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» Claims or Other Questions? Contact a Health Benefits Advisor in your [Secure Message Center](#) or at 801-366-7555.

# Benefit Changes & Reminders

## **Not Changing Benefits? You'll be Automatically Enrolled\***

If you're not adding/changing benefits, no action is needed on your part. You will be automatically re-enrolled in your current PEHP benefits. \*However, if you have a FLEX account, remember that annual re-enrollment is required. Log in to your [PEHP account](#) to verify your current benefits and make changes if needed for the upcoming plan year. While you're logged in, please verify we have your current contact information.

## **New PEHP ID Card/Number Effective July 1**

On July 1, PEHP will be moving you to a new claims payment system and online account to make managing your benefits easier. As part of this change, everyone will receive a new PEHP ID card with a number that begins with "M0000" to use beginning on July 1. You'll also need to create a new online account in July to see your benefits, claims, and find doctors. [Learn more](#)

## **New Cash Back & Copay Maps – The smartest path to care!**

Finding high-quality, affordable healthcare just got easier. Beginning July 1, you'll have access to a new interactive map to locate low-cost-hospital alternatives for procedures like colonoscopies, imaging, surgeries, MRIs, and more. Copays no more than \$45 (Traditional Plan) and cash back up to \$3,900 on eligible services. Learn more on [page 39](#)

## **STAR HSA Plan Changes**

To comply with federal regulations for qualified high-deductible health plans, the deductible will increase for the STAR HSA Plan. See new plan limits, premiums, and HSA employer contributions on [page 6](#).

## **Assisted Reproductive Technology (ART) Coverage Just Got Better**

Starting July 1, Assisted Reproductive Technology (ART) services, including In Vitro Fertilization (IVF), will now be covered as part of your regular medical plan benefits. [See other pregnancy benefits & resources](#)



# Benefit Changes & Reminders

## Take Control of Your Diabetes with Free Supplies

Members with diabetes can get the FreeStyle Libre 3 Plus CGM and fast-acting Insulin Lispro (generic Humalog) at No Cost. Plus, FreeStyle test strips are available with just a \$10 copay. These benefits are available to all members, including those on the STAR HSA and Consumer Plus plans - even before the deductible. [See all your diabetes management benefits](#)

## Dual Insurance Coverage?

Double coverage doesn't always make financial sense. PEHP processes the claim as primary and applies any copay, coinsurance, and deductible amounts, then pays up to the remaining member responsibility after the primary insurance has paid.

## PREPARE FOR CHANGES IN JULY

We're replacing our claims payment system and member portal. **You will be moved to the new system in July 2025.**



**As part of the change, you're getting a new PEHP ID Card to use on July 1**

### Use this checklist to help you get ready!

- ☐ **April/May: Verify Contact Info**  
Log in to your current PEHP account and verify we have your correct contact information. *Under Account-->Update Contact Information.*
- ☐ **June: New PEHP ID Card Mailed/Emailed**  
Keep an eye out for your new PEHP ID Card in the mail. *Don't use the new ID card until July 1.*
- ☐ **June 30: Last Day to Use Old ID Card**  
This is the last day to use your old PEHP ID card with number "174100" when you visit doctors, dentists, and pharmacies.
- ☐ **July 1: Start Using New PEHP ID Card/Number**  
Use your new card/number starting with "M000" on July 1 when you visit doctors, dentists, and pharmacies to avoid any issues with claims. Covered family members can use the same card/number.

- ☐ **July 1-31: Create New Member Account**  
Create new account to access benefits, claims, find providers & costs, or add/remove dependents based on midyear life changes. [See helpful guides and videos.](#)
- ☐ **Post July 1 Claims Prior to July 1**  
To view claims prior to July 1, log in to the Classic Portal using your old username and password.

