Benefits Preview

Weber State University

Your guide to understanding and enrolling in benefits for the new plan year.

peHP Serving the Employees Who Serve Utah
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, see a comprehensive list of your coverages, look up in-network providers, check your FLEX$ account balance, and more.

CUSTOMER SERVICE
.................................................. 801-366-7555
.................................................. or 800-765-7347

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

PRE-AUTHORIZATION
» Inpatient hospital pre-authorization .... 801-366-7755
.................................................. or 800-753-7754

MENTAL HEALTH/SUBSTANCE ABUSE PRE-AUTHORIZATION
» 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
Benefit Changes & Reminders

The Affordable Care Act required certain plan changes to the Traditional plan. Because of this requirement, your overall out-of-pocket maximum will be consolidated/reduced to ($3,000 per person, $6,000 double, $9,000 family) July 1, 2015. All eligible medical, pharmacy, and specialty drugs will apply to the out-of-pocket maximum.

The Traditional Plan: will no longer have a pharmacy deductible beginning July 1, 2015. It will have one medical deductible ($350 per person, $700 double and family).

This positive change will reduce your risk on the Traditional plan from $8,350 per person (in 2014-15 plan year) to $3,350 per person (in the 2015-16 plan year). See the below table.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Deductible</td>
<td>$250/$500 (not included in Medical OOP)</td>
<td>$350/$700 (not included in medical OOP)</td>
</tr>
<tr>
<td>Pharmacy Deductible</td>
<td>$100 per person/$200 per family (included in Pharmacy OOP)</td>
<td>$0</td>
</tr>
<tr>
<td>Medical Out-of-Pocket Maximum</td>
<td>$2,500/$5,000/$7,500</td>
<td>$3,000/$6,000/$9,000</td>
</tr>
<tr>
<td>Pharmacy Out-of-Pocket Maximum</td>
<td>$2,000 per person</td>
<td>$0 (included in Medical OOP)</td>
</tr>
<tr>
<td>Specialty Pharmacy Out-of-Pocket Maximum</td>
<td>$3,600 per person</td>
<td>$0 (included in Medical OOP)</td>
</tr>
<tr>
<td>Total Out-of-Pocket Cost</td>
<td>$8,350 per person</td>
<td>$3,350 per person</td>
</tr>
</tbody>
</table>

This limit caps the amount you spend out-of-pocket for any one person on your plan before you meet your family plan limit.

STAR Plan: As always, all covered services on The STAR Plan will apply to a single deductible (remains $1,500 single, $3,000 double/family) and out-of-pocket max (remains $2,500 single, $5,000 double, and $7,500 family).

Other Changes/Notices

PEHP Healthy Utah » Your myHealthyUtah account information and resources from PEHP Healthy Utah have a new home at www.pehp.org. Schedule testing sessions, participate in health challenges, and learn about rebate programs alongside your PEHP medical benefits all in one convenient place.

New PEHP Treatment Advisor » This innovative online tool helps you understand your treatment options, based on clinical evidence, patient satisfaction, and your personal preferences.
PEHP Online Tools

Access Benefits and Claims

ACCESS IMPORTANT BENEFIT TOOLS AND INFORMATION BY CREATING AN ONLINE PERSONAL ACCOUNT AT WWW.PEHP.ORG.

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

» Get important plan documents, such as forms and Master Policies.

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

» 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.

Find a Provider

ACCESS IMPORTANT BENEFIT TOOLS AND INFORMATION BY CREATING AN ONLINE PERSONAL ACCOUNT AT WWW.PEHP.ORG.

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.
PEHP Medical Networks

**PEHP Advantage**

The PEHP Advantage network of contracted providers consists of predominantly Intermountain Healthcare (IHC) providers and facilities. It includes 34 participating hospitals and more than 7,500 participating providers.

