Look inside for an overview of your benefits and what’s new for the 2019-20 plan year.
Welcome to PEHP

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

ON THE WEB
» Website ........................................ www.pehp.org
Create an online personal account at www.pehp.org to review your claims history, receive important information through our Message Center, see a comprehensive list of your coverages, use the Cost & Quality Tools to find providers in your network, access Healthy Utah rebate information, check your FLEX$ account balance, and more.

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

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

MENTAL HEALTH/SUBSTANCE ABUSE PREAUTHORIZATION
» PEHP Customer Service ............... 801-366-7555
........................................... 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
» Accredro .................................... 800-501-7260

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.healthyutah.org

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

» PEHP Integrated Care ............ 801-366-7555
........................................... or 800-765-7347

VALUE-ADDED BENEFITS PROGRAM
» PEHPplus ......................... www.pehp.org/plus

» Blomquist Hale ..................... 800-926-9619
........................................... www.blomquisthale.com

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

4-3-19
Open Enrollment

**April 8-May 15** This is the time to enroll in or make changes to your benefits. If you want to keep your current selections, you don’t have to do anything. However, take this time to review your choices and learn more about the PEHP benefits available to you.

Highlights: 2019-20 Plan Year

**On-Demand Doctors**
See a doctor via mobile or web with discounted pricing through Intermountain Connect Care. It’s available 24 hours a day, every day, and you don’t need an appointment.

**PEHP Value Clinics**
Make one of these full-service clinics your family doctor and save! They provide all the services of a family doctor, but at a lower cost.

**Autism Benefit**
Autism benefit details are included in this book.

**FLEX$ Coverage**
Reminder that you must enroll each year in order to maintain a FLEX$ account.

**Pharmacy**
PEHP’s Preferred Drug List is modified periodically with changes based on recommendations from PEHP’s Pharmacy and Therapeutics Committee.

**Message Center**
Visit the Message Center at www.pehp.org. This tool allows PEHP to send announcements, messages, and forms that directly relate to our members’ needs and concerns.

**Traditional Plan Copays**
Copays remain the same, but some services are at different copay levels to better reflect comparative costs.

**Send Secure Messages to PEHP**
Have a question or can’t find what you’re looking for online? Log in to [PEHP for Members](https://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.
Highlights: 2019-20 Plan Year

**Compare Providers & Costs**
Need a medical procedure? Compare providers and costs using PEHP’s Cost Comparison Tool to assure you get the right care at the best value. Find more at www.pehp.org.

**Get Cash Back**
Look for cash back opportunities offered by PEHP for certain medical services. You can get cash back between $50 and $2,000 for making cost-conscious decisions. Find more at www.pehp.org.

**Invitro Fertilization Benefit**
Traditional and STAR Plan members have the option of using a one-time $4,000 benefit for invitro fertilization. **Preauthorization** is required. For more information, call 801-366-7755 or 800-753-7754.

**Looking for Lower Drug Costs?**
Consider getting your next 90-day supply delivered to your home – it’s usually less expensive. Log in to your PEHP account, go to MyBenefits, and click on Express Scripts Personal Account. You can call us for help, 801-366-7551 or 888-366-7551.

**Getting the Most of Your Benefits**
Take a moment to learn about your out-of-network benefit and how to get reimbursed by PEHP when you make a cash purchase.

Information in this open enrollment guide is for illustrative purposes only. See your [Benefits Summary](https://www.pehp.org) and [Master Policy](https://www.pehp.org) for complete details about your plan.
Insurance Basics » Plans

**Your Health Plan** » Your plan determines how PEHP pays benefits. The STAR Plan and Traditional are your choices.

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

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

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

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

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

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

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

Provider Network » Your network determines which healthcare providers you see for the best value and most predictable costs. Choose among three – Summit, Advantage, and Preferred.

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

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

Cash Rate » The rate you negotiate with a provider that is less than the in-network rate. You can get credit toward your limits from PEHP for the amount you pay in cash by submitting the appropriate documentation or by your provider submitting a claim with the cash rate reflected as the billed amount. Call PEHP at 801-366-7555 for more information.