Learn more at [www.pehp.org/newaccount](http://www.pehp.org/newaccount)

## Mountainland Tech Biweekly Rates

JULY 2025 - JUNE 2026

### BIWEEKLY MEDICAL CONTRIBUTIONS

Advantage Medical Network				Summit Medical Network			
	Employer	Employee	Total		Employer	Employee	Total
<b>STAR HSA</b>				<b>STAR HSA</b>			
SINGLE	\$ 300.00	\$ 10.25	\$ 310.25	SINGLE	\$ 300.00	\$ 1.28	\$ 301.28
DOUBLE	\$ 630.35	\$ 21.54	\$ 651.89	DOUBLE	\$ 630.35	\$ 2.63	\$ 632.98
FAMILY	\$ 860.57	\$ 29.39	\$ 889.96	FAMILY	\$ 860.57	\$ 3.51	\$ 864.08
<b>TRADITIONAL</b>				<b>TRADITIONAL</b>			
SINGLE	\$ 349.37	\$ 36.61	\$ 385.98	SINGLE	\$ 349.37	\$ 24.79	\$ 374.16
DOUBLE	\$ 719.40	\$ 75.45	\$ 794.85	DOUBLE	\$ 719.40	\$ 51.16	\$ 770.56
FAMILY	\$ 958.93	\$ 100.69	\$ 1,059.62	FAMILY	\$ 958.93	\$ 68.32	\$ 1,027.25
<b>CONSUMER PLUS</b>				<b>CONSUMER PLUS</b>			
SINGLE	\$ 266.07	\$ 7.95	\$ 274.02	SINGLE	\$ 266.07	\$ -	\$ 266.07
DOUBLE	\$ 553.13	\$ 17.32	\$ 570.45	DOUBLE	\$ 553.13	\$ -	\$ 553.13
FAMILY	\$ 787.06	\$ 23.78	\$ 810.84	FAMILY	\$ 787.06	\$ -	\$ 787.06

### BIWEEKLY DENTAL CONTRIBUTIONS

	Employer	Employee	Total
<b>TRADITIONAL DENTAL</b>			
SINGLE	\$ 13.06	\$ 2.63	\$ 15.69
DOUBLE	\$ 24.23	\$ 4.86	\$ 29.09
FAMILY	\$ 44.04	\$ 8.88	\$ 52.92
<b>PREFERRED CHOICE</b>			
SINGLE	\$ 13.06	\$ 1.46	\$ 14.52
DOUBLE	\$ 24.23	\$ 2.71	\$ 26.94
FAMILY	\$ 44.04	\$ 4.95	\$ 48.99
<b>EMI DENTAL</b>			
SINGLE	\$ 13.06	\$ 7.35	\$ 20.41
DOUBLE	\$ 24.23	\$ 11.78	\$ 36.01
FAMILY	\$ 44.04	\$ 19.82	\$ 63.86

### BIWEEKLY VISION CONTRIBUTIONS

	Employer	Employee	Total
<b>EYEMED FULL</b>			
SINGLE	\$ -	\$ 4.68	\$ 4.68
DOUBLE	\$ -	\$ 6.78	\$ 6.78
FAMILY	\$ -	\$ 8.86	\$ 8.86
<b>EYEMED EYEWEAR ONLY</b>			
SINGLE	\$ -	\$ 4.23	\$ 4.23
DOUBLE	\$ -	\$ 5.90	\$ 5.90
FAMILY	\$ -	\$ 7.59	\$ 7.59

### Medical HSA Contributions

<b>STAR HSA - Advantage &amp; Summit</b>	
	<b>Annual</b>
SINGLE	\$ 1,034.28
DOUBLE	\$ 1,826.76
FAMILY	\$ 1,918.54
<b>Consumer Plus - Advantage &amp; Summit</b>	
	<b>Annual</b>
SINGLE	\$ 1,934.92
DOUBLE	\$ 3,893.24
FAMILY	\$ 3,986.84

### Opt Out Benefit Amounts

Medical Opt Out	Per Paycheck	Annual
SINGLE	\$ 76.93	\$ 2,000
DOUBLE	\$ 153.85	\$ 4,000
FAMILY	\$ 153.85	\$ 4,000
Dental Opt Out	Per Paycheck	Annual
SINGLE	\$ 3.85	\$ 100
DOUBLE	\$ 7.70	\$ 200
FAMILY	\$ 15.39	\$ 400



