

Effective July 1, 2023 – June 30, 2024

# EnrollmentGuide

## Perry City

Look inside for important information about how to use your PEHP benefits.



PROUDLY SERVING UTAH PUBLIC EMPLOYEES

# 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](http://www.pehp.org)

Create a PEHP for Members account at [www.pehp.org](http://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 5:30 p.m.

Have your PEHP ID or Social Security number on hand for faster service. Foreign language assistance available.

## PREAUTHORIZATION

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

## PRESCRIPTION DRUG BENEFITS

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

## SPECIALTY PHARMACY

» Accredo ..... 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

## WELLNESS AND DISEASE MANAGEMENT

» PEHP Healthy Utah ..... 801-366-7300  
..... or 855-366-7300  
..... [www.pehp.org/healthyutah](http://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](http://www.pehp.org/weecare)

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

## VALUE-ADDED BENEFITS

» PEHPplus..... <https://www.pehp.org/pehpplus>

## 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

## Summit

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

### Participating Hospitals

#### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

#### Box Elder County

Bear River Valley Hospital  
Brigham City Community Hospital

#### Cache County

Cache Valley Hospital

#### Carbon County

Castview Hospital

#### Davis County

Davis Hospital  
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

Huntsman Cancer Hospital  
Jordan Valley Hospital  
Jordan Valley Hospital - West

#### Salt Lake County (cont)

Lone Peak Hospital  
Primary Children's Medical Center  
Riverton Children's Unit  
St. Marks Hospital  
Salt Lake Regional Medical Center  
University of Utah Hospital  
University Orthopaedic Center

#### San Juan County

Blue Mountain Hospital  
San Juan Hospital

#### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

#### Sevier County

Sevier Valley Hospital

#### Summit County

Park City Medical Center

#### Tooele County

Mountain West Medical Center

#### Uintah County

Ashley Valley Medical Center

#### Utah County

Mountain View Hospital  
Timpanogos Regional Hospital  
Mountain Point Medical Center

#### Wasatch County

Heber Valley Medical Center

#### Washington County

St. George Regional Medical Center

#### Weber County

Ogden Regional Medical Center

## Advantage

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

### Participating Hospitals

#### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

#### Box Elder County

Bear River Valley Hospital

#### Cache County

Logan Regional Hospital

#### Carbon County

Castview Hospital

#### Davis County

Davis Hospital  
Intermountain Layton Hospital

#### Duchesne County

Uintah Basin Medical Center

#### Garfield County

Garfield Memorial Hospital

#### Grand County

Moab Regional Hospital

#### Iron County

Cedar City Hospital

#### Juab County

Central Valley Medical Center

#### Kane County

Kane County Hospital

#### Millard County

Delta Community Hospital  
Fillmore Community Hospital

#### Salt Lake County

Alta View Hospital  
Intermountain Medical Center

#### Salt Lake County (cont)

The Orthopedic Specialty Hospital (TOSH)  
LDS Hospital  
Primary Children's Medical Center  
Riverton Hospital

#### San Juan County

Blue Mountain Hospital  
San Juan Hospital

#### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

#### Sevier County

Sevier Valley Hospital

#### Summit County

Park City Medical Center

#### Tooele County

Mountain West Medical Center

#### Uintah County

Ashley Valley Medical Center

#### Utah County

American Fork Hospital  
Orem Community Hospital  
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](http://pehp.org)

