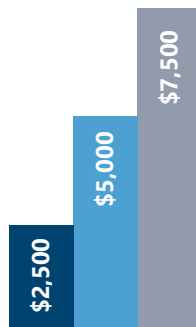
Double
\$1,583.92

Family
\$1,583.92

Medical Deductible



Out-of-Pocket Maximum
Medical & Pharmacy



Plan Benefits

Pays covered benefits generally at 80% (using in-network providers, after deductible).

Traditional Plan

Your Annual Cost

Single
\$583.18

Double
\$1,202.50

Family
\$1,605.50

Employer Money for Your HSA**

Single
\$0

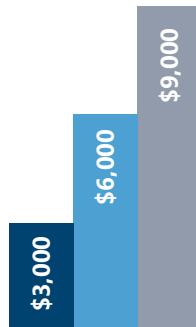
Double
\$0

Family
\$0

Medical Deductible



Out-of-Pocket Maximum*
Medical & Pharmacy



Plan Benefits

Pays covered benefits generally at 80% (using in-network providers, after deductible).

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

Special Note

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

Consumer Plus Plan

Your Annual Cost

Single
\$0

Double
\$0

Family
\$0

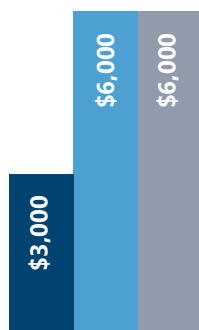
Employer Money for Your HSA**

Single
\$1,824.68

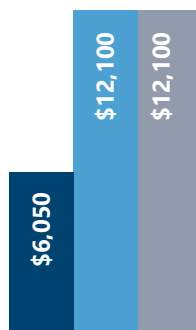
Double
\$3,649.62

Family
\$3,649.62

Medical Deductible



Out-of-Pocket Maximum
Medical & Pharmacy



Plan Benefits

Covers fewer services, generally at 70% (using in-network providers, after deductible).

Special Note

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

** You can also contribute. See page 8 for 2019 HSA contribution limits.

Plans at a Glance

STAR HSA Plan

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

See page 17.

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

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

Traditional Plan

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

Consumer Plus Plan (formerly Utah Basic Plus)

- » Essential benefit plan with catastrophic coverage.
- » Similar to the STAR HSA Plan with a higher deductible, lower coinsurance, fewer covered benefits.
- » Your employer puts more money into an HSA for health-related expenses than the STAR HSA Plan to offset a higher deductible.

Employer HSA Funds

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

- » If you choose to convert your employer HSA funds, please note it is taxable income. You will receive a check and W-2 from PEHP.
- » You save in taxes by keeping the money in your HSA.
- » To convert a portion of your employer HSA funds into your income, log in to your PEHP account, go to "Online Enrollment" and choose how much. We can also help. Contact us at 801-366-7503 or 800-753-7703.



2019 HSA Contribution Limits

Single	Double	Family
\$3,500	\$7,000	\$7,000

Biweekly Rates

Biweekly Medical Rates

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

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

Biweekly Dental Rates

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

Biweekly Vision Rates

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

Dental Comparison

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

PEHP Value Clinics » 10% discount on what you would normally pay an in-network provider; [see page 18](#).

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

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



Summit

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

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Cache Valley Hospital

Carbon County

Castlevue Hospital

Davis County

Lakeview Hospital
Davis Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

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

Salt Lake County (cont.)

Riverton Children's Unit
St. Marks Hospital
Salt Lake Regional Medical Center
University of Utah Hospital
University Orthopaedic Center

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Regional Medical Center

Utah County

Mountain View Hospital
Timpanogos Regional Hospital
Mountain Point Medical Center

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

Ogden Regional Medical Center

Out-of-State – Colorado

St. Mary's Hospital – Grand Junction
Southwest Memorial Hospital – Cortez

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

Intermountain Layton Hospital
Davis Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Alta View Hospital
Intermountain Medical Center
The Orthopedic Specialty Hospital (TOSH)
LDS Hospital

Salt Lake County (cont.)

