

Effective September 1, 2023 – August 31, 2024

# EnrollmentGuide

Uintah School District

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



**PEHP**  
Health & 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

USBA drug benefits are administered by Express Scripts

» Express Scripts Member Services ..... 877-817-1436

## HEALTH SAVINGS ACCOUNTS (HSA)

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

## WELLNESS AND CARE MANAGEMENT

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

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

## VALUE-ADDED BENEFITS

» PEHPplus..... [www.pehp.org/pehpplus](http://www.pehp.org/pehpplus)

## CLAIMS MAILING ADDRESS

PEHP

560 East 200 South

Salt Lake City, Utah 84102-2004

## Summit

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

### Participating Hospitals

#### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

#### Box Elder County

Bear River Valley Hospital  
Brigham City Community Hospital

#### Cache County

Cache Valley Hospital

#### Carbon County

Castlevue 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

#### Uintah 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  
Timpanogos Regional Hospital

#### 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

Castlevue 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

#### Uintah 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  
Spanish Fork Hospital  
Utah Valley Hospital

#### Wasatch County

Heber Valley Medical Center

#### Washington County

St. George Regional Medical Center

#### Weber County

McKay-Dee Hospital

### Non-Contracted Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. Find participating providers and [see a list of Non-Contracted Providers](#) at [www.pehp.org](http://www.pehp.org).

## Preferred

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

# Medical Benefits: Silver Plan



## Silver Plan

Summit, Advantage & Preferred

### 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*   |
|--|---|--|
| <b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>  |   |  |
| <b>Plan year Deductible</b><br><i>Applies to Out-of-Pocket Maximum</i>   | Single plans: \$200<br>Double/family plans: \$200 per person, \$600 per family<br><i>One person cannot meet more than \$200</i>   | Single plans: \$500<br>Double/family plans: \$500 per person, \$1,000 per family<br><i>One person cannot meet more than \$500</i>        |
| <b>Plan year Out-of-Pocket Maximum</b><br><i>Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum</i>   | Single plans: \$4,500<br>Double/family plans: \$4,500 per person, \$9,200 per family<br><i>One person cannot meet more than \$4,500</i>   | Single plans: \$8,500<br>Double/family plans: \$8,500 per person, \$17,000 per family<br><i>One person cannot meet more than \$8,500</i> |
| <b>ANNUAL PREVENTIVE CARE</b>  |   |  |
| <b>Preventive services allowed by Affordable Care Act</b><br><i>Annual physical exam, immunizations.<br/>See full list at <a href="http://www.pehp.org/members/preventive">www.pehp.org/members/preventive</a></i> | No charge   | Not covered  |
| <b>Routine Vision Exams</b>   1 visit per year   | No charge   | No charge plus any balance billing   |
| <b>Routine Hearing Exams</b>   1 visit per year  | Applicable office co-pay per visit  | Not covered  |
| <b>PEHP VALUE PROVIDERS</b>  |   |  |
| <b>PEHP Value Providers</b><br><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><br><i>Includes office surgeries, inpatient visits and Autism services</i>   | 20% after deductible  | 40% after deductible   |
| <b>Specialist Visits</b><br><i>Includes office surgeries, inpatient visits and Autism services</i>   | 20% after deductible  | 40% after deductible   |
| <b>Inpatient Physician Visits</b>  | 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 plus any balance billing  |
| <b>Diagnostic Tests, Labs, X-rays</b>  | 20% after deductible  | 40% after deductible   |
| <b>PRESCRIPTION DRUGS</b>  |   |  |
| <b>30-day Pharmacy</b><br><i>Retail only</i>   | <b>Tier 1:</b> \$15 co-pay<br><b>Tier 2:</b> 25% of discounted cost. \$30 minimum, \$90 maximum co-pay<br><b>Tier 3:</b> 50% of discounted cost. \$55 minimum, \$200 maximum co-pay   | Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance  |
| <b>90-day Pharmacy</b><br><i>Maintenance only</i>  | <b>Tier 1:</b> \$25 co-pay<br><b>Tier 2:</b> 25% of discounted cost. \$50 minimum, \$150 maximum co-pay<br><b>Tier 3:</b> 50% of discounted cost. \$100 minimum, \$200 maximum 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.