# Medical Benefits: Traditional Plan



## Traditional Option 4

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>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$1,000 Double/family plans: \$1,000 per person, \$2,000 per family <i>One person cannot meet more than \$1,000</i>	
<b>Plan year Out-of-Pocket Maximum</b> <i>Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$6,000 Double/family plans: \$6,000 per person, \$12,000 per family <i>One person cannot meet more than \$6,000</i>	
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	40% after deductible
<b>PEHP VALUE PROVIDERS</b>		
<b>PEHP Value Providers</b> <i>Cash Back opportunities available. Visit <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>	Starting at \$10 co-pay per visit	Not applicable
<b>PROFESSIONAL SERVICES</b>		
<b>Primary Care Visits</b> <i>Includes office surgeries, inpatient visits and Autism services</i>	\$30 co-pay per visit	40% after deductible
<b>Specialist Visits</b> <i>Includes office surgeries, inpatient visits and Autism services</i>	\$40 co-pay per visit	40% after deductible
<b>Surgery and Anesthesia</b>	20% after deductible	40% after deductible
<b>Emergency Room Specialist Visits</b>	\$40 co-pay per visit	\$40 co-pay per visit
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less</i>	No charge	40% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350</i>	20% after deductible	40% after deductible
<b>PRESCRIPTION DRUGS   For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></b>		
<b>30-day Pharmacy</b> <i>Retail only</i>	<b>Tier 1:</b> \$15 co-pay <b>Tier 2:</b> \$30 co-pay <b>Tier 3:</b> \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	<b>Tier 1:</b> \$30 co-pay <b>Tier 2:</b> \$60 co-pay <b>Tier 3:</b> \$130 co-pay	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>
<b>SPECIALTY DRUGS</b>   For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a>		
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20% after deductible. No maximum co-pay <b>Tier B:</b> 30% after deductible. No maximum co-pay	<b>Tier A:</b> 40% after deductible. No maximum co-pay <b>Tier B:</b> 50% after deductible. No maximum co-pay
<b>Specialty Medications, through Home Health or Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 30%. \$225 maximum co-pay <b>Tier C1:</b> 10%. No maximum co-pay <b>Tier C2:</b> 20%. No maximum co-pay <b>Tier C3:</b> 30%. No maximum co-pay	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgical Center</b>	20% after deductible	40% after deductible
<b>Urgent Care Facility</b>	\$50 co-pay per visit	40% after deductible
<b>Emergency Room</b> <i>Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$200 co-pay after deductible per visit	\$200 co-pay after deductible per visit
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	40% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% after deductible	40% after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	40% after deductible
<b>Physical and Occupational Therapy</b> <i>Outpatient – Up to 20 combined visits per plan year.</i>	Applicable co-pay per visit	40% after deductible
<b>Mental Health &amp; Substance Abuse</b>	20% after deductible	40% after deductible
<b>INPATIENT FACILITY SERVICES</b>		
<b>Hospital Services</b> <b>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation</b> <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>	20% after deductible	40% after deductible
<b>Skilled Nursing Facility and Residential Treatment</b> <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	Not covered

# Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption / Assisted Reproductive Technology (ART)</b> <i>See Master Policy for benefit limits. 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	
<b>Allergy Serum</b>	20% after deductible	40% after deductible
<b>Chiropractic care</b>   <i>Up to 20 visits per plan year</i>	Applicable office co-pay per visit	Not covered
<b>Durable Medical Equipment</b> <i>Some DME requires preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	20% after deductible	40% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	No charge	40% after deductible
<b>Hospice</b>	No charge	40% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	<b>Under \$50:</b> No charge <b>Over \$50:</b> 20% after deductible	40% after deductible
<b>Infertility Services</b>   <i>Select services only. See Master Policy for details</i>	20% after deductible	40% after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details</i>	20% after deductible	40% after deductible

