2019-20

Enrollment Guide

Salt Lake City 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

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

CUSTOMER SERVICE/ HEALTH BENEFITS ADVISORS

801-366-7555
or 800-765-7347

Weekdays from 8 a.m. to 5:30 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

» Mental Health Preauthorization through Blomquist Hale
800-926-9619

PHARMACY

» Caremark 866-818-6911
www.caremark.com

PEHP FLEX$

» 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

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

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

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

VALUE-ADDED BENEFITS

» PEHPplus ..... www.pehp.org/plus

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
- Castleview Hospital

Davis County
- Lakeview Hospital
- Davis Hospital

Duchesne County
- Uintah Basin Medical Center

Garfield County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Cedar City Hospital

Juab County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Hospital
- Fillmore Community Hospital

Salt Lake County
- Huntsman Cancer Hospital
- Jordan Valley Hospital

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

Weber County
- Ogden Regional Medical Center

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

Advantage

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

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital

Cache County
- Logan Regional Hospital

Carbon County
- Castleview Hospital

Davis County
- Davis Hospital
- 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
- Utah Valley Hospital

Wasatch County
- Heber Valley Medical Center

Washington County
- Dixie Regional Medical Center

Weber County
- McKay-Dee Hospital

**Formerly IASIS*

PEHP Health & Benefits

Traditional Option 1

Summit or 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.

	YOU PAY	
Summit or Advantage	**In-Network Provider**	**Out-of-Network Provider***
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan Year Deductible *Applies to out-of-pocket maximum*	$750 per individual, $2,250 per family	$1,500 per individual, $4,500 per family
Plan year Out-of-Pocket Maximum**	$4,500 per individual, $13,200 per family	$9,000 per individual, $27,000 per family
INPATIENT FACILITY SERVICES		
Medical and Surgical | *All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility | *Non-custodial Up to 60 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation | *Up to 40 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *Requires preauthorization through Blomquist Hale. Failure to preauthorize may result in claim being denied.*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Residential Treatment *Requires preauthorization through Blomquist Hale. Failure to preauthorize may result in claim being denied.*	20% of In-Network Rate after deductible	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) *Medical emergencies only, as determined by PEHP*	20% of In-Network Rate after deductible	
Emergency Room *Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied*	$300 co-pay after deductible per visit	$300 co-pay after deductible per visit plus any balance billing above In-Network Rate
Urgent Care Facility	$55 co-pay per visit	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Minor *For each test allowing $350 or less, when the only services performed are diagnostic testing*	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major *For each test allowing more than $350, when the only services performed are diagnostic testing*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical, Occupational & Speech Therapy *Outpatient – up to 20 visits per plan year for each therapy type. Only Speech therapy requires preauthorization*	$45 co-pay after deductible per visit	40% of In-Network Rate after deductible

In-network and out-of-network Deductibles accumulate separately. In-network and out-of-network Out-of-Pocket Maximums accumulate separately.

*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.

**Please refer to the Master Policy for exceptions to the out-of-pocket maximum.

Medical Benefits: Traditional Option 1 Plan

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Office Visits	20% of In-Network Rate after deductible per visit	40% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	**Medical:** $10 co-pay per visit	Not applicable
PEHP Value Clinics	$10 co-pay per visit	Not applicable
Primary Care Office Visits and Office Surgeries	$30 co-pay per visit	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	$45 co-pay per visit	40% of In-Network Rate after deductible
Emergency Room Specialist Visits	$45 co-pay per visit	$45 co-pay per visit plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays, Minor *For each test allowing $350 or less*	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major *For each test allowing more than $350*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *Requires preauthorization through Blomquist Hale. Failure to preauthorize may result in claim being denied.*	**Office visit:** $30 co-pay per visit. **Outpatient:** 20% of In-Network Rate after deductible. **Inpatient:** 20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PRESCRIPTION DRUGS		
Pharmacy Deductible	$100 per person per plan year	
30-day Pharmacy *Retail only (up to 90-day supply at participating retail pharmacies)*	**Tier 1:** $15 co-pay **Tier 2:** $35 co-pay after pharmacy deductible **Tier 3:** $50 co-pay after pharmacy deductible **Tier 4:** 30% after pharmacy deductible	
90-day Pharmacy *Maintenance only*	**Tier 1:** $15 co-pay **Tier 2:** $70 co-pay after pharmacy deductible **Tier 3:** $150 co-pay after pharmacy deductible	