Out of Network

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

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

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

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

Salt Lake County (cont.)
- Jordan Valley Hospital - West
- Lone Peak Hospital
- Primary Children's Medical Center
- Riverton Children's Unit
- St. Mark's 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

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

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
- Castleview Hospital

Davis County
- Davis Hospital

Duchesne County
- Gunnison Valley Hospital
- 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

Salt Lake County (cont.)
- The Orthopedic Specialty Hospital (TOSH)
- LDS Hospital
- Primary Children's Medical Center
- Riverton Hospital

San Juan County
- Blue Mountain Hospital
- San Juan Hospital

Sanpete County
- Gunnison Valley Hospital
- Sanpete Valley Hospital

Sevier County
- Sevier Valley 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
- Dixie Regional Medical Center

Weber County
- McKay-Dee Hospital

No-Pay Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. See List of No-Pay Providers

Preferred

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

Learn More About Your Network

*Formerly IASIS
Network Considerations

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

**ADVANTAGE** Price estimates for Intermountain Healthcare hospitals

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Doctor’s Office</th>
<th>Surgery/Imaging Center</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>$956</td>
<td>N/A on Wasatch Front</td>
<td>$2,421</td>
</tr>
<tr>
<td>Back MRI</td>
<td>$326</td>
<td>Not Available</td>
<td>$1,205</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>Not Available</td>
<td>Not Available</td>
<td>$35,048</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Doctor’s Office</th>
<th>Surgery/Imaging Center</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>$1,057</td>
<td>$1,673</td>
<td>$2,590</td>
</tr>
<tr>
<td>Back MRI</td>
<td>$328</td>
<td>$468</td>
<td>$1,800</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>Not Available</td>
<td>$15,483</td>
<td>$36,851</td>
</tr>
</tbody>
</table>

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

**Compare Medical Costs by Network**

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

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

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

A Fast, Easy Way to See a Doctor »
Connect Care gives families access to care 24/7/365 (even on holidays) for urgent, low-level needs such as:
» Allergies
» Sore throat
» Eye infections
» Cough
» Painful urination
» Lower back pain
» Joint pain or strains
» Minor skin problems

Available on all PEHP networks »
» Advantage
» Preferred
» Summit

If You’re on a Traditional Plan
Each on-demand doctor consultation costs only a $10 co-pay.

If You’re on The STAR Plan
Each on-demand doctor consultation costs only $49 before you meet your deductible. After your deductible is met, you pay only a $10 co-pay.

Download the app from the Google Play Store or iTunes App Store.
Get the Best Care by Asking 5 Questions

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

1. How will this treatment help me?
According to the Institutes of Medicine, more than 30% (or $750B) of healthcare is unnecessary, which is more than we spend on K-12 education as a nation. This is not only wasteful, but can subject patients to avoidable complications. Make sure you know how care will help you.

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

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

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

5. How much will this cost?
No one likes to think about costs when it comes to getting the healthcare you need. But it would be a mistake to believe that expensive care is the best care in every situation or that providers who operate in a business environment are not aware of how the cost of care impacts their bottom line. Don’t be afraid to ask about costs. A drug that costs $5 can be better than one that costs $500 and a lab that costs $10 is no different than one that costs $100.
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

**INTERMOUNTAIN CONNECT CARE**

Available on all PEHP networks.

**The STAR Plan** » $49 per visit or $10 per visit after deductible.

**Traditional Plan** » $10 per visit

Visit a doctor online anytime, anywhere.

- Stuffy and runny nose
- Allergies
- Sore throat
- Eye infections
- Cough
- Painful urination
- Lower back pain
- Joint pain or strains
- Minor skin problems

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

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

*Please note cash back is subject to income taxes.

Utah Gastroenterology

Advantage Network Members Note – There is one Utah Gastroenterology location at which cash back is available, noted below with Advantage. You may visit providers at the other locations but the cash back only applies at one location. 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 Lily 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.

Prescription Assistance Programs

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

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

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

Patient Access Network Foundation®

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

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

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

**To get started**
Log in to your PEHP account at www.pehp.org. Next, click on the “Find a Provider and Costs” icon on the top right, then choose your network.

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

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

Learn more:
www.pehp.org/general/how-to-use-cost-saving-tools
Get Cash Back

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

Eligible services include:
- Colonoscopies
- Some outpatient surgeries
- Some inpatient stays
- MRIs and CT scans
- Some medications
- Pharmacy tourism

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

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

How to Find & Apply for Cash Back Opportunities

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

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

3. See Cash Back Opportunities & Apply
   If cash back is available for the service, you’ll see a cash back indicator next to the location and provider name. To qualify for cash back, you must contact PEHP at 801-366-7555 or through the secure Message Center before receiving services. A Health Benefits Advisor will help you determine where to go for the best value and tell you how much cash back you can expect to receive. When you call and apply, you’ll have 90 days to get the service done. Once PEHP has processed your claim, please allow up to 60 days to receive your cash back. Please note this is taxable income and FICA is withheld. All PEHP cash back incentives cannot exceed $3,900 per calendar year.
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.

