

Your To-Do Checklist

1 Medical Options

- STAR HSA Plan
- Traditional Plan
- Consumer Plus Plan

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

2 Network Options

- Summit
- Advantage

3 Dental Options

- Preferred
- Traditional
- EMI Choice Indemnity
- Basic HSA Dental
- Discount HSA Dental

Navigating This Guide

Click the icons below for detailed information about each topic



» Enroll online and see other benefits at www.pehp.org/urs

» Claims or Other Questions? Contact a Health Benefits Advisor at 801-366-7555 or in your [Secure Message Center](#)

Benefit Changes & Reminders

Expanded Maternity Benefits

Starting July 1, coverage will be available for in-network doulas (birth coaches) and in-network birthing centers.

Mental Health Emergencies

If you have an emergency, you can get immediate help by calling the national crisis line at 988. You and your family can get counseling services at no cost and for any reason through Blomquist Hale. Services are confidential, and they also offer a 24/7 crisis hotline. Call them at 1-800-926-9619. [Learn more](#)

Choose Your Own Path to Wellness

Our new wellness webpage is packed with programs and activities to jump start your journey to a healthier you - on your own time! Whether you're trying to be more active, improve your eating habits, boost your mental well-being, or get parenting support - you'll find something to help you achieve your health and wellness goals. Plus, you can earn cash rebates and prizes when you participate in our programs.

[See options](#)

Other Insurance Coverage

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

New Dental Option

You have several dental options, including a new option offered by EMI Health, which replaces Regence Expressions. [See rates](#)

Need Help Deciding?

Send your questions to openrollment@pehp.org

» *PEHP specialist Taylor Hooton*





Things to Consider before choosing medical plan

1

How often do you use your medical plan?

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

Did you know?

You can download your claims history from your PEHP account to see how much you spend on healthcare annually.

2

How much will covered healthcare cost you?

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

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

Deductible & Out-of-Pocket Maximum (OOPM)

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

3

What if I have other insurance?

If you have another health or dental plan through another source, you have a few different ways to look at your coverage:

Dual Coverage/Coordination of Benefits: You are allowed to have two different plans. This will give you more coverage for your health insurance. Double check what you're paying for each plan to see whether paying for two plans is cost effective or not.

Opt-Out: If you have qualified medical or dental coverage in addition to your State health insurance, like through Medicare or your spouse's employer, you can Opt Out of medical and/or dental to get an increase in your paycheck. This option can save you from paying premiums for additional coverage, and provides more take home pay. (Medicare, Medicaid or Federal Marketplace plans are not qualified coverage)

Medical Plans

A

STAR HSA Plan

■ Single ■ Double ■ Family

Your Annual Cost

Single
\$142.74

Double
\$294.84

Family
\$404.56

Employer HSA Contribution 
Funds are deposited twice per year.

Single
\$909.22

Double
\$1,826.76

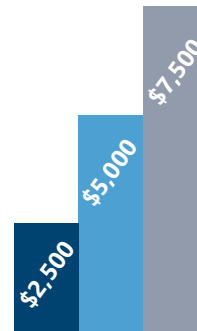
Family
\$1,918.54

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

Medical Deductible
Medical & Pharmacy



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



Plan Benefits

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

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

B

Traditional Plan

Your Annual Cost

Single
\$723.84

Double
\$1,492.14

Family
\$1,992.12

Employer HSA Contribution 

Single
\$0

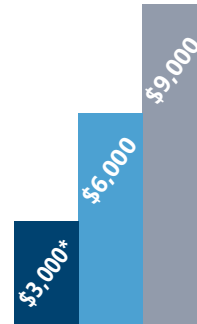
Double
\$0

Family
\$0

Medical Deductible
Medical & Pharmacy



Out-of-Pocket Maximum
Medical & Pharmacy



Plan Benefits

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

*per individual

» **CONSUMER PLUS PLAN** and **OPT-Out benefit** on next page

[See Medical Plan Costs](#)

Medical Plans (continued)

C

Consumer Plus Plan

Your Annual Cost

Single
\$0

Double
\$0

Family
\$0

Employer 
HSA Contribution
Funds are deposited twice per year.