Medical Benefits: Traditional Option 1 Plan

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption | *See Master Policy for limitations*	20% after deductible, plan pays up to $4,000 per adoption	
Affordable Care Act Preventive Services *See Master Policy for complete list*	No charge	Not covered
Allergy Serum	20% of In-Network Rate	Not covered
Chiropractic Care | *Up to 20 visits per plan year*	$20 co-pay per visit	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions *Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply*	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Durable Medical Equipment, DME *Except for oxygen and Sleep Disorder Equipment, certain DME over $750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies *See the Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health *Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing *Up to 60 visits per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services** *Select services only. See Master Policy for details. Maximum of $1,500 per plan year / $5,000 per lifetime*	50% of In-Network Rate after deductible	Not covered
Specialty Medications/Injections *Office/Outpatient. Medical Deductible applies*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction *Up to $2,000 Lifetime Maximum*	20% of In-Network Rate after deductible	Not covered

PEHP Health & Benefits

Traditional Option 2

Summit or 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.

	YOU PAY	
	In-Network Provider	**Out-of-Network Provider***
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan Year Deductible *Applies to out-of-pocket maximum*	$1,500 per individual, $4,500 per family	$3,000 per individual, $9,000 per family
Plan year Out-of-Pocket Maximum**	$4,500 per individual, $13,200 per family	$9,000 per individual, $27,000 per family
INPATIENT FACILITY SERVICES		
Medical and Surgical | *All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility | *Non-custodial Up to 60 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation | *Up to 40 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *Requires preauthorization through Blomquist Hale. Failure to preauthorize may result in claim being denied.*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Residential Treatment *Requires preauthorization through Blomquist Hale. Failure to preauthorize may result in claim being denied.*	20% of In-Network Rate after deductible	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) *Medical emergencies only, as determined by PEHP*	20% of In-Network Rate after deductible	
Emergency Room *Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied*	$200 co-pay after deductible per visit	$200 co-pay after deductible per visit plus any balance billing above In-Network Rate
Urgent Care Facility	$40 co-pay per visit	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Minor *For each test allowing $350 or less, when the only services performed are diagnostic testing*	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major *For each test allowing more than $350, when the only services performed are diagnostic testing*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical, Occupational & Speech Therapy *Outpatient – up to 20 visits per plan year for each therapy type. Only Speech therapy requires Preauthorization*	$40 co-pay after deductible per visit	40% of In-Network Rate after deductible

In-network and out-of-network Deductibles accumulate separately. In-network and out-of-network Out-of-Pocket Maximums accumulate separately.

*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.

**Please refer to the Master Policy for exceptions to the out-of-pocket maximum.

Medical Benefits: Traditional Option 2 Plan

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Office Visits	20% of In-Network Rate after deductible per visit	40% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	**Medical:** $10 co-pay per visit	Not applicable
PEHP Value Clinics	$10 co-pay per visit	Not applicable
Primary Care Office Visits and Office Surgeries	$25 co-pay per visit	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	$40 co-pay per visit	40% of In-Network Rate after deductible
Emergency Room Specialist Visits	$40 co-pay per visit	$40 co-pay per visit plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays, Minor *For each test allowing $350 or less*	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major *For each test allowing more than $350*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *Requires preauthorization through Blomquist Hale*	**Office visit:** $25 co-pay per visit. **Outpatient:** 20% of In-Network Rate after deductible. **Inpatient:** 20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PRESCRIPTION DRUGS		
Pharmacy Deductible	$150 per person per plan year	
30-day Pharmacy *Retail only (up to 90-day supply at participating retail pharmacies)*	**Tier 1:** $15 co-pay **Tier 2:** $35 co-pay after pharmacy deductible **Tier 3:** $50 co-pay after pharmacy deductible **Tier 4:** 30% after pharmacy deductible	
90-day Pharmacy *Maintenance only*	**Tier 1:** $15 co-pay **Tier 2:** $70 co-pay after pharmacy deductible **Tier 3:** $150 co-pay after pharmacy deductible	

Medical Benefits: Traditional Option 2 Plan

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption | *See Master Policy for limitations*	20% after deductible, plan pays up to $4,000 per adoption	
Affordable Care Act Preventive Services *See Master Policy for complete list*	No charge	Not covered
Allergy Serum	20% of In-Network Rate	Not covered
Chiropractic Care | *Up to 20 visits per plan year*	$20 co-pay per visit	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions *Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply*	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Durable Medical Equipment, DME *Except for oxygen and Sleep Disorder Equipment, certain DME over $750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies *See the Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health *Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing *Up to 60 visits per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services** *Select services only. See Master Policy for details. Maximum of $1,500 per plan year / $5,000 per lifetime*	50% of In-Network Rate after deductible	Not covered
Specialty Medications/Injections *Office/Outpatient. Medical Deductible applies*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction *Up to $2,000 Lifetime Maximum*	20% of In-Network Rate after deductible	Not covered

PEHP Health & Benefits

STAR HSA

Summit or 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.