Primary Children's Medical Center
Riverton Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Regional Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

McKay-Dee Hospital

Out-of-State – Colorado

St. Mary's Hospital – Grand Junction
Southwest Memorial Hospital – Cortez

Preferred

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

*Formerly IASIS

No-Pay Providers

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

Network Considerations

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

ADVANTAGE Price estimates for Intermountain Healthcare hospitals

Procedure	Doctor's Office	Surgery/Imaging Center	Hospital
Colonoscopy	\$956 💰	N/A on Wasatch Front	\$2,421
Back MRI	\$326 💰	Not Available	\$1,205
Knee Replacement	Not Available	Not Available	\$35,048

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

Procedure	Doctor's Office	Surgery/Imaging Center	Hospital
Colonoscopy	\$1,057 💰	\$1,673 💰	\$2,590
Back MRI	\$328 💰	\$468 💰	\$1,800
Knee Replacement	Not Available	\$15,483 💰	\$36,851

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

Compare Medical Costs by Network



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

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

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



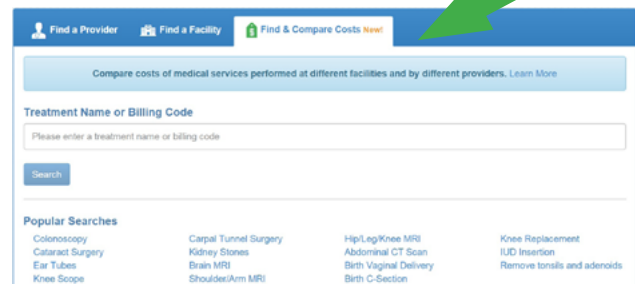
Search by medical services to find providers and costs using PEHP's new and improved Cost Comparison Tool. Plus, find cash back opportunities.

To get started

Log in to your PEHP account at www.pehp.org. Next, click on the "Find a Provider and Costs" icon on the top right, then choose your network.

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

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



Learn more:

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



See Other Side for Cash Back Information

Search Results for: Office or Clinic
 We found 5 facilities
 10 items per page

Located Near Zip Code: Enter Zip Code
 Search Radius:
 Submit

Provider ↓	Location ↓	Common ↓	Range
PROVIDER NAME Costs based on 10 claims or fewer	MULTIPLE	\$942	\$936 - \$948
PROVIDER NAME Costs based on 10+ claims	MULTIPLE	\$955	\$950 - \$957
PROVIDER NAME Costs based on 10 claims or fewer	LAYTON, UT	\$1,005	\$966 - \$1,043

Get Cash Back

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



Eligible services include:

- » Colonoscopies
- » MRIs and CT scans
- » Some outpatient surgeries
- » Some medications
- » Some inpatient stays
- » Pharmacy tourism

We Pay, You Save

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



How is Cash Back Determined?

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

How to Find & Apply for Cash Back Opportunities

1. Log in to Your PEHP Account

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

2. Search for Medical Services

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

3. See Cash Back Opportunities & Apply

If cash back is available for the service, you’ll see a cash back indicator next to the location and provider name. **To qualify for cash back, you must contact**

PEHP at 801-366-7555 or through the secure Message Center before receiving services. A Health Benefits Advisor will help you determine where to go for the best value and tell you how much cash back you can expect to receive. When you call and apply, you’ll have 90 days to get the service done. Once PEHP has processed your claim, please allow up to 60 days to receive your cash back. Please note this is taxable income and FICA is withheld. All PEHP cash back incentives cannot exceed \$3,900 per calendar year.

Provider ↓	Location ↓	Common ↓	Range
PROVIDER NAME <small>Costs based on 10 claims or fewer</small>	MULTIPLE	\$942	\$936 - \$948

Get the Best Care by Asking 5 Questions

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

1. How will this treatment help me?

The effectiveness of a treatment can vary. In fact, some care may even be unnecessary. According to the Institutes of Medicine, more than 30% (or \$750B) of healthcare fits this category, which is more than we spend on K-12 education as a nation. Make sure you know how care will help you.