Single
\$1,824.68

Double
\$3,649.62

Family
\$3,649.62

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

■ Single ■ Double ■ Family

Medical Deductible
Medical & Pharmacy



Out-of-Pocket Maximum
Medical & Pharmacy



Plan Benefits

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

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

D

Opt-Out benefit

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

- » **See Rates on Page 27 to see how much you receive**
- » To opt-out, go to the Medical section of online enrollment. Click “Change” then select “Opt Out” from the available plans.
- » Income is subject to tax.
- » Please do not cancel/terminate your current medical plan. You must enroll in the Opt-Out during Open Enrollment.

» **STAR HSA** and **TRADITIONAL** plans on previous page

[See Medical Plan Costs](#)



Plans at a Glance

A

STAR HSA Plan

- » You get money in an HSA for health-related expenses to offset a higher deductible. HSA funds carry over from year-to-year and grow tax-free. You never forfeit what you don't spend.
- » If you're not eligible for an HSA, you can still receive the contribution amount in an employer-funded HRA account.
- » It covers more [preventive services](#) paid at 100% compared to other plans, including chronic medications like diabetes. See a list of medications on page 19 of the [Covered Drug List](#).

B

Traditional Plan

- » It has a lower deductible and gives you predictable costs through fixed co-pays.
- » Each family member has their own deductible and out-of-pocket maximum.
- » Deductible does not apply to out-of-pocket maximum.
- » You have the option to add on a Flexible Spending Account (FLEX\$) for qualified health expenses, which is funded through pre-tax payroll deductions.

C

Consumer Plus Plan

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



STAR HSA

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

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

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

*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

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

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



Traditional (Non-HSA)

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

In-Network Provider

Out-of-Network Provider*

Balance billing may apply

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

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

*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

URS/PEHP 2023-24 » Medical Benefits Grid » Traditional

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

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

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

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

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



MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

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

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

*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

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

URS/PEHP 2023-24 » Consumer Plus » Benefits Grids

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
PRESCRIPTION DRUGS <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
30-day Pharmacy <i>Retail only</i>	Preferred generic: 30% of discounted cost Preferred brand name: 30% of discounted cost	Plan pays up to the discounted cost. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	30% of In-Network Rate. No maximum Co-Insurance	Not covered
Specialty Medications, through Home Health or Accredo <i>Up to 30-day supply</i>	30% of In-Network Rate. No maximum Co-Insurance	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	30% after deductible	50% after deductible
Urgent Care Facility	30% after deductible	50% after deductible
Emergency Room <i>Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	30% after deductible	30% after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	30% after deductible	
Diagnostic Tests, Labs, X-rays	30% after deductible	50% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	30% after deductible	50% after deductible
Physical, Occupational and Speech Therapy <i>Outpatient – Up to 10 combined visits per plan year.</i>	30% after deductible	50% after deductible
Mental Health & Substance Abuse	30% after deductible	50% after deductible
INPATIENT FACILITY SERVICES		
Hospital Services <i>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization</i>	30% after deductible	50% after deductible
Skilled Nursing Facility and Residential Treatment <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	30% after deductible	Not covered

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

Medical Networks

DID YOU KNOW?

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

PEHP Advantage

37 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

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

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital

Cache County

Logan Regional Hospital

Carbon County

Castleview Hospital

Davis County

Davis Hospital
Intermountain Layton Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

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

Salt Lake County (cont)

Primary Children's Medical Center
Riverton Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Hospital

Weber County

McKay-Dee Hospital

PEHP Summit

42 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

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

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Cache Valley Hospital

Carbon County

Castleview Hospital

Davis County

Davis Hospital
Lakeview Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Huntsman Cancer Hospital
Jordan Valley Hospital
Jordan Valley Hospital - West
Lone Peak Hospital

Salt Lake County (cont)

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

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

Mountain View Hospital
Timpanogos Regional Hospital
Mountain Point Medical Center

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Hospital

Weber County

Ogden Regional Medical Center

Non-Covered Providers

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

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

Dental Plans

Preferred

PEHP Dental network

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

Traditional

PEHP Dental network

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

EMI Choice Indemnity

- » Plan administered by EMI Health
- » No deductible
- » Pays 100% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » Up to \$2,000 annual limit per member, per plan year

IMPORTANT INFORMATION

Waiting Period (PEHP Preferred and Traditional plans) »

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

» **MORE DENTAL OPTIONS** on next page

[See Dental Plan Costs](#)



Dental Plans (continued)

Basic HSA Dental

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

Discount HSA Dental

- » Must be on STAR HSA or Consumer Plus medical plan
- » No cost to you per paycheck
- » Access to discounts, no insurance coverage
- » If you choose this plan, you're not eligible to enroll in Preferred Choice, Traditional or EMI Choice Indemnity for 3 years