	YOU PAY	
	In-Network Provider	**Out-of-Network Provider***
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible *Applies to out-of-pocket maximum*	$1,500 per single, $3,000 per family	$1,750 per single, $3,500 per family
Plan year Out-of-Pocket Maximum	$3,500 per single, $7,000 per family	$5,000 per single, $10,000 per family
INPATIENT FACILITY SERVICES		
Medical and Surgical | *All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility | *Non-custodial Up to 60 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation | *Up to 40 days per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *Requires preauthorization through Blomquist Hale. Failure to preauthorize may result in claim being denied.*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Residential Treatment *Requires preauthorization through Blomquist Hale. Failure to preauthorize may result in claim being denied.*	20% of In-Network Rate after deductible	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) *Medical emergencies only, as determined by PEHP*	20% of In-Network Rate after deductible	
Emergency Room *Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will apply*	$75 co-pay after deductible	$75 co-pay after deductible plus any balance billing above In-Network Rate
Urgent Care Facility	$35 co-pay after deductible	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Minor *For each test allowing $350 or less, when the only services performed are diagnostic testing*	No charge after deductible	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major *For each test allowing more than $350, when the only services performed are diagnostic testing*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical, Occupational & Speech Therapy *Outpatient – up to 20 visits per plan year for each therapy type. Only Speech therapy requires Preauthorization*	$25 co-pay after deductible	40% of In-Network Rate after deductible

In-network and out-of-network Deductibles accumulate separately. In-network and out-of-network Out-of-Pocket Maximums accumulate separately.

*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: STAR HSA Plan

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Office Visits	20% of In-Network Rate after deductible per visit	40% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	**Medical:** $10 co-pay per visit after deductible	Not applicable
PEHP Value Clinics	**Medical:** 20% of In-Network Rate after deductible	Not applicable
Primary Care Office Visits and Office Surgeries	$15 co-pay after deductible	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	$25 co-pay after deductible	40% of In-Network Rate after deductible
Emergency Room Specialist Visits	$25 co-pay after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays, Minor *For each test allowing $350 or less, when the only services performed are diagnostic testing*	No charge after deductible	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major *For each test allowing more than $350, when the only services performed are diagnostic testing*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse *Requires preauthorization through Blomquist Hale*	**Office visit:** $15 co-pay after deductible per visit. **Outpatient:** 20% of In-Network Rate after deductible. **Inpatient:** 20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PRESCRIPTION DRUGS		
30-day Pharmacy *Retail only (up to 90-day supply at participating retail pharmacies)*	**Tier 1:** $7 co-pay after deductible **Tier 2:** $21 co-pay after deductible **Tier 3:** $42 co-pay after deductible **Tier 4:** 30% after deductible	
90-day Pharmacy *Maintenance only*	**Tier 1:** $7 co-pay after deductible **Tier 2:** $42 co-pay after deductible **Tier 3:** $126 co-pay after deductible	
30-day Pharmacy *Preventive only (up to 90-day supply at participating retail pharmacies)*	**Tier 1:** $7 co-pay **Tier 2:** $21 co-pay **Tier 3:** $42 co-pay **Tier 4:** 30%	
90-day Pharmacy *Preventive only*	**Tier 1:** $7 co-pay **Tier 2:** $42 co-pay **Tier 3:** $126 co-pay	

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption | *See Master Policy for limitations*	20% after deductible, plan pays up to $4,000 per adoption	
Affordable Care Act Preventive Services *See Master Policy for complete list*	No charge	Not covered
Allergy Serum	20% of In-Network Rate after deductible	Not covered
Chiropractic Care	Not covered	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions *Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply*	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Durable Medical Equipment, DME *Except for oxygen and Sleep Disorder Equipment, certain DME over $750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies *See the Master Policy for benefit limits*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health *Preauthorization required*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing *Up to 60 visits per plan year. Requires preauthorization*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services *Select services only. See Master Policy for details. Maximum of $1,500 per plan year / $5,000 per lifetime*	50% of In-Network Rate after deductible	Not covered
Specialty Medications/Injections *Office/Outpatient*	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction *Up to $2,000 Lifetime Maximum*	20% of In-Network Rate after deductible	Not covered

PEHP Health & Benefits

Traditional – Dual Covered

Summit or 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.