» 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).

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

| Plan Year Deductible | $1,500 single plan, $3,000 double or family plan |
| Plan Year Out-of-Pocket Maximum | $2,500 single plan, $5,000 double plan, $7,500 family plan |

### INPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Surgical</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Hospice</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Rehabilitation</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>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

### OUTPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Facility and Ambulatory Surgery</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Ambulance (ground or air)</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Emergency Room</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>Urgent Care Facility</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Diagnostic Tests, X-rays, Minor</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Chemotherapy, Radiation, and Dialysis</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible, Dialysis requires preauthorization</td>
</tr>
<tr>
<td>Physical and Occupational Therapy</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% 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.
## Medical Benefits

<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>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&lt;br&gt;Inpatient: 20% of In-Network Rate after deductible</td>
<td>Outpatient: 40% of In-Network Rate after deductible &lt;br&gt;Inpatient: 40% of In-Network Rate after deductible&lt;br&gt;No preauthorization required for outpatient services. Inpatient services require preauthorization</td>
</tr>
</tbody>
</table>

## Prescription Drugs

### Pharmacy Benefits

**30-day Pharmacy**
- Retail only
  - Tier 1: $10 co-pay
  - Tier 2: 25% of discounted cost.<br>$25 minimum, no maximum co-pay<br>Tier 3: 50% of discounted cost.<br>$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**
- Maintenance only
  - Tier 1: $20 co-pay
  - Tier 2: 25% of discounted cost.<br>$50 minimum, no maximum co-pay<br>Tier 3: 50% of discounted cost.<br>$100 minimum, no maximum co-pay
  - Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance

**Specialty Medications, retail pharmacy**
- Up to 30-day supply
  - Tier A: 20%. No maximum co-pay<br>Tier B: 30%. No maximum co-pay
  - Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance

**Specialty Medications, office/outpatient**
- Up to 30-day supply
  - Tier A: 20% of In-Network Rate. No maximum co-pay<br>Tier B: 30% of In-Network Rate. No maximum co-pay<br>Tier A: 40% of In-Network Rate.<br>Tier B: 50% of In-Network Rate.
  - Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance

**Specialty Medications, through specialty vendor Accredo**
- Up to 30-day supply
  - Tier A: 20%. $150 maximum co-pay<br>Tier B: 30%. $225 maximum co-pay<br>Tier C: 20%. No maximum co-pay
  - Not covered
<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 $4,000 per lifetime for ART</td>
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<td>Affordable Care Act Preventive Services</td>
<td>No charge</td>
<td>40% of In-Network Rate after deductible</td>
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<tr>
<td>Allergy Serum</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Up to 10 visits per plan year</td>
<td>20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Missing Teeth for Dental Accident or Certain Medical Conditions</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate</td>
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<tr>
<td>Durable Medical Equipment, DME</td>
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<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>20% of In-Network Rate after deductible</td>
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<tr>
<td>Home Health/Skilled Nursing</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Infertility Services</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Injections</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Temporomandibular Joint Dysfunction</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>
PEHP FLEX$

Time to Get Serious About Reducing Out-of-Pocket Costs

At open enrollment, you agree to set aside a portion of your pre-tax salary for the year to pay eligible expenses. PEHP offers two types of FLEX$: healthcare and dependent day care. Enroll in one or both.

Plan Year Contribution Limits

» Up to $2,700 for healthcare expenses (May adjust annually for inflation)
» Up to $5,000 for dependent day care expenses (you and your spouse combined)

How You Contribute

» Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods.
» The total amount you choose to withhold for healthcare expenses is immediately available as soon as you begin FLEX$.

You Can’t Have an HSA

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

FLEX$ Timeline


Dependent Day Care FLEX$

» Available for STAR and traditional plans.
» Can be added within 60 days of a qualifying event (as daycare needs change).
» Up to $5,000 dependent daycare expenses (you and your spouse).
» Dollars are deducted from your paycheck and become available when PEHP receives the funds.

