Weber State University

Open Enrollment 2018
Benefit Changes and Reminders

- Traditional Plan co-pays remain the same, but some services are at different copay levels to better reflect comparative cost.
- Invitro Fertilization Traditional and STAR plans one-time $4,000 benefit. Preauthorization is required.
Benefit Changes & Reminders

- Individual Cap of $7,350
- If member is enrolled in family STAR plan
Benefit Changes & Reminders

- Autism Benefit
- Contracted Providers
- Contact PEHP

Autism Spectrum Disorder Benefit

A brief overview of PEHP’s Autism Spectrum Disorder coverage:

- Children ages 2-18, until age 19th birthday, are eligible for the benefit.
- The benefit covers up to 600 hour per year of behavioral health treatment.
- The benefit covers services provided by speech, occupational therapists, or physical therapists.
- Please call PEHP for information regarding which autism spectrum disorders and services are covered.
- Eligible Autism Spectrum Disorder services do not accumulate separately and are subject to the same copayment limits (regular cost-sharing limitations – deductibles, co-payments, and coinsurance – will apply) to the out-of-pocket maximum.
- Mental health services require Prior Authorization.
- No benefits for services received from out-of-network PROVIDERS. List of in-network providers is available by logging in to www.ephp.org or by calling PEHP.

Note: Providers MUST submit a diagnosis and treatment plan to PEHP within 74 days of beginning treatment. The treatment plan may be reviewed by PEHP.
Benefit Changes & Reminders

Durable Medical Equipment

- Sleep Disorder Equipment
- No Required Rental Period
- One Machine Per 5 Year Period
- Supplies Limited To $325 Per Plan Year
Healthcare Reform

Traditional and STAR Plans

- Preventive Health Benefits
  - Deductible does not apply
  - Routine Services
  - Contracted Provider
  - Some are age specific
- Women’s Health
- Dependents will have medical coverage to the end of the month they turn age 26.
Available on all PEHP networks
## Summit Provider Network

<table>
<thead>
<tr>
<th>SUMMIT Traditional/STAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non- IHC providers and facilities</strong></td>
</tr>
<tr>
<td><strong>Non-Contracted providers balance bill</strong></td>
</tr>
<tr>
<td>ADVANTAGE</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td><strong>IHC</strong> providers and facilities</td>
</tr>
<tr>
<td>Non-Contracted providers balance bill</td>
</tr>
</tbody>
</table>
### Preferred Provider Network

<table>
<thead>
<tr>
<th>Preferred Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHC and Non IHC providers and facilities</td>
</tr>
<tr>
<td>Non-Contracted providers balance bill</td>
</tr>
</tbody>
</table>

![Intermountain Healthcare](image)

![MountainStar Healthcare](image)

![Health University of Utah](image)

World class health care where you live.
Out of State Providers

- Urgent/Emergent Care
- Benefits pay at In-network rate
- Pay applicable co-pay or coinsurance
- Notify PEHP if living out of state
Out of Country

- Urgent/Emergent Service
- Pay at time of service
- Submit copy of original claim to PEHP
- Proof of payment/receipt to PEHP
- Payment based on PEHP’s In-network Fees
# Traditional Plan Member Costs

<table>
<thead>
<tr>
<th>Office Visits</th>
<th>Summit In-network</th>
<th>U of U Providers In-network</th>
<th>Advantage In-Network</th>
<th>IHC Providers In-network</th>
<th>All Networks Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-visit Connect Care</td>
<td>$10.00 Co-pay</td>
<td>$10.00 Co-pay</td>
<td>$10.00 Co-pay</td>
<td>$10.00 Co-pay</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$25.00 Co-pay</td>
<td>$35.00 Co-pay</td>
<td>$25.00 Co-pay</td>
<td>$35.00 Co-pay</td>
<td>40% After Deductible Plus Balance Billing</td>
</tr>
<tr>
<td>Specialist</td>
<td>$35.00 Co-pay</td>
<td>$45.00 Co-pay</td>
<td>$35.00 Co-pay</td>
<td>$45.00 Co-pay</td>
<td>40% After Deductible Plus Balance Billing</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$45.00 Co-pay</td>
<td>$45.00 Co-pay</td>
<td>$45.00 Co-pay</td>
<td>$45.00 Co-pay</td>
<td>40% After Deductible Plus Balance Billing</td>
</tr>
</tbody>
</table>