# Things to Consider before choosing medical plan

1

## How often do you use your medical plan?

- If you only have routine or office visits, switching to a lower-cost plan and paying the full cost of office visits may be more cost-effective. What's more important: lower upfront costs (Traditional Plan) or more take home pay (STAR HSA plan)?
- Chronic conditions, prescriptions, specialists, etc. How much did you spend on these things last year? The year before?
- Anything on the horizon - having a child, upcoming surgery or service?

### Did you know?

You can download your claims history from your PEHP account to see how much you spend on healthcare annually.

2

## How much will covered healthcare cost you?

**Annual premium:** See [page 5](#) for plan amounts

- » Remember, this is deducted from your paycheck whether you go to the doctor or not.

**Deductible & Out-of-Pocket Maximum (OOPM)**

- » **Traditional Plan:** Copays go towards your OOPM, but not your deductible. Your total out of pocket costs would be the deductible + OOPM. Remember, each person has their own individual deductible & OOPM until the double/family limits are met.
- » **STAR HSA & Consumer Plus:** The OOPM is the most you will pay in a year for covered in-network services. Your OOPM includes what you've paid in your deductible.

3

## What if I have other insurance?

If you have another health or dental plan through another source, you have a few different ways to look at your coverage:

**Dual Coverage/Coordination of Benefits\*:** You are allowed to have two different plans. This will give you more coverage for your health insurance. Double check what you're paying for each plan to see whether paying for two plans is cost effective or not. Please note: Enrolling in a high deductible plan, like STAR HSA or Consumer Plus, while also being enrolled in a non-high deductible plan will make you ineligible for a Health Savings Account (HSA).

**Opt-Out:** If you have qualified medical or dental coverage in addition to your State health insurance, like through Tricare or your spouse's employer, you can Opt Out of medical and/or dental to get an increase in your paycheck. This option can save you from paying premiums for additional coverage, and provides more take home pay. [See how.](#) (Medicare, Medicaid or Federal Marketplace plans are not qualified coverage)

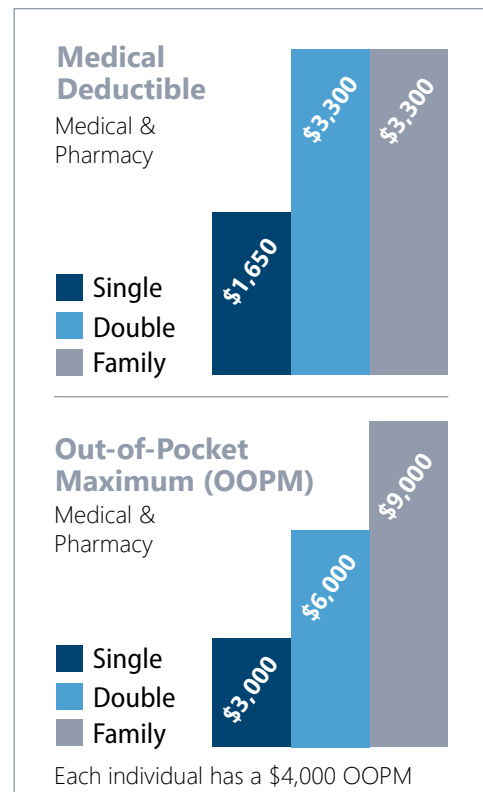
*\*COB can be complex. Call us at 801-366-7555 and we can help you decide if you're better on one plan or two to avoid getting stuck with unexpected medical bills.*



## STAR HSA Plans

### STAR HSA Plan Highlights

- » You get money in an HSA for health-related expenses to offset a higher deductible. HSA funds carry over from year-to-year and grow tax-free. You never forfeit what you don't spend. [Learn more about HSAs](#)
- » It covers more [preventive services](#) paid at 100%, and certain medications are covered before deductible – including many diabetic supplies, like CGMs, insulin and test strips. See medications on page 19 of the [Covered Drug List](#).
- » Your family has a set deductible, but each family member has their own out-of-pocket maximum capped at \$4,000. Once the individual meets the \$4,000 amount, the individual is covered 100% for covered, in-network services. Your family as a whole cannot pay more than \$9,000.
- » Your out-of-pocket maximum includes what you've paid toward your deductible.





