Benefits Summary 2019-20

USU-Eastern

Look inside for important information about how to use your PEHP benefits.
This Benefits Summary should be used in conjunction with the PEHP Master Policy. It contains information that only applies to PEHP subscribers who are employed by the USU-Eastern 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.
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Welcome to PEHP

We want to make accessing and understanding your healthcare benefits simple. This Benefits Summary contains important information on how best to use PEHP’s comprehensive benefits. Please contact the following PEHP departments or affiliates if you have questions.

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

CUSTOMER SERVICE
........................................ 801-366-7555
........................................ or 800-765-7347
Weekdays from 8 a.m. to 5:30 p.m.
Have your PEHP ID or Social Security number on hand for faster service. Foreign language assistance available.

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

MENTAL HEALTH/SUBSTANCE ABUSE PREAUTHORIZATION
» PEHP Customer Service .................... 801-366-7755
........................................ or 800-765-7347

PRESCRIPTION DRUG BENEFITS
» PEHP Customer Service .................... 801-366-7555
........................................ or 800-765-7347
» Express Scripts ............................ 800-903-4725
........................................ www.express-scripts.com

SPECIALTY PHARMACY
» Accredo ................................. 800-501-7260

GROUP TERM LIFE AND AD&D
» PEHP Life and AD&D .................... 801-366-7495

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

HEALTH SAVINGS ACCOUNTS (HSA)
» PEHP FLEX$ Department ............... 801-366-7503
........................................ or 800-753-7703
» HealthEquity ............................ 866-960-8058
........................................ www.healthequity.com/stateofutah

PRENATAL AND POSTPARTUM PROGRAM
» PEHP WeeCare ............................ 801-366-7400
........................................ or 855-366-7400
........................................ www.pehp.org/weecare

WELLNESS AND DISEASE MANAGEMENT
» PEHP Healthy Utah ...................... 801-366-7300
........................................ or 855-366-7300
........................................ www.pehp.org/healthyutah
» PEHP Health Coaching .................... 801-366-7300
........................................ or 855-366-7300
» PEHP WeeCare ............................ 801-366-7400
........................................ or 855-366-7400
........................................ www.pehp.org/weecare
» PEHP Integrated Care (Ask for Member Services Nurse) ..................... 801-366-7555
........................................ or 800-765-7347

VALUE-ADDED BENEFITS PROGRAM
» PEHPplus ................................. www.pehp.org/plus
» Blomquist Hale ............................ 800-926-9619
........................................ www.blomquishale.com

ONLINE ENROLLMENT HELP LINE
........................................ 801-366-7410
........................................ or 800-753-7410

CLAIMS MAILING ADDRESS
PEHP
560 East 200 South
Salt Lake City, UT  84102-2004
Benefits Changes & Reminders

**Chronic Medications Covered Before Deductible**
This is a major new benefit for STAR HSA Plan members who no longer have to meet their deductible before getting certain chronic medications covered under the plan. [www.pehp.org](http://www.pehp.org) for details.

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

**Get Up to $2,000 in Cash Back**
You can now share in the savings when you choose a lower-cost provider. Find out about cash back services using PEHP’s new Cost Comparison Tool. Look for the green phone with a dollar sign. Visit [www.pehp.org](http://www.pehp.org) for details.

**Send Secure Messages to PEHP**
Have a question or can’t find what you’re looking for online? Log in to [PEHP for Members](http://www.pehp.org) and send us your questions via the Message Center. From the homepage, find “Messages” at the top-right.

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

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

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

**Invitro Fertilization Benefit**
Traditional and STAR Plan members have the option of using a one-time $4,000 benefit for invitro fertilization. [Preauthorization](http://www.pehp.org) is required. For more information, call 801-366-7755 or 800-753-7754.
Autism Spectrum Disorder Benefit

A brief overview of PEHP’s Autism Spectrum Disorder coverage

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

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

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

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

» Mental health and speech therapy services require Preauthorization.