**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**
  - Uintah Basin Medical Center
- **Garfield County**
  - Garfield Memorial Hospital
- **Grand County**
  - Moab Regional Hospital
- **Iron County**
  - Valley View Medical Center
- **Juab County**
  - Central Valley Medical Center
- **Kane County**
  - Kane County Hospital
- **Millard County**
  - Delta Community Medical Center
  - 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 Medical Center
- **Summit County**
  - Park City Medical Center
- **Tooele County**
  - Mountain West Medical Center
- **Uintah County**
  - American Fork Hospital
  - Orem Community Hospital
  - Utah Valley Regional Medical Center
- **Wasatch County**
  - Heber Valley Medical Center
- **Washington County**
  - Dixie Regional Medical Center
- **Weber County**
  - McKay-Dee Hospital

**PEHP Summit**

The PEHP Summit network of contracted providers consists of predominantly IASIS, MountainStar, and University of Utah hospitals & clinics providers and facilities. It includes 39 participating hospitals and more than 7,500 participating providers.

**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**
  - Uintah Basin Medical Center
- **Garfield County**
  - Garfield Memorial Hospital
- **Grand County**
  - Moab Regional Hospital
- **Iron County**
  - Valley View Medical Center
- **Juab County**
  - Central Valley Medical Center
- **Kane County**
  - Kane County Hospital
- **Millard County**
  - Delta Community Medical Center
  - Fillmore Community Hospital
- **Salt Lake County**
  - Huntsman Cancer Hospital
  - Jordan Valley Hospital
  - Salt Lake County (cont.)
    - Lone Peak Hospital
    - Pioneer Valley 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 Medical Center
- **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 Regional Medical Center
- **Wasatch County**
  - Heber Valley Medical Center
- **Washington County**
  - Dixie Regional Medical Center
- **Weber County**
  - Ogden Regional Medical Center

**PEHP Preferred**

The PEHP Preferred network of contracted providers consists of providers and facilities in both the Advantage and Summit networks. It includes 46 participating hospitals and more than 12,000 participating providers.

**Find Participating Providers**

Go to www.pehp.org to look up participating providers for each plan.
Traditional (Non-HSA)

SUMMIT
ADVANTAGE
PREFERRED

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions. * Services received by an out-of-network provider will be paid at a percentage of PEHP’s In-Network Rate (In-Network Rate). You will be responsible for your assigned co-insurance and deductible (if applicable). You may also be responsible for any amounts billed by an out-of-network provider in excess of PEHP’s In-Network Rate. There is no out-of-pocket maximum for services received from an out-of-network provider.

### DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS

<table>
<thead>
<tr>
<th></th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year Deductible</td>
<td>$350 per individual, $700 per family</td>
<td>Same as using an in-network provider</td>
</tr>
<tr>
<td>Plan year Out-of-Pocket Maximum</td>
<td>$3,000 per individual, $6,000 per double, $9,000 per family</td>
<td>No out-of-pocket maximum</td>
</tr>
<tr>
<td>Maximum Lifetime Benefit</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

*See above for additional information

**See below for additional information

**Applicable deductibles and co-insurance for services provided by an out-of-network provider will apply to your in-network plan year deductible and Out-of-Pocket Maximum. However, once your in-network deductible and Out-of-Pocket Maximum are met, co-insurance amounts for out-of-network providers will still apply.

### 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>

You may be balance billed. See Page 9 for explanation

Out-of-network providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.
### 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, minimum $150 co-pay per visit</td>
<td>20% of In-Network Rate, minimum $150 co-pay per visit, plus any balance billing above In-Network Rate</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>$45 co-pay per visit</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</td>
</tr>
<tr>
<td>Physical and Occupational Therapy</td>
<td>Applicable office co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

### 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>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>Primary Care Office Visits and Office Surgeries</td>
<td>$25 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred only:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>University of Utah Medical Group Primary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care Facility: $50 co-pay per visit</td>
<td></td>
</tr>
<tr>
<td>Specialist Office Visits and Office Surgeries,</td>
<td>$35 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred only:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>University of Utah Medical Group Specialist</td>
<td>$50 co-pay per visit</td>
</tr>
<tr>
<td></td>
<td>Office visit: $50 co-pay per visit</td>
<td></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></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Outpatient:</strong> $35 co-pay per visit</td>
<td><strong>Outpatient:</strong> 40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td></td>
<td><strong>Inpatient:</strong> Applicable office co-pay per visit</td>
<td><strong>Inpatient:</strong> 40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