	YOU PAY	
	In-Network Provider	**Out-of-Network Provider***
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible	$0 per single, $0 per family	$0 per single, $0 per family
Plan year Out-of-Pocket Maximum	$0 per single, $0 per family	$0 per single, $0 per family
INPATIENT FACILITY SERVICES		
Medical and Surgical | *All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details*	No charge	No charge
Skilled Nursing Facility | *Non-custodial Up to 60 days per plan year. Requires preauthorization*	No charge	No charge
Hospice	No charge	No charge
Rehabilitation | *Up to 40 days per plan year. Requires preauthorization*	No charge	No charge
Mental Health and Substance Abuse *Requires preauthorization through Blomquist Hale. Failure to preauthorize may result in claim being denied.*	No charge	No charge
Residential Treatment *Requires preauthorization through Blomquist Hale. Failure to preauthorize may result in claim being denied.*	No charge	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	No charge	No charge
Ambulance (ground or air) *Medical emergencies only, as determined by PEHP*	No charge	
Emergency Room *Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will apply*	$100 co-pay	$100 co-pay plus any balance billing above In-Network Rate
Urgent Care Facility	No charge	No charge
Diagnostic Tests, X-rays	No charge	No charge
Chemotherapy, Radiation, and Dialysis	No charge	No charge. Dialysis requires preauthorization
Physical, Occupational & Speech Therapy *Outpatient – up to 20 visits per plan year for each therapy type. Only Speech therapy requires Preauthorization*	No charge	No charge

*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.

**Please refer to the Master Policy for exceptions to the out-of-pocket maximum.

Medical Benefits: Traditional – Dual Covered Plan

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Office Visits	No charge	No charge
Surgery and Anesthesia	No charge	No charge
PEHP e-Care	**Medical:** No charge. **Mental Health:** No charge. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	**Medical:** No charge	Not applicable
Primary Care Office Visits and Office Surgeries	No charge	No charge
Specialist Office Visits and Office Surgeries	No charge	No charge
Emergency Room Specialist Visits	No charge	Any balance billing above In-Network Rate
Diagnostic Tests, X-rays	No charge	No charge
Mental Health and Substance Abuse *Requires preauthorization through Blomquist Hale*	No charge	No charge
PRESCRIPTION DRUGS		
30-day Pharmacy *Retail only (up to 90-day supply at participating retail pharmacies)*	**Tier 1:** No charge **Tier 2:** No charge **Tier 3:** No charge **Tier 4:** No charge	
90-day Pharmacy *Maintenance only*	**Tier 1:** No charge **Tier 2:** No charge **Tier 3:** No charge	

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption | *See Master Policy for limitations*	No charge, plan pays up to $4,000 per adoption	
Affordable Care Act Preventive Services *See Master Policy for complete list*	No charge	Not covered
Allergy Serum	No charge	Not covered
Chiropractic Care | *Up to 20 visits per plan year*	No charge	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions *Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply*	No charge	Any balance billing above In-Network Rate
Durable Medical Equipment, DME *Except for oxygen and Sleep Disorder Equipment, certain DME over $750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits*	No charge	No charge
Medical Supplies *See the Master Policy for benefit limits*	No charge	No charge
Home Health *Requires preauthorization*	No charge	No charge
Skilled Nursing *Up to 60 visits per plan year. Requires preauthorization*	No charge	No charge
Infertility Services** *Select services only. See Master Policy for details. Maximum of $1,500 per plan year / $5,000 per lifetime*	50% of In-Network Rate	Not covered
Specialty Medications/ Injections *Office/Outpatient*	No charge	No charge
Temporomandibular Joint Dysfunction *Up to $2,000 Lifetime Maximum*	No charge	Not covered

Consult a Doctor Remotely with Intermountain Connect Care

A Fast, Easy Way to See a Doctor »

Connect Care gives families access to care 24/7/365 (even on holidays) for urgent, low-level needs such as:

» Allergies
» Sore throat
» Eye infections
» Cough
» Painful urination
» Lower back pain
» Joint pain or strains
» Minor skin problems

Available on both PEHP networks »

» Advantage
» Summit

If You're on a Traditional Plan

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

If You're on The STAR Plan

Each on-demand doctor consultation costs only **$49** before you meet your deductible. After your deductible is met, you pay only a **$10 co-pay**.