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

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

MEDICAL

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

Traditional Plan  $10 office co-pay

SALT LAKE CITY
Health Clinics of Utah
168 N 1950 W, Ste. 201  |  801-715-3500

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

RC Willey Employee Clinic
2301 South 300 West  |  801-464-7900

WesTech Wellness Center
3605 S West Temple  |  801-506-0000

NORTH SALT LAKE
Orbit Employee Clinic
845 Overland St.  |  801-951-5888

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

CLEARFIELD
Futura Onsite Clinic
11 H Street  |  801-774-3265

LAYTON
Onsite Care at Davis Hospital
1580 W. Antelope Dr., Suite 110  |  801-807-7699

OGDEN
Health Clinics of Utah
2540 Washington Blvd., Ste. 122  |  801-395-6499

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

PROVO
Health Clinics of Utah
150 E Center St., Ste. 1100  |  801-374-7011

OREM
Blendtec Health and Wellness Clinic
1206 S 1680 W  |  801-225-1281

LEHI
OnSite Care at Mountain Point Medical
3000 Triumph Blvd, Ste. 320  |  801-753-4600

E-CARE/TELEMEDICINE
Visit a doctor online anytime, anywhere.

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

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

Traditional Plan  $10 per visit

Intermountain Connect Care » available on all networks

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

Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.
Get Cash Back  » Get cash back* when you get your colonoscopy from one of these Value Providers. You must call PEHP prior to service to be eligible for cash back. You need to get the colonoscopy in the provider’s office or at an ambulatory surgical center to be eligible for cash back as this doesn’t apply to hospitals, even if your doctor determines you must do it there. Remember you’ll always get the best pricing when you use a PEHP Value Provider.

**Utah Gastroenterology**
*If you’re on the Advantage Network, there is only one Utah Gastroenterology location where cash back is available. Summit, Capital, and Preferred Network members may use any of the facilities listed below and receive cash back.*

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

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

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

**Preventive Colonoscopy 50+**
*You must call PEHP prior to service to get cash back.* The cash back applies even when it’s preventive and covered at 100%.

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

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*Please note cash back is subject to income taxes.

**Prescription Assistance Programs**

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

**Rx Help Centers®**
http://rxhelpcenter.org/

**Patient Access Network Foundation®**

**Patient Advocate Foundation®**
http://www.patientadvocate.org/

**HealthWell Foundation®**
https://www.healthwellfoundation.org/
PEHP Value Providers

LABORATORIES

Visit these labs for exclusive PEHP member savings.

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

**Accupath Diagnostics**
Advantage and Summit networks

**Cedar Diagnostics LLC**
Advantage and Summit networks

**Esoterix**
Advantage network only

**Labcorp Inc**
Advantage and Summit networks

**Pathology Associates Medical Labs**
Summit network only

**Quest Diagnostics**
Summit network only

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

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

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

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

DENTAL

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

SALT LAKE CITY
**Family Dental Plan**

OGDEN
**Family Dental Plan**
950 25th Street, #A | 801-395-7090

Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.
Access Benefits and Claims

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

» Receive important messages about your benefits and coverage through our Message Center.

» See your claims history — including medical, dental, and pharmacy. Search claims histories by member, plan, and date range.

» Become a savvy consumer using our Cost & Quality Tools.

» View and print plan documents, such as forms and Master Policies.

» Get a simple breakdown of the PEHP benefits in which you’re enrolled.

» Track your biometric results and access Healthy Utah rebates and resources.

» Access your FLEX$ account.

» Cut down on clutter by opting in to paperless delivery of explanation of benefits (EOBs). Opt to receive EOBs by email, rather than paper forms through regular mail, and you’ll get an email every time a new one is available.

» Change your mailing address.

Access Your Pharmacy Account

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

Go to www.express-scripts.com to create an account. All you need is your PEHP ID card and you’re on your way. You’ll be able to:

» Check prices.

» Check an order status.

» Locate a pharmacy.

» Refill or renew a prescription.

» Get mail-order instructions.

» Find detailed information specific to your plan, such as drug coverage, co-pays, and cost-saving alternatives.

Find a Provider

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

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

Participating Hospitals

Beaver County
Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County
Bear River Valley Hospital
Brigham City Community Hospital

Cache County
Cache Valley Hospital

Carbon County
Castlevue Hospital

Davis County
Lakeview Hospital
Davis Hospital

Duchesne County
Uintah Basin Medical Center

Garfield County
Garfield Memorial Hospital

Grand County
Moab Regional Hospital

Iron County
Cedar City Hospital

Juab County
Central Valley Medical Center

Kane County
Kane County Hospital

Millard County
Delta Community Hospital
Fillmore Community Hospital

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

Salt Lake County (cont.)
River Park Children’s Unit
St. Mark’s Hospital
Salt Lake Regional Medical Center
University of Utah Hospital