Opt-Out Benefit

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

» **MORE DENTAL OPTIONS** on previous page

[See Dental Plan Costs](#)



Preferred Dental Care

Traditional Dental Care

	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS				
Deductible <small>(Does not apply to diagnostic or preventive services)</small>	\$25 per person, \$75 maximum per family	\$25 per person, \$75 maximum per family	\$0	\$0
Annual Benefit Max	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$1,500 per person
DIAGNOSTIC	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Periodic Oral Examinations	\$0	20% of In-Network Rate	\$0	20% of In-Network Rate
X-rays	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
PREVENTIVE				
Cleanings and Fluoride Solutions	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
Sealants Permanent molars only through age 17	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
RESTORATIVE				
Amalgam Restoration	20% of In-Network Rate AD*	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
Composite Restoration	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
ENDODONTICS				
Pulpotomy	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
Root Canal	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
PERIODONTICS				
	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
ORAL SURGERY				
Extractions	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
ANESTHESIA General Anesthesia in conjunction with oral surgery or impacted teeth only				
General Anesthesia	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
Prosthodontic, implant, and orthodontic services below are not eligible for six months from the date coverage begins unless prior, continuous dental coverage can be shown				
PROSTHODONTIC BENEFITS Preauthorization may be required				
Crowns	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
Bridges	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
Dentures (partial)	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
Dentures (full)	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
IMPLANTS				
All related services	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
ORTHODONTIC BENEFITS 6-month Waiting Period				
Maximum Lifetime Benefit per Member	\$1,500 <small>Does not apply to the Annual Benefit Maximum</small>		\$1,500 <small>Does not apply to the Annual Benefit Maximum</small>	
Eligible Appliances and Procedures	50% of eligible fees to plan maximum AD		50% of eligible fees to plan maximum	

Missing Tooth Exclusion » Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with a PEHP-sponsored dental plan. Learn more in the [Dental Master Policy](#). If coverage is provided by a PEHP medical plan, then there is no dental plan coverage.

* AD = After Deductible

If you use an Out of Network provider, your benefits will be reduced by 20%. Out of Network providers may collect charges that exceed PEHP's In Network Rate.

Basic HSA Dental Care

Must be on STAR HSA or Consumer Plus Plan

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

» If you choose this plan, you're not eligible to enroll in Preferred Choice, Traditional or EMI Health Indemnity for 3 years

Discount HSA Dental Care

Must be on STAR HSA or Consumer Plus Plan

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

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

[See HSA Contributions](#)



More Choices More Coverage



State of Utah Employee Dental Plan Summary

Group: State of Utah
Plan: #1580
Choice Indemnity
Effective Date: 07/01/23
Benefit Year: Plan Year
Benefit Type: Contributory/Fully Insured

Services	In-Network Advantage Plus	In-Network Premier	Out-of-Network
	Preventive Oral Exams, Cleanings, Sealants, X-rays, Fluoride	100%	100%
Basic Fillings, Space Maintainers, Oral Surgery	80%	80%	80% up to R&C
Major Crowns, Bridges, Prosthodontics, Implants	50%	50%	50% up to R&C
Orthodontics , Dependent Children (7-18) Adults	50%	50%	50% up to R&C
Endodontics	25% discount	25% discount	no coverage
Periodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Sealants	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
Waiting Periods	NONE		
Deductibles	NONE		
Annual Maximum Per Person	\$2,000	\$1,500	\$1,500
All maximums are combined to the limits above.			

Orthodontic Lifetime Maximum	\$1,500		
Network Reimbursement Schedule	Advantage Plus	Premier	R&C (80th)

When using a Non-participating Provider, the insured is responsible for all fees in excess of the reasonable and Customary Charges (R&C).

Provisions/Limitations/Exclusions

Exams (including Periodonal), Cleanings and Fluoride	2 per year
Fluoride	Up to age 16
Sealants	Up to age 16
Space Maintainers	Up to age 16
Bitewing X-Rays	Up to 4, twice per year
Periapical X-Rays	6 per year
Panoramic X-rays	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia - (age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major*
Anesthesia - (for children age 7 and under, once per year)	Covered in Type 3 - Major*
Implants/Implant Abutments	Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays, and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months



Need Vision Coverage?