Download the app from the **Google Play Store** or **iTunes App Store**.

PEHP Health & Benefits

GET IT ON Google Play

Download on the App Store

Autism Spectrum Disorder Benefit

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

Children ages 2-9 (stops on 10th birthday) are eligible for the benefit, which covers up to 600 hours per year of behavioral health treatment.

» Please call PEHP (801-366-7555 or 800-765-7347) for information about which autism spectrum disorders and services are covered.

» Therapeutic care includes services provided by speech therapists, occupational therapists, or physical therapists.

» Eligible Autism Spectrum Disorder services do not accrue separately, and are subject to the medical plan's visit limits, regular cost sharing limitations – deductibles, co-payments, and coinsurance – and would apply to the out-of-pocket maximum.

» Mental health and speech therapy services require Preauthorization.

» No benefits for services received from out-of-network Providers. List of in-network providers is available at PEHP for Members at www.pehp.org or by calling PEHP (801-366-7555 or 800-765-7347).

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

PEHP FLEX$

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

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

Plan Year Contribution Limits

» Up to $2,700 for healthcare expenses (May adjust annually for inflation)

» Up to $5,000 for dependent day care expenses (you and your spouse combined)

How You Contribute

» Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods.

» The total amount you choose to withhold for healthcare expenses is immediately available as soon as you begin FLEX$.

You Can't Have an HSA

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

FLEX$ Timeline

Eligible FLEX$ expenses must be incurred between September 1, 2019, and November 15, 2020. You must submit claims by November 30, 2020. FLEX$ is use-it-or-lose-it; funds don't carry over from year to year.

Learn More

Contact PEHP FLEX$: 801-366-7503 or 800-753-7703; email: flex@pehp.org. See instructions below to download the PEHP FLEX$ brochure or email publications@pehp.org to request a copy.

Get the Best Care by Asking 5 Questions

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

1. How will this treatment help me?

The effectiveness of a treatment can vary. In fact, some care may even be unnecessary. According to the Institutes of Medicine, more than 30% (or $750B) of healthcare fits this category, which is more than we spend on K-12 education as a nation. Make sure you know how care will help you.

2. What are the potential downsides?

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

3. Are there simpler, less costly options?

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

4. What would happen if I didn't get treatment?

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

5. How much will this cost?

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

PEHP Value Providers

MEDICAL

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

Traditional Plan » $10 office co-pay

SALT LAKE CITY
Health Clinics of Utah
168 N 1950 W, Ste. 201 | **801-715-3500**

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

RC Willey Employee Clinic
2301 South 300 West | **801-464-7900**

WesTech Wellness Center
3605 S West Temple | **801-506-0000**

NORTH SALT LAKE
Orbit Employee Clinic
845 Overland St. | **801-951-5888**

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

CLEARFIELD
Futura Onsite Clinic
11 H Street | **801-774-3265**

LAYTON
Onsite Care at Davis Hospital
1580 W. Antelope Dr., Suite 110 | **801-807-7699**

OGDEN
Health Clinics of Utah
2540 Washington Blvd., Ste. 122 | **801-395-6499**

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

PROVO
Health Clinics of Utah
150 E Center St., Ste. 1100 | **801-374-7011**

OREM
Blendtec Health and Wellness Clinic
1206 S 1680 W | **801-225-1281**

LEHI
OnSite Care at Mountain Point Medical
3000 Triumph Blvd, Ste. 320 | **801-753-4600**

INTERMOUNTAIN CONNECT CARE

Available on all PEHP networks.

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

Traditional Plan » $10 per visit

Visit a doctor online anytime, anywhere.

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

You must be enrolled in an active PEHP medical plan to visit a medical 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

Advantage Network Members Note *– There is one Utah Gastroenterology location at which cash back is available, noted below with* ***Advantage****. You may visit providers at the other locations but the cash back only applies at one location. Summit, Capital,and Preferred Network members may use any of the facilities listed below and receive cash back.*

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

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

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 50+

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

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

PEHP Value Providers

LABORATORIES

Visit these labs for exclusive PEHP member savings.