San Juan County
Blue Mountain Hospital
San Juan Hospital

Sanpete County
Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County
Sevier Valley Hospital

Summit County
Park City Medical Center

Tooele County
Mountain West Medical Center

Utah County

Utah County

Wasatch County
Heber Valley Medical Center

Washington County
Dixie Regional Medical Center

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

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

No-Pay Providers

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

Advantage

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

Participating Hospitals

Beaver County
Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County
Bear River Valley Hospital

Cache County
Logan Regional Hospital

Carbon County
Castlevue 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 (cont.)
Primary Children’s Medical Center
River Park 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

Utah County
American Fork Hospital
Orem Community Hospital
Utah Valley Hospital

Wasatch County
Heber Valley Medical Center

Washington County
Dixie Regional Medical Center

Weber County
McKay-Dee Hospital

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

Preferred

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

*Formerly IASIS
Understanding Your Benefits Grid

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

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

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

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

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

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

For more definitions, please see the Master Policy.
Understanding In-Network Providers

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

In-Network Rate

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

Balance Billing

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

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

Negotiate a Price

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

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

Consider Your Options

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

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

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

Learn More » Your Network and Your Money

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

**About Health Savings Account (HSA)**

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

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

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

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

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

**HSA Eligibility**

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

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

**Banking with HealthEquity**

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

**For More Information**

For more information about HSAs go to:

- www.pehp.org/thestarplan,
- www.healthequity.com/stateofutah,

**Learn more:**

www.pehp.org/stateofutah/thestarplan | www.healthequity.com/stateofutah
Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

### DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS

<table>
<thead>
<tr>
<th>Plan Year Deductible</th>
<th>Plan Year Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500 single plan, $3,000 double or family plan</td>
<td>$2,500 single plan, $5,000 double plan, $7,500 family plan</td>
</tr>
</tbody>
</table>

### INPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th>Medical and Surgical</th>
<th>Skilled Nursing Facility</th>
<th>Hospice</th>
<th>Rehabilitation</th>
<th>Mental Health and Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>40% of In-Network Rate after deductible</td>
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<td>40% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

#### In-Network Provider Out-of-Network Provider*

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

### OUTPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th>Outpatient Facility and Ambulatory Surgery</th>
<th>Ambulance (ground or air)</th>
<th>Emergency Room</th>
<th>Urgent Care Facility</th>
<th>Diagnostic Tests, X-rays, Minor</th>
<th>Chemotherapy, Radiation, and Dialysis</th>
<th>Physical and Occupational Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
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<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>40% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate</td>
<td>40% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible, Dialysis requires preauthorization</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Physician Visits</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Surgery and Anesthesia</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>PEHP e-Care</td>
<td>Medical: $10 co-pay per visit after deductible. Mental Health: Standard benefits apply after deductible. See PEHP Value Options benefits page for details</td>
<td>Not applicable</td>
</tr>
<tr>
<td>PEHP Value Clinics</td>
<td>Medical: 20% of In-Network Rate after deductible</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Primary Care Office Visits and Office Surgeries</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Specialist Office Visits and Office Surgeries</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Emergency Room Specialist</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate</td>
</tr>
<tr>
<td>Diagnostic Tests, X-rays</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>Outpatient: 20% of In-Network Rate after deductible</td>
<td>Outpatient: 40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td></td>
<td>Inpatient: 20% of In-Network Rate after deductible</td>
<td>Inpatient: 40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

### PRESCRIPTION DRUGS

**Pharmacy benefits for The STAR HSA Plan are subject to the deductible unless covered under an Expanded Preventive Drug Benefit**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Tier A: 20% of In-Network Rate. No maximum co-pay</th>
<th>Tier A: 40% of In-Network Rate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-day Pharmacy</td>
<td>Tier A: 20%. No maximum co-pay</td>
<td>Tier B: 30% of In-Network Rate.</td>
</tr>
<tr>
<td>Retail only</td>
<td>Tier B: 30%. No maximum co-pay</td>
<td>Tier B: 50% of In-Network Rate.</td>
</tr>
<tr>
<td>90-day Pharmacy</td>
<td>Tier A: 20%. $150 maximum co-pay</td>
<td>Tier C: 20%. No maximum co-pay</td>
</tr>
<tr>
<td>Maintenance only</td>
<td>Tier B: 30%. $225 maximum co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Specialty Medications, retail pharmacy</td>
<td>Tier A: 20%. $150 maximum co-pay</td>
<td>Tier A: 20% No maximum co-pay</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td>Tier B: 30%. $225 maximum co-pay</td>
<td>Tier B: 30% of In-Network Rate.</td>
</tr>
<tr>
<td>Specialty Medications, office/outpatient</td>
<td>Tier A: 20% No maximum co-pay</td>
<td>Tier B: 50% of In-Network Rate.</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td>Tier B: 30% of In-Network Rate. No maximum co-pay</td>
<td>Tier C: 20%. No maximum co-pay</td>
</tr>
<tr>
<td>Specialty Medications, through specialty vendor Accredo</td>
<td>Tier A: 20% No maximum co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td>Tier B: 30% of In-Network Rate. No maximum co-pay</td>
<td>Tier B: 50% of In-Network Rate.</td>
</tr>
</tbody>
</table>