- Employee pays eligible office visit copays before deductible.
- Payment is based on PEHP’s in-network rate. Non-contracted providers can balance bill.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td></td>
<td>$350/$700</td>
</tr>
<tr>
<td>Does not apply to out-of-pocket maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient/Out Patient</td>
<td>20% After Deductible</td>
<td>40% After deductible</td>
</tr>
<tr>
<td>Diagnostic Labs , X-rays</td>
<td></td>
<td>Plus balance billing</td>
</tr>
<tr>
<td>Surgeries all locations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- One person or two can meet the family deductible or accumulative.
- Payment is based on PEHP’s in-network rate. Non-contracted providers can balance bill.
PEHP FLEX$

FLEX$ FACTS
- Use pre-tax dollars for your out of pocket medical, dental, and vision costs
- Money you elect is deducted from your pay check pre-tax
- Never pay taxes if used for qualified expenses.

FLEX ELIGIBILITY
- You and your Spouse
- Children of the participant remain covered up to Dec. 31 the calendar year they turn age 26.
- Even if they are married, whether or not they are dependents for tax purposes.
PEHP FLEX$

- Runs on the WSU’s fiscal year
  - July 1, 2018 – June 30, 2019

- IRS allowed grace period
  - Claims must be incurred before September 15, 2019
  - Verification or receipts to PEHP before September 30, 2019

Minimum amount of $130
Maximum amount of $2,650
FLEX$ DENTAL
- Bridges
- Crowns
- Cleaning
- X-rays
- Dentures
- Fluoride
- TMJ
- Oral Surgery
- Orthodontics

VISION
- Exams
- Eyeglasses
- Reading Glasses
- Contact Lenses
- Lens Care Supplies
- LASIK Surgery
<table>
<thead>
<tr>
<th>Service</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>Radium Therapy</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Treatment</td>
<td>Psychotherapy</td>
</tr>
<tr>
<td>Band-aids</td>
<td>Routine Physical Exam</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>Fist Aid Kits</td>
</tr>
<tr>
<td>Copays/deductibles</td>
<td>Orthotics</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Oxygen equipment</td>
</tr>
<tr>
<td>Hearing Aides &amp; Batteries</td>
<td>Thermometers</td>
</tr>
<tr>
<td>Insulin Treatments</td>
<td>Wheelchairs</td>
</tr>
<tr>
<td>Infertility Treatment</td>
<td>Physical &amp; Speech Therapy</td>
</tr>
</tbody>
</table>
FLEX$ Dependent Day Care

- Automatic Reimbursement & Direct Deposit
- **$5,000 limit per household**
- Must be incurred to allow you and your spouse to work or look for work
- Dollars become available to you as they are deducted from your paycheck
- Care can be provided by a day care, nanny, or relative
Retail Pharmacy

Traditional Plans
- Tier 1 Preferred Generic
  $10 Co-pay
- Tier 2 Preferred Brand
  You pay 25% coinsurance
  $25 minimum/No max.
- Tier 3 Non-Preferred Brand
  You pay 50% coinsurance
  $50 minimum/No max.

STAR Plans
- Tier 1 $10 Co-pay After deductible
  Preferred Generic
- Tier 2 Preferred Brand After deductible
  You pay 25% coinsurance
  $25 minimum/No maximum
- Tier 3 Non-Preferred Brand After deductible
  You pay 50% coinsurance
  $50 minimum/No max.
Pharmacy Mail Order

Traditional Plan

- Tier 1 Preferred Generic
  - After deductible
  - $20 Copay

- Tier 2 Preferred Brand
  - You pay 25% coinsurance
  - $50 minimum/No maximum

- Tier 3 Non-Preferred Brand
  - You pay 50% coinsurance
  - $100 minimum/No maximum

STAR Plan

- Tier 1 Preferred Generic
  - After deductible
  - $20 Copay

- Tier 2 Preferred Brand
  - After deductible
  - You pay 25% coinsurance
  - $50 minimum/No maximum

- Tier 3 Non-Preferred Brand
  - After deductible
  - You pay 50% coinsurance
  - $100 minimum/No maximum
If a brand-name drug is dispensed when a preferred generic can be substituted;

You pay the generic copayment plus the difference in cost between the generic and brand – name drug.
Traditional Plan Specialty RX