MULTIPLE LOCATIONS
The following laboratories have more than one location. For the location near you, visit the Provider Lookup at www.pehp.org.

Accupath Diagnostics
Advantage and Summit networks

Cedar Diagnostics LLC
Advantage and Summit networks

Esoterix
Advantage network only

Labcorp Inc
Advantage and Summit networks

Pathology Associates Medical Labs
Summit network only

Quest Diagnostics
Summit network only

BOUNTIFUL
Bountiful Health Center Lab
390 N Main St. | **801-294-1150**
Advantage network only

MURRAY
Intermountain Central Lab
5252 S Intermountain Dr. | **801-535-8163**
Summit network only

SALT LAKE CITY
IHC Health Center Salt Lake Clinic
333 S 900 E | **801-535-8163**
Advantage and Summit networks

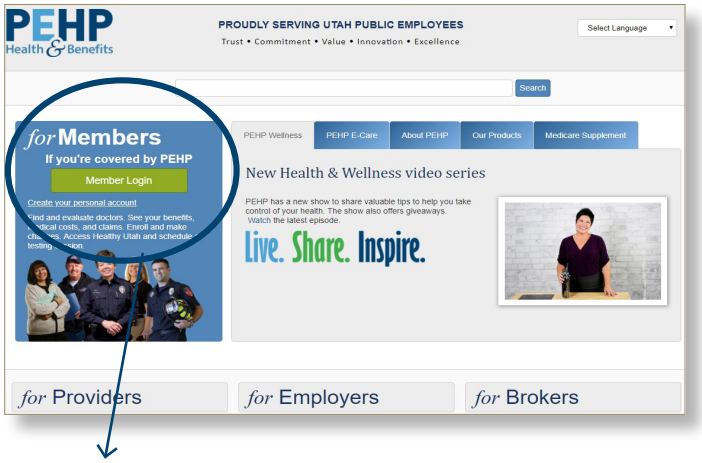
OUT-OF-STATE
ALBUQUERQUE, N.M.
Tricore Reference Laboratories
1001 Woodward Pl. NE | **505-938-8803**
Summit network only

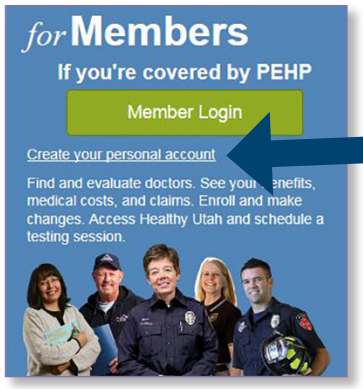
You must be enrolled in an active PEHP medical plan to visit a medical clinic.

10/12/2018

Create a Personal Online Account

Find a wealth of benefit and claims information at your fingertips when you create your personal online account. Access claims history, download explanation of benefits (EOB), get cost estimates for healthcare services based on your benefits, and much more. Here's how to set up a personal account:





Step 1: Go to www.pehp.org.

Step 2: Click "Create your personal account."

Step 3: Read the PEHP Members Agreement and click "I Agree" at the bottom of the page.

You need your PEHP ID number and Social Security number to create an account. Find your ID number on your benefits card or call PEHP.

HOW TO USE THE PROVIDER LOOKUP TOOL AT WWW.PEHP.ORG

Need to see a physician but don't know where to begin? PEHP's Provider Lookup tool can help you find a doctor in your network, within a specialty, and near you.

Click **Find a Provider** from the menu at the bottom of www.pehp.org.