# Medical Benefits: Silver Plan

|  | In-Network Provider   | Out-of-Network Provider*   |
|--|---|--|
| <b>SPECIALTY DRUGS</b>   |   |  |
| <b>Specialty Medications, retail pharmacy</b><br><i>Up to 30-day supply</i>  | <b>Tier A:</b> 20%. No maximum co-pay<br><b>Tier B:</b> 30%. No maximum co-pay  | Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance                            |
| <b>Specialty Medications, office/outpatient</b><br><i>Up to 30-day supply</i>  | <b>Tier A:</b> 20% of In-Network Rate AD. No maximum co-pay<br><b>Tier B:</b> 30% of In-Network Rate AD. No maximum co-pay    | <b>Tier A:</b> 40% after deductible. No maximum co-pay<br><b>Tier B:</b> 50% after deductible. No maximum co-pay |
| <b>Specialty Medications, through specialty vendor Accredo</b><br><i>Up to 30-day supply</i>   | <b>Tier A:</b> 20%. \$150 maximum co-pay<br><b>Tier B:</b> 30%. \$225 maximum co-pay<br><b>Tier C:</b> 20%. No maximum co-pay | Not covered  |
| <b>OUTPATIENT FACILITY SERVICES</b>  |   |  |
| <b>Outpatient Facility and Ambulatory Surgical Center</b>  | 20% after deductible and \$250 co-pay per visit   | 40% after deductible and \$250 co-pay per visit  |
| <b>Urgent Care Facility</b>  | 20% after deductible  | 40% after deductible   |
| <b>Emergency Room</b><br><i>Emergencies only, as determined by PEHP.<br/>If admitted, inpatient facility benefit will be applied</i>   | 20% after deductible and \$150 co-pay   | 20% after deductible and \$150 co-pay plus any balance billing   |
| <b>Ambulance (ground or air)</b><br><i>Medical emergencies only, as determined by PEHP</i>   | 20% after deductible  | 20% after deductible plus any balance billing  |
| <b>Diagnostic Tests, Labs, X-rays</b>  | 20% after deductible  | 40% after deductible   |
| <b>Chemotherapy, Radiation, and Dialysis</b><br><i>Dialysis from out-of-network provider requires Preauthorization.</i>  | 20% after deductible  | 40% after deductible   |
| <b>Physical and Occupational Therapy</b><br><i>Outpatient — Up to 20 combined visits per plan year. No Preauthorization required.</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><br><b>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation</b><br><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 and \$500 co-pay   | 40% after deductible and \$500 co-pay  |
| <b>Skilled Nursing Facility and Residential Treatment</b><br><i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>  | 20% after deductible and \$500 co-pay   | Not covered  |

## Medical Benefits: Silver Plan

|  | In-Network Provider                             | Out-of-Network Provider*                      |
|--|---|---|
| <b>MISCELLANEOUS SERVICES</b>  |   |   |
| <b>Adoption</b>   <i>See Master Policy for benefit limits</i>  | 20% after deductible up to \$4,000 per adoption |   |
| <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><br><i>Some DME requires preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list.<br/>See Master Policy for benefit limits</i>    | 20% after deductible                            | 40% after deductible                          |
| <b>Medical Supplies</b><br><i>See the Master Policy for benefit limits</i>   | 20% after deductible                            | 40% after deductible                          |
| <b>Hearing Aids</b>   <i>Requires Preauthorization.<br/>Up to one pair of hearing aids every three years</i>   | 20% after deductible                            | Not covered                                   |
| <b>Home Health/Skilled Nursing</b><br><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><br><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.<br/>Up to \$1,500 per plan year. \$5,000 Lifetime Maximum</i>  | 50% after deductible                            | 50% after deductible                          |
| <b>Temporomandibular Joint Dysfunction</b>   <i>Non-surgical</i>   | Not covered                                     | Not covered                                   |
| <b>Missing Teeth for Dental Accident or Certain Medical Conditions</b><br><i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization.<br/>Dental benefits may apply</i> | 20% after deductible                            | 20% after deductible plus any balance billing |

\*\*Does not apply to the out-of-pocket maximum.

