

2025-26

Enrollment Guide

South Jordan City

Look inside for important information on your PEHP benefits.



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

Benefits Changes & Reminders

LTD Program Enhancements

- » The following Long-Term Disability changes went into effect on September 1, 2024:
 - › Reduced rate: Base rate decrease to 0.475% of salary for a two-thirds monthly salary replacement. Note: the base rate is different if enrolled in mental health pilot.
 - › Enhanced Survivor Benefit: Survivors will receive 3 times the LTD monthly benefit.
 - › EAP Services: Access to employee assistance services from Blomquist Hale.
 - › Public Safety Overtime: Inclusion of public safety overtime (up to 10 hours OT per week) in LTD wage replacement calculations.
 - › Updated Occupation Definition: Revised to a 60% pre-disability earnings requirement.

New Cash Back/Co-Pay Maps

At PEHP, we're always looking for ways to help your employees save on healthcare costs. That's why we created easy-to-use maps to find the best value for common medical procedures, such as colonoscopies, surgeries, MRIs, and more. The maps are available exclusively through the new portal.

- » **Cash Back Map (STAR HSA Plan):** Employees can earn up to \$3,900 cash back for eligible services when they choose providers listed on the map. These providers offer the best rates for procedures like colonoscopies, surgeries, MRIs, and more. To apply for cash back, simply submit a request through the easy online application.
- » **Copay Map (Traditional Plan):** Employees can pay as little as \$45 for eligible services when they visit providers listed on the Copay Map. No hidden fees, no deductible, no need to apply—just pay the copay, and PEHP handles the rest.

Reminders

» Mental Health Services

- › Virtual Psychiatry: Meet with an in-network psychiatric provider in under 48 hours via [Brightside Health](#). Take a free assessment.
- › Parenting Support: Free resources from [ParentGuidance.org](#) to help create a nurturing environment for your child.

» New HSA Contribution Limits for 2025:

Contribute up to \$4,300 (single) or \$8,550 (family). If you're 55+, add an extra \$1,000.

» Pharmacy

PEHP's [Covered Drug List](#) is modified periodically with changes based on recommendations from PEHP's Pharmacy and Therapeutics Committee.

» FIA Care

Whether you need virtual visits, at-home care, support with chronic conditions or prescription renewals - Fia Care is here to make healthcare easy. Primary care or fee-for-service model available. [Learn More](#)

» Free Continuous Glucose Monitor Now Available

We've expanded our diabetes benefits to include coverage of the **FreeStyle Libre Continuous Glucose Monitor** as preventive, meaning your employees have access to this device at no cost. The new FreeStyle Libre 3 plus now offers upgraded features that meet or exceed those of Dexcom. The Dexcom CGM will still be covered at the same benefit, Tier 3. However, members using Dexcom may want to switch to take advantage of the cost savings. [See other diabetes benefits](#)

Welcome to PEHP

We want to make accessing and understanding your healthcare benefits simple. This Benefits Summary contains important information on how best to use PEHP’s comprehensive benefits.

Please contact the following PEHP departments or affiliates if you have questions.

ON THE WEB

..... www.pehp.org

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

**CUSTOMER SERVICE/
HEALTH BENEFITS ADVISORS**

..... 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.

PREAUTHORIZATION

» Inpatient Hospital Preauthorization..... 801-366-7755
..... or 800-753-7754

PRESCRIPTION DRUG BENEFITS

» PEHP Pharmacy 801-366-7551
..... or 888-366-7551

SPECIALTY PHARMACY

» Accredo 800-501-7260

CITY OF SOUTH JORDAN HUMAN RESOURCES

Whitney Milne 801-253-5203 ext. 1250
Theresa Trujillo 801-253-5203 ext. 1851
Michelle Loertscher..... 801-253-5203 ext. 1854
Corinne Thacker 801-253-5203 ext. 1850
Teresa Cook..... 801-253-5203 ext. 1852
Kelly Steele 801-253-5203 ext. 1853

GROUP TERM LIFE AND AD&D

» PEHP Life and AD&D 801-366-7495

PEHP FLEX\$/HSA

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

HEALTH SAVINGS ACCOUNTS (HSA)

» Health Equity..... 866-960-8058
..... myhealthequity.com

WELLNESS AND DISEASE MANAGEMENT

» PEHP Healthy Utah 801-366-7300
..... or 855-366-7300
..... www.pehp.org/healthyutah

» PEHP Health Coaching 801-366-7300
..... or 855-366-7300

» PEHP WeeCare..... 801-366-7400
..... or 855-366-7400
..... www.pehp.org/weecare

» PEHP Integrated Care (Ask for Member Services Nurse)
..... 801-366-7555
..... or 800-765-7347

VALUE-ADDED BENEFITS

» PEHPplus..... www.pehp.org/plus

ONLINE ENROLLMENT HELP LINE

..... 801-366-7410
..... or 800-753-7410

CLAIMS MAILING ADDRESS

PEHP
560 East 200 South
Salt Lake City, Utah 84102-2004

PEHP for Members

Manage Your Benefits Online » Get the most from your benefits at PEHP for Members at www.pehp.org. Log in for personalized information and tools. Enroll, find and compare doctors, get cost information, learn benefit details, and more.

my BENEFITS

- Find and Select a Provider
- See Your Claims
- Enroll Online

my MONEY

- See Treatment Costs
- See Facility Costs
- See Medication Costs

my HEALTH

- Find Treatment Options
- Healthy Utah Testing
- Get Health Snapshot



» “You’ve got mail!” We send important information about your benefits and care through the **PEHP Message Center**. You may see vital notices specifically for you, such as cost information about medications you’re taking.

» Encourage your adult dependents (spouses and children 18 years or older) to create their individual PEHP for Members account. This allows them to see their claims, personal biometrics, and personalized messages from PEHP. Call PEHP at 801-366-7555 or 800-765-7347 for instructions.

Find PEHP for Members at www.pehp.org.

To create your online personal account, you’ll need your PEHP ID number and your Social Security number.

Find your PEHP ID number on your benefits card or your EOBs. Or call PEHP at 801-366-7555 or 800-765-7347.



How to Enroll Online at www.pehp.org

1 Access online enrollment through myPEHP. Go to www.pehp.org, hover over the “My Benefits” menu and select “Enroll or Change Coverage.”

If you’re logging in for the first time, click “Create my PEHP account.” Otherwise, enter your user ID and password into the boxes to access your information.