# Medical Benefits: STAR HSA Plan



## STAR HSA 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* <i>Balance billing may apply</i>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$1,500 Double/family plans: \$3,000 <i>One person or a combination can meet the \$3,000 double/family deductible</i>	
<b>Plan year Out-of-Pocket Maximum</b>	Single plans: \$2,800 Double/family plans: \$5,600 <i>One person or a combination can meet the \$5,600 double/family maximum</i>	
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	40% after deductible
<b>PEHP VALUE PROVIDERS</b>		
<b>PEHP Value Providers</b> <i>Cash Back opportunities available. Visit <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>	20% after deductible	Not applicable
<b>PROFESSIONAL SERVICES</b>		
<b>Primary Care Visits</b> <i>Includes office surgeries, inpatient visits and Autism services</i>	20% after deductible	40% after deductible
<b>Specialist Visits</b> <i>Includes office surgeries, inpatient visits and Autism services</i>	20% after deductible	40% after deductible
<b>Surgery and Anesthesia</b>	20% after deductible	40% after deductible
<b>Emergency Room Specialist Visits</b>	20% after deductible	20% after deductible
<b>Diagnostic Tests, Labs, X-rays</b>	20% after deductible	40% after deductible
<b>PRESCRIPTION DRUGS</b>   <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>30-day Pharmacy</b> <i>Retail only</i>	<b>Tier 1:</b> \$15 co-pay <b>Tier 2:</b> \$30 co-pay <b>Tier 3:</b> \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	<b>Tier 1:</b> \$30 co-pay <b>Tier 2:</b> \$60 co-pay <b>Tier 3:</b> \$130 co-pay	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>
<b>PRESCRIPTION DRUGS</b>   <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	<b>Tier A:</b> 40%. No maximum co-pay <b>Tier B:</b> 50%. No maximum co-pay
<b>Specialty Medications, through Home Health or Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 30%. \$225 maximum co-pay <b>Tier C1:</b> 10%. No maximum co-pay <b>Tier C2:</b> 20%. No maximum co-pay <b>Tier C3:</b> 30%. No maximum co-pay	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgical Center</b>	20% after deductible	40% after deductible
<b>Urgent Care Facility</b>	20% after deductible	40% after deductible
<b>Emergency Room</b> <i>Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% after deductible	20% after deductible
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
<b>Diagnostic Tests, Labs, X-rays</b>	20% after deductible	40% after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	40% after deductible
<b>Physical and Occupational Therapy</b> <i>Outpatient – Up to 20 combined visits per plan year.</i>	20% after deductible	40% after deductible
<b>Mental Health &amp; Substance Abuse</b>	20% after deductible	40% after deductible
<b>INPATIENT FACILITY SERVICES</b>		
<b>Hospital Services</b> <b><i>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation</i></b> <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>	20% after deductible	40% after deductible
<b>Skilled Nursing Facility and Residential Treatment</b> <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	Not covered



# Medical Benefits: STAR HSA Plan

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

# Some of PEHP's Exclusive Benefits

## On-Demand Doctors

See a doctor via mobile or web with discounted pricing through [Intermountain Connect Care](#). It's available 24 hours a day, every day, without an appointment.

## PEHP Value Providers

Make one of these full-service providers your family doctor and save! They provide all the services of a family doctor, but at a lower cost. [Learn more](#).


## Wellness For You

PEHP offers programs, tools, and resources to help you take control of your health, including Healthy Utah Testing Sessions. [Learn more](#).

## New Prescription Cost Tool

Find drug options for your health condition, compare prices at different pharmacies, and see if cash back is available for your medication. [Learn more](#).

## Get Up to \$2,000 in Cash Back

 Share in the savings when you choose a lower-cost provider. Find out about cash back services using PEHP's Cost Tools. Look for the green phone with a dollar sign. [Learn more](#).

## Pharmacy Resources

Find PEHP's Covered Drug List, learn which medications require preauthorization, find information about savings programs and many more resources on [PEHP's pharmacy page](#).

## Mental Health Care & Resources

Your PEHP mental health benefit covers treatment for specific mental health conditions. [Learn more](#).

## Seeking Reimbursement for Cash Payments

If you pay for your covered medical service in full, you can get reimbursed or get credited towards your deductible. Find the reimbursement form at [www.pehp.org](http://www.pehp.org) under *Resources & Help > Find a Form > Self-Pay Medical Claim Form*.

## Reimbursement for Pharmacy Cash Payments

If you pay for your covered prescription in full, you can get reimbursed or get credited towards your deductible. Find the reimbursement form at [www.pehp.org/pharmacy/cob](http://www.pehp.org/pharmacy/cob)

## PEHP Pays for Preventive Services

Stay healthy by getting preventive screenings every year. Preventive benefits are covered at no cost to you when you see an in-network provider — even before you meet your deductible. [Learn more](#).



# 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 the end of your plan year.
- » 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.

# Need Immediate Care? Consult a Doctor Remotely

## A Fast, Easy Way to See a Doctor

Families have access to care for urgent, low-level needs such as:

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

## Intermountain Connect Care

Available 24/7/365 (even on holidays)

- » Summit
- » Advantage
- » Preferred

## University of Utah Health Virtual Visits

Available 9 a.m.-9 p.m., 7 days a week

- » Summit
- » Preferred
- » Capital

### If You're on the Traditional Plan

Each on-demand doctor consultation costs only a **\$10 co-pay**.

### If You're on the STAR HSA Plan

Each on-demand doctor consultation costs only **\$69** before you meet your deductible (**\$49** for UofU virtual visits). After your deductible is met, you pay only a **\$10 co-pay**.