# Medical Benefits: Copper HSA Plan



## Copper HSA

Advantage & Preferred

### 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.**

| Advantage & Preferred   | In-Network Provider   | Out-of-Network Provider*  |
|---|---|---|
| DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS  |   |   |
| Plan year Deductible<br><i>Applies to Out-of-Pocket Maximum</i>   | Single plans: \$1,750<br>Double/family plans: \$3,500<br><i>One person or a combination can meet the \$3,500 double/family deductible</i> |   |
| Plan year Out-of-Pocket Maximum   | Single plans: \$3,500<br>Double/family plans: \$7,000<br><i>One person or a combination can meet the \$7,000 double/family maximum</i>    |   |
| ANNUAL PREVENTIVE CARE  |   |   |
| Preventive services allowed by Affordable Care Act<br><i>Annual physical exam, immunizations.<br/>See full list at <a href="http://www.pehp.org/members/preventive">www.pehp.org/members/preventive</a></i> | No charge   | Not covered   |
| Routine Vision Exams   <i>1 visit per year</i>  | No charge   | Not covered   |
| Routine Hearing Exams   | Not covered   | Not covered   |
| PEHP VALUE PROVIDERS  |   |   |
| PEHP Value Providers<br><i>Cash Back opportunities available. Visit <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>  | 25% after deductible  | Not applicable  |
| PROFESSIONAL SERVICES   |   |   |
| Primary Care Visits<br><i>Includes office surgeries, inpatient visits and Autism services</i>   | 25% after deductible  | 50% after deductible  |
| Specialist Visits<br><i>Includes office surgeries, inpatient visits and Autism services</i>   | 25% after deductible  | 50% after deductible  |
| Inpatient Physician Visits  | 25% after deductible  | 50% after deductible  |
| Surgery and Anesthesia  | 25% after deductible  | 50% after deductible  |
| Emergency Room Specialist Visits  | 25% after deductible  | 25% after deductible plus any balance billing   |
| Diagnostic Tests, Labs, X-rays  | 25% after deductible  | 50% after deductible  |
| PRESCRIPTION DRUGS  |   |   |
| 30-day Pharmacy<br><i>Retail only</i>   | Tier 1: 25% of discounted cost<br>Tier 2: 25% of discounted cost<br>Tier 3: 35% of discounted cost  | Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance |
| 90-day Pharmacy<br><i>Maintenance only</i>  | Tier 1: 25% of discounted cost<br>Tier 2: 25% of discounted cost<br>Tier 3: 35% of discounted cost  | 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.