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

With the STAR HSA Plan

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

With the Traditional Plan

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

Funding Through Opticare

Opticare Vision Services is a Utah owned vision benefits company offering employees their choice of two plan options. Opticare uniquely offers flexibility to access three network options at the time of service. Members have their choice of using the Select Network (including Standard Optical locations with richest benefits), the Broad Network containing vision store chains and private practice providers, and Out of Network benefits to providers such as Costco and Walmart.

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.



[See Vision Plan Costs](#)



OPTICARE PLAN – PEHP – Eye Exam & Hardware Benefits
0-10-150/140C

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
Eyeglass exam	100% Covered	\$10 Co-pay	\$40 Allowance
Retinal Imaging	\$20 Co-pay	\$39 Co-pay	Included above
Standard Contact Fit & Follow Up Fee	100% Covered	\$40 Co-pay	Included above
Specialty Contact Fit & Follow up Fee (Toric or Multifocal)	\$40 Co-pay	\$80 Co-pay	Included above
Standard Plastic Lenses			
Single Vision	100% Covered	\$10 Co-pay	\$65 Combined allowance for all lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$10 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	
Lens Options			
Progressive (Standard plastic no-line)	\$30 Co-pay	\$50 Co-pay	\$65 Combined allowance for all lenses, options, and coatings
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Polycarbonate Kids (Under age 19)	\$20 Co-pay	\$40 Co-pay	
Polycarbonate Adults	\$40 Co-pay	\$40 Co-pay	
Transitions / Photochromic	\$50 Co-pay	\$75 Co-pay	
Coatings			
Scratch Resistant Coating	\$10 Co-pay	\$15 Co-pay	\$65 Combined allowance for all lenses, options, and coatings
Ultraviolet protection	\$10 Co-pay	\$15 Co-pay	
Tint	100% Covered	\$10 Co-pay	
Premium Anti-Reflective	\$50 Co-pay	25% Discount	
Specialty Anti-Reflective	25% Discount	up to 25% Discount	
Polarized	25% Discount	up to 25% Discount	
Other Options: Edge polish, tints, mirrors, etc.	Up to 25% Discount	Up to 25% Discount	
Frames			
Allowance Based on Retail Pricing	\$150 Allowance	\$130 Allowance	\$70 Allowance
Additional Eyewear			
Additional Prescription Glasses	Up to 50% Off Retail	Up to 25% Off Retail	Not Covered
Non-Rx (Plano Sunglasses)	25% Discount	20% Discount	Not Covered
Contacts			
Contact benefits is in lieu of Eyeglasses	\$140 Allowance	\$130 Allowance	\$100 Allowance
Additional contact purchases:	Up to 20% off Retail	Up to 10% off Retail	Not Covered
Medically Necessary Contacts	100% Covered	\$250 Allowance	\$200 Allowance
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
LASIK	20% Off Retail	Not Covered	Not Covered
Dry Eye Treatments			
Punctal Occlusion	\$250 / Puncta Silicone	Not Covered	Not Covered
Punctal Occlusion Nutraceuticals	\$75 / Puncta Collagen	Not Covered	Not Covered
Macu Health & Blink Dry Eye Formulas	10% Discount	Not Covered	Not Covered