Learn More

Contact PEHP FLEX$: 801-366-7503 or 800-753-7703; email: flex@pehp.org. See instructions below to download the PEHP FLEX$ brochure or email publications@pehp.org to request a copy.
The STAR Plan: What Is It?
The STAR Plan has two components: 1) A High Deductible Health Plan (HDHP), which is a qualified medical plan that meets IRS guidelines for deductibles and out-of-pocket maximums; and 2) a Health Savings Account (HSA), which is an interest-bearing account designed to be coupled with an HDHP.

Do You Qualify?
To be eligible, you must enroll in The STAR Plan. Also, the following things must apply to you:

- You’re not participating in or covered by a general-purpose flex account (FSA) or Health Reimbursement Account (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, Tricare or Medicaid.
- You’re not a dependent of another taxpayer.

How It Works

**YOUR HSA**
A Health Savings Account is a tax-advantaged, interest-bearing account. Your money goes in tax-free, grows tax-free, and is spent on qualified health expenses tax-free. It’s a great way to save for health expenses in both the short and long term.

An HSA is like a flexible spending account, but better. You never have to worry about forfeiting HSA money you don’t spend. Money in your HSA carries over from year-to-year and even from employer-to-employer.

**YOUR DEDUCTIBLE**
Your deductible is the yearly dollar amount you must pay out of your own pocket for eligible medical and pharmacy expenses before PEHP begins paying benefits. The STAR Plan’s deductible is set higher than Advantage and Summit Care’s.

Your Out-of-Pocket Max: What Is It?
It’s the annual dollar limit you will pay for covered medical services, including your deductible and prescription expenses. It protects you from large dollar claims, capping the amount you’re responsible to pay each plan year.
Eligible Expenses

Eligible HSA expenses include deductibles, copayments, and coinsurance, as well as all flex-eligible health expenses. However, while many expenses are HSA-eligible, they apply to your deductible and out-of-pocket maximum only if they’re covered by your health plan.

Debit Card

You’ll be automatically issued a debit card to access your HSA funds. Always present your PEHP card at the time of service to receive PEHP’s discounted rate. It also allows PEHP to track your spending to apply to your deductible and out-of-pocket maximum.

Banking

Health Equity will handle your HSA. Weber State University will make your HSA contributions directly to Health Equity into your account. You are responsible for the management of your HSA funds.

You’ll automatically get this HSA debit card at no cost to you.
### Advantage & Summit Plan Comparison:
**STAR vs. Traditional**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>STAR</th>
<th>Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the deductible apply to the out-of-pocket maximum?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the deductible apply to inpatient and outpatient services?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the deductible apply to physician office copays?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Will WSU contribute to my HSA?</td>
<td>Yes</td>
<td>Not Eligible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit</th>
<th>STAR</th>
<th>Traditional</th>
</tr>
</thead>
</table>
| Employee semi-monthly cost for medical benefits | $0 | Individual: $29.55  
Double: $60.93  
Family: $81.34  
(Rates for Summit & Advantage plans only) |
| WSU semi-monthly HSA Contribution | Semi-monthly:  
Single: $33.09  
Double: $66.18  
Family: $66.18 | Not Eligible |
| Out-of-pocket Maximum | Medical & RX:  
Single: $2,500  
Double: $5,000  
Family: $7,500 | Medical & RX:  
Single: $3,000  
Double: $6,000  
Family: $9,000 |

### Contributions

The contribution maximum applies to the IRS calendar year (Jan-Dec). If you become ineligible for The STAR Plan during the course of the IRS calendar year and contributions have been made to your HSA, you may be subject to taxes and penalties. If you exceed the contribution maximum during the IRS calendar year and then drop the STAR Plan during Weber State’s open enrollment period you may be subject to taxes and penalties.
### Medical Benefits

**Traditional (Non-HSA)**

**Summit & Advantage**

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

#### YOU PAY

<table>
<thead>
<tr>
<th>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductible</strong></td>
</tr>
<tr>
<td>Not included in the Out-of-Pocket Maximum</td>
</tr>
</tbody>
</table>

| **Plan year Out-of-Pocket Maximum** | **$3,000 per individual, $6,000 per double, $9,000 per family** |

#### INPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th><strong>Medical and Surgical</strong></th>
<th><strong>All out-of-network facilities and some in-network facilities require preauthorization.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>20% of In-Network Rate after deductible</strong></td>
</tr>
<tr>
<td></td>
<td><strong>40% of In-Network Rate after deductible</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Skilled Nursing Facility</strong></th>
<th><strong>Non-custodial</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 60 days per plan year. Requires preauthorization</td>
<td><strong>20% of In-Network Rate after deductible</strong></td>
</tr>
<tr>
<td><strong>20% of In-Network Rate after deductible</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Hospice</strong></th>
<th><strong>20% of In-Network Rate after deductible</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Rehabilitation</strong></th>
<th><strong>Up to 45 days per plan year. Requires preauthorization</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>20% of In-Network Rate after deductible</strong></td>
</tr>
<tr>
<td></td>
<td><strong>40% of In-Network Rate after deductible</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mental Health and Substance Abuse</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires preauthorization</td>
</tr>
<tr>
<td><strong>20% of In-Network Rate after deductible</strong></td>
</tr>
<tr>
<td><strong>40% of In-Network Rate after deductible</strong></td>
</tr>
</tbody>
</table>

#### OUTPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th><strong>Outpatient Facility and Ambulatory Surgery</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20% of In-Network Rate after deductible</strong></td>
</tr>
<tr>
<td><strong>40% of In-Network Rate after deductible</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ambulance (ground or air)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical emergencies only, as determined by PEHP</td>
</tr>
<tr>
<td><strong>20% of In-Network Rate after deductible</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Emergency Room</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied.</td>
</tr>
<tr>
<td><strong>20% of In-Network Rate, minimum $150 co-pay per visit</strong></td>
</tr>
<tr>
<td><strong>20% of In-Network Rate, minimum $150 co-pay per visit, plus any balance billing above In-Network Rate</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Urgent Care Facility</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$45 co-pay per visit</strong></td>
</tr>
<tr>
<td><strong>40% of In-Network Rate after deductible</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Diagnostic Tests, X-rays</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20% of In-Network Rate after deductible</strong></td>
</tr>
<tr>
<td><strong>40% of In-Network Rate after deductible</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Chemotherapy, Radiation, and Dialysis</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20% of In-Network Rate after deductible</strong></td>
</tr>
<tr>
<td><strong>40% of In-Network Rate after deductible. Dialysis requires preauthorization</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physical and Occupational Therapy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</td>
</tr>
<tr>
<td>Applicable office co-pay per visit</td>
</tr>
<tr>
<td><strong>40% of In-Network Rate after deductible</strong></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.
## Medical Benefits

### Professional Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Physician Visits</strong></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>Includes Office-based Surgeries</td>
<td></td>
<td></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>Intermountain or University of Utah Medical Group</td>
<td>$35 co-pay per visit</td>
<td></td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>$35 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
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<tr>
<td>Mental Health and Substance Abuse</td>
<td>$35 co-pay per visit</td>
<td>Outpatient: 40% of In-Network Rate after deductible Inpatient: 40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>No preauthorization required for outpatient services. Inpatient services require preauthorization</td>
<td>Intermountain or University of Utah Medical Group: $45 co-pay per visit</td>
<td></td>
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</table>

### Prescription Drugs

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-day Pharmacy</td>
<td>$10 co-pay</td>
<td>25% of discounted cost. $25 minimum, no maximum co-pay</td>
<td>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>$20 co-pay</td>
<td>25% of discounted cost. $50 minimum, no maximum co-pay</td>
<td>50% of discounted cost. $100 minimum, no maximum co-pay</td>
<td></td>
</tr>
<tr>
<td>Specialty Medications, retail pharmacy</td>
<td>20%. No maximum co-pay</td>
<td>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>
<td></td>
</tr>
<tr>
<td>Specialty Medications, office/outpatient</td>
<td>20% of In-Network Rate after deductible.</td>
<td>30% of In-Network Rate after deductible.</td>
<td>Tier A: 40% of In-Network Rate after deductible. Tier B: 50% of In-Network Rate after deductible.</td>
<td></td>
</tr>
<tr>
<td>Specialty Medications, through specialty vendor Accredo</td>
<td>20%. $150 maximum co-pay</td>
<td>30%. $225 maximum co-pay</td>
<td>Tier A: 20%. $150 maximum co-pay Tier B: 30%. $225 maximum co-pay Tier C: 20%. No maximum co-pay</td>
<td>Not covered</td>
</tr>
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</table>
**Medical Benefits**

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<td>Affordable Care Act Preventive Services</td>
<td>No charge</td>
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<td>Allergy Serum</td>
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<tr>
<td>Chiropractic Care</td>
<td>Applicable office co-pay per visit</td>
<td>Not covered</td>
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<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>
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<td>Durable Medical Equipment, DME</td>
<td>20% of In-Network Rate after deductible</td>
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<td>Medical Supplies</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
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<td>Home Health/Skilled Nursing</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</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>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>

**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.**
Expanded preventive drug coverage means that PEHP will pay a portion of the drug cost for STAR HSA plans even before you meet your deductible. Make sure to visit an in-network pharmacy to receive this benefit.