2. What are the potential downsides?

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

3. Are there simpler, less costly options?

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

4. What would happen if I didn't get treatment?

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

5. How much will this cost?

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



Need Immediate Care? Consult a Doctor Remotely

A Fast, Easy Way to See a Doctor »

Families have access to care 24/7/365 (even on holidays) for urgent, low-level needs such as:

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

Intermountain Connect Care »

- » Summit
- » Advantage
- » Preferred

University of Utah Health Virtual Visits »

- » Summit only

If You're on the Traditional Plan

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

If You're on the STAR HSA Plan

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



Download the app from the **Google Play Store** or **iTunes App Store**.



Expanded Preventive Medications

STAR HSA Plan

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

Diabetes

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

Cardiovascular

ANTICOAGULANTS/ ANTIPLATELETS
clopidogrel
dipyridamole
warfarin
BETA BLOCKERS
acebutolol
bisoprolol
carvedilol
labetalol
metoprolol succinate
metoprolol tartrate
propranolol solution
propranolol tablets
sotalol
timolol maleate tablets
CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem
felodipine ER
isradipine
nifedipine tablets ER
COMBINATION PRODUCTS
amiloride & HCTZ
atenolol & chlorthalidone
bisoprolol & HCTZ
enalapril & HCTZ
irbesartan & HCTZ
lisinopril & HCTZ
losartan & HCTZ
metoprolol & HCTZ
nadolol & bendroflumethiazide
propranolol & HCTZ
triamterene & HCTZ
RENIN/ANGIOTENSIN SYSTEM ANTAGONIST (ACEI/ARB)
enalapril
fosinopril
irbesartan
lisinopril
losartan
quinapril
ramipril
trandolapril
verapamil
verapamil ER
DIURETICS
amiloride
bumetanide
chlorothiazide
chlorthalidone
furosemide solution
furosemide tablets
hydrochlorothiazide capsules
hydrochlorothiazide tablets
indapamide
methazolamide
methyclothiazide
spironolactone
toremide
MISCELLANEOUS
prazosin
clonidine
digoxin
VASODILATORS
hydralazine
isosorbide

Respiratory

ANTICHOLENERGICS
ipratropium bromide solution
INHALED CORTICOSTEROIDS
ProAir HFA inhaler
ProAir RespiClick
QVAR inhaler
Ventolin inhaler
SABA/ ANTICHOLENERGICS
ipratropium-albuterol inhaler
ipratropium-albuterol nebulized
SHORT ACTING BETA AGONISTS
albuterol ER tablets
albuterol nebulized
albuterol syrup
albuterol tablets

Osteoporosis

alendronate



Need Vision Coverage?