OpticareVision
services

OPTICARE PLAN – PEHP

Hardware Only (no eye exam benefit)
10-150/140C

Products/Services	Select Network	Broad Network	Out-Of-Network
Standard Plastic Lenses			
Single Vision	100% Covered	\$10 Co-pay	\$65 Combined allowance for all lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$10 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	
Lens Options			
Progressive (Standard plastic no-line)	\$30 Co-pay	\$50 Co-pay	\$65 Combined allowance for all lenses, options, and coatings
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Polycarbonate Kids (Under age 19)	\$20 Co-pay	\$40 Co-pay	
Polycarbonate Adults	\$40 Co-pay	\$40 Co-pay	
Transitions / Photochromic	\$50 Co-pay	\$75 Co-pay	
Coatings			
Scratch Resistant Coating	\$10 Co-pay	\$15 Co-pay	\$65 Combined allowance for all lenses, options, and coatings
Ultraviolet protection	\$10 Co-pay	\$15 Co-pay	
Tint	100% Covered	\$10 Co-pay	
Premium Anti-Reflective	\$50 Co-pay	25% Discount	
Specialty Anti-Reflective	25% Discount	up to 25% Discount	
Polarized	25% Discount	up to 25% Discount	
Other Options: Edge polish, tints, mirrors, etc.	Up to 25% Discount	Up to 25% Discount	
Frames			
Allowance Based on Retail Pricing	\$150 Allowance	\$130 Allowance	\$70 Allowance
Additional Eyewear			
Additional Prescription Glasses	Up to 50% Off Retail	Up to 25% Off Retail	Not Covered
Non-Rx (Plano Sunglasses)	25% Discount	20% Discount	Not Covered
Contacts			
Contact benefits is in lieu of Eyeglasses	\$140 Allowance	\$130 Allowance	\$100 Allowance
Additional contact purchases:	Up to 20% off Retail	Up to 10% off Retail	Not Covered
Medically Necessary Contacts	100% Covered	\$250 Allowance	\$200 Allowance
Frequency			
Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
LASIK	20% Off Retail	Not Covered	Not Covered
Dry Eye Treatments			
Punctal Occlusion	\$250 / Puncta Silicone	Not Covered	Not Covered
Punctal Occlusion Nutraceuticals	\$75 / Puncta Collagen	Not Covered	Not Covered
Macu Health & Blink Dry Eye Formulas	10% Discount	Not Covered	Not Covered



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

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

Heads up

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

PEHP Full

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up – Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up – Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive – Standard	\$75 copay	Up to \$40
Progressive – Premium Tier 1 - 3	\$95 - 120 copay	Up to \$40
Progressive – Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating – Standard	\$45	Not covered
Anti Reflective Coating – Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating – Premium Tier 3	20% off retail price	Not covered
Photochromic – Non-Glass	\$75	Not covered
Polycarbonate – Standard	\$40	Not covered
Polycarbonate – Standard < 19 years of age	\$40	Not covered
Scratch Coating – Standard Plastic	\$15	Not covered
Tint – Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$96
Contacts – Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$96
Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$200
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Contact Lenses	Once every 12 months	Once every 12 months
(Plan allows member to receive either contacts and frame, or frames and lens services)		

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order, or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



PEHP Eyewear Only



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

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

Heads up

You may have additional benefits.

Log into eyemed.com/member to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive – Standard	\$75 copay	Up to \$40
Progressive – Premium Tier 1 - 3	\$95 - 120 copay	Up to \$40
Progressive – Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating – Standard	\$45	Not covered
Anti Reflective Coating – Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating – Premium Tier 3	20% off retail price	Not covered
Photochromic – Non-Glass	\$75	Not covered
Polycarbonate – Standard	\$40	Not covered
Polycarbonate – Standard < 19 years of age	\$40	Not covered
Scratch Coating – Standard Plastic	\$15	Not covered
Tint – Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$104
Contacts – Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$104
Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$200
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Frame	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Contact Lenses	Once every 12 months	Once every 12 months
(Plan allows member to receive either contacts and frame, or frames and lens services)		

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Biweekly Medical Rates

	Employer (biweekly)	Employee pays biweekly	Total cost of plan
STAR HSA Plan (Summit or Advantage Network)			
Single	\$268.79	\$5.49	\$274.28
Double	\$556.04	\$11.34	\$567.38
Family	\$762.34	\$15.56	\$777.90
Traditional Plan (Summit or Advantage Network)			
Single	\$309.72	\$27.84	\$337.56
Double	\$638.58	\$57.39	\$695.97
Family	\$852.48	\$76.62	\$929.10
Consumer Plus Plan (Summit or Advantage Network)			
Single	\$233.69	0	\$233.69
Double	\$486.23	0	\$486.12
Family	\$695.96	0	\$695.96

Biweekly Vision Rates

	Employee		Employee
EyeMed Full		Opticare Full	
Single	\$3.46	Single	\$3.82
Double	\$5.56	Double	\$5.72
Family	\$7.64	Family	\$8.15
EyeMed, Eyewear Only		Opticare, Eyewear Only	
Single	\$3.01	Single	\$2.97
Double	\$4.69	Double	\$4.37
Family	\$6.37	Family	\$5.90

Opt-Out Benefit - biweekly

Added per paycheck if you waive your medical or dental plan

Medical		Dental	
Single	\$76.93	Single	\$3.85
Double	\$153.85	Double	\$7.70
Family	\$153.85	Family	\$15.39