### Diabetes
- **Glucose Rescue Products**
  - GlucaGen HypoKit
  - Glucagon
- **Insulins**
  - Novolog vials
  - Novolin vials
  - Lantus vials
- **Metformin Products**
  - glipizide-metformin
  - glyburide-metformin
  - metformin
  - metformin ER (non OSM, non MOD)
- **Miscellaneous**
  - pioglitazone
- **Testing Supplies**
  - Freestyle test strips
- **Sulfonylureas**
  - gliclazide
  - glipizide
  - glipizide ER
  - glyburide
  - glyburide micronized
  - tolazamide

### Cardiovascular
- **Anticoagulants/Antiplatelets**
  - clopidogrel
  - dipyridamole
  - warfarin
- **Beta Blockers**
  - acebutolol
  - bisoprolol
  - carvedilol
  - labetalol
  - metoprolol succinate
  - metoprolol tartrate
  - propranolol solution
  - propranolol tablets
  - sotalol
  - timolol maleate tablets
- **Calcium Channel Blockers**
  - amlodipine
  - diltiazem
  - felodipine ER
  - isradipine
  - nifedipine tablets ER
- **Combination Products**
  - amiloride & HCTZ
  - atenolol & chlorothalidone
  - bisoprolol & HCTZ
  - enalapril & HCTZ
  - irbesartan & HCTZ
  - losartan & HCTZ
  - metoprolol & HCTZ
  - nadolol & bendroflumethiazide
  - propranolol & HCTZ
  - triamterene & HCTZ
- **Renin/Angiotensin System Antagonist (ACEI/ARB)**
  - enalapril
  - fosinopril
  - irbesartan
  - lisinopril
  - losartan
  - quinapril
  - ramipril
  - trandolapril
  - verapamil
  - verapamil ER
- **Diuretics**
  - amiloride
  - bumetanide
  - chlorothiazide
  - chlorothalidone
  - furosemide solution
  - furosemide tablets
  - hydrochlorothiazide capsules
  - hydrochlorothiazide tablets
  - indapamide
  - methazolamide
  - methyclothiazide
  - spironolactone
  - torsemide
- **Miscellaneous**
  - prazosin
  - clonidine
  - digoxin

### Respiratory
- **Anticholinergics**
  - ipratropium bromide solution
- **Inhaled Corticosteroids**
  - ProAir HFA inhaler
  - ProAir RespiClick
  - QVAR inhaler
  - Ventolin inhaler
- **SABA/Anticholinergics**
  - ipratropium-albuterol inhaler
- **Short Acting Beta Agonists**
  - albuterol ER tablets
  - albuterol nebulized
  - albuterol syrup
  - albuterol tablets

### Osteoporosis
- **Pezostratic**
  - alendronate

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**PEHP Health & Benefits**
Enrolling in a Limited FSA
If you are enrolled in The STAR Plan, you can also choose to enroll in a Limited Purpose Flexible Spending Account. This is a tax savings 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.

Plan Year Contribution Limits
» Up to $2,700 for dental and vision expenses (May adjust annually for inflation)

How You Contribute
» Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods.
» The total amount you choose to withhold for dental and vision expenses is immediately available as soon as you begin FLEX$.

You Can Have an HSA
Unlike a healthcare FLEX$ account, a Limited FLEX$ account allows you to contribute to a health savings account (HSA) while you’re enrolled. You may have a dependent day care FLEX$ and contribute to an HSA also.

FLEX$ Timeline

Remember
The funds in this account are use or lose. The maximum you can deposit is $2,700 for the plan year. Remember, as an enrollee in the STAR Plan, you are also enrolled in the Health Savings Account (HSA).

Learn More
Contact PEHP FLEX$: 801-366-7503 or 800-753-7703; email: flex@pehp.org.
See instructions below to download the PEHP FLEX$ brochure or email publications@pehp.org to request a copy.
PEHP Pays for Preventive Benefits at 100%*

Don’t put off that test or immunization. Preventive benefits are covered at no cost to you when you see a contracted provider — even before you meet your deductible. This applies to both The STAR Plan and Traditional plan.