*Out-of-Network Provider benefits vary and are subject to any applicable balance billing. Member pays any balance above the in-network rate.*
<table>
<thead>
<tr>
<th>MISCELLANEOUS SERVICES</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption or Assisted Reproductive Technology (ART)</td>
<td>20% after deductible, up to $4,000 per adoption or up to $4,000 per lifetime for ART</td>
<td></td>
</tr>
<tr>
<td>Affordable Care Act Preventive Services</td>
<td>No charge</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Allergy Serum</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>20% of In-Network Rate after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Missing Teeth for Dental Accident or Certain Medical Conditions</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate</td>
</tr>
<tr>
<td>Durable Medical Equipment, DME</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Home Health/Skilled Nursing</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Infertility Services</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Injections</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Temporomandibular Joint Dysfunction</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>
You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers. They may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

**Some services on your plan are payable at a reduced benefit of 50% of In-Network Rate or 30% of In-Network Rate. These services do not apply to any out-of-pocket maximum. Deductible may apply. Refer to the Master Policy for specific criteria for the benefits listed above, as well as information on limitations and exclusions.**
<table>
<thead>
<tr>
<th>PROFESSIONAL SERVICES</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Physician Visits</td>
<td>Applicable office co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Surgery and Anesthesia</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>PEHP e-Care</td>
<td>Medical: $10 co-pay per visit. Mental Health: Standard benefits apply. See PEHP Value Options benefits page for details</td>
<td>Not applicable</td>
</tr>
<tr>
<td>PEHP Value Clinics</td>
<td>Medical: $10 co-pay per visit</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Primary Care Office Visits</td>
<td>$25 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>University of Utah Medical Group</td>
<td>$35 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>$35 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>University of Utah Medical Group</td>
<td>$45 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Emergency Room Specialist</td>
<td>$35 co-pay per visit</td>
<td>$35 co-pay per visit, plus any balance billing above In-Network Rate</td>
</tr>
<tr>
<td>Diagnostic Tests, X-rays</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>No preauthorization required for outpatient services. Inpatient services require preauthorization</td>
<td>$35 co-pay per visit</td>
</tr>
<tr>
<td>University of Utah Medical Group</td>
<td>$45 co-pay per visit</td>
<td>Outpatient: 40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>Outpatient: 40% of In-Network Rate after deductible</td>
<td>Inpatient: 40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRESCRIPTION DRUGS</th>
<th>Tier 1: $10 co-pay</th>
<th>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-day Pharmacy</td>
<td>Tier 2: 25% of discounted cost. $25 minimum, no maximum co-pay</td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
</tr>
<tr>
<td>Retail only</td>
<td>Tier 3: 50% of discounted cost. $50 minimum, no maximum co-pay</td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
</tr>
<tr>
<td>90-day Pharmacy</td>
<td>Tier 1: $20 co-pay</td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
</tr>
<tr>
<td>Maintenance only</td>
<td>Tier 2: 25% of discounted cost. $50 minimum, no maximum co-pay</td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
</tr>
<tr>
<td>Tier 3: 50% of discounted cost. $100 minimum, no maximum co-pay</td>
<td></td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
</tr>
<tr>
<td>Specialty Mediations, retail pharmacy</td>
<td>Tier A: 20%. No maximum co-pay</td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td>Tier B: 30%. No maximum co-pay</td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
</tr>
<tr>
<td>Specialty Mediations, office/outpatient</td>
<td>Tier A: 20% of In-Network Rate after deductible. No maximum co-pay</td>
<td>Tier A: 40% of In-Network Rate after deductible. Tier B: 50% of In-Network Rate after deductible.</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td>Tier B: 30% of In-Network Rate after deductible. No maximum co-pay</td>
<td>Tier A: 40% of In-Network Rate after deductible. Tier B: 50% of In-Network Rate after deductible.</td>
</tr>
<tr>
<td>Specialty Mediations, through specialty vendor Accredo</td>
<td>Tier A: 20%. $150 maximum co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td>Tier B: 30%. $225 maximum co-pay</td>
<td></td>
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<td>Infertility Services**</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
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<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>
Wellness and Value-Added Benefits