Biweekly Dental Rates

	Employer (biweekly)	Employee pays biweekly	Total cost of plan
PEHP Preferred Choice			
Single	\$12.09	\$1.35	\$13.44
Double	\$22.45	\$2.50	\$24.95
Family	\$40.84	\$4.56	\$45.40
PEHP Traditional			
Single	\$12.09	\$2.44	\$14.53
Double	\$22.45	\$4.50	\$26.95
Family	\$40.84	\$8.23	\$49.07
PEHP Basic HSA Dental			
Single	\$9.15	\$0.00	\$9.15
Double	\$16.98	\$0.00	\$16.98
Family	\$30.88	\$0.00	\$30.88
PEHP Discount HSA Dental			
Single	\$0.59	\$0.00	\$0.59
Double	\$1.10	\$0.00	\$1.10
Family	\$1.98	\$0.00	\$1.98
EMI Choice Indemnity			
Single	\$12.09	\$6.36	\$18.45
Double	\$22.45	\$10.03	\$32.48
Family	\$40.84	\$16.69	\$57.53

Employer Contributions

Deposited into your HSA

STAR HSA	
Single	\$909.22
Double	\$1,826.76
Family	\$1,918.54

Basic HSA Dental	
Single	\$74.62
Double	\$139.36
Family	\$254.28

Consumer Plus	
Single	\$1,824.68
Double	\$3,649.62
Family	\$3,649.62

Discount HSA Dental	
Single	\$234.26
Double	\$428.74
Family	\$782.86

PEHP Wellness Programs

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

- » **Biometric Screenings** - Subscribers and their spouses are eligible to attend one Healthy Utah biometric screening each plan year free of charge.
- » **Earn Cash Rebates*** – Get cash rewards for participating in wellness programs and activities.
- » **Diabetes Management** – Receive education and support from a registered dietitian to manage or prevent diabetes.
- » **Pregnancy Resources** – Enroll in PEHP WeeCare to get pregnancy and postpartum support to help you have the healthiest and safest pregnancy possible. Members can enroll online at any time during pregnancy.
- » **Healthy Eating** – Practice expert strategies to plan healthy meals, streamline grocery shopping, and try new ingredients to avoid menu monotony.
- » **Weight Management** – Meet your health and weight management goals with personalized help from a health coach and registered dietitian.



- » **Physical Activity** – Stay active and physically fit with weekly motivational tips and resources from a certified personal trainer.



- » **Mental & Emotional Well-Being** – Stay on top of your mental and emotional health with several tips, exercises, and resources.
- » **Financial Wellness** – Get on track with personal finances to create financial peace of mind.
- » **Family & Social Well-Being** – Check out a library of parenting materials or virtually attend monthly parenting classes.
- » **Webinars** – Learn about current health and wellness topics.

FOR MORE INFORMATION

PEHP Wellness Programs

801-366-7300 | 855-366-7300

» E-mail: healthyutah@pehp.org

» Web: www.pehp.org/wellness

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

Value Added Benefits

Diabetes Savings Program

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

FOR MORE INFORMATION

» Web: www.pehp.org/diabetes

Legal Guardianship

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

PEHPplus

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

PEHP Value Providers

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

FOR MORE INFORMATION

» Web: www.pehp.org/valueproviders

Preventive Care

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

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

Life Assistance Counseling

Blomquist Hale

SOLUTIONS

WHEN LIFE GETS CHALLENGING WE CAN HELP

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


Count On:


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


WE CAN HELP WITH

Marital & Family Counseling 

Stress, Anxiety or Depression 

Personal & Emotional Challenges 

Grief or Loss 

Financial or Legal Problems 

Substance Abuse or Addictions 

Senior Care Planning 

PEHP Cost Tools



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

You may even find cash back.

Learn more: www.pehp.org/save

PEHP Life & Accident

Group Term Life Coverage

EMPLOYEE BASIC COVERAGE

Your employer funds this at no charge to you.

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

LINE-OF-DUTY DEATH BENEFIT

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

ACCIDENTAL DEATH RIDER

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



EMPLOYEE ADDITIONAL TERM COVERAGE

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

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

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

PEHP Life & Accident

SPOUSE TERM COVERAGE

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

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

DEPENDENT CHILDREN COVERAGE

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

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

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

Accidental Death and Dismemberment (AD&D)

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

INDIVIDUAL PLAN

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

FAMILY PLAN

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

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

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

PEHP Life & Accident

Accidental Death and Dismemberment (AD&D)

AD&D Coverage and Cost

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

LIMITATIONS AND EXCLUSIONS

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

Master Policy

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



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

Accident Weekly Indemnity

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

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

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

Accident Weekly Indemnity Coverage and Cost

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

Accident Medical Expense

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

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

Accident Medical Expense Coverage and Cost

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

Health Accounts

Health Savings Account (HSA)

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

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

You must be enrolled in a high deductible health plan such as STAR HSA or Consumer Plus.