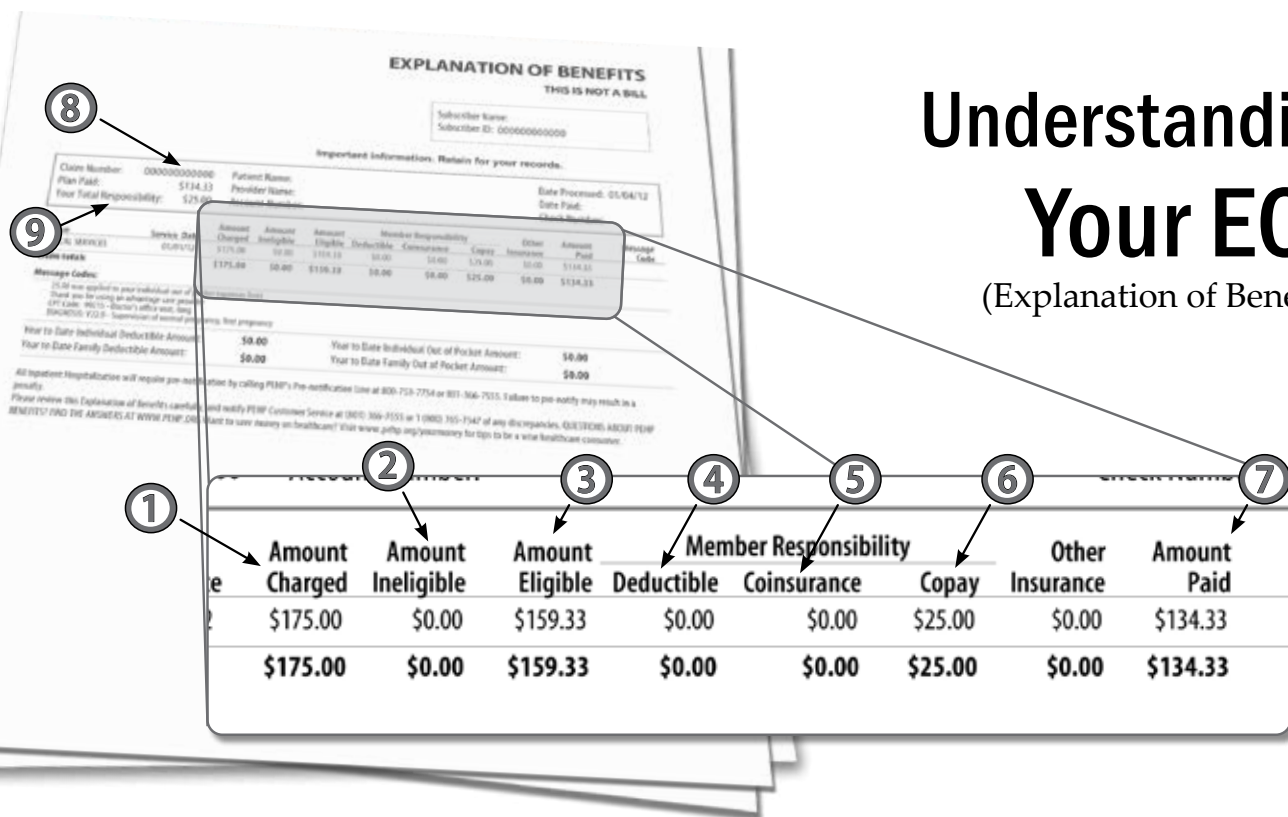
2 The online enrollment main page shows benefits available to you. Click “Enroll” or “Change” beneath the desired benefit to begin. Enroll or make changes in any of the following benefits: medical, dental, Term Life, AD&D, and FLEX\$.



**CONTACT PEHP, NOT SOUTH JORDAN CITY, IF YOU HAVE ONLINE QUESTIONS.
ONLINE ENROLLMENT: 801-366-7410 OR 800-753-7410
LIFE INSURANCE: 801-366-7495 OR 800-753-7495**

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. Settle this with the provider's office (not PEHP).
- 3 AMOUNT ELIGIBLE**
This is PEHP's In-Network Rate. This is the most we allow in-network providers to charge for this service. However, out-of-network providers may charge more than the In-Network Rate. Avoid paying more by using only in-network providers (find them at www.pehp.org).
- 4 DEDUCTIBLE**
The set amount you pay for eligible charges in a plan year before PEHP benefits fully take effect.

- 5 COINSURANCE**
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 COPAY**
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. Settle this with the provider's office (not PEHP).

See your applicable benefit summary and master policy for complete terms of your plan.

Eligibility & Enrollment

Eligibility

All full-time employees are eligible for insurance benefits. Legally married spouses and any children under the age of 26 with whom you have a legal parental relationship are eligible for coverage.

Enrollment

You have 60 days from your hire date to enroll yourself and your eligible dependents for coverage at www.pehp.org. All information gathered or contained through online enrollment is incorporated into the Master Policy. Once you enroll online your coverage will be effective on the first day of the following month after date of hire. If you fail to enroll within 60 days from your hire date you cannot enroll for coverage until the next annual open enrollment period.

Special Enrollment/Mid-Year Events

If you miss the initial 60-day period to enroll, you are not eligible to enroll until the City's next annual open enrollment period unless you meet one of the conditions for Special Enrollment. Special Enrollment allows late enrollees to enroll or drop coverage with PEHP prior to the City's next annual enrollment by meeting one of the following special enrollment/mid-year events:

1. Birth, adoption or placement
2. Marriage
3. Divorce
4. Death

5. Gain or loss of employment of a spouse or dependent
6. Loss or gain of coverage during a spouse's or dependent's open enrollment window.
7. Significant increase or decrease in premium or coverage through a spouse's employer plan, e.g., reduction in working hours that would result in higher premiums or loss of coverage.
8. Involuntary loss of coverage.
9. Work Schedule – a reduction or increase in hours of employment by the employee, spouse, or dependent, which causes a change in the health benefits or employee premium/rate share available to the covered individual, including, but not limited to, a switch between part-time and full-time, a strike or lock out, or commencement or return from an unpaid leave of absence.

Eligible employees will have 60 days from the date coverage is lost or the date of the special enrollment/mid-year event to make the enrollment change. Coverage will be retroactive back to date of event.

Proof of loss of the other coverage must be submitted to PEHP at the time of the enrollment change. Other eligible documentation such as proof of loss of other coverage, copy of marriage, birth or death certificate, divorce decree signed by the judge, adoption or placement papers or other legal documentation required to substantiate the event must be submitted to PEHP. Claims will not be paid until premiums are collected back to the date of event.