Download the Intermountain Connect Care app from the [Google Play Store](#) or [iTunes App Store](#).



For UofU Health Virtual Visits, go to [healthcare.utah.edu/virtual-care/virtual-visits/](https://healthcare.utah.edu/virtual-care/virtual-visits/)

# 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 Colonoscopy's. 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.*
- » 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 60 and above)
    - › Human papillomavirus (HPV)
      - » males age 9-21 Gardasil
      - » females age 9-26 Gardasil or Cervarix
    - › Influenza (flu shot)
    - › Measles, mumps, rubella
    - › Meningococcal (meningitis)
    - › Pneumococcal (pneumonia)
    - › Tetanus, diphtheria, pertussis (Td or Tdap)
    - › Varicella (chickenpox)
- Learn more about immunizations and see the latest vaccine schedules at [www.cdc.gov/vaccines/](http://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, two per plan year.
- » Anemia screening on a routine basis for pregnant women.
- » Bacteriuria urinary tract or other infection screening for pregnant women.
- » BRCA counseling about genetic testing for women at higher risk.
- » BRCA testing for women at higher risk, requires preauthorization from PEHP.
- » Breast cancer mammography screenings one time per plan year for women over 40.
- » Breast cancer chemoprevention counseling for women at higher risk.
- » Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
- » Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.  
*Coverage allows for either a manual or electric breast pump within 12 months after delivery. Hospital grade breast pumps when medically necessary and preauthorized by PEHP are also included.*
- » Cervical cancer screening (pap smear) for women ages 21-65.

*Continued on next page*



# Preventive Services Coverage

*Continued from previous page*

- » Chlamydia infection screening for younger women and other women at higher risk.
- » Contraception: Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs.
  - » Covered services/devices include: One IUD every two years (including removal), generic oral contraceptives, NuvaRing, Ortho Evra, diaphragms, cervical caps, emergency contraceptives (Ella, and generics only), injections, hormonal implants (including removal), Essure, and tubal ligation.
- » Domestic and interpersonal violence screening and counseling for all women.
- » Folic acid supplements for women who may become pregnant, covered under the pharmacy benefit 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.
  - » 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/](http://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 Utah Basic Plus)*

### Adults

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

### Children

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

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

# 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 \$3,050 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, 2023 and June 30, 2024. You can carry over up to \$610 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](mailto:flex@pehp.org). See instructions below to download the PEHP FLEX\$ brochure or email [publications@pehp.org](mailto:publications@pehp.org) to request a copy.



**Enroll for FLEX\$** at PEHP for Members at [www.pehp.org](http://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.



# Welcome to your new Online Account

Your new PEHP online account makes it easier to find benefit information, access claims history, download explanation of benefits (EOB), get cost estimates for healthcare services, and much more.



## Create a Personal Online Account

**Step 1:** Go to [www.pehp.org](http://www.pehp.org).

**Step 2:** Select "Account → Member" in upper right corner

**Step 3:** Start typing your employer name and select from the drop-down menu

**Step 4:** Click "Create New Account"

*When creating your account, make sure to use your full ID number with the hyphen:*