# Medical Benefits: Copper HSA Plan

|  | In-Network Provider   | Out-of-Network Provider*  |
|--|---|---|
| <b>SPECIALTY DRUGS</b>   All pharmacy benefits for HSA plans are subject to the deductible.  |   |   |
| <b>Specialty Medications, retail pharmacy</b><br><i>Up to 30-day supply</i>  | <b>Tier A:</b> 25%. No maximum co-pay<br><b>Tier B:</b> 30%. No maximum co-pay  | Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance |
| <b>Specialty Medications, office/outpatient</b><br><i>Up to 30-day supply</i>  | <b>Tier A:</b> 25%. No maximum co-pay<br><b>Tier B:</b> 30%. No maximum co-pay  | <b>Tier A:</b> 70%. No maximum co-pay<br><b>Tier B:</b> 70%. No maximum co-pay        |
| <b>Specialty Medications, through specialty vendor Accredo</b><br><i>Up to 30-day supply</i>   | <b>Tier A:</b> 25%. \$150 maximum co-pay<br><b>Tier B:</b> 30%. \$225 maximum co-pay<br><b>Tier C:</b> 20%. No maximum co-pay | Not covered   |
| <b>OUTPATIENT FACILITY SERVICES</b>  |   |   |
| <b>Outpatient Facility and Ambulatory Surgical Center</b>  | 25% after deductible  | 50% after deductible  |
| <b>Urgent Care Facility</b>  | 25% after deductible  | 50% after deductible  |
| <b>Emergency Room</b><br><i>Emergencies only, as determined by PEHP.<br/>If admitted, inpatient facility benefit will be applied</i>   | 25% after deductible  | 25% after deductible plus any balance billing   |
| <b>Ambulance (ground or air)</b><br><i>Medical emergencies only, as determined by PEHP</i>   | 25% after deductible  | 25% after deductible plus any balance billing   |
| <b>Diagnostic Tests, Labs, X-rays</b>  | 25% after deductible  | 50% after deductible  |
| <b>Chemotherapy, Radiation, and Dialysis</b><br><i>Dialysis from out-of-network provider requires Preauthorization.</i>  | 25% after deductible  | 50% after deductible  |
| <b>Physical and Occupational Therapy</b><br><i>Outpatient — Up to 20 combined visits per plan year.<br/>No Preauthorization required.</i>  | 25% after deductible  | 50% after deductible  |
| <b>Mental Health &amp; Substance Abuse</b>   | 25% after deductible  | 50% after deductible  |
| <b>INPATIENT FACILITY SERVICES</b>   |   |   |
| <b>Hospital Services</b><br><i>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation</i><br><i>All out-of-network facilities and some in-network facilities require preauthorization.<br/>See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization</i> | 25% after deductible  | 50% after deductible  |
| <b>Skilled Nursing Facility and Residential Treatment</b><br><i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>  | 25% after deductible  | Not covered   |



## Medical Benefits: Copper HSA Plan

|  | In-Network Provider                              | Out-of-Network Provider*                      |
|--|--|---|
| <b>MISCELLANEOUS SERVICES</b>  |  |   |
| <b>Adoption</b>   <i>See Master Policy for benefit limits</i>  | 25% after deductible, up to \$4,000 per adoption |   |
| <b>Allergy Serum</b>   | 25% after deductible                             | 50% after deductible                          |
| <b>Chiropractic care</b>   <i>Up to 20 visits per plan year</i>  | 25% after deductible                             | Not covered                                   |
| <b>Durable Medical Equipment</b><br><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>    | 25% after deductible                             | 50% after deductible                          |
| <b>Medical Supplies</b><br><i>See the Master Policy for benefit limits</i>   | 25% after deductible                             | 50% after deductible                          |
| <b>Hearing Aids</b>   <i>Requires Preauthorization. Up to one pair of hearing aids every three years</i>   | 20% after deductible                             | Not covered                                   |
| <b>Home Health/Skilled Nursing</b><br><i>Up to 60 visits per plan year. Requires Preauthorization</i>  | 25% after deductible                             | 50% after deductible                          |
| <b>Hospice</b>   | 25% after deductible                             | 50% after deductible                          |
| <b>Injections</b><br><i>Includes allergy injections. See above for allergy serum</i>   | 25% after deductible                             | 50% after deductible                          |
| <b>Infertility Services**</b>   <i>Select services only. See Master Policy for details. Up to \$1,500 per plan year. \$5,000 Lifetime Maximum</i>  | 25% after deductible                             | 50% after deductible                          |
| <b>Temporomandibular Joint Dysfunction</b>   <i>Non-surgical</i>   | Not covered                                      | Not covered                                   |
| <b>Missing Teeth for Dental Accident or Certain Medical Conditions</b><br><i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply</i> | 25% after deductible                             | 25% after deductible plus any balance billing |