Eligibility & Enrollment (continued)

Legal Guardianship

You may enroll any dependent children who are under age 19 who are placed under your legal guardianship within 60-days of receiving legal guardianship. Proof of legal guardianship must be provided to PEHP prior to any benefits being paid under the plan.

Married Dependents

Dependent children can remain covered under the medical and dental plans up to age 26 even if they are married. Life and AD&D plans are not offered to any married child. If your dependent child becomes married during the plan year you must provide a copy of the marriage certificate and notify PEHP immediately.

Personal Online Account

No more paper! By going to www.pehp.org and logging into your personal online account you can:

- » enroll in medical/dental/life/accident
- » enroll in Flex
- » enroll in HSA
- » change HSA contributions
- » add dependents
- » make changes to your benefits
- » change your beneficiary information
- » update your address

Summit

CommonSpirit (Holy Cross), MountainStar, and University of Utah Health Care providers and facilities.

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

Holy Cross Hospital – Davis
Lakeview Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Holy Cross Hospital – Jordan Valley
Holy Cross Hospital – Jordan Valley West
Holy Cross Hospital – Salt Lake

Salt Lake County (cont.)

Huntsman Cancer Hospital
Lone Peak Hospital
Primary Children's Medical Center
Riverton Children's Unit
St. Marks Hospital
University of Utah Hospital
University Orthopaedic Center

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Regional Medical Center

Utah County

Holy Cross Hospital – Mountain Point
Mountain View Hospital
Primary Children's Hospital – Lehi
Timpanogos Regional Hospital

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Medical Center

Weber County

Ogden Regional Medical Center

Advantage

Intermountain Health providers and facilities.

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

Holy Cross Hospital – Davis
Intermountain Layton Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

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

Salt Lake County (cont.)

Primary Children's Medical Center
Riverton Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Regional Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Primary Children's Hospital – Lehi
Spanish Fork Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

St. George 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 at pehp.org

Medical Benefits: Traditional Plan



Traditional Option 1

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

In-Network Provider

Out-of-Network Provider*

Balance billing may apply

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$250 Double/family plans: \$250 per person, \$500 per family <i>One person cannot meet more than \$250</i>	
Plan year Out-of-Pocket Maximum <i>See Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$3,000 Double/family plans: \$3,000 per person, \$6,000 per family <i>One person cannot meet more than \$3,000</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	30% after deductible
PEHP VALUE PROVIDERS		
PEHP Value Providers <i>Cash Back opportunities available. Visit www.pehp.org/valueproviders</i>	Starting at \$10 co-pay per visit	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits <i>Includes office surgeries, inpatient visits and ABA Therapy</i>	\$15 co-pay per visit	30% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</i>	\$25 co-pay per visit	30% after deductible
Surgery and Anesthesia	10% after deductible	30% after deductible
Emergency Room Specialist Visits	\$25 co-pay per visit	\$25 co-pay per visit
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less</i>	No charge	30% after deductible
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350</i>	10% after deductible	30% after deductible
PRESCRIPTION DRUGS For Drug Tier info, see the Covered Drug List at www.pehp.org		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost, \$25 minimum / \$75 maximum Tier 3: 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$50 minimum / \$150 maximum Tier 3: 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

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

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

Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
SPECIALTY DRUGS <i>For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% after deductible. No maximum co-pay Tier B: 30% after deductible. No maximum co-pay	Tier A: 40% after deductible. No maximum co-pay Tier B: 50% after deductible. No maximum co-pay
Specialty Medications, through Home Health or Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C1: 10%. No maximum co-pay Tier C2: 20%. No maximum co-pay Tier C3: 30%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	10% after deductible	30% after deductible
Urgent Care Facility	\$35 co-pay per visit	30% after deductible
Emergency Room <i>Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$125 co-pay after deductible per visit	\$125 co-pay after deductible per visit
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	30% after deductible
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	10% after deductible	30% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	10% after deductible	30% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year.</i>	Applicable co-pay per visit	30% after deductible
Mental Health & Substance Abuse	10% after deductible	30% after deductible
INPATIENT FACILITY SERVICES		
Hospital Services Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization</i>	10% after deductible	30% after deductible
Skilled Nursing Facility and Residential Treatment <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	10% after deductible	30% after deductible

Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption / Assisted Reproductive Technology (ART) <i>ART requires Preauthorization. Excludes multiple-embryo ART implants</i>	10% after deductible, up to \$4,000 per adoption or up to \$4,000 per single-embryo ART implant	
Allergy Serum	10% after deductible	30% after deductible
Chiropractic care <i>Up to 20 visits per plan year</i>	Applicable office co-pay per visit	Not covered
Durable Medical Equipment <i>Some DME requires preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	30% after deductible
Medical Supplies <i>See Master Policy for benefit limits</i>	20% after deductible	30% after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires Preauthorization</i>	No charge	30% after deductible
Home Hospice	No charge	30% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	Under \$50: No charge Over \$50: 20% after deductible	30% after deductible
Infertility Services <i>Diagnostic services only. See Master Policy or contact PEHP for details</i>	10% after deductible	30% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	10% after deductible	30% after deductible

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 \$3,300 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

Eligible FLEX\$ expenses must be incurred between July 1, 2025 and June 30, 2026. You can carry over up to \$660 in your healthcare FLEX\$ into the next plan year.

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.



Enroll for FLEX\$ at PEHP for Members at www.pehp.org during open enrollment. For more information about FLEX\$, such as eligible expenses and detailed terms and conditions, read the FLEX\$ Brochure and FLEX\$ Handbook. Find them in the "Benefits Information Library" under the "my Benefits" after you log in to your online personal account.

Medical Benefits: STAR HSA Plan



STAR HSA Option 2

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$1,650 Double/family plans: \$3,300 <i>One person or a combination can meet the \$3,300 double/family deductible</i>	
Plan year Out-of-Pocket Maximum <i>See Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$3,300 Double/family plans: \$6,600 <i>One person or a combination can meet the \$6,600 double/family maximum</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	40% after deductible
PEHP VALUE PROVIDERS		
PEHP Value Providers <i>Cash Back opportunities available. Visit www.pehp.org/valueproviders</i>	20% after deductible	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits <i>Includes office surgeries, inpatient visits and ABA Therapy</i>	20% after deductible	40% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</i>	20% after deductible	40% after deductible
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	20% after deductible	20% after deductible
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
PRESCRIPTION DRUGS <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost, \$25 minimum / \$75 maximum Tier 3: 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$50 minimum / \$150 maximum Tier 3: 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