## Traditional Plans

### Traditional Plan Highlights

- » Lower deductible with fixed co-pays for predictable costs.
- » Each family member has their own deductible and out-of-pocket maximum. There is also a deductible and out-of-pocket maximum that applies to the family as a whole.
- » Option to enroll in a Flexible Spending Account (FLEX\$) for qualified health expenses, which is funded through pre-tax payroll deductions.
- » Copays and pharmacy costs go towards the OOPM, but not toward the deductible.

#### Medical Deductible

Medical & Pharmacy

*\*per individual*

Single  
Double  
Family

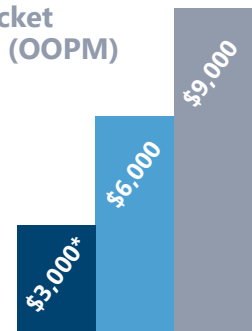


#### Out-of-Pocket Maximum (OOPM)

Medical & Pharmacy

*\*per individual*

Single  
Double  
Family



[See Medical Plan Costs](#)





## Consumer Plus Plans

### Consumer Plus Plan Highlights

- » Essential benefit plan with catastrophic coverage.
- » Similar to the STAR HSA Plan with a higher deductible, lower coinsurance, but fewer covered benefits and medications. See the Medical Grids and [Consumer Plus Covered Drug List](#) for what is covered.
- » Your employer puts more money into an HSA or HRA for health-related expenses than the STAR HSA Plan to offset a higher deductible. Your out-of-pocket maximum includes what you've paid towards your deductible.
- » You can participate in wellness programs, including Healthy Utah testing sessions; however, you're **not** eligible for rebates.

#### Medical Deductible

Medical & Pharmacy

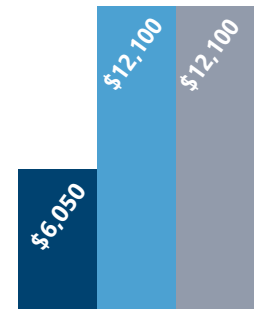
Single  
Double  
Family



#### Out-of-Pocket Maximum (OOPM)

Medical & Pharmacy

Single  
Double  
Family



Each individual has a \$8,700 OOPM

See Medical Plan Costs

## Health Accounts

### Health Savings Account (HSA)

An HSA is like a flex account, but better.

- » HSA funds roll over yearly and never expire, even when you change employers.
- » Contributions are tax-and-FICA-free, grow tax-free, and can be used for eligible expenses tax-free.
- » Check with your employer on how much and how often they contribute.
- » Penalty-free withdrawals are available post age 65.

To qualify, you must be enrolled in a high deductible plan like STAR HSA or Consumer Plus.

#### 2025 HSA contribution limits:

**Single: \$4,300** (Total from employer + employee)

**Double/Family: \$8,550** (Total from employer + employee)

PEHP enrolls you in the HSA, but HealthEquity administers your account. HealthEquity will issue you a VISA card to pay for eligible expenses or you can submit your receipt and reimburse yourself from your HSA account.

### Health Reimbursement Account (HRA)

If you choose the STAR HSA or Consumer Plus plans and you're not eligible for a health savings account (HSA), your employer contribution will be deposited into an HRA instead.

An HRA is an employer-paid fund that reimburses you for qualified medical expenses for you and your dependents. However, unlike with an HSA, you can't make personal contributions to an HRA. Funds rollover year-to-year, however, if you leave employment you can only submit claims for reimbursement within 12 months from when you receive services.

For more information about FLEX\$, HSAs, or HRAs, call 801-366-7503 or 800-753-7703.