# Medical Benefits: Core HSA Plan



## Core HSA

Summit, Advantage & Preferred

### 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.**

| Summit, Advantage & Preferred   | In-Network Provider  | Out-of-Network Provider*  |
|---|--|---|
| DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS  |  |   |
| Plan year Deductible<br><i>Applies to Out-of-Pocket Maximum</i>   | Single plans: \$2,100<br>Double/family plans: \$4,200<br><i>One person or a combination can meet the \$4,200 double/family deductible</i>                                  |   |
| Plan year Out-of-Pocket Maximum   | Single plans: \$6,550<br>Double/family plans: \$6,550 per person, \$13,100 per family<br><i>One person cannot apply more than \$6,550 toward the double/family maximum</i> |   |
| ANNUAL PREVENTIVE CARE  |  |   |
| Preventive services allowed by Affordable Care Act<br><i>Annual physical exam, immunizations.<br/>See full list at <a href="http://www.pehp.org/members/preventive">www.pehp.org/members/preventive</a></i> | No charge  | Not covered   |
| Routine Vision Exams   <i>1 visit per year</i>  | Applicable office co-pay per visit   | Not covered   |
| Routine Hearing Exams   | Not covered  | Not covered   |
| PEHP VALUE PROVIDERS  |  |   |
| PEHP Value Providers<br><i>Cash Back opportunities available. Visit <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>  | 50% after deductible   | Not applicable  |
| PROFESSIONAL SERVICES   |  |   |
| Primary Care Visits<br><i>Includes office surgeries, inpatient visits and Autism services</i>   | 50% after deductible   | 50% after deductible  |
| Specialist Visits<br><i>Includes office surgeries, inpatient visits and Autism services</i>   | 50% after deductible   | 50% after deductible  |
| Inpatient Physician Visits  | 50% after deductible   | 50% after deductible  |
| Surgery and Anesthesia  | 50% after deductible   | 50% after deductible  |
| Emergency Room Specialist Visits  | 50% after deductible   | 50% after deductible<br>plus any balance billing  |
| Diagnostic Tests, Labs, X-rays  | 50% after deductible   | 50% after deductible  |
| PRESCRIPTION DRUGS   <i>All pharmacy benefits for HSA plans are subject to the deductible.</i>  |  |   |
| 30-day Pharmacy<br><i>Retail only</i>   | Tier 1: 50% of discounted cost<br>Tier 2: 50% of discounted cost<br>Tier 3: 60% of discounted cost   | Plan pays up to discounted cost,<br>minus the applicable co-pay.<br>Member pays any balance |
| 90-day Pharmacy<br><i>Maintenance only</i>  | Tier 1: 50% of discounted cost<br>Tier 2: 50% of discounted cost<br>Tier 3: 60% of discounted cost   | 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.

## Medical Benefits: Core HSA Plan

|  | In-Network Provider   | Out-of-Network Provider*  |
|--|---|---|
| <b>SPECIALTY DRUGS</b>   All pharmacy benefits for HSA plans are subject to the deductible.  |   |   |
| <b>Specialty Medications, retail pharmacy</b><br><i>Up to 30-day supply</i>  | <b>Tier A:</b> 50%. No maximum co-pay<br><b>Tier B:</b> 50%. No maximum co-pay  | Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance |
| <b>Specialty Medications, office/outpatient</b><br><i>Up to 30-day supply</i>  | <b>Tier A:</b> 50%. No maximum co-pay<br><b>Tier B:</b> 50%. No maximum co-pay  | <b>Tier A:</b> 70%. No maximum co-pay<br><b>Tier B:</b> 70%. No maximum co-pay        |
| <b>Specialty Medications, through specialty vendor Accredo</b><br><i>Up to 30-day supply</i>   | <b>Tier A:</b> 50%. \$150 maximum co-pay<br><b>Tier B:</b> 50%. \$225 maximum co-pay<br><b>Tier C:</b> 20%. No maximum co-pay | Not covered   |
| <b>OUTPATIENT FACILITY SERVICES</b>  |   |   |
| <b>Outpatient Facility and Ambulatory Surgical Center</b>  | 50% after deductible  | 70% after deductible  |
| <b>Urgent Care Facility</b>  | 50% after deductible  | 50% after deductible  |
| <b>Emergency Room</b><br><i>Emergencies only, as determined by PEHP.<br/>If admitted, inpatient facility benefit will be applied</i>   | 50% after deductible  | 50% after deductible plus any balance billing   |
| <b>Ambulance (ground or air)</b><br><i>Medical emergencies only, as determined by PEHP</i>   | 50% after deductible  | 50% after deductible plus any balance billing   |
| <b>Diagnostic Tests, Labs, X-rays</b>  | 50% after deductible  | 50% after deductible  |
| <b>Chemotherapy, Radiation, and Dialysis</b><br><i>Dialysis from out-of-network provider requires Preauthorization.</i>  | 50% after deductible  | 50% after deductible  |
| <b>Physical and Occupational Therapy</b><br><i>Outpatient — Up to 20 combined visits per plan year. No Preauthorization required.</i>  | 50% after deductible  | 50% after deductible  |
| <b>Mental Health &amp; Substance Abuse</b>   | 50% after deductible  | 50% after deductible  |
| <b>INPATIENT FACILITY SERVICES</b>   |   |   |
| <b>Hospital Services</b><br><b>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation</b><br><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> | 50% after deductible  | 50% after deductible  |
| <b>Skilled Nursing Facility and Residential Treatment</b><br><i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>  | 50% after deductible  | Not covered   |