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

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

Medical Benefits: STAR HSA Plan

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

Medical Benefits: STAR HSA Plan

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

Medical Benefits: STAR HSA Plan



STAR HSA Option 7

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$4,000 Double/family plans: \$8,000 <i>One person can only meet \$4,000, or a combination can meet the \$8,000 double/family deductible</i>	
Plan year Out-of-Pocket Maximum <i>See Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$8,000 Double/family plans: \$16,000 <i>One person can only meet \$8,000, or a combination can meet the \$16,000 double/family maximum</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	50% after deductible
PEHP VALUE PROVIDERS		
PEHP Value Providers <i>Cash Back opportunities available. Visit www.pehp.org/valueproviders</i>	30% after deductible	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits <i>Includes office surgeries, inpatient visits and ABA Therapy</i>	30% after deductible	50% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</i>	30% after deductible	50% after deductible
Surgery and Anesthesia	30% after deductible	50% after deductible
Emergency Room Specialist Visits	30% after deductible	30% after deductible
Diagnostic Tests, Labs, X-rays	30% after deductible	50% after deductible
PRESCRIPTION DRUGS All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost, \$25 minimum / \$75 maximum Tier 3: 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$50 minimum / \$150 maximum Tier 3: 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

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

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

Medical Benefits: STAR HSA Plan

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

Medical Benefits: STAR HSA Plan

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption / Assisted Reproductive Technology (ART) <i>ART requires Preauthorization. Excludes multiple-embryo ART implants</i>	30% after deductible, up to \$4,000 per adoption or up to \$4,000 per single-embryo ART implant	
Allergy Serum	30% after deductible	50% after deductible
Chiropractic care <i>Up to 20 visits per plan year</i>	30% after deductible	Not covered
Durable Medical Equipment <i>Some DME requires preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	30% after deductible Summit Network: Alpine Home Medical	50% after deductible
Medical Supplies <i>See Master Policy for benefit limits</i>	30% after deductible	50% after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires Preauthorization</i>	30% after deductible	50% after deductible
Home Hospice	30% after deductible	50% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	30% after deductible	50% after deductible
Infertility Services <i>Diagnostic services only. See Master Policy or contact PEHP for details</i>	30% after deductible	50% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	30% after deductible	50% after deductible

STAR vs. Traditional Plan

Medical Plan	STAR Plan Option 2 (HSA-qualified)	STAR Plan Option 7 (HSA-qualified)	Traditional Option 1 (non-HSA)
<p>Summary <i>This brief comparison is for illustrative purposes only. See your Benefits Summary for details.</i></p>	<p>You start by paying medical bills with an HSA containing money your employer puts in. You can also put money in yourself, tax-free. This plan pays benefits at 80% when you reach your deductible. Covers more preventive care services at 100% (even before the deductible) than the Traditional Plan. All spending goes to the out-of-pocket maximum, protecting you from large bills.</p>	<p>You start by paying medical bills with an HSA containing money your employer puts in. You can also put money in yourself, tax-free. This plan pays benefits at 80% when you reach your deductible. Covers more preventive care services at 100% (even before the deductible) than the Traditional Plan. All spending goes to the out-of-pocket maximum, protecting you from large bills.</p>	<p>This plan has multiple co-pays and deductibles and is NOT eligible for an HSA. It pays benefits (at 80%) sooner with a lower deductible. Pays many preventive care services at 100%, but not as many as The STAR Plan covers.</p>
<p>Employer Annual Contribution to Your HSA</p>	<p>Single: \$825 Double: \$1,650 Family: \$1,650</p>	<p>Single: \$825 Double: \$1,650 Family: \$1,650</p>	<p>Not applicable (not an HSA-qualified plan by federal standards)</p>
<p>Medical Deductible</p>	<p>\$1,650 per single \$3,300 per double/family* <i>*This is different from the Traditional Plan</i></p>	<p>\$4,000 per single \$8,000 per double/family* <i>*This is different from the Traditional Plan</i></p>	<p>\$250 per individual \$500 per family</p>
<p>Benefits</p>	<p>Pays covered benefits generally at 80% (using in-network providers, after deductible). Includes additional preventive services (See pages 22-23).</p>	<p>Pays covered benefits generally at 80% (using in-network providers, after deductible). Includes additional preventive services (See pages 22-23).</p>	<p>Pays covered benefits generally at 90% (using in-network providers, after deductible). Most preventive care (using in-network providers) covered at 100%.</p>
<p>Out-of-Pocket Maximum</p>	<p>Medical and Pharmacy: \$3,300 single plan \$6,600 per family</p>	<p>Medical and Pharmacy: \$8,000 single plan \$16,000 per family</p>	<p>Medical and Pharmacy: \$3,000 per individual \$6,000 per family plan</p>
<p>Eligibility</p>	<p>No special eligibility requirements for the plan. However, you must meet certain requirements to open an HSA and to contribute or receive contributions to it.</p>		<p>No special eligibility requirements.</p>

Understanding The PEHP STAR Plan

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.

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.

Expanded Preventive Medications

The STAR HSA Plan

Expanded preventive drug coverage means that PEHP will pay a portion of the drug cost for some STAR HSA plans even before you meet your deductible. **Check your benefit summary for plan coverage details as not all STAR HSA plans include this benefit.** Make sure to visit an in-network pharmacy to receive this benefit.

Diabetes

GLUCOSE RESCUE PRODUCTS
GlucaGen HypoKit
Glucagon
METFORMIN PRODUCTS
glipizide-metformin
glyburide-metformin
metformin
metformin ER (non OSM, non MOD)
MISCELLANEOUS
pioglitazone
TESTING SUPPLIES
Freestyle test strips
SULFONYLUREAS
glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized
tolazamide

Depression

citalopram
escitalopram
fluoxetine
sertraline

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
verapamil
COMBINATION PRODUCTS
amiloride & HCTZ
atenolol & chlorthalidone
bisoprolol & HCTZ
enalapril & HCTZ
irbesartan & HCTZ
lisinopril & 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
DIURETICS
amiloride
bumetanide
chlorothiazide
chlorthalidone
furosemide solution
furosemide tablets
hydrochlorothiazide capsules
hydrochlorothiazide tablets
indapamide
methazolamide
methyclothiazide
spironolactone
toremide
MISCELLANEOUS
prazosin
clonidine
digoxin
VASODILATORS
hydralazine
isosorbide

Respiratory

ANTICHOLENERGICS
ipratropium bromide solution
INHALED CORTICOSTEROIDS
QVAR inhaler
SABA/ ANTICHOLENERGICS
ipratropium-albuterol inhaler
ipratropium-albuterol nebulized
SHORT ACTING BETA AGONISTS
albuterol ER tablets
albuterol nebulized
albuterol syrup
albuterol tablets
ProAir HFA inhaler
ProAir RespiClick
Ventolin inhaler

Osteoporosis

alendronate

YOU'RE COVERED



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.