PEHP Healthy Utah

PEHP Healthy Utah is an employee health promotion program aimed at enhancing the well-being of members by increasing awareness of health risks and providing support in making health-related lifestyle changes. PEHP Healthy Utah offers a variety of programs, services, cash incentives*, and resources to help members get and stay well.

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

FOR MORE INFORMATION
PEHP Healthy Utah, 801-366-7300 or 855-366-7300
» Email: healthyutah@pehp.org
» Web: www.pehp.org/members/pehp-healthy-utah

PEHP WeeCare

PEHP WeeCare is a pregnancy and postpartum program provided to support and educate PEHP members. PEHP WeeCare’s goal is to help expectant mothers have the healthiest and safest pregnancy possible. Members can enroll online at any time during pregnancy up to 12 months after delivery.

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

FOR MORE INFORMATION
PEHP WeeCare
801-366-7400 | 855-366-7400
» E-mail: weecare@pehp.org
» Web: www.pehp.org/members/pehp-weecare

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

PEHP Health Coaching

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

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

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

FOR MORE INFORMATION
PEHP Health Coaching, 801-366-7300 | 855-366-7300
» E-mail: healthcoaching@pehp.org
» Web: www.pehp.org/members/pehp-health-coaching

Life Assistance Counseling

PEHP pays for members to use Blomquist Hale Consulting for distressing life problems such as: marital struggles, financial difficulties, drug and alcohol issues, stress, anxiety, depression, despair, death in family, issues with children, and more. Blomquist Hale Life Assistance Counseling is a confidential counseling and wellness service provided to members and covered at 100% by PEHP.

FOR MORE INFORMATION
Blomquist Hale, 800-926-9619
» Web: www.bloomquistahale.com

PEHP Plus

PEHPplus provides savings of up to 60 percent on a wide assortment of healthy lifestyle products and services, such as eyewear, gyms, Lasik, and hearing. We’re frequently adding new discounts, so check it out at www.pehp.org/plus.
Save Money With FLEX$

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

FLEX$ Options

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

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

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

FLEX$ DEPENDENT DAY CARE ACCOUNT
This account may be used for eligible day-care expenses for your eligible dependents to allow you or your spouse to work or to look for work.

Using Your FLEX$ Card

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

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

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

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

Important Considerations

» You must plan ahead wisely and set aside only what you will need for eligible expenses each year. FLEX$ is a use-it-or-lose-it program – only $500 will carry over from year to year.

» The total amount you elect to withhold throughout the year for medical expenses will be immediately available as soon as the plan year begins.

» You can’t contribute to a health savings account (HSA) while you’re enrolled in healthcare FLEX$. However, you may have a dependent day care FLEX$ or a limited FSA and contribute to an HSA.

Enrollment

ENROLL ONLINE
Log in to your online personal account at www.pehp.org. Click on online enrollment.
**PEHP Eyewear Only (Plan F)**

### SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$10 Copay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 Copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 Copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 Copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Standard Progressive Lens</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td>Premium Progressive Lens</td>
<td>$95 - $120</td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$95</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>$105</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>$120</td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>$75, 80% of charge less $120 allowance</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Standard Plastic Lenses</strong></td>
<td>$0 Copay, $130 allowance, 80% of charge over $130</td>
<td>Up to $65</td>
</tr>
<tr>
<td>UV Treatment</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Plastic Scratch Coating</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Polycarbonate – Adults</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Polycarbonate – Kids under 19</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45</td>
<td>N/A</td>
</tr>
<tr>
<td>Premium Anti-Reflective Coating</td>
<td>$57 - $68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$57</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 3</td>
<td>80% of charge</td>
<td>N/A</td>
</tr>
<tr>
<td>Photochromic/Transitions</td>
<td>$75</td>
<td>N/A</td>
</tr>
<tr>
<td>Polarized</td>
<td>20% off retail price</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Add-Ons and Services</td>
<td>20% off retail price</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 Copay, $130 Allowance, 85% of charge over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 Copay, $130 Allowance, plus off balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$0 Copay, Paid in Full</td>
<td>Up to $200</td>
</tr>
<tr>
<td><strong>LASIK or PRK from U.S. Laser Network</strong></td>
<td>$2.94 off the retail price or 5% off the promotional price</td>
<td>$4.67</td>
</tr>
<tr>
<td><strong>Additional Pairs Discount</strong></td>
<td>$6.40</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses or Contact Lenses</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Discounts (Additional discounts are not insured benefits)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete pair of prescription eyeglasses</td>
<td>40% off</td>
<td></td>
</tr>
<tr>
<td>Non-prescription sunglasses</td>
<td>20% off</td>
<td></td>
</tr>
<tr>
<td>Remaining balance beyond plan coverage</td>
<td>20% off</td>
<td></td>
</tr>
<tr>
<td><strong>Premium – Monthly</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber</td>
<td>$6.38</td>
<td></td>
</tr>
<tr>
<td>Subscriber + 1</td>
<td>$10.15</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$13.91</td>
<td></td>
</tr>
</tbody>
</table>

Benefits are not provided from services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eyes or supporting structures. Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment, safety eyewear. Services provided as a result of any workers’ compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; (non-prescription) lenses, Non-prescription sunglasses; Two pair of glasses in lieu of bifocals. Services or materials provided by any other group benefit plan providing vision care. Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plan. Standard/Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Plans charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.
PEHP Full (Plan H)

SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam With Dilation as Necessary</td>
<td>$10 Co-pay</td>
<td>Up to $39</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td>Frames</td>
<td>$0 Co-pay, $100 Allowance, 80% of charge over $100</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Standard Plastic Lenses</td>
<td>Tier 1</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Single Vision</td>
<td>$10 Co-pay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 Co-pay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 Co-pay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Standard Progressive Lens</td>
<td>Tier 2</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Premium Progressive Lens</td>
<td>Tier 3</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Up to $40</td>
<td></td>
</tr>
<tr>
<td>Lenticular</td>
<td>$120</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lens Options</td>
<td>Tier 1</td>
<td>Up to $25</td>
</tr>
<tr>
<td>UV Treatment</td>
<td>$10 Co-pay</td>
<td>up to $40</td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>$10 Co-pay</td>
<td>up to $55</td>
</tr>
<tr>
<td>Standard Plastic Scratch Coating</td>
<td>$10 Co-pay</td>
<td>up to $40</td>
</tr>
<tr>
<td>Standard Polycarbonate–Adults</td>
<td>$10 Co-pay</td>
<td>up to $55</td>
</tr>
<tr>
<td>Standard Polycarbonate–Kids under 19</td>
<td>$10 Co-pay</td>
<td>up to $40</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$10 Co-pay</td>
<td>up to $55</td>
</tr>
<tr>
<td>Premium Anti-Reflective Coating</td>
<td>Tier 1</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Photochromic/Transitions</td>
<td>Tier 2</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Polarized</td>
<td>Tier 3</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Other Add-Ons and Services</td>
<td>Tier 4</td>
<td>Up to $40</td>
</tr>
</tbody>
</table>

| Contact Lens Fit and Follow-Up | Up to $55 | N/A |
| Premium Contact Lens Fit & Follow-Up | 10% off retail price | N/A |

<table>
<thead>
<tr>
<th>Contact Lenses</th>
<th>In-Network (Contact lens allowance includes materials only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional</td>
<td>$0 Co-pay, $120 Allowance, 85% of charge over $120</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 Co-pay, $120 Allowance, plus balance over $120</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$0 Co-pay, paid-in-full</td>
</tr>
<tr>
<td>LASIK or PRK from U.S. Laser Network</td>
<td>$3.40</td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>$5.56</td>
</tr>
<tr>
<td>Exam With Dilation as Necessary</td>
<td>$7.71</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Out-of-Network (60% of charge, up to $300 for frames)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>$7.39</td>
</tr>
<tr>
<td>Lenses or Contact Lenses</td>
<td>$12.09</td>
</tr>
<tr>
<td>Frame</td>
<td>$16.76</td>
</tr>
<tr>
<td>Premiums-monthly</td>
<td>$7.39</td>
</tr>
<tr>
<td>Subscriber</td>
<td>$12.09</td>
</tr>
<tr>
<td>Subscriber + 1</td>
<td>$16.76</td>
</tr>
</tbody>
</table>