Retail Pharmacy

- Tier A: You pay 20% In-network rate
- Tier B: You pay 30% In-network rate

Office/outpatient

- Tier A: You pay 20% In-network rate after deductible
- Tier B: You pay 30% In-network rate after deductible

Accredo

- Tier A: You pay 20%, $150 maximum co-pay
- Tier B: You pay 30%, $225 maximum co-pay
- Tier C: You pay 20%, No maximum co-pay
STAR Plan Specialty RX

**Retail Pharmacy**

- **Tier A** - You pay 20% In-network rate after deductible
- **Tier B** - You pay 30% In-network rate after deductible

**Office/outpatient**

- **Tier A** - You pay 20% In-network rate after deductible
- **Tier B** - You pay 30% In-network rate after deductible
- **Tier C** - You pay 20% No maximum co-pay after deductible

**Accredo**

- **Tier A** - You pay 20%. $150 maximum co-pay after deductible
- **Tier B** - You pay 30%. $225 maximum co-pay after deductible
- **Tier C** - You pay 20%. No maximum co-pay after deductible
Benefit Changes & Reminders

Medicare

- All of PEHP’s prescription drug plans including PEHP’s Medicare Part D are creditable.
Benefit Changes & Reminders

Pharmacy

- PEHP’s Preferred Drug List is modified periodically.
- Always available online.
Diabetes Savings Program

See if you qualify
pehp.org/members/diabetes
H.S.A. Eligibility

- Must be 18 years or older.
- Must be enrolled in a Qualified High Deductible Health plan.
- Can’t be enrolled in Medicare A, B, C, D.
- Can’t be claimed as a dependent on someone else’s tax return.
- Can’t have other health coverage, unless permitted by the IRS. No Tricare.
- Can’t participate or be covered by a FSA or HRA, or the balance needs to be $0 by June 30th.
H.S.A. Facts

- Interest-bearing account
- Account money rolls over to the next plan year.
- Account is portable.
- Employee and employer contributions are tax free.
- Money grows tax-free.
- Money used for eligible expenses is tax free.
## STAR PLAN Employee Costs

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,500/$3,000/$3,000</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td></td>
<td>$2,500/$5,000/$7,500</td>
</tr>
<tr>
<td>Office visits, Inpatient, out patient, labs</td>
<td>20% Coinsurance After Deductible</td>
<td>40% Coinsurance After Deductible</td>
</tr>
<tr>
<td>Diagnostic tests, X-Rays, Emergency Room</td>
<td></td>
<td>Plus Balance Billing</td>
</tr>
</tbody>
</table>

- Payment is based on PEHP’s in-network rate. Non-contracted providers can balance bill.
- One person can meet the entire family deductible and out of pocket maximum up to $7,350
FAMILY STAR EXAMPLE

Deductible: $0.00 to $3,000. This is the amount you pay before any benefits would be paid by PEHP. Eligible Pharmacy and Medical services apply towards the deductible. Payment is based on PEHP’s In-Network rate.

After deductible is met: $3,000.01 to $7,500 You are responsible to pay applicable Medical and Pharmacy copayments. When your medical and pharmacy copayments total $4,500 you have met the out-of-pocket maximum $3,000 deductible + $4,500 your copayments = $7,500

After $7,500.01 Member has reached the Out-of-Pocket Maximum. All eligible Medical and Pharmacy services will be paid at 100% of PEHP’s In-Network rate for the remainder of the plan year. ACA cap for one person in the family is $7,350
Who Can Use H.S.A. Funds?

- Yourself
- Spouse and dependents you claim on your tax return or could be claimed on your tax return.
H.S.A Funds

- Must be enrolled in the STAR plan (HDHP)
- Contribution limits are based on a Calendar year!
- Catch-up contribution 55 years and above
- Includes Employer and Employee contributions
- IRS contribution limits are per household

<table>
<thead>
<tr>
<th></th>
<th>Deductible</th>
<th>Out-of-Pocket Max</th>
<th>WSU Contribution</th>
<th>2018 Contribution Limits</th>
<th>55 years and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$1,500</td>
<td>$2,500</td>
<td>$794.16</td>
<td>$3,450</td>
<td>$1,000</td>
</tr>
<tr>
<td>Double</td>
<td>$3,000</td>
<td>$5,000</td>
<td>$1,588.32</td>
<td>$6,900</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$7,500</td>
<td>$1,588.32</td>
<td>$6,900</td>
<td>$1,000</td>
</tr>
</tbody>
</table>
WSU Contributions to H.S.A

Semi-monthly Contributions

- $33.09 for Individual coverage
- $66.18 for Double Family coverage
- Employer and employee contributions made through payroll will be deposited in your account.
- Change your contribution each pay period
STAR Plan

- You are the owner of the account.
- You direct funds and payments.
- It is your responsibility to monitor funds.