### Flexible Spending Account (FLEX\$)

FLEX\$ is a flexible spending account that saves you money by setting aside a portion of your pre-tax salary to pay eligible expenses. There are two different FLEX\$ accounts – one for medical expenses and another to help with dependent childcare costs.

- » Great option to save for expenses if you're not eligible for an HSA.
- » If you sign up for a FLEX\$ account, PEHP will frontload your elected funds at the beginning of the plan year and issue you a Mastercard to use as payment for eligible expenses. Eligible expenses are set by the IRS.
- » If you do have an HSA, you can have a limited FLEX\$ account to pay for dental, vision, and post-deductible medical expenses only.
- » FLEX\$ accounts are use-or-lose; funds don't carry over from year to year. Eligible FLEX\$ expenses must be incurred between July 1, 2025 and September 15, 2026.
- » You must enroll in FLEX\$ each year during open enrollment to participate.

You can contribute up to \$3,300 in calendar year 2025.

[Learn More](#)

### Did you know?

FSA and HSA funds can be used to pay for more than just services covered by your medical, dental, or vision plan. You can also use funds for braces, LASIK, glasses/contacts, certain over-the-counter medications, and more. Search for qualifying expenses at <https://healthequity.com/qme>.

**See HSA Contributions**



## STAR HSA

Summit &amp; Advantage

### MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$1,650 Double/family plans: \$3,300 <i>One person or a combination can meet the \$3,300 double/family deductible</i>	
<b>Plan year Out-of-Pocket Maximum</b>	Single plans: \$3,000 Double plans: \$4,000 per person, \$6,000 per double Family plans: \$4,000 per person, \$9,000 per family <i>One person can only meet \$4,000, or a combination can meet the double/family maximum</i>	
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	40% after deductible
<b>PEHP VALUE PROVIDERS</b>		
<b>PEHP Value Providers</b> <i>Cash Back opportunities available. Visit <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>	20% after deductible	Not applicable
<b>PROFESSIONAL SERVICES</b>		
<b>Primary Care Visits</b> <i>Includes inpatient visits and Autism services</i>	20% after deductible	40% after deductible
<b>Specialist Visits</b> <i>Includes inpatient visits and Autism services</i>	20% after deductible	40% after deductible
<b>Surgery and Anesthesia</b>	20% after deductible	40% after deductible
<b>Emergency Room Specialist Visits</b>	20% after deductible	20% after deductible
<b>Diagnostic Tests, Labs, X-rays</b>	20% after deductible	40% after deductible
<b>PRESCRIPTION DRUGS**</b>   <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>30-day Pharmacy</b> <i>Retail only</i>	<b>Tier 1:</b> \$10 co-pay <b>Tier 2:</b> 25% of discounted cost. \$25 minimum, no maximum co-pay <b>Tier 3:</b> 50% of discounted cost. \$50 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	<b>Tier 1:</b> \$20 co-pay <b>Tier 2:</b> 25% of discounted cost. \$50 minimum, no maximum co-pay <b>Tier 3:</b> 50% of discounted cost. \$100 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance

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

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

\*\*Pharmacy co-pays may be reduced by rebates at point of sale.

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

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>	20% after deductible, up to \$4000 per adoption	
<b>Allergy Serum</b>	20% after deductible	40% after deductible
<b>Chiropractic care</b>   <i>Up to 10 visits per plan year</i>	20% after deductible	Not covered
<b>Durable Medical Equipment</b> <i>Some DME requires Preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	20% after deductible	40% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
<b>Home Hospice</b>	20% after deductible	40% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	20% after deductible	40% after deductible
<b>Infertility Services/Assisted Reproductive Technology (ART)</b> <i>Diagnostic services only. ART requires preauthorization. Excludes multiple embryo ART implants. See Master Policy for details</i>	20% after deductible	40% after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details</i>	20% after deductible	40% after deductible