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 45 to 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy.
PEHP covers Conscious Moderate Sedation for colon screenings. If you don't have an ASA score of P3 or higher, or a Mallampati score of III or higher, General Anesthesia or Monitored Anesthesia Care is not covered for those providers that bill separately for it. Check with your doctor to find out if you meet these requirements.
- » COVID vaccine for adults.
- » Depression screening for adults.
- » Type 2 diabetes screening for adults with high blood pressure.

- » 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 50 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)
 - › Respiratory syncytial virus (RSV)
 - » all adults 60+ Abrysvo
 - » pregnant women Abrysvo, one time per plan year
 - › 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.
 - » Sexually transmitted infection (STI) prevention counseling for adults at higher risk.

- » Tobacco use screening for all adults and cessation interventions for tobacco users.
- » Syphilis screening for all adults at higher risk.

Covered Preventive Services Specifically for Women, Including Pregnant Women

- » Preventive gynecological exam.
- » 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 are covered once per plan year for women over 40, and those under 40 who receive preauthorization.
- » 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.

Continued on back

Preventive Services Coverage

Continued from front

- » Cervical cancer screening (pap smear) for women ages 21-65.
- » 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, tubal ligation, and software application for contraception.
- » Domestic and interpersonal violence screening and counseling for all women.
- » Folic acid supplements for women who may become pregnant, covered under the pharmacy benefit when prescribed by a physician.
- » 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.
- » 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.
- » COVID vaccine for adults.
- » Depression screening for adolescents.
- » Dyslipidemia screening for children at higher risk of lipid disorders.
- » Fluoride chemoprevention 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 chemoprevention 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 Consumer 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.

Autism Spectrum Disorder Benefit

The benefit covers behavioral health treatment (ABA Therapy).

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

- » 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 through your **PEHP account** 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).



Choose Your Path to Wellness

Whether you're trying to be more active, improve your eating habits or boost your mental well-being – you can now choose your own path to wellness from a menu of options.

You can earn rebates and win monthly and annual prizes when you participate in our programs.

To qualify for the annual prize drawing, you must complete your 6 PEHP wellness activities and accompanying survey by December 8, 2025.



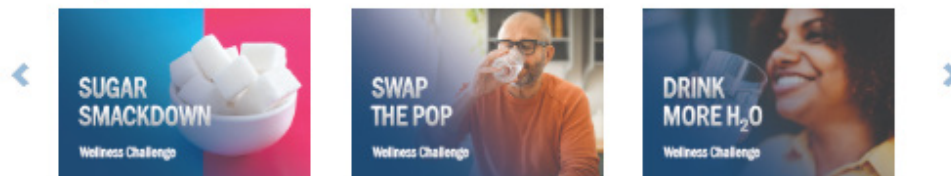
Physical Well-Being



Mental & Emotional Well-Being



Healthy Eating



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?

The effectiveness of a treatment can vary. In fact, some care may even be unnecessary. According to the Institutes of Medicine, more than 30% (or \$750B) of healthcare fits this category, which is more than we spend on K-12 education as a nation. 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 and less invasive, 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 \$10 can be better than one that costs \$500 and a lab that costs \$10 is no different than one that costs \$100.



Telemedicine Options

Primary, Mental Health, Urgent Care & More



Telemedicine can be a convenient and cost-effective way to get care for minor conditions, chronic conditions, mental health, and prescription renewals.



Copays and costs vary by provider and plan.* Check with your provider and review your Benefits Summary. See all providers and rates at pehp.org/providerlookup.

PRIMARY & SPECIALIST CARE

Many primary care doctors and some specialists offer telemedicine. Check with your doctor or search for providers under Provider Specialty --> Family Practice.

Provider Directory: pehp.org/providerlookup

MENTAL HEALTH CARE

Most mental health providers offer telemedicine, such as **Brightside Health**. Check with your provider or find mental health specialists under Provider Specialty --> Mental Health.

Learn More: pehp.org/mentalhealth

TELEMEDICINE PROVIDERS

For minor conditions such as eye infections, urinary issues, joint pain, strains, and skin problems, visit a telemedicine doctor. Find them under Facility Type --> Telemedicine.

Provider Directory: pehp.org/providerlookup

FIA CARE

Whether you need virtual visits, support with chronic conditions or prescription renewals - Fia Care can help.

Available on all PEHP networks. Use it as your primary care provider or for telemedicine needs.

Learn More: pehp.org/primarycare

*Telemedicine options are only available if enrolled in an active PEHP medical plan.

Dental Benefits: Preferred Dental Care

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

Preferred Dental Care – O15

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Deductible Does not apply to diagnostic or preventive services	None	None
Annual Benefit Max	\$1,500 per person	\$1,500 per person
DIAGNOSTIC		
	YOU PAY	YOU PAY
Periodic Oral Examinations	\$0	20% of In-Network Rate
X-rays	20% of In-Network Rate	40% of In-Network Rate
PREVENTIVE		
Cleanings and Fluoride Solutions	20% of In-Network Rate	40% of In-Network Rate
Sealants Permanent molars only through age 17	20% of In-Network Rate	40% of In-Network Rate
RESTORATIVE		
Amalgam Restoration	20% of In-Network Rate	40% of In-Network Rate
Composite Restoration	20% of In-Network Rate	40% of In-Network Rate
ENDODONTICS		
Pulpotomy	20% of In-Network Rate	40% of In-Network Rate
Root Canal	20% of In-Network Rate	40% of In-Network Rate
PERIODONTICS		
	20% of In-Network Rate	40% of In-Network Rate
ORAL SURGERY		
Extractions	20% of In-Network Rate	40% of In-Network Rate
ANESTHESIA General Anesthesia in conjunction with oral surgery or impacted teeth only		
General Anesthesia	20% of In-Network Rate	40% of In-Network Rate

Note: Six month waiting period applies to prosthodontic, implant, and orthodontics benefits unless you show PEHP you were covered by a qualified dental insurance plan for at least six consecutive months before joining PEHP dental.