## Medical Benefits: Core HSA Plan

|  | In-Network Provider                              | Out-of-Network Provider*                      |
|--|--|---|
| <b>MISCELLANEOUS SERVICES</b>  |  |   |
| <b>Adoption</b>   <i>See Master Policy for benefit limits</i>  | 50% after deductible, up to \$4,000 per adoption |   |
| <b>Allergy Serum</b>   | 50% after deductible                             | 50% after deductible                          |
| <b>Chiropractic care</b>   <i>Up to 20 visits per plan year</i>  | 50% after deductible                             | Not covered                                   |
| <b>Durable Medical Equipment</b><br><i>Some DME requires preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list.<br/>See Master Policy for benefit limits</i>    | 50% after deductible                             | 50% after deductible                          |
| <b>Medical Supplies</b><br><i>See the Master Policy for benefit limits</i>   | 50% after deductible                             | 50% after deductible                          |
| <b>Hearing Aids</b>   <i>Requires Preauthorization.<br/>Up to one pair of hearing aids every three years</i>   | 20% after deductible                             | Not covered                                   |
| <b>Home Health/Skilled Nursing</b><br><i>Up to 60 visits per plan year. Requires Preauthorization</i>  | 50% after deductible                             | 50% after deductible                          |
| <b>Hospice</b>   | 50% after deductible                             | 50% after deductible                          |
| <b>Injections</b><br><i>Includes allergy injections. See above for allergy serum</i>   | 50% after deductible                             | 50% after deductible                          |
| <b>Infertility Services**</b>   <i>Select services only. See Master Policy for details.<br/>Up to \$1,500 per plan year. \$5,000 Lifetime Maximum</i>  | 50% after deductible                             | 50% after deductible                          |
| <b>Temporomandibular Joint Dysfunction</b>   <i>Non-surgical</i>   | Not covered                                      | Not covered                                   |
| <b>Missing Teeth for Dental Accident or Certain Medical Conditions</b><br><i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization.<br/>Dental benefits may apply</i> | 50% after deductible                             | 50% after deductible plus any balance billing |

# 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](#).



# 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.





# myWellness Tracker



**myWellness Tracker** is a wellness tracking program for you and your PEHP-insured spouse. The goal of the program is to help you create or sustain healthy habits – and get rewarded for it!

## How does it work?

myWellness Tracker, based on the WellRight digital platform, is used to create fun and engaging health and wellness challenges. It helps you stay motivated and improve your overall wellbeing. Sync your wearable device or manually track challenges within myWellness Tracker. Access the program portal either on your desktop or through the app.

Most challenges are 30 days, designed to create and track habits – such as your nutrition, exercise, or finances – over an entire month.

myWellness Tracker is offered in addition to Healthy Utah, giving you an opportunity to “earn more.”