## Traditional (Non-HSA)

Summit &amp; Advantage

### MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

#### In-Network Provider

#### Out-of-Network Provider\*

*Balance billing may apply*

#### DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS

##### Plan year Deductible

*Does not apply to Out-of-Pocket Maximum*

Single plans: \$350

Double/family plans: \$350 per person, \$700 per family

*One person cannot meet more than \$350*

##### Plan year Out-of-Pocket Maximum

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

Single plans: \$3,000

Double plans: \$3,000 per person, \$6,000 per double

Family plans: \$3,000 per person, \$9,000 per family

*One person cannot meet more than \$3,000*

#### ANNUAL PREVENTIVE CARE

##### Preventive services allowed by Affordable Care Act

*Annual physical exam, immunizations.*

*See full list at [www.pehp.org/preventiveservices](http://www.pehp.org/preventiveservices)*

No charge

40% after deductible

#### PEHP VALUE PROVIDERS

##### PEHP Value Providers

*Cash Back opportunities available. Visit [www.pehp.org/valueproviders](http://www.pehp.org/valueproviders)*

Starting at \$10 co-pay per visit

Not applicable

#### PROFESSIONAL SERVICES

##### Primary Care Visits

*Includes inpatient visits and Autism services*

\$25 co-pay per visit

**IHC:** \$35 co-pay per visit for Summit network

**University of Utah Medical Group:**  
\$35 co-pay per visit

40% after deductible

##### Specialist Visits

*Includes inpatient visits and Autism services*

\$35 co-pay per visit

**IHC:** \$45 co-pay per visit for Summit network

**University of Utah Medical Group:**  
\$45 co-pay per visit

40% after deductible

##### Surgery and Anesthesia

20% after deductible

40% after deductible

##### Emergency Room Specialist Visits

\$35 co-pay per visit

\$35 co-pay per visit

##### Diagnostic Tests, Labs, X-rays

20% after deductible

40% after deductible

#### PRESCRIPTION DRUGS\*\* | For Drug Tier info, see the Covered Drug List at [www.pehp.org](http://www.pehp.org)

##### 30-day Pharmacy

*Retail only*

**Tier 1:** \$10 co-pay

**Tier 2:** 25% of discounted cost.

\$25 minimum, no maximum co-pay

**Tier 3:** 50% of discounted cost.

\$50 minimum, no maximum co-pay

Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance

##### 90-day Pharmacy

*Maintenance only*

**Tier 1:** \$20 co-pay

**Tier 2:** 25% of discounted cost.

\$50 minimum, no maximum co-pay

**Tier 3:** 50% of discounted cost.

\$100 minimum, no maximum co-pay

Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance

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

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

\*\*Pharmacy co-pays may be reduced by rebates at point of sale.

# Mountainland Technical College 2025-26 » Medical Benefits Grid » Traditional

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

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>	20% after deductible, up to \$4000 per adoption	
<b>Allergy Serum</b>	20% after deductible	40% after deductible
<b>Chiropractic care</b>   <i>Up to 10 visits per plan year</i>	Applicable office co-pay per visit	Not covered
<b>Durable Medical Equipment</b> <i>Some DME requires Preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	20% after deductible	40% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
<b>Home Hospice</b>	20% after deductible	40% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	20% after deductible	40% after deductible
<b>Infertility Services/Assisted Reproductive Technology (ART)</b> <i>Diagnostic Services Only ART requires Preauthorization. Excludes multiple embryo ART implants. See Master Policy for details</i>	20% after deductible per single-embryo ART implant	40% after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	20% after deductible	40% after deductible



# Mountainland Technical College 2025-26 » Consumer Plus » Benefits Grids

**Important Notice:** Consumer Plus is administered by its own Master Policy. The benefits are different from the Traditional or STAR plans. Find details in the Consumer Plus Master Policy.