Covered Preventive Services for Adults
(Ages 18 and older)

» Preventive physical exam visits for adults, one time per plan year including:
  › Blood pressure screening
  › Basic/comprehensive metabolic panel
  › Complete blood count
  › Urinalysis
  › Abdominal aortic aneurysm one-time screening for men aged 65-75 who have ever smoked.
  › Alcohol misuse screening and counseling.
  › Aspirin use for men ages 45-79 and women ages 55-79, covered under the pharmacy benefit when prescribed by a physician.
  › Cholesterol screening for adults of certain ages or at higher risk.
  › Colorectal cancer screening for adults ages 50 to 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy.
  › Diet counseling for adults at higher risk for chronic disease including hyperlipidemia, obesity, diabetes, and cardiovascular disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists including registered dietitians.
  › HIV screening for all adults at higher risk.
  › Immunization vaccines for adults—doses, recommended ages, and recommended populations vary:
    › Hepatitis A
    › Hepatitis B
    › Herpes zoster (shingles age 60 and above)
    › Human papillomavirus (HPV)
    › males age 9-21 Gardasil
    › females age 9-26 Gardasil or Cervarix
    › Influenza (flu shot)
    › Measles, mumps, rubella
    › Meningococcal (meningitis)
    › Pneumococcal (pneumonia)
    › Tetanus, diphtheria, pertussis (Td or Tdap)
    › Varicella (chickenpox)

Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.

» Obesity screening and counseling for all adults by primary care clinicians to promote sustained weight loss for obese adults.

 Covered Preventive Services Specifically for Women, Including Pregnant Women

» Preventive gynecological exam, two per plan year.
  › Anemia screening on a routine basis for pregnant women.
  › Bacteriuria urinary tract or other infection screening for pregnant women.
  › BRCA counseling about genetic testing for women at higher risk.
  › BRCA testing for women at higher risk, requires preauthorization from PEHP.
  › Breast cancer mammography screenings one time per plan year for women over 40.
  › Breast cancer chemoprevention counseling for women at higher risk.
  › Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.

Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.

Coverage allows for either a manual or electric breast pump within 12 months after delivery. Hospital grade breast pumps when medically necessary and preauthorized by PEHP are also included.

» Cervical cancer screening (pap smear) for women ages 21-65.

Continued on back
Preventive Benefits

Continued from front

» Chlamydia infection screening for younger women and other women at higher risk.
» Contraception: Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs.
» Covered services/devices include: One IUD every two years (including removal), generic oral contraceptives, NuvaRing, Ortho Evra, diaphragms, cervical caps, emergency contraceptives ( Ella, and generics only), injections, hormonal implants (including removal), Essure, and tubal ligation.
» Domestic and interpersonal violence screening and counseling for all women.
» Folic acid supplements for women who may become pregnant, covered under the pharmacy benefit
» Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
» Gonorrhea screening for all women at higher risk.
» Gonorrhea screening for all women at increased risk.
» Hepatitis B screening for pregnant women at their first prenatal visit.
» Human immunodeficiency virus (HIV) screening and counseling for sexually active women.
» Human papillomavirus (HPV) DNA test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older in conjunction with cervical cancer screening (pap smear).
» Osteoporosis screening for women over age 60 depending on risk factors.
» Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
» Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users.
» Sexually transmitted infections (STI): counseling for sexually active women.
» Syphilis screening for all pregnant women or other women at increased risk.

Covered Preventive Services Specifically for Children
(Younger than age 18)