PROSTHODONTIC BENEFITS Preauthorization may be required		
Crowns	50% of In-Network Rate	70% of In-Network Rate
Bridges	50% of In-Network Rate	70% of In-Network Rate
Dentures (partial)	50% of In-Network Rate	70% of In-Network Rate
Dentures (full)	50% of In-Network Rate	70% of In-Network Rate
IMPLANTS		
All eligible related services	50% of In-Network Rate	70% of In-Network Rate
ORTHODONTIC BENEFITS 6-month Waiting Period		
Maximum Lifetime Benefit per Member	\$1,500 – Does not apply to the Annual Benefit Maximum	
Eligible Appliances and Procedures	50% of eligible fees to plan maximum	

Missing Tooth Exclusion » Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with a PEHP-sponsored dental plan. Learn more in the Dental Master Policy.

For dental services covered by PEHP medical plans, there is no dental plan coverage.

Vision Benefits: EyeMed Plan H



PEHP Full

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up – Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up – Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive – Standard	\$75 copay	Up to \$40
Progressive – Premium Tier 1 – 3	\$95 – 120 copay	Up to \$40
Progressive – Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating – Standard	\$45	Not covered
Anti Reflective Coating – Premium Tier 1 – 2	\$57 – 68	Not covered
Anti Reflective Coating – Premium Tier 3	20% off retail price	Not covered
Photochromic – Non-Glass	\$75	Not covered
Polycarbonate – Standard	\$40	Not covered
Polycarbonate – Standard < 19 years of age	\$40	Not covered
Scratch Coating – Standard Plastic	\$15	Not covered
Tint – Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$96
Contacts – Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$96
Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$200
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Contact Lenses	Once every 12 months	Once every 12 months
(Plan allows member to receive either contacts and frame, or frames and lens services)		
PREMIUMS - monthly		
Subscriber only	\$7.61	
Subscriber + 1	\$12.17	
Subscriber + family	\$16.70	



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

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

Heads up

You may have additional benefits.

Log into

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

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



PEHP Eyewear Only



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

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

Heads up

You may have additional benefits.

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

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES Single Vision Bifocal Trifocal Lenticular Progressive – Standard Progressive – Premium Tier 1 - 3 Progressive – Premium Tier 4	\$10 copay \$10 copay \$10 copay \$10 copay \$75 copay \$95 - 120 copay \$75 copay; 20% off retail price less \$120 allowance	Up to \$25 Up to \$40 Up to \$55 Up to \$55 Up to \$40 Up to \$40 Up to \$40
LENS OPTIONS Anti Reflective Coating – Standard Anti Reflective Coating – Premium Tier 1 - 2 Anti Reflective Coating – Premium Tier 3 Photochromic – Non-Glass Polycarbonate – Standard Polycarbonate – Standard < 19 years of age Scratch Coating – Standard Plastic Tint – Solid or Gradient UV Treatment All Other Lens Options	\$45 \$57 - 68 20% off retail price \$75 \$40 \$40 \$15 \$15 \$15 20% off retail price	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered
CONTACT LENSES Contacts – Conventional Contacts – Disposable Contacts – Medically Necessary	\$0 copay; 15% off balance over \$130 allowance \$0 copay; 100% of balance over \$130 allowance \$0 copay; paid in full	Up to \$104 Up to \$104 Up to \$200
OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network	Discounts on hearing exam and 15% off retail or 5% off promo price; call 1.800.988.4221	Not covered Not covered
FREQUENCY Frame Lenses Contact Lenses (Plan allows member to receive either contacts and frame, or frames and lens services)		ALLOWED FREQUENCY - ADULTS Once every 12 months Once every 12 months Once every 12 months ALLOWED FREQUENCY - KIDS Once every 12 months Once every 12 months Once every 12 months
PREMIUMS - monthly Subscriber only Subscriber + 1 Subscriber + family	\$6.63 \$10.28 \$13.93	

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



NEW! Cash Back & Copay Map

The [smartest path](#)
to care!

Available July 1, 2025

Use these maps to locate **low-cost hospital alternatives** when you need a colonoscopy, surgery, MRI/CT scan, and other procedures.

A screenshot of a web application interface. At the top, there are two dropdown menus: "Treatment Category:" with "Surgical - Foot/Ankle" selected, and "Sub-Category:" with "Bunionectomy or repair of toe deformities (hammer toe, etc.)" selected. Below the menus, a map shows a region with several blue location pins. To the right of the map, there are two provider listings. Each listing includes the text "Cash Back:" followed by "\$375". The first listing is for "Tanner Clinic - Tazewell" and the second is for "Whitcomb Foot and Ankle Institute - Sigales". Each listing also includes a phone number and a link that says "Request Cash Back".

Copay Map (Traditional Plan)
Pay no more than \$45 for eligible services.

Cash Back Map (High-Deductible Plan)
Get up to \$3,900 cash back for eligible services.



Log in to your PEHP account
and look for them under the Find Providers & Costs menu.

Find the best care for you

Find and Compare Providers



You can search for doctors in your network based on specialty, name, or location. The tool also provides reviews and additional details to help you make an informed decision.

Find and Compare Healthcare Facilities



Under the “Find a Facility” tab, you can search for healthcare facilities (e.g. hospitals, clinics, surgical centers) in your network.

Compare Prescription Costs



You'll see medication prices from different pharmacies, including home delivery, which is often less expensive.

Cash Back/Copay Maps

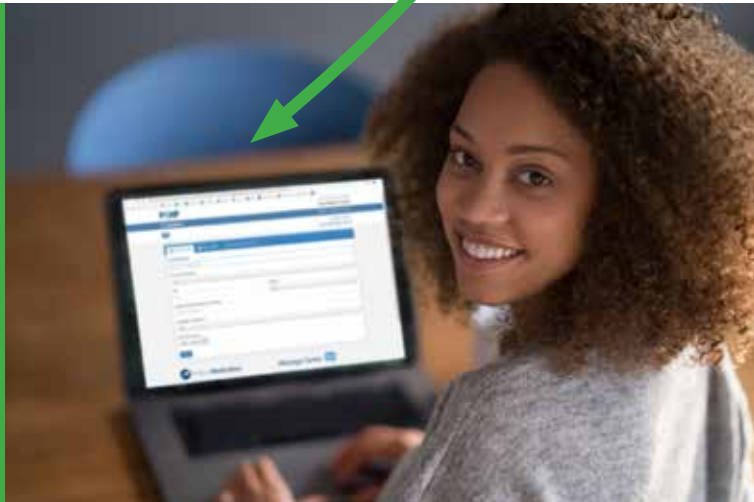


(Available July 1)

This is the best tool to use when you are considering surgery, CT scans, MRIs, colonoscopies and more.

Log in to your PEHP account and look for them under the Find Providers & Costs menu.

These tools are just one way we make life easier for our members. Start using them today to find the best value!