HSA contribution limits for calendar year 2023:

Single: \$3,850 (Total from employer + employee)

Double/Family: \$7,750 (Total from employer + employee)

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

Did you know?

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

[See HSA Contributions](#)

Flexible Spending Account (FLEX\$)

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

- » Great option to save for expenses if you're not eligible for an HSA.
- » If you sign up for a FLEX\$ account, PEHP will frontload your elected funds at the beginning of the plan year and issue you a Mastercard to use as payment for eligible expenses. Eligible expenses are set by the IRS.
- » If you do have an HSA, you can have a limited FLEX\$ account to pay for dental, vision, and post-deductible medical expenses only.
- » FLEX\$ accounts are use-or-lose. You may rollover up to \$610 into the new plan year, but anything beyond that is forfeited.
- » You must enroll in FLEX\$ each year during open enrollment to participate.

You can contribute up to \$3,050 in calendar year 2023.

[Learn More](#)

Health Reimbursement Account (HRA)

If you choose a high deductible plan and you're not eligible for a health savings account (HSA), your employer contribution will be deposited into an HRA instead.

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

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



Learn About Your Retirement Benefits

Your Benefits, Your Way

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



Website

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



Publications

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

Videos

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

Webinars

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

Seminars

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

One-on-One

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



Via Phone

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



Individual Retirement Planning

Let's Work Together for Your Secure Retirement

These free sessions help you financially plan for retirement.

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



Many Ways to Meet

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

We'll Help You Answer These Questions and More:

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

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

URS/PEHP Benefits Guide

URS/PEHP

Benefits Guide

Effective July 2023

© 2023 Public Employees Health Program

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 URS/PEHP and their eligible dependents. Members of any other PEHP plan should refer to the applicable publications for their coverage.

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

This Benefits Summary is for informational purposes only and is intended to give a general overview of the benefits available under those sections of PEHP designated on the front cover. This Benefits Summary is not a legal document and does not create or address all of the benefits and/or rights and obligations of PEHP.

The PEHP Master Policy, which creates the rights and obligations of PEHP and its members, is available upon request from PEHP and online at www.pehp.org. All questions concerning rights and obligations regarding your PEHP plan should be directed to PEHP.

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

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

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



PROUDLY SERVING UTAH PUBLIC EMPLOYEES

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

Important Notices About Your Benefits

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

Notice of COBRA Rights

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

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

Qualified Beneficiary

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

Who is Covered

» Employees

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

» Spouse of Employees

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

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

» Dependent Children

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

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

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

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

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

Secondary Qualifying Event

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

Separate Election

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

Your Duties Under The Law

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

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

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

Employers' Duties Under The Law

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

Election of COBRA Coverage

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

Premium Payments

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

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

How Long Will Coverage Last?

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

Special Rules For Disability

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

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

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

Special Rules For Retirees

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

COBRA Coverage May Be Terminated

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

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

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

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

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

Questions

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

Coverage Alternatives

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

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

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

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

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

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

Notice of Women's Health and Cancer Rights Act

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

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

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

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

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

Notice of Newborns' and Mothers' Health Protection Act

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

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

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

Notice of Exemption from HIPAA

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

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

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

Notice of Privacy Practices for Protected Health Information

effective January 7, 2020

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

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

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

Types of Personal Information PEHP collects

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

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

Understanding Your Health Record / Information

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

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

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

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

Your Health Information Rights

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

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

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

PEHP does not need to provide an accounting for disclosures:

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

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

The accounting must include:

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

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

Examples of Uses and Disclosures of Protected Health Information

PEHP will use your health information for treatment.

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

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

PEHP will use your health information for payment.

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

PEHP will use your health information for health operations.

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

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

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

Examples include:

Public Health.

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

Business Associates.

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

Food and Drug Administration (FDA).

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

Workers Compensation.

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

Correctional Institution.

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

Law Enforcement.

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

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

Our Responsibilities Under the Federal Privacy Standard

PEHP is required to:

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

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

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

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

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

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

Inspecting Your Health Information

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

For More Information or to Report a Problem

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

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

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

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