» Preventive physical exam visits throughout childhood as recommended by the American Academy of Pediatrics including:
» Behavioral assessments for children of all ages;
» Blood pressure screening for children;
» Developmental screening for children under age 3 and surveillance throughout childhood;
» Oral health risk assessment for young children;
» Alcohol and drug use assessments for adolescents;
» Autism screening for children at 18 and 24 months.
» Cervical dysplasia (pap smear) screening for sexually active females.
» Congenital hypothyroidism screening for newborns.
» Depression screening for adolescents.
» Dyslipidemia screening for children at higher risk of lipid disorders.
» Fluoride chemoprophylaxis supplements for children without fluoride in their water source.
» Gonorrhea preventive medication for the eyes of all newborns.
» Hearing screening for all newborns, birth to 90 days old.
» Height, weight, and body mass index measurements for children.
» Hematocrit or hemoglobin screening for children.
» Hemoglobinopathies or sickle cell screening for newborns.
» HIV screening for adolescents at higher risk.
» Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
» Diphtheria, tetanus, pertussis (Dtap);
» Haemophilus influenzae type b (Hib);
» Hepatitis A;
» Hepatitis B;
» Human papillomavirus (HPV);
» Males age 9-21 Gardasil;
» Females age 9-26 Gardasil or Cervarix;
» Inactivated poliovirus;
» Influenza (Flu Shot);
» Measles, mumps, rubella;
» Meningococcal (meningitis);
» Pneumococcal (pneumonia);
» Rotavirus;
» Varicella (chickenpox).
Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.
» Iron supplements for children ages 6 to 12 months at risk for anemia.
» Obesity screening and counseling.
» Phenylketonuria (PKU) screening for this genetic disorder in newborns.
» Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk.
» Tuberculin testing for children at higher risk of tuberculosis.
» Vision screening for all children one time between ages 3 and 5.

Coverage for Specific Drugs
Payable through the Pharmacy Plan when received at a participating pharmacy with a prescription from your doctor. Over-the-counter purchases are not covered. See applicable Benefits Summary for coverage information.
» Aspirin use for men age 45-79 and women age 55-79.
» Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
» Folic acid supplements for women who may become pregnant.
» Fluoride chemoprophylaxis supplements for children without fluoride in their water source.
» Iron supplements for children ages 6 to 12 months at risk for anemia.
» Tobacco use cessation interventions, up to the maximum approved dose and duration per plan year.

Additional Preventive Services When Enrolled in The STAR Plan
(doesn’t apply to Jordan School District)
(doesn’t apply to Utah Basic Plus)

Adults
» Eye exam, routine. One per plan year.
» Glaucoma screening.
» Glucose test.
» Hearing exam.
» Hypothyroidism screening.
» Phenylketones test.
» Prostate cancer screening.
» PSA (prostate specific antigen) screening.
» Refraction exams.
» Blood typing for pregnant women.
» Rubella screening for all women of child bearing age at their first clinical encounter.

Children
» Eye exam, routine. One per plan year.
» Glaucoma screening.
» Hearing exam.
» Hypothyroidism screening.
» Refraction exams.

* PEHP processes claims based on your provider’s clinical assessment of the office visit. If a preventive item or service is billed separately, cost sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, cost sharing may apply. Certain screening services, such as a colonoscopy or mammogram, may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening, any subsequent testing, diagnosis, analysis, or treatment are not considered preventive services and are subject to the appropriate cost sharing.
Education

Seminars
PEHP Wellness staff conduct free on-site seminars throughout Utah on various health topics.

Webinars
Get connected online with our quarterly wellness webinar series. Join us for 30 minutes of useful health information. All webinars are archived online and can be viewed anytime.

Health Challenges
These monthly email-based educational challenges are self-guided and can assist you with setting and achieving your health goals.

For the Worksite

Wellness Council Support & Resources
A Wellness Council is a diverse team of individuals who work to improve the health and well being of employees and the organization as a whole. They support employee-focused activities and organizational changes to create a healthy workplace where employees can thrive.

Coaching

PEHP Health Coaching
For those with a Body Mass Index (BMI) of 30 or higher, this lifestyle behavior change program provides education, support, and rebates to help you succeed in meeting your health goals. By developing an action plan and working with a health coach, participants’ focus goes beyond weight loss to greater benefits of lasting health and well being.

Wellness for You


Biometric Screenings
Complete annual biometric testing (cholesterol, blood glucose, body composition, and blood pressure) at a Healthy Utah testing session or your annual preventive doctor office visit to earn rebates.

Rebates
Complete the biometric testing and a Health Questionnaire found at your online PEHP account to earn your $50 Know & Plan rebate. If your measurements fall within predetermined criteria you will earn the $50 Good For You rebate. If your biometrics don’t meet the criteria, you may act to improve in the following areas: Cholesterol, Blood Pressure, Body Mass Index Improvement, Diabetes Management, and Tobacco Cessation. Rebates are taxable.

PEHP WeeCare
PEHP WeeCare is a pregnancy and postpartum program that helps expectant mothers have the healthiest and safest pregnancy possible. Rebates* are offered for enrolling to receive educational materials and support, and for reaching pre-pregnancy weight after delivery.

*PEHP Rebates may not apply to all plans and are taxable.

To learn more about PEHP Wellness, visit www.pehp.org.