## Rewards

### Earn Points – Get Cash

Points are awarded for completing challenges, helping you work towards three achievement levels. You earn \$50 for each level you reach – that’s up to \$150 each plan year! PEHP sends you (the insured employee) a check at the end of the plan year for your accomplishments. FICA tax is withheld from all payments.

PEHP Wellness rebates are still available outside of myWellness Tracker:

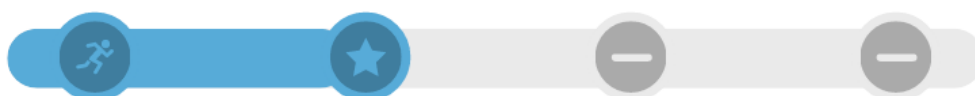
- » Know & Plan
- » Diabetes Management
- » Next Steps
- » Tobacco Cessation
- » Wee Care

TO REGISTER VISIT:

**USBA.wellright.com**



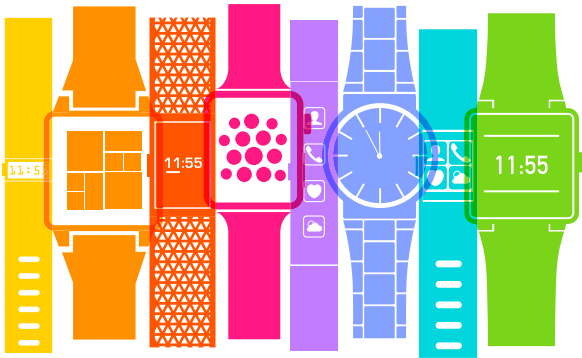
You have earned **1050** points!



# Program Features

## Device Integration

myWellness Tracker integrates easily with wearable tracking devices and apps, such as Apple Watch, FitBit, Garmin, and more. Don't have a wearable device? Download one of the compatible, FREE apps listed in the program portal. You can also manually track your progress within the myWellness Tracker portal.



## Other Features

- » **Biometric Data** – find your biometric data from Healthy Utah testing sessions in your Health Profile
- » **Message Board** – communicate with other users within a challenge
- » **Personal Calendar** – see your progress, challenge trackers, and more!
- » **Quick Links** – access PEHP products, services, and web pages easily with one menu

### How do I access myWellness Tracker?



PEHP will send you a registration link to myWellness Tracker via email and the Message Center. Follow the link to myWellness Tracker and get started!

## Text Tracking

Don't like the idea of manually tracking with your device? Text tracking is your solution! Each challenge has daily text reminders to help you form healthy habits. You can also track your results for a specific challenge by replying to the same reminder message.

## Download the App



Don't rely on a browser for all your tracking – download the WellRight app! The app has an easy-to-use interface and quick access to your challenges and progress.