**Out-of-Network providers** may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.
### Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail Pharmacy</strong></td>
<td>Tier 1: $10 co-pay</td>
<td>Plan pays up to the discounted cost, minus the applicable co-pay. Member pays any balance</td>
</tr>
<tr>
<td></td>
<td>Tier 2: 25% of discounted cost. $25 minimum, no maximum co-pay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 3: 50% of discounted cost. $50 minimum, no maximum co-pay</td>
<td></td>
</tr>
<tr>
<td><strong>Mail-Order</strong></td>
<td>Tier 1: $20 co-pay</td>
<td>Plan pays up to the discounted cost, minus the applicable co-pay. Member pays any balance</td>
</tr>
<tr>
<td>Some medications available through retail pharmacy at mail order co-pay</td>
<td>Tier 2: 25% of discounted cost. $50 minimum, no maximum co-pay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 3: 50% of discounted cost. $100 minimum, no maximum co-pay</td>
<td></td>
</tr>
<tr>
<td><strong>Specialty Medications, retail pharmacy</strong></td>
<td>Tier A: 20% of In-Network Rate. No maximum co-pay</td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay. Member pays any balance</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td>Tier B: 30% of In-Network Rate. No maximum co-pay</td>
<td></td>
</tr>
<tr>
<td><strong>Specialty Medications, office/outpatient</strong></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></td>
</tr>
<tr>
<td><strong>Specialty Medications, through specialty vendor Accredo</strong></td>
<td>Tier A: 20% of In-Network Rate. $150 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. $225 maximum co-pay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier C: 20%. No maximum co-pay</td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption**</td>
<td>No charge after deductible, up to $4,000 per adoption</td>
<td>No charge after deductible, up to $4,000 per adoption</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>See Master Policy for complete list</td>
<td></td>
<td></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>Applicable office co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Dental Accident**</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</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>Except for oxygen and Sleep Disorder Equipment, DME over $750, rentals that exceed 60 days, or as indicated in Appendix A of the Master Policy require pre-authorization. Maximum limits apply on many items. See the Master Policy for benefit limits</td>
<td></td>
<td></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>Up to 60 visits per plan year. Requires pre-authorization</td>
<td></td>
<td></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>Select services only. See the Master Policy</td>
<td></td>
<td></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>Requires pre-authorization if over $750</td>
<td></td>
<td></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>
<tr>
<td>Up to $1,000 lifetime maximum</td>
<td></td>
<td></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.

**Out-of-network providers** may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.
PEHP FLEX$

FLEX$ saves you money by reducing your taxable income. You set aside a portion of your pre-tax salary to pay eligible expenses.

PEHP offers two types of FLEX$: healthcare and dependent day care. Enroll in one or both.

ENROLLMENT
» You must re-enroll for FLEX$ every plan year.
» Open enrollment: Enroll online at www.pehp.org between April 7 and May 15, 2015. Or fill out a paper form and return it to PEHP (fax: 801-366-7772).
» New hires: Enroll within 60 days of eligibility date.

PLAN YEAR CONTRIBUTION LIMITS
» Up to $2,550 for healthcare expenses.
» 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 WITH FLEX$
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.

OLDER CHILDREN
» Children up to age 26* can remain covered regardless of marital or dependent status.

(*Up to Dec. 31 of the calendar year they turn age 26.)