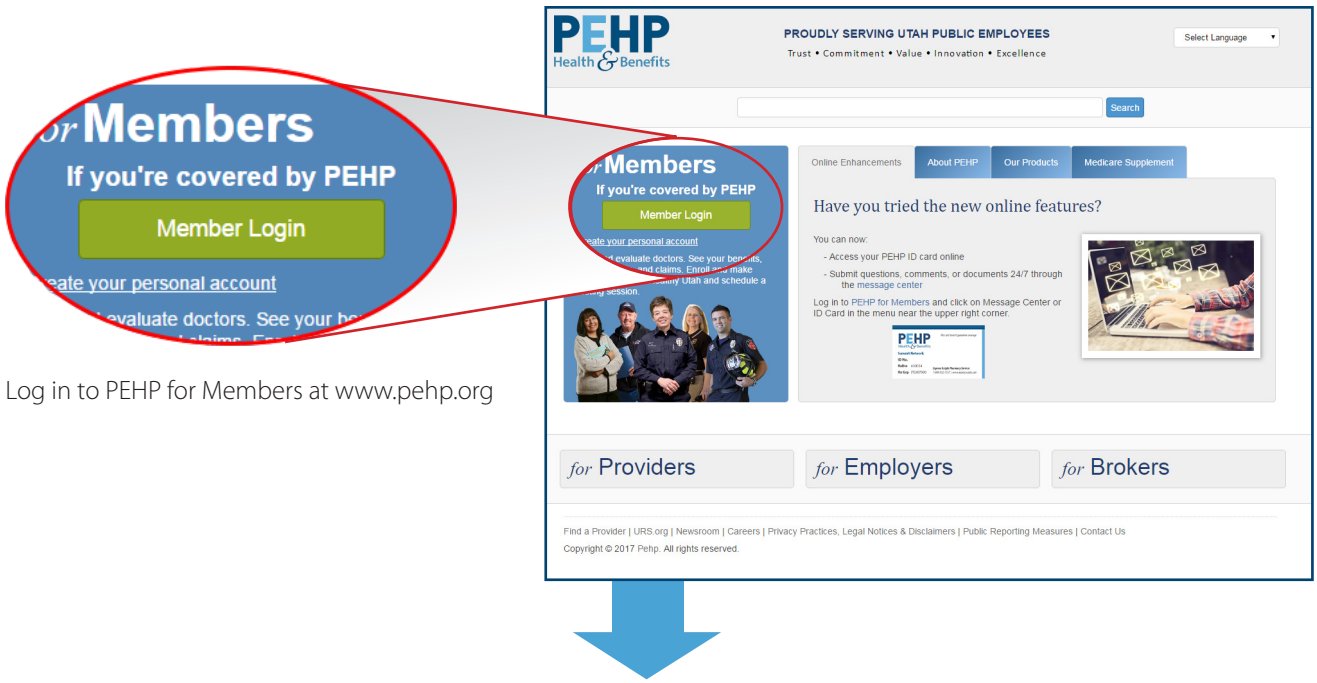
On the next page, click **Access the provider directory**.

Choose your network – Advantage or Summit – and begin your search. You can search for a provider by name (be sure to type their last name, then first name) or find providers based on specialty. Note that some providers are contracted on both the Advantage and Summit networks.

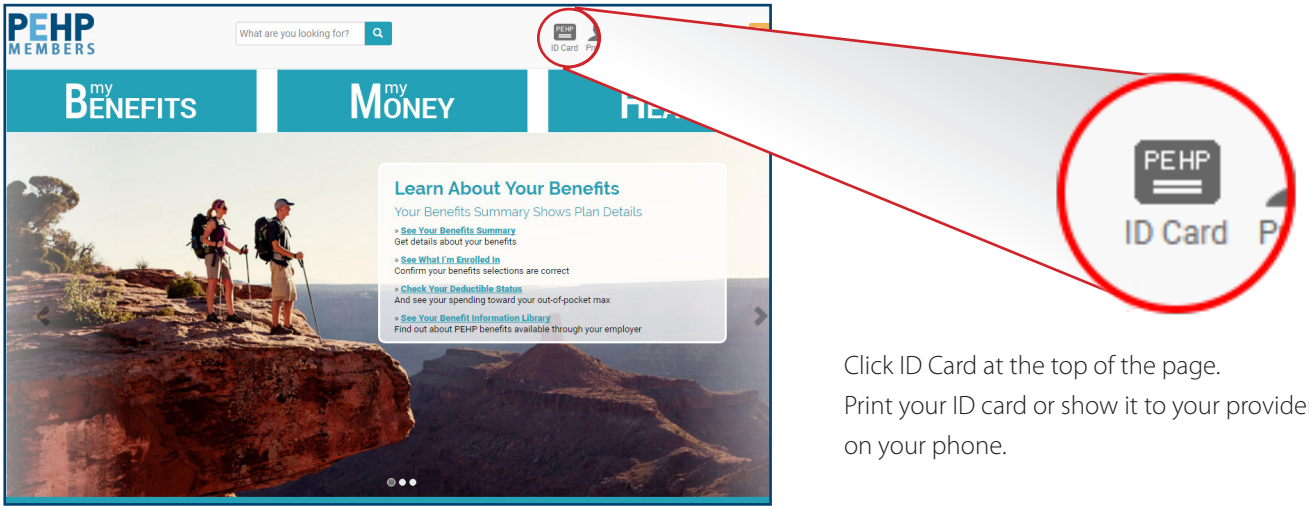
Once you receive your Member ID number, you'll access the Provider Lookup by creating an online account and logging in at www.pehp.org.