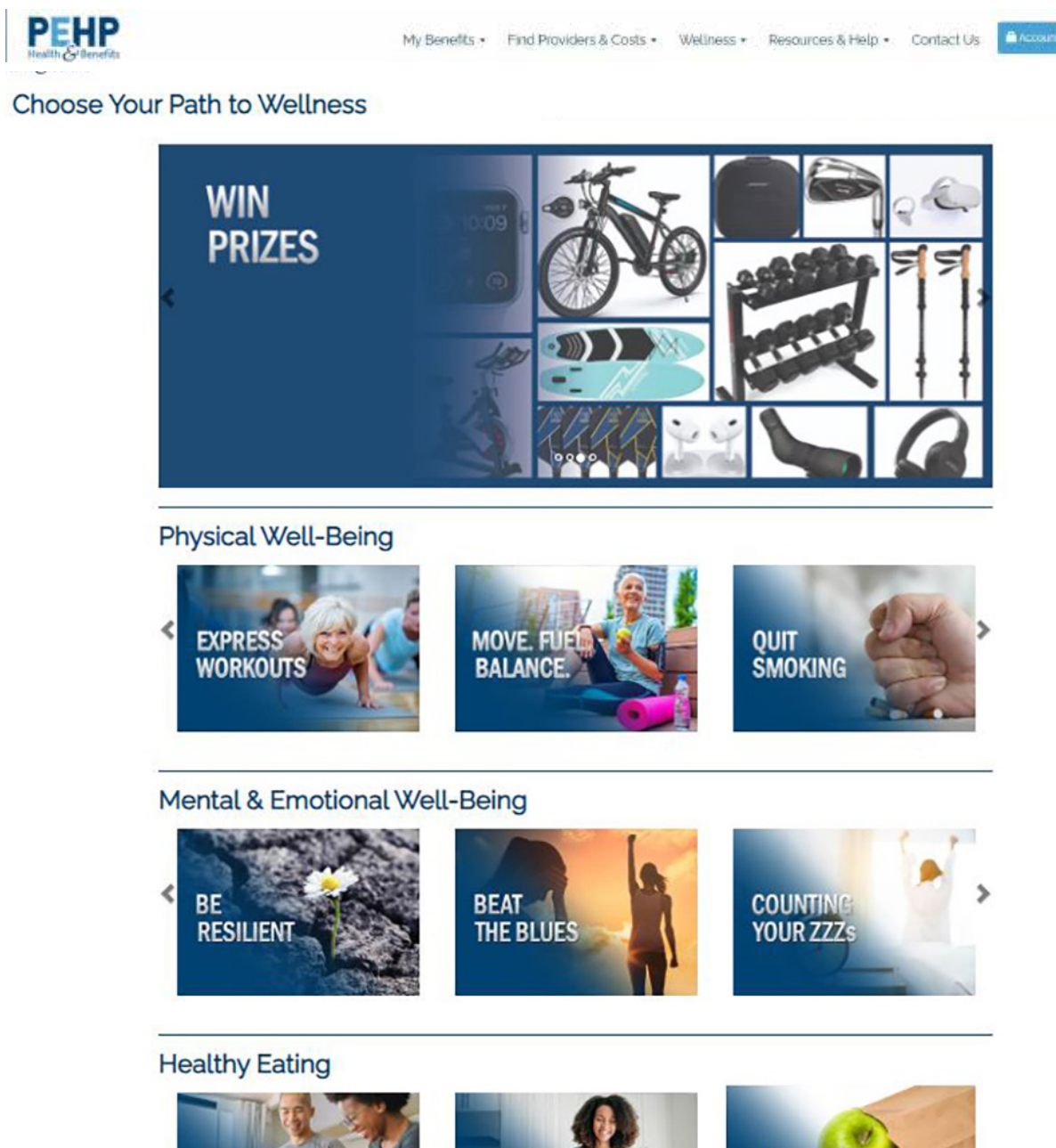


# NEW! Choose your path to Wellness

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 website



The screenshot shows the PEHP Health & Benefits website. The header includes the PEHP logo and navigation links: My Benefits, Find Providers & Costs, Wellness, Resources & Help, Contact Us, and an Account button. The main heading is "Choose Your Path to Wellness". Below this is a large banner titled "WIN PRIZES" featuring a collage of images: a smartphone, a bicycle, a backpack, a showerhead, a pair of headphones, a set of dumbbells, a pair of trekking poles, a surfboard, a pair of sneakers, a pair of gloves, and a pair of socks. Below the banner are three categories of wellness programs, each with three sub-options:

- Physical Well-Being**
  - EXPRESS WORKOUTS (Image of a woman doing a plank)
  - MOVE. FUEL. BALANCE. (Image of a woman sitting on a yoga mat with a water bottle)
  - QUIT SMOKING (Image of a hand holding a cigarette)
- Mental & Emotional Well-Being**
  - BE RESILIENT (Image of a daisy flower growing from a crack in the ground)
  - BEAT THE BLUES (Image of a person silhouetted against a sunset, raising their arms)
  - COUNTING YOUR ZZZs (Image of a person sleeping in bed)
- Healthy Eating**
  - (Image of a man and a woman smiling)
  - (Image of a woman smiling)
  - (Image of a green apple)

## 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.*