Benefits are not provided from services or materials arising from Ortho, or vision training, subnormal vision aids and any associated supplemental testing. Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures. Any Vision Examination, or any corrective eyewear required by a Polyclinical as a condition of employment, safety eyewear. Services provided as a result of any workers' compensation law, or other federal, state or local laws, or by any governmental agency or program whether federal, state, or local, including Medicare/Medicaid. Non-prescription sunglasses. Two pairs of glasses in lieu of bifocals. Services or materials provided by any other group benefit plan where 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 30 days of the date from which the 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 30 days of the date from which the insured person ceases to be covered under the Policy. These discounts are not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

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

Take a sneak peek before enrolling

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

Premiums–monthly

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Out-of-Network (60% of charge, up to $300 for frames)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>$7.39</td>
</tr>
<tr>
<td>Lenses or Contact Lenses</td>
<td>$12.09</td>
</tr>
<tr>
<td>Frame</td>
<td>$16.76</td>
</tr>
<tr>
<td>Premiums-monthly</td>
<td>$7.39</td>
</tr>
<tr>
<td>Subscriber</td>
<td>$12.09</td>
</tr>
<tr>
<td>Subscriber + 1</td>
<td>$16.76</td>
</tr>
</tbody>
</table>
Plan Options: 10-175/150C Full Benefits-(Eye Exam + Eyewear Benefit) 175/150 Eyewear Only-(NO Eye Exam)

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>EXAM + EYEWEAR</th>
<th>EYEWEAR ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$8.32</td>
<td>$6.39</td>
</tr>
<tr>
<td>Two Party</td>
<td>$13.25</td>
<td>$9.70</td>
</tr>
<tr>
<td>Family</td>
<td>$19.65</td>
<td>$13.66</td>
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</table>

**LGRP**

<table>
<thead>
<tr>
<th>EYE EXAM (10-175/150C Full Benefit)</th>
<th>Select Network</th>
<th>Broad Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyeglass exam</td>
<td>$10 Co-pay</td>
<td>$10 Co-pay</td>
<td>~$40 Allowance</td>
</tr>
<tr>
<td>Contact exam</td>
<td>$10 Co-pay</td>
<td>$10 Co-pay</td>
<td>~$40 Allowance</td>
</tr>
<tr>
<td>Dilation</td>
<td>100% Covered</td>
<td>100% Covered</td>
<td>Included above</td>
</tr>
<tr>
<td>Contact Filling</td>
<td>100% Covered</td>
<td>Retail</td>
<td>Included above</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>$20 Co-pay</td>
<td>$39 Co-pay</td>
<td></td>
</tr>
</tbody>
</table>

**PLASTIC LENSES**

<table>
<thead>
<tr>
<th>LENS OPTIONS</th>
<th>Select Network</th>
<th>Broad Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>100% Covered</td>
<td>$10 Co-pay</td>
<td>~$70 Allowance</td>
</tr>
<tr>
<td>Biofocal (FT 28)</td>
<td>100% Covered</td>
<td>$10 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Trifocal (FT 7*28)</td>
<td>100% Covered</td>
<td>$10 Co-pay</td>
<td></td>
</tr>
</tbody>
</table>

**LENS OPTIONS**

<table>
<thead>
<tr>
<th>LENS OPTIONS</th>
<th>Select Network</th>
<th>Broad Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressive (Standard plastic no-line)</td>
<td>$30 Co-pay</td>
<td>$50 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Premium Progressive Options</td>
<td>$85 Co-pay</td>
<td>$100 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Ultra Premium Progressive Options</td>
<td>Up to 20% Discount</td>
<td>Up to 25% Discount</td>
<td></td>
</tr>
<tr>
<td>Polycarbonate</td>
<td>$40 Co-pay</td>
<td>25% Discount</td>
<td></td>
</tr>
<tr>
<td>High Index</td>
<td>$80 Co-pay</td>
<td>25% Discount</td>
<td></td>
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**COATINGS**

<table>
<thead>
<tr>
<th>COATINGS</th>
<th>Select Network</th>
<th>Broad Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scratch Resistant Coating</td>
<td>100% Covered</td>
<td>$10 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Ultra Violet Protection</td>
<td>100% Covered</td>
<td>$10 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Other Options</td>
<td>Up to 25% Discount</td>
<td>Up to 25% Discount</td>
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**FRAMES**