Get your PEHP ID Card Online

» Did you know you can print insurance ID cards from our website? Just log in to PEHP for members at www.pehp.org and click on the ID card icon at the top of the page. It's quick and convenient.



Log in to PEHP for Members at www.pehp.org



Click ID Card at the top of the page.
Print your ID card or show it to your provider on your phone.

We mail you an ID Card after you first sign up or if you change plans during open enrollment.
For help with your account or card call us at 801-366-7555.

PEHP Online Tools

Help You Find Quality Care & Best Price

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

To get started, simply log in to your PEHP account, click the "Find a Provider and Costs" icon on the top right, then choose your network.

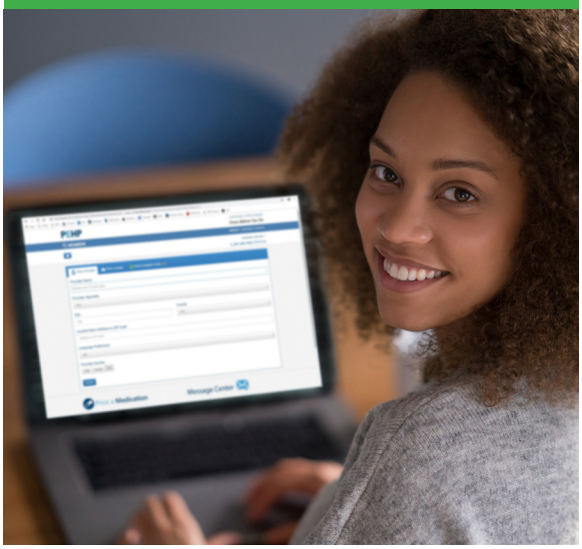
Find and Compare Providers

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.

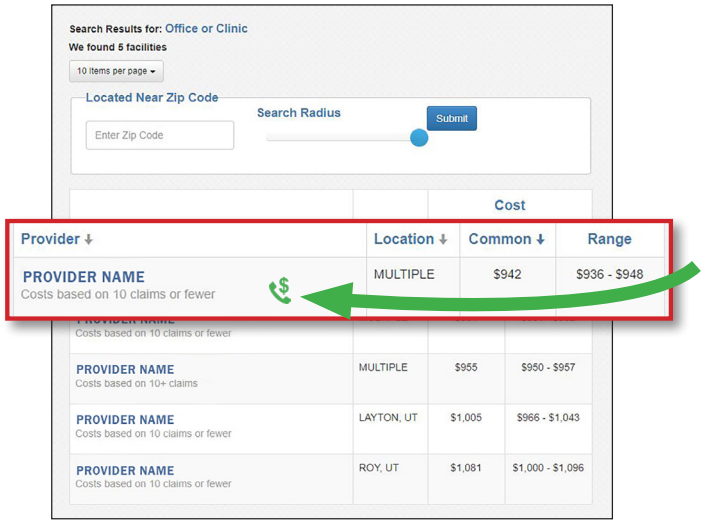
These cost comparison tools are just one way we strive to make healthcare costs transparent, so you decide where to go for the best care and value.



NEW!

Compare Costs & Find Cash Back Opportunities

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



Look for cash back opportunities offered by PEHP for certain medical services performed by low-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/general/how-to-use-cost-saving tools

PEHP for Members

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

my BENEFITS

- Find and Select a Provider
- See Your Claims
- Enroll Online
- Access Plan Information

my MONEY

- See Treatment Costs
- See Facility Costs
- Change HSA Contributions

my HEALTH

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

» "You've got mail!" We send important information about your benefits and care through the **PEHP Message Center**. You will see vital notices specifically for you.

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

Find PEHP for Members at www.pehp.org.
To create your online personal account, you'll need your PEHP ID number and your Social Security number.
Find your PEHP ID number on your benefits card or your EOBs. Or call PEHP at 801-366-7555 or 800-765-7347.

Education

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

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

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

For the Worksite

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

Coaching

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

Wellness for You

Know. Plan. Act.

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

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

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

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

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

PEHP
Health & Benefits