FLEX$ Timeline

PLAN YEAR:
July 1, 2015 – June 30, 2016

Eligible FLEX$ expenses must be incurred between July 1, 2015, and Sept. 15, 2016.
You must submit claims by Sept. 30, 2016.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2015</td>
<td>2015 FLEX$ plan year begins</td>
</tr>
<tr>
<td>June 30, 2016</td>
<td>2015 FLEX$ plan year ends</td>
</tr>
<tr>
<td>Sept. 15, 2016</td>
<td>Grace period for 2015 FLEX$ plan ends</td>
</tr>
<tr>
<td>Sept. 30, 2016</td>
<td>Deadline to submit claims</td>
</tr>
</tbody>
</table>

Don’t Lose It
Plan ahead wisely and set aside only what you’ll need each year. FLEX$ is use-it-or-lose-it; money doesn’t carry over from year to year.
Eligible Expenses

Over-the-counter medications are only eligible with a prescription.

FLEX$ HEALTHCARE ACCOUNT for eligible health expenses for you and your eligible dependents. A partial list of eligible expenses is on the back of this brochure.

FLEX$ DEPENDENT DAY CARE ACCOUNT for eligible day care expenses for your eligible dependents to allow you and/or your spouse to work, look for work, or go to school.

For more information about which expenses are eligible, visit www.pehp.org or www.irs.gov.

Using Your FLEX$ Card

The easiest way to access your FLEX$ account is with the FLEX$ Benefits Card you will automatically receive at no extra cost. It works just like a credit card and is accepted at most places that take MasterCard.

The FLEX$ card doesn’t always distinguish which purchases are eligible. You may be asked to verify expenses.

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’re responsible to keep all receipts for tax and verification purposes. PEHP may ask for verification of charges.

Limitations apply. Go to www.pehp.org for eligibility and more details.
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.

The STAR Plan allows you to manage the cost of healthcare based on how you use it. You take more responsibility for your spending with the ability to save money each year.

Couple your STAR Plan with an employer-funded HSA to pay for healthcare. You can also make tax-free HSA contributions and earn tax-free interest.

You must meet your deductible before any eligible medical and pharmacy benefits are paid, but you’re protected from large dollar medical bills.

You Save...

ON PREMIUM
No employee cost share for the Advantage and Summit STAR plans in 2015-16.

WITH YOUR HSA
Weber State University will make semi-monthly contributions to your HSA.

ON TAXES
You can contribute to your HSA. Money goes in tax-free, grows tax-free, and is used tax-free for eligible expenses.

PROVIDER NETWORKS
You benefit from the same PEHP group discount and same network of doctors and hospitals as with the Advantage and Summit Care plans.

Your Deductible: How does it work?

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.
You Choose...

**HOW TO SPEND YOUR HSA MONEY**

Eligible HSA expenses include medical, dental, pharmacy, and vision, as well as anything flex-eligible.

When spending your own HSA money, you’re in control. You can spend on any flex-eligible expense, including many healthcare products and services.

Note that while many expenses are HSA-eligible, they must be covered by your health plan to apply to your deductible and out-of-pocket max.

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.

**HOW TO INVEST YOUR HSA MONEY**

Your HSA earns tax-free interest. You choose how to invest your money. Options include a savings account and a number of mutual funds.

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.
What You Need to Know if You Plan to Enroll

Nuts & Bolts

ELIGIBLE EXPENSES
Eligible HSA expenses include deductibles, copayments, and coinsurance, as well as all flexible 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.

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.

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.

ENROLL 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 with 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.

Remember the funds in this account are use or lose. The maximum you can deposit is $2,550 for the plan year. Remember as an enrollee in The STAR Plan, you are also enrolled in the Health Savings Account (HSA).

Do You Qualify?
To be eligible for the HSA, 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.

Take Note

» If you choose the STAR Plan, Weber State’s supplemental pharmacy out-of-pocket maximum does not apply.

» Weber State’s medical benefits are based on a plan year.
## 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         | Single: $22.69  
Double: $46.79  
Family: $62.47 |
| WSU semi-monthly 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 |

To learn more about HSAs, visit:  
www.irs.gov  
www.ustreas.gov
The **PEHP STAR Plan** (HSA-Qualified)

**SUMMIT**

**ADVANTAGE**

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions. * Services received by an out-of-network provider will be paid at a percentage of PEHP’s In-Network Rate (In-Network Rate). You will be responsible for your assigned co-insurance and deductible (if applicable). You may also be responsible for any amounts billed by an out-of-network provider in excess of PEHP’s In-Network Rate. There is no out-of-pocket maximum for services received from an out-of-network provider.