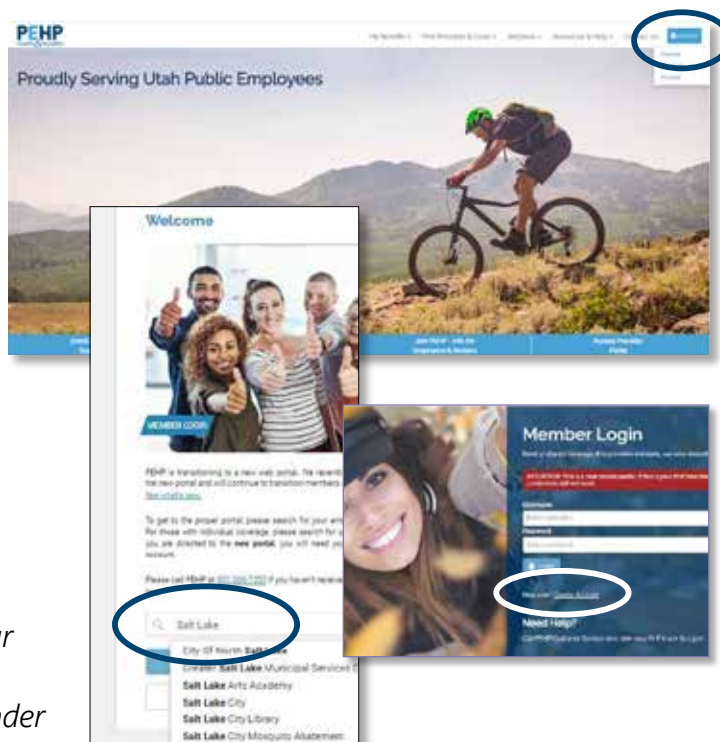
M0000020834-00 subscriber

M0000020834-01 spouse

M0000020834-02 child/dependent

*If you want to see all claims for your family, your spouse and adult dependent must create an account and grant you access to their claims under the My Preferences menu → Permissions.*

*Find your ID number on your benefits card or call PEHP at 801-366-7555.*



# PEHP Value Providers



## MEDICAL

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

**Traditional Plan** » \$10 office co-pay

### SALT LAKE CITY

#### [Midtown Clinic](#)

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

#### [RC Willey Employee Clinic](#)

2301 South 300 West | **801-464-7900**

#### [WesTech Wellness Center](#)

3605 S West Temple | **801-506-0000**

### NORTH SALT LAKE

#### [FJM Clinic](#)

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

### CLEARFIELD

#### [Futura Onsite Clinic](#)

11 H Street | **801-774-3265**

### LAYTON

#### [Onsite Care at Davis Hospital](#)

1580 W. Antelope Dr., Suite 110 | **801-807-7699**

### OGDEN

#### [FJM Clinic](#)

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

### LEHI

#### [OnSite Care at Mountain Point Medical](#)

3000 Triumph Blvd, Ste. 320 | **801-753-4600**



## E-CARE/TELEMEDICINE

Visit a doctor online anytime, anywhere.

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

**STAR HSA Plan** » \$59 per visit or \$10 per visit after deductible; For UofU virtual visits: \$49 per visit or \$10 per visit after deductible

**Traditional Plan** » \$10 per visit

**Intermountain Connect Care** » available on all networks

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



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

# PEHP Value Providers



## COLONOSCOPY

**Get Cash Back »** Get cash back\* when you get your colonoscopy from one of these Value Providers. You must call PEHP prior to service to be eligible for cash back. You need to get the colonoscopy in the provider's office or at an ambulatory surgical center to be eligible for cash back as this doesn't apply to hospitals, even if your doctor determines you must do it there. Remember you'll always get the best pricing when you use a PEHP Value Provider.

### Utah Gastroenterology

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

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

### Granite Peaks Gastroenterology

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

### Revere Health

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

#### Preventive Colonoscopy 45+

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

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

*\*Please note cash back is subject to income taxes.*



## PRESCRIPTION ASSISTANCE PROGRAMS

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

#### Rx Help Centers®

<http://rxhelpcenter.org/>

#### Patient Access Network Foundation®

<https://panfoundation.org/index.php/en/>

#### Patient Advocate Foundation®

<http://www.patientadvocate.org/>

#### HealthWell Foundation®

<https://www.healthwellfoundation.org/>

# PEHP Value Providers



## LABORATORIES

Visit these labs for exclusive PEHP member savings.

### **MULTIPLE LOCATIONS**

The following laboratories have more than one location. For the location near you, visit the [Provider Lookup](http://www.pehp.org) at [www.pehp.org](http://www.pehp.org).