**You may not select Consumer Plus unless you are currently on The STAR Plan.**

**If you choose Consumer Plus, you must enroll in an HSA-qualified plan the next enrollment period.**

**PEHP**  
Health & Benefits  
**Consumer Plus**  
(HSA-Qualified)  
Summit & Advantage

## MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

	<b>In-Network Provider</b>	<b>Out-of-Network Provider*</b> <i>Balance billing may apply</i>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$3,000 Double/family plans: \$6,000 <i>One person or a combination can meet the \$6,000 double/family deductible</i>	
<b>Plan year Out-of-Pocket Maximum</b>	Single plans: \$6,050 Double/family plans: \$12,100 <i>One person can only meet \$8,700, or a combination can meet the \$12,100 double/family maximum</i>	
<b>WELL CARE PROGRAM   ANNUAL ROUTINE CARE</b>		
<b>Affordable Care Act Preventive Services</b> <i>See Master Policy for complete list</i>	No charge	50% of In-Network Rate after deductible
<b>Vision Screening</b> <i>One time between ages 3 and 5</i>	No charge	50% of In-Network Rate after deductible
<b>Pediatric Dental Services**</b> <i>Routine cleaning, exams, x-rays and fluoride. Two times per plan year. Age 3 through the end of the month in which the Member turns 19 years of age. Sealants once every five years. See Master Policy for details.</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
<b>Pediatric Vision Services</b> <i>Lenses only. One time per plan year. Age 3 through the end of the month in which the Member turns 19 years of age. Can see Provider of choice</i>	30% of In-Network Rate after deductible	50% of In-Network Rate after deductible
<b>PEHP VALUE PROVIDERS</b>		
<b>PEHP Value Providers</b> <i>Cash Back opportunities available. Visit <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>	30% after deductible	Not applicable
<b>PROFESSIONAL SERVICES</b>		
<b>Primary Care Visits</b> <i>Includes inpatient visits and Autism services</i>	30% after deductible	50% after deductible
<b>Specialist Visits</b> <i>Includes inpatient visits and Autism services</i>	30% after deductible	50% after deductible
<b>Surgery and Anesthesia</b>	30% after deductible	50% after deductible
<b>Emergency Room Specialist Visits</b>	30% after deductible	30% after deductible
<b>Diagnostic Tests, Labs, X-rays</b>	30% after deductible	50% after deductible

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

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

\*\*Payable only as secondary to a dental plan or if member does not have a separate dental plan.

# Mountainland Technical College 2025-26 » Consumer Plus » Benefits Grids

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

# Mountainland Technical College 2025-26 » Consumer Plus » Benefits Grids

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>	30% after deductible, up to \$4,000 per adoption	
<b>Allergy Serum</b>	30% after deductible	50% after deductible
<b>Chiropractic care</b>	Not covered	Not covered
<b>Durable Medical Equipment</b> <i>Some DME requires Preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list. See Master Policy for benefit limits</i>	30% after deductible Summit Network: Alpine Home Medical	50% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	30% after deductible	50% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 30 visits per plan year. Requires Preauthorization</i>	30% after deductible	50% after deductible
<b>Home Hospice</b>	30% after deductible	50% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	30% after deductible	50% after deductible
<b>Infertility Services</b>	Not covered	Not covered
<b>Sleep Studies and Sleep Equipment</b>	30% after deductible	50% after deductible
<b>Temporomandibular Joint Dysfunction</b>	Not covered	Not covered

# Medical Networks

## PEHP Advantage

37 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

Network consists of predominantly Intermountain Health providers and facilities.

### 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

### Juab County

Central Valley Medical Center

### Kane County

Kane County Hospital

### Millard County

Delta Community Hospital  
Fillmore Community Hospital

### Salt Lake County

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

### Salt Lake County (cont)

Primary Children's Medical Center  
Riverton Hospital

### San Juan County

Blue Mountain Hospital  
San Juan Hospital

### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

### Sevier County

Sevier Valley Hospital

### Summit County

Park City Medical Center

### Tooele County

Mountain West Medical Center

### Uintah County

Ashley Valley Medical Center

### Utah County

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

### Wasatch County

Heber Valley Medical Center

### Washington County

St. George Regional Medical Center

### Weber County

McKay-Dee Hospital

## PEHP Summit

41 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

Network consists of predominantly CommonSpirit (