<table>
<thead>
<tr>
<th>FRAMES</th>
<th>Select Network</th>
<th>Broad Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowance Based on Retail Pricing</td>
<td>$175 Allowance</td>
<td>$140 Allowance</td>
<td>~$70 Allowance</td>
</tr>
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</table>

**ADDITIONAL EYEWEAR**

**Additional Pairs of Glasses Throughout the Year**

<table>
<thead>
<tr>
<th>CONTACTS</th>
<th>Select Network</th>
<th>Broad Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact benefits in lieu</td>
<td>$150 Allowance</td>
<td>$120 Allowance</td>
<td>~$100 Allowance</td>
</tr>
</tbody>
</table>

**CONTACTS**

<table>
<thead>
<tr>
<th>CONTACTS</th>
<th>Select Network</th>
<th>Broad Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional contact purchases:</td>
<td>Up to 50% Off Retail</td>
<td>Up to 25% Off Retail</td>
<td></td>
</tr>
<tr>
<td><em><strong>Conventional</strong></em></td>
<td>Up to 20% Discount</td>
<td>Retail</td>
<td></td>
</tr>
<tr>
<td><em><strong>Disposables</strong></em></td>
<td>Up to 10% Discount</td>
<td>Retail</td>
<td></td>
</tr>
</tbody>
</table>

**FREQUENCY**

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>Select Network</th>
<th>Broad Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam, Lenses, Frames, Contacts</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
</tr>
</tbody>
</table>

**REFRACTIVE SURGERY**

<table>
<thead>
<tr>
<th>REFRACTIVE SURGERY</th>
<th>Select Network</th>
<th>Broad Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>LASIK</strong></em></td>
<td>$750 Off Per Eye</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

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

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

To locate a provider in your area view our website:

www.opticareofutah.com

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

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

Needing to visit one of our nationwide providers?

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

Need help or have questions?

Contact us:

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

service@opticareofutah.com
Your Benefits, Your Way

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

<table>
<thead>
<tr>
<th>Website</th>
<th>Publications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to <a href="http://www.urs.org">www.urs.org</a> for information about your pension and savings plans. Log in to <a href="http://myURS">myURS</a> to manage investments, beneficiaries, and more.</td>
<td>Understand your pension, savings plans options, retirement information, and more. Find publications at <a href="http://www.urs.org">www.urs.org</a>. Or email <a href="mailto:publications@urs.org">publications@urs.org</a> to request printed copies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Videos</th>
<th>Seminars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn how to manage your benefits online and more.</td>
<td>Held throughout the year, seminars provide an overview of your benefits and more. <a href="http://www.urs.org/US/seminars">www.urs.org/US/seminars</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Webinars</th>
<th>One-on-One</th>
<th>Via Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn at your own computer or device. See schedule at <a href="http://www.urs.org/US/webinars">www.urs.org/US/webinars</a>. Archived webinars are available.</td>
<td>Meet face-to-face with a URS Retirement Planning Advisor for custom retirement guidance. Schedule a free session at <a href="http://myURS">myURS</a> at <a href="http://www.urs.org">www.urs.org</a>.</td>
<td>We look forward to answering your questions. Call weekdays between 8 a.m. and 5 p.m., <a href="">801-366-7770</a> or <a href="">800-695-4877</a>.</td>
</tr>
</tbody>
</table>

401(k) and 457 Plans

• Roth and Traditional IRAs

Investment Options

[Stepping Stones to Your Retirement](http://www.urs.org)
It’s the No. 1 move to protect your information and money with URS.

Create a myURS account and log in regularly.

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

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

» Verify that your records are correct.

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

Learn How to Create a myURS Account: www.urs.org/us/myurs
PEHP has selected Blomquist Hale Employee Assistance as the exclusive provider for your Life Assistance Benefit.

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

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

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

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

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

**Locations**

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt Lake City</td>
<td>801-262-9619</td>
</tr>
<tr>
<td>Ogden</td>
<td>801-392-6833</td>
</tr>
<tr>
<td>Orem</td>
<td>801-255-9222</td>
</tr>
<tr>
<td>Logan</td>
<td>435-752-3241</td>
</tr>
</tbody>
</table>

*Blomquist Hale has other contracted providers throughout the state of Utah and the Nation.*
Look inside for important information about how to use your PEHP benefits.

State of Utah
PROUDLY SERVING UTAH PUBLIC EMPLOYEES

Benefits
Summary
2017-2018