#### **[Accupath Diagnostics](#)**

Advantage and Summit networks

#### **[Cedar Diagnostics LLC](#)**

Advantage and Summit networks

#### **[Esoterix](#)**

Advantage network only

#### **[Labcorp Inc](#)**

Advantage and Summit networks

#### **[Pathology Associates Medical Labs](#)**

Summit network only

#### **[Quest Diagnostics](#)**

Summit network only

### **BOUNTIFUL**

#### **[Bountiful Health Center Lab](#)**

390 N Main St. | **801-294-1150**

Advantage network only

### **MURRAY**

#### **[Intermountain Central Lab](#)**

5252 S Intermountain Dr. | **801-535-8163**

Summit network only

### **SALT LAKE CITY**

#### **[IHC Health Center Salt Lake Clinic](#)**

333 S 900 E | **801-535-8163**

Advantage and Summit networks

### **OUT-OF-STATE**

#### **ALBUQUERQUE, N.M.**

#### **[Tricare Reference Laboratories](#)**

1001 Woodward Pl. NE | **505-938-8803**

Summit network only

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

# Dental Benefits: Traditional 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.

<b>Traditional Dental Care</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Deductible</b> Does not apply to diagnostic or preventive services	<b>\$25</b> per person <b>\$75</b> maximum per family	<b>\$25</b> per person <b>\$75</b> maximum per family
<b>Annual Benefit Max</b>	<b>\$1,500</b> per person	<b>\$1,500</b> per person
<b>DIAGNOSTIC</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Periodic Oral Examinations</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>X-rays</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>PREVENTIVE</b>		
<b>Cleanings and Fluoride Solutions</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>Sealants</b>   Permanent molars only through age 17	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>RESTORATIVE</b>		
<b>Amalgam Restoration</b>	<b>20%</b> of In-Network Rate AD*	<b>40%</b> of In-Network Rate AD
<b>Composite Restoration</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD
<b>ENDODONTICS</b>		
<b>Pulpotomy</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD
<b>Root Canal</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD
<b>PERIODONTICS</b>		
	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD
<b>ORAL SURGERY</b>		
<b>Extractions</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD
<b>ANESTHESIA</b>   General Anesthesia in conjunction with oral surgery or impacted teeth only		
<b>General Anesthesia</b>	<b>20%</b> of In-Network Rate AD	<b>40%</b> of In-Network Rate AD
<b>PROSTHODONTIC BENEFITS</b>   Preauthorization may be required		
<b>Crowns</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>Bridges</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>Dentures (partial)</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>Dentures (full)</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>IMPLANTS</b>		
<b>All eligible related services</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>ORTHODONTIC BENEFITS</b>		
<b>Maximum Lifetime Benefit per Member</b>	<b>\$1,500</b> – Does not apply to the Annual Benefit Maximum	
<b>Eligible Appliances and Procedures</b>	<b>50%</b> of eligible fees to plan maximum AD	

\* = After Deductible

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

# PEHP Cost Tools

### Find Quality Care & Best Value

Finding quality care at the right place is important. PEHP has several cost comparison tools that help you shop for the best providers and the best value.

To get started, log in to your PEHP account and click “Find Providers & Costs” in the top menu.

### Find and Compare Providers



Under the “Find a Provider” tab, you can search for doctors and other healthcare providers in your network, see and compare cost information, and read reviews from other PEHP members. Plus, you can see how often a doctor refers lab work to a costly hospital or lower-cost independent lab.

### 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, and see and compare cost information.

### Looking for Lower Drug Costs?



Click on “Compare Prescription Costs.” You’ll see medication prices from different pharmacies, including home delivery, which is often less expensive.

To get the best deal, use medications on lower tiers in the PEHP Covered Drug List – a list of prescription medications available to members at lower costs.

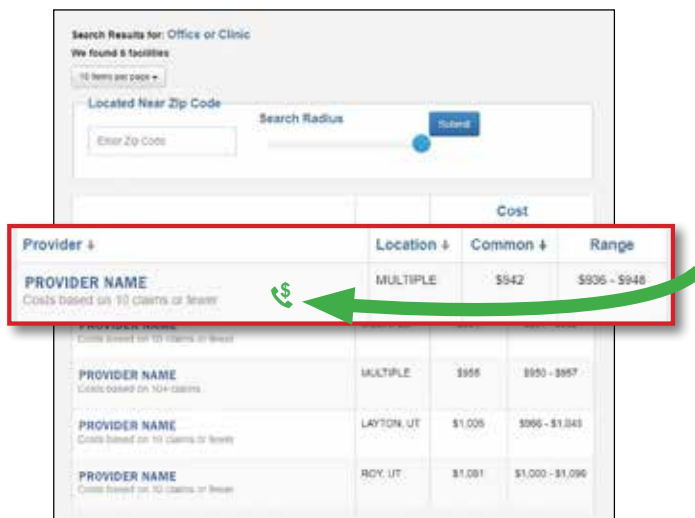
These cost comparison tools are just one way we strive to make healthcare costs transparent, so you decide where to go for the best care and value.