**Don’t GO OVER THE IRS CONTRIBUTION LIMITS**
STAR - Limited Purpose Flex

You may elect a Limited Purpose Flex Account

✔ Dental and Vision expenses
✔ Medical Expenses after the deductible is met
✔ Up to $2,650
✔ This is in addition to your H.S.A contributions

FLEX RULES APPLY...USE OR LOSE
STAR Plan Facts

- It is your account, you never lose funds
- Employer and Employee contributions are made tax free.
- Must be enrolled in a qualified HDHP to make contributions
- Contributions based on calendar year
- Allows you to save for future costs.
- You **can’t** have a Flex account
- You **can** have a Dependent Day Care account and a Limited Flex account
H.S.A How to:

1. Go to the doctor

2. Doctor sends bill to PEHP

3. Claim integrated to Health Equity

Show ID card
Minimal payment at time of service

PEHP adjusts price based on discounts (see your EOB).

Pay provider from your HSA funds, if they are available. Pay out of pocket if funds aren’t available and reimburse yourself later.
H.S.A How to:

1. Go to pharmacy

2. Pharmacy sends bill to PEHP

3. Claims integrated to Health Equity

- Show your PEHP I.D. Card
- Pay with your H.S.A. Card
- PEHP applies amount to your deductible/out of pocket maximum
Benefit Changes & Reminders

Message Center

- Direct Messaging to Members
- Announcements
- Reminders
- Message Editor
Value Providers

- E-care
- Clinics
- Labs

Pehp.org/members/valueproviders
#LiveShareInspire

- New episodes released every other month
- Rewards for watching
- Pehp.org/liveshareinspire
Online Tools: www.pehp.org
PEHPplus

Savings for PEHP Members
on healthy lifestyle products & services

Up to 50% Savings

» Hearing
» Gyms & Fitness
» Weight Management
» and much more

Search for Savings Today!
pehp.org/members/using-your-benefits/PEHPplus
Pharmacy Cost Comparison Tool
Cost Calculator
Wellness Tools, Resources & Programs

Pehp.org/members/wellness
Reports - Education Opportunity

Take Control of Your Healthcare Costs
Get the right service at the right place.

Wherever you need healthcare, rates are always higher for medical services done at a hospital. Some services can only be done at a hospital but others, like labwork, radiology, elective surgeries, and urgent care can be done in other settings.

For labwork, let your doctor know what you need to run. For non-emergencies, call the patient service line. For example, you could save $1,100 for an MRI at a large multi-specialty clinic.

Emergency Room
- Same-day Health
- Urgent Care
- Doctor's Office
- Pharmacy

Where you don't have a medical emergency but need immediate medical attention, visit the nearest Urgent Care Clinic. Also consider consulting a doctor online through your E Care benefit if convenient 24/7 as a first step. Beginning January 2023, ConnectCare & PEHP will be using network-based telehealth care.

$1,533 OR $196?
IT'S YOUR CHOICE

A broken arm doesn't have to break the bank.
It's Saturday afternoon. The kids are playing in the backyard. One falls and breaks his arm. Where you choose to take him for treatment could save you a bundle.

Assessment
- Urgent Care
- Primary Care
- Emergency Room

For most non-urgent conditions, but your doctor isn't available.
- Urgent Care
- Primary Care
- Emergency Room

Are You at Risk?
Once you reach age 40, you are at greater risk to have high blood pressure, high cholesterol, and diseases such as diabetes and breast cancer.

Other things that can increase your likelihood:
- Overweight
- Smoking
- Lack of Exercise
- Family History

Prevalence
- High Blood Pressure
- Diabetes
- High Cholesterol
- Breast Cancer

LAB
- Metabolic Blood Test
- Detailed Blood Test
- Urine Analysis
- Cholesterol Testing
- Blood Sugar (Glucose) Test
- Flu Test
- Strep Test

For cost purposes only. Based on PEHP average cost data from April 2017. Your costs may vary.
Thank You

PEHP
Health & Benefits