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

With the STAR HSA Plan

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

With the Traditional Plan

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

Funding Through Opticare

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

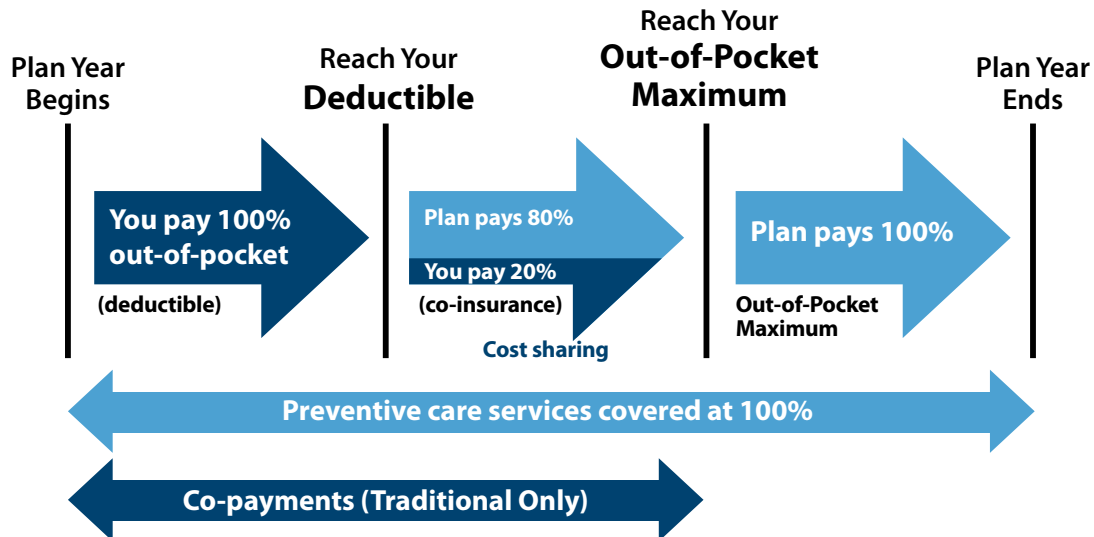
Funding Through EyeMed

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



Insurance Basics » Plans

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



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

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

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

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

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

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

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

Insurance Basics » Networks

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



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

In-Network Rate »

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

Cash Rate » The rate you negotiate with a provider that is less than the in-network rate. You can get credit toward your limits for the amount you pay by submitting the Self-Pay Medical Form. Call PEHP at 801-366-7555 for more information.



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

Out-of-Network Provider »

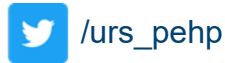
Any provider not contracted with your network. Your plan may pay limited benefits for out-of-network providers. But you are responsible for any amount charged above the in-network rate; this is called balance billing.

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

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

Stay Connected with PEHP

Follow us on social media and watch PEHP informational videos



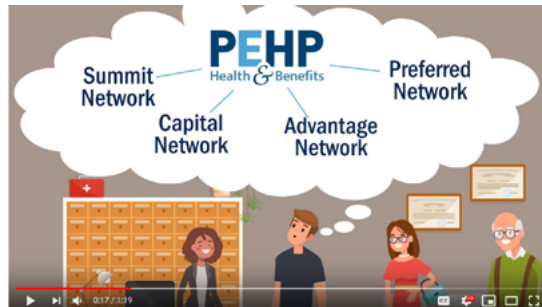
Monthly Tips to Maximize Your Benefits



How to use PEHP Cost Comparison Tool



Live. Share. Inspire.



Know Your Network



Understanding the STAR HSA Plan

PEHP Member Guide

This guide will help you understand basic health insurance terms, how to maximize your PEHP benefits, and give you the tools you need to make the best healthcare decisions for you and your family.

Read it online: pehp.org/healthcaretopics
Email us for a printed copy:
publications@pehp.org



CUSTOMER SERVICE

801-366-7555 or 800-765-7347

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

GROUP TERM LIFE AND AD&D

» PEHP Life and AD&D

801-366-7495

HEALTH SAVINGS ACCOUNTS (HSA)

» PEHP FLEX\$ Department

801-366-7503 or 800-753-7703

» HealthEquity

866-960-8058

www.healthequity.com/stateofutah

SAVINGS PROGRAM

» PEHPplus

www.pehp.org/plus

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

PEHP PHARMACY CUSTOMER SERVICE

801-366-7551 or 888-366-7551

WELLNESS AND DISEASE MANAGEMENT

» PEHP Healthy Utah

801-366-7300 or 855-366-7300

www.pehp.org/healthyutah

» PEHP Health Coaching

801-366-7300 or 855-366-7300

» PEHP WeeCare

801-366-7400 or 855-366-7400

www.pehp.org/weecare

» PEHP Integrated Care

(Ask for Member Services Nurse)

801-366-7555 or 800-765-7347

ONLINE ENROLLMENT HELP LINE

801-366-7410 or 800-753-7410

BENEFITS SUMMARY

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



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



Benefit Fair 24/7

This convenient, interactive overview of all State of Utah benefits includes medical, dental, life, retirement benefits, and more.

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