Out-of-Country Benefits

Passport for Health Medical Travel »

Save yourself and the medical plan approximately one-third of the cost by having certain procedures performed “out of country.” These benefits are administered by **Passport for Health**.

This benefit will be available for certain elective medical procedures. Benefits will be paid after you’ve met your deductible. The benefit includes flight, hotel for you and a companion/caregiver, and medical expenses. You are responsible for food expenses, as well as expenses to acquire a passport, Visa, etc.

Elective Procedures Include:

- » **Cardiac:** Coronary Artery Bypass Grafting, Cardiac Ablation, Valve Replacement, Pacemaker, Defibrillator.
- » **Orthopedic:** Shoulder Joint Replacement, Knee Replacement, Hip Replacement, Hip Resurfacing.
- » **Spine:** Lumbar Laminectomy, Spinal Fusions.

You must be healthy enough to travel and provide the necessary medical records from your physician to **Passport for Health**.

Passport for Health acts as your concierge, and will coordinate your procedure with the provider and facility and arrange for your travel and hotel. Any prescribed medications and medications used during the procedure will be covered.

Please be advised: When you receive medical care outside of the United States, you are subject to the host country’s laws and guidelines.

Medical Travel Destinations

- » Mexico
- » Colombia
- » Costa Rica
- » Cayman Islands

To Learn More

- » Contact Passport for Health by email: rrepke@globalmedconex.com





Pharmacy Tourism Program

Save money & get up to \$3,000 cash back per year



Program features

- » Fill a 90-day supply of specialty medications
- » Save you 40-60% during your deductible
- » Get \$750 cash back for each of up to four trips during the year
- » PEHP covers roundtrip airfare, transportation to and from clinic, and overnight hotel stay if necessary.

Destinations

- » Mexico
- » Canada

Available Medications

- » Avonex
- » Enbrel
- » Forteo
- » Orencia
- » Otezla
- » Stelara

Medications are subject to change at the discretion of the PEHP Pharmacy Department.

Learn More

- » Contact PEHP Pharmacy Services (801) 366-7551 or (888) 366-7551

Guide to PEHP Life & Accident

Group Term Life Coverage

EMPLOYEE BASIC COVERAGE

Your employer funds basic coverage at no charge to you.

COVERAGE	AMOUNT
Up to Age 70	100,000
Age 71 to 75	50,000
Age 76 and over	25,000



LINE-OF-DUTY DEATH BENEFIT

If you're enrolled in basic coverage, you get an additional \$50,000 Line-of-Duty Death Benefit at no extra cost. Enrollment is automatic.

ACCIDENTAL DEATH RIDER

If you're enrolled in basic coverage, you get an additional \$10,000 Accidental Death Benefit, subject to the provisions of the PEHP Group Accident Plan, at no extra cost. Enrollment is automatic.

EVIDENCE OF INSURABILITY

You must submit evidence of insurability if:

- » You want more coverage than the guaranteed issue;
- » You apply for any amount of coverage 60 days after your hire date.

After you apply for coverage, PEHP will guide you through the necessary steps to get evidence of insurability. They may include:

- » Completing a health questionnaire;
- » Basic biometric testing and blood work;
- » Furnishing your medical records.

EMPLOYEE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date, you can purchase up to \$200,000 as guaranteed issue. After 60 days, or for coverage greater than \$200,000 you must provide evidence of insurability.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.20	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
Age 30 to 35	1.30	2.60	5.20	7.80	10.40	13.00	15.60	18.20	20.80	23.40	26.00
Age 36 to 40	1.80	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
Age 41 to 45	2.20	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
Age 46 to 50	4.20	8.40	16.80	25.20	33.60	42.00	50.40	58.80	67.20	75.60	84.00
Age 51 to 55	5.10	10.20	20.40	30.60	40.80	51.00	61.20	71.40	81.60	91.80	102.00
Age 56 to 60	8.10	16.20	32.40	48.60	64.80	81.00	97.20	113.40	129.60	145.80	162.00
Age 61 to 70	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
After age 70, rates remain constant and coverage changes											
Coverage Amounts	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

SPOUSE BASIC COVERAGE: Your employer funds \$10,000 of spouse basic coverage at no charge to you.

SPOUSE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date or date of marriage, you can purchase up to \$50,000 as guaranteed issue for your spouse. After 60 days, or for coverage greater than \$50,000 you will need evidence of insurability.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.20	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
Age 30 to 35	1.30	2.60	5.20	7.80	10.40	13.00	15.60	18.20	20.80	23.40	26.00
Age 36 to 40	1.80	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
Age 41 to 45	2.20	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
Age 46 to 50	4.20	8.40	16.80	25.20	33.60	42.00	50.40	58.80	67.20	75.60	84.00
Age 51 to 55	5.10	10.20	20.40	30.60	40.80	51.00	61.20	71.40	81.60	91.80	102.00
Age 56 to 60	8.10	16.20	32.40	48.60	64.80	81.00	97.20	113.40	129.60	145.80	162.00
Age 61 to 70	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
After age 70, rates remain constant and coverage changes											
Coverage Amounts	13,700	27,400	54,800	82,200	109,600	137,000	164,400	191,800	219,200	246,600	274,000
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

DEPENDENT CHILDREN COVERAGE

Your employer funds \$10,000 of dependent children coverage at no charge to you. If you apply within 60 days of your hire date, you can buy additional coverage. After 60 days, any new application for coverage, or increase in coverage, will require evidence of insurability. All eligible children will be covered at the same level.

CHILD BASIC COVERAGE: Your employer funds \$10,000 at no cost to you.

Coverage Amount	10,000	15,000
Monthly cost	0	0.52

Accidental Death and Dismemberment (AD&D)

AD&D provides benefits for death, loss of use of limbs, speech, hearing or eye sight due to an accident, subject to the limitations of the policy.

INDIVIDUAL PLAN

Your employer funds \$100,000 of AD&D coverage at no charge to you. Select additional coverage from \$25,000 to \$150,000 for a maximum coverage of \$250,000.

Employee's Coverage Amount	Individual Plan Monthly Cost	Family Plan Monthly Cost
100,000	0	1.00

FAMILY PLAN

- » Upgrade your individual AD&D plan to a family plan. Convert your employee-funded \$100,000 individual plan to a \$100,000 family plan at a cost of \$1.00 per month.
- » Select a coverage amount ranging from \$25,000 to \$150,000, and your spouse and dependents will be automatically covered as follows:
 - » Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse's coverage increases to 50% of yours;
 - » Each dependent child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child's coverage increases to 20% of yours.
- » If injury to an insured person covered for this benefit results within one year of the date of the accident in any of the losses set forth, the plan will pay the sum specified opposite such loss, but the total amount payable for all such losses as a result of any one accident will not exceed the Principal Sum applicable to the insured person. The Principal Sum applicable to the insured person is the amount specified on the enrollment form.