---

### DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS

<table>
<thead>
<tr>
<th></th>
<th><strong>In-Network Provider</strong></th>
<th><strong>Out-of-Network Provider</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductible</strong></td>
<td>$1,500 single plan</td>
<td>Same as using an in-network provider</td>
</tr>
<tr>
<td></td>
<td>$3,000 double or family plan</td>
<td>*See above for additional Information</td>
</tr>
<tr>
<td></td>
<td><strong>Plan Year Out-of-Pocket Maximum</strong></td>
<td>*See above for additional Information</td>
</tr>
<tr>
<td></td>
<td><strong>Includes amounts applied to Deductibles, Co-Insurance and prescription drugs</strong></td>
<td><strong>No out-of-network out-of-pocket maximum</strong></td>
</tr>
<tr>
<td></td>
<td>$2,500 single plan</td>
<td>*See above for additional Information</td>
</tr>
<tr>
<td></td>
<td>$5,000 double plan</td>
<td><strong>See below for additional Information</strong></td>
</tr>
<tr>
<td></td>
<td>$7,500 family plan</td>
<td></td>
</tr>
<tr>
<td><strong>Maximum Lifetime Benefit</strong></td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Applicable deductibles and co-insurance for services provided by an out-of-network provider will apply to your in-network plan year deductible and out-of-pocket maximum. However, once your in-network deductible and out-of-pocket maximum are met, co-insurance amounts for out-of-network providers will still apply.

### INPATIENT FACILITY SERVICES

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

**Out-of-network providers** may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.
### 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</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</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>

### 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>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></td>
<td></td>
</tr>
<tr>
<td>(Outpatient: 20% of In-Network Rate after deductible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Inpatient: 20% of In-Network Rate after deductible)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Out-of-network providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.
## PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th></th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail Pharmacy</strong></td>
<td>Tier 1: $10 co-pay after deductible &lt;br&gt; Tier 2: 25% of discounted cost after deductible. $25 minimum, no maximum co-pay &lt;br&gt; Tier 3: 50% of discounted cost after deductible. $50 minimum, no maximum co-pay</td>
<td>Plan pays up to the discounted cost after deductible, minus the applicable co-pay. Member pays any balance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mail-Order</strong></td>
<td>Tier 1: $20 co-pay after deductible &lt;br&gt; Tier 2: 25% of discounted cost after deductible. $50 minimum, no maximum co-pay &lt;br&gt; Tier 3: 50% of discounted cost after deductible. $100 minimum, no maximum co-pay</td>
<td>Plan pays up to the discounted cost after deductible, minus the applicable co-pay. Member pays any balance</td>
</tr>
<tr>
<td>Some medications available through retail pharmacy at mail order co-pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty Medications, retail pharmacy</strong></td>
<td>Tier A: 20% of In-Network Rate after deductible. No maximum co-pay &lt;br&gt; Tier B: 30% of In-Network Rate after deductible. No maximum co-pay</td>
<td>Plan pays up to the discounted cost after deductible, minus the applicable co-pay. Member pays any balance</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty Medications, office/outpatient</strong></td>
<td>Tier A: 20% of In-Network Rate after deductible. No maximum co-pay &lt;br&gt; Tier B: 30% of In-Network Rate after deductible. No maximum co-pay</td>
<td>Tier A: 40% of In-Network Rate after deductible. &lt;br&gt; Tier B: 50% of In-Network Rate after deductible.</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty Medications, through specialty vendor Accredo</strong></td>
<td>Tier A: 20% of In-Network Rate after deductible. $150 maximum co-pay &lt;br&gt; Tier B: 30% of In-Network Rate after deductible. $225 maximum co-pay &lt;br&gt; Tier C: 20% after deductible. No maximum co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## MISCELLANEOUS SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>No charge after deductible, up to $4,000 per adoption</td>
<td>No charge after deductible, up to $4,000 per adoption</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>See Master Policy for complete list</td>
<td></td>
<td></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 Up to 10 visits per plan year</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductable</td>
</tr>
<tr>
<td>Dental Accident</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</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>Except for oxygen and Sleep Disorder Equipment, DME over $750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require pre-authorization. Maximum limits apply on many items. See the Master Policy for benefit limits</td>
<td></td>
<td></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 Up to 60 visits per plan year. Requires pre-authorization</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Infertility Services Select services only. See the Master Policy</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>Requires pre-authorization if over $750</td>
<td>20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Temporomandibular Joint Dysfunction Up to $1,000 lifetime maximum</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