### Compare Medical Costs & Find Cash Back Opportunities

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



Provider	Location	Common	Range
PROVIDER NAME Costs based on 10 claims or fewer	MULTIPLE	\$942	\$936 - \$948
PROVIDER NAME Costs based on 10+ claims	MULTIPLE	\$958	\$950 - \$967
PROVIDER NAME Costs based on 10 claims or fewer	LAYTON, UT	\$1,009	\$996 - \$1,043
PROVIDER NAME Costs based on 10 claims or fewer	BOY, UT	\$1,091	\$1,000 - \$1,096

PEHP pays  
you to save!

Not only do  
you get cash  
back, it saves  
you money on  
deductibles &  
co-insurance.

Look for cash back opportunities offered by PEHP for certain medical services performed by lower-cost providers. The amount of cash back can range from \$50 to \$2,000. You’ll see a **cash back indicator** next to the location categories and provider names. To qualify for cash back, you must contact PEHP at 801-366-7555 or via the secure Message Center **before** receiving services.

**To learn more, visit**  
**[www.pehp.org/save](http://www.pehp.org/save)**



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

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

\*\*Go to [www.urs.org](http://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 the next page.

<b>Vocational Rehabilitation</b>	Services include counseling and assistance returning to your regular job or finding new employment.
<b>Rehabilitative Employment</b>	May be able to work while on LTD. Requires prior approval. LTD benefits partially reduced.
<b>Psychological Care Reimbursement</b>	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 may continue to earn years of service credit toward URS retirement if your employer has signed a benefit protection contract. Check with your employer.

## 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



## PEHP Long-Term Disability

560 East 200 South  
Salt Lake City, UT 84102

801-366-7583 | 800-365-7347

Email us: [pehp.ltd@pehp.org](mailto:pehp.ltd@pehp.org)

More info: visit [www.pehp.org](http://www.pehp.org)

## 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](http://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.

# NEW! 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.

And as always, you can earn cash rebates when you participate in our programs.

Scan to  
visit the site



My Benefits • Find Providers & Costs • Wellness • Resources & Help • Contact Us [Account](#)

## Choose Your Path to Wellness

**WIN PRIZES**  
If you participate in 10 wellness activities during the year – you'll be entered into a drawing for a chance to win one of several prizes.  
[SEE PRIZES](#)

### Physical Activity

**PAY IT FORWARD**  
[SIGN UP](#)

**PROJECT HAPPINESS**  
[SIGN UP](#)

**COUNTING YOUR ZZZZs**  
[SIGN UP](#)

### Mental & Emotional Well-Being

**MINIMALISM FOR A MONTH**  
[SIGN UP](#)

**BE RESILIENT**  
[SIGN UP](#)

**BEAT THE BLUES**  
[SIGN UP](#)



## Education

### Seminars

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

### Webinars

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

### Wellness Challenges

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

## For the Worksite

### Wellness Council Support & Resources

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

Mini-Grants, trainings and technical assistance are available to help you start and maintain a wellness council at your worksite.

## Coaching

### Health Coaching

This one-on-one lifestyle behavior change program provides education and support to help you succeed in meeting your health and weight management goals. Available to members, spouses and dependents age 6 and older.

To learn more about PEHP Wellness, visit [www.pehp.org/wellness](http://www.pehp.org/wellness).



## Wellness for You



### Annual Biometric Screening

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

### Rebates\*

#### First Steps Rebate (\$50)

Get screened at a Healthy Utah Biometric Testing Session or at your Health Care Provider's office (with First Steps rebate form), participate in 3 PEHP Wellness activities (1 webinar, 1 challenge, and 1 Workout Warrior), then take Questionnaire within 90 days.

#### Next Steps Rebate (\$50)

After completing First Steps Rebate, participate in your choice of PEHP Wellness activities and submit a completed rebate form. Other available rebates include Diabetes Management, WeeCare, and Tobacco Cessation.

### WeeCare

PEHP WeeCare is a pregnancy and postpartum program that helps expectant mothers have the healthiest and safest pregnancy possible. A rebate\* is offered for enrolling to receive educational materials and support.

*\*PEHP Rebates may not apply to all plans and are taxable. Members in the Consumer Plus Plan are not eligible for rebates.*