Accidental Death and Dismemberment (AD&D)

Additional AD&D Coverage and Cost

INDIVIDUAL PLAN		FAMILY PLAN
Coverage Amount	Monthly Cost	Monthly Cost
25,000	0.50	0.75
50,000	1.00	1.50
75,000	1.50	2.25
100,000	2.00	3.00
125,000	2.50	3.75
150,000	3.00	4.50

AD&D Payment Schedule

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

LIMITATIONS AND EXCLUSIONS

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

Accident Weekly Indemnity – Employee Only Coverage

- » You employer funds \$350 at no charge to you.
- » If you enroll in AD&D coverage, you may also purchase Accident Weekly Indemnity coverage, which will provide a weekly income if you are totally disabled due to an accident that is not job-related.
- » The maximum eligible weekly amount is based on the employee’s monthly gross income (see graph below).
- » Coverage begins on the first day of total disability, and is payable while the disability continues, but not more than 52 weeks for any one incident.

Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	MONTHLY COST
2,900 to 3,599	400	0.52
3,600 and over	500	1.52

Accident Medical Expense (AME) – Employee Only Coverage

- » You employer funds \$2,500 at no charge to you.
- » This benefit will provide up to \$2,500 to help cover medical expenses incurred due to an accident that is not job-related and normally would be paid out of pocket.
- » Accident Medical Expense benefit will pay for medical expenses, which are in excess of those covered by all group medical insurance and by no-fault automobile insurance,
- » Some examples of eligible medical expenses are the costs incurred for treatment by a physician or surgeon, for hospital confinement, and for the employment of a licensed or graduate nurse to provide care because of the injury from an accident that was not job-related.

Master Policy

This document is a summary only. Find complete terms and conditions in the Master Policy. Find it when you log in to the Members’ Section of www.pehp.org. Or, to request a copy, email publications@pehp.org or call the number below.



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

PEHP LTD

Your Reliable Safety Net

PEHP Long-Term Disability (LTD) is your safety net should you become disabled and unable to work. This important benefit is paid for by your employer at no cost to you.

After a three-month waiting period, LTD provides two-thirds of your regular monthly salary for accidental bodily injury, disease, or illness if you're unable to perform your regular job. If you're disabled by external force or violence while performing your job, you may be eligible to receive 100% of your regular salary.



After two years on LTD, if you can't perform any gainful employment, you may apply for "ongoing" LTD. To continue receiving the benefit, you must be unable to perform any gainful employment due to physical disability.

LTD Basics	
Benefit Amount	Two-thirds of your salary
Waiting Period	Three months; closest to the first of the month
First 24 months of LTD	Must be unable to perform your regular job
After 24 months of LTD	Must be unable to perform any gainful employment due to physical disability (includes sedentary work)
Maximum Benefit	Age 65* or retirement with Utah Retirement Systems**
Line of Duty Benefit (External Force/Violence)	100% of regular salary

*Exception is if date of disability is age 60+. See Page 4.

**Go to www.urs.org to find out the years of service required for you to retire.

Learn More About PEHP LTD

Answers to our most frequently asked questions

When should I apply for LTD benefits?

You must apply for LTD benefits within six months from your last day worked in your regular full-duty job.

We encourage you to apply as soon as possible.

How do I apply for LTD benefits?

Contact our office for a phone interview and then you will be mailed an application and other forms to sign. See contact information on the back page.

Who is eligible?

Most employees who are eligible for an employer sponsored retirement plan are eligible for LTD; contact us if you need to confirm your eligibility. The Legislature created the benefit as a bridge from active to retirement status therefore URS post-retirees are ineligible. Retirement is the only benefit available to employees who have accrued full years of service toward retirement because Title 49 states LTD benefits terminate when the eligible employee has accumulated the following years:

Accrued years to retire are:

- » Tier 1 Public Employee: 30 years
- » Tier 1 Public Safety: 20 years
- » Tier 2 Public Employee: 35 years
- » Tier 2 Public Safety: 25 years

It is also important to note that age is not a factor in determining initial eligibility; if you're age 60 or older, see page 4.

Vocational Rehabilitation	Services include counseling and assistance returning to your regular job or finding new employment.
Rehabilitative Employment	May be able to work while on LTD. Requires prior approval. LTD benefits partially reduced.
Psychological Care Reimbursement	LTD may reimburse for copays for care while on LTD for psychological reasons. Requires prior approval.

How does PEHP LTD confirm I am disabled?

We must confirm your disability and impairment with objective medical documentation. We do this by collecting and reviewing medical records from your healthcare providers.

What happens to my URS retirement accrual while I am on LTD?

- » **If you were hired before July 1, 2011**, you will continue to earn years of service toward your URS retirement.
- » **If you were hired on or after July 1, 2011**, you will continue to earn years of service credit toward URS retirement.

Are there limits to my benefit?

Medical or psychological conditions that existed prior to eligibility may not be a basis for LTD benefits until you have had one year of continuous LTD eligibility.

For disabilities caused by psychological illness, benefits are limited to the first initial 24 months unless you're institutionalized.

How long can I receive LTD benefits?

If you are unable to perform your regular job and you remain disabled, you may remain on disability up to 24 months.

At the end of 24 months, you can apply for ongoing benefits if you can't perform any gainful employment, based on objective medical documentation.

As long as you meet the disability requirements you can remain on LTD until you reach age 65 or have enough years of service toward retirement to retire, whichever comes first.

If you become disabled at or after age 60, LTD is payable as follows (unless you accrue enough years of service toward retirement to retire first):

Age 60 or 61	»	five years
Age 62 or 63	»	four years
Age 64 or 65	»	three years
Age 66, 67 or 68	»	two years
Age 69 or older	»	one year



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Does other income affect my LTD benefits?

LTD benefits are reduced when you receive income from sources such as Social Security, workers' compensation, third-party payments, sick/vacation pay and wages from rehabilitative employment.

Note: This brochure offers a brief overview only. For more detailed information about your LTD benefits, go to www.pehp.org.

The LTD Program is established by Title 49 of Utah Code at 49-21-101. The information here provides a general description of benefits provided and is for informational purposes only. No error, misrepresentation or ambiguity in this information creates any rights or benefits not expressly granted by Utah Code Title 49.