**Out-of-network providers** may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.
Understanding Your EOB (Explanation of Benefits)

We send an EOB each time we process a claim for you or someone on your plan. Go paperless and view EOBs at your myPEHP account at www.pehp.org.

1. AMOUNT CHARGED
   The medical provider’s (e.g., doctor, hospital, or clinic) bill for your service.

2. AMOUNT INELIGIBLE
   The part of the bill that includes services not covered by your plan. This is between you and the provider.

3. AMOUNT ELIGIBLE
   This is PEHP’s allowed amount (AA). This is the most we allow in-network providers to charge for this service. However, out-of-network providers may charge more than the AA. Avoid paying more by using only providers in your network (go to www.pehp.org).

4. DEDUCTIBLE
   The set amount you pay for eligible charges in a plan year before cost sharing takes place.

5. CO-INSURANCE
   The percentage of the cost you must pay under your plan. You may already have paid this amount when you received services. If so, the provider’s bill may be lower than what’s shown on the EOB.

6. CO-PAY
   The fixed dollar amount you must pay under your plan. You may already have paid this amount when you received services. If so, the provider’s bill may be lower than what’s shown on the EOB.

7. AMOUNT PAID
   The part of the bill PEHP paid.

8. CLAIM NUMBER
   Keep this number as reference if you call PEHP about your claim.

9. YOUR TOTAL RESPONSIBILITY
   The amount of the bill the provider expects you to pay. This is between you and the provider.

10. CPT CODE
    This code for the service you received can be helpful when discussing your EOB with your doctor or PEHP.
How to Set Up Your myPEHP Account

DURING OPEN ENROLLMENT, YOU CAN ACCESS ONLINE ENROLLMENT. YOU CAN ALSO ACCESS YOUR CLAIMS HISTORY, EXPLANATION OF BENEFITS (EOB) AND COVERAGE LEVELS ONLINE AT MY PEHP.

You can enroll, access claims history, download explanation of benefits (EOB), check coverage levels, and much more by logging on to myPEHP.

Here’s how to set up your personal account:

STEP 1: Go to www.pehp.org

STEP 2: Locate the “myPEHP Login” on the right side of the page. The first time you log in, you must create an account. Once you have successfully set up your profile, enter your user ID and password into the boxes to access your information.

STEP 3: To set up an account, click on “Create my PEHP account.” You must agree to the conditions detailed in the document on the next page to proceed. Once you have read and agreed to the terms, click “I Agree” to continue creating your personal profile.

STEP 4: Enter your Social Security number, date of birth, and PEHP subscriber ID number to verify your identity. The 16-digit subscriber ID number can be found on your Medco/PEHP insurance card. If you do not have the number, call PEHP or fill out the online request to receive your ID number in the mail. Then, you will be asked to select a user name and password for future access.

Once you have successfully logged in, you are ready to enroll during open enrollment. You will also see a summary of all the plans you have enrolled in, a detailed list of all claims submitted to PEHP, and PDF files of your EOBs. You may also update your mailing address. However, if you wish to make any other changes outside of annual enrollment to your existing plans, you must submit a signed Change Form to PEHP.

Graphical website depictions may vary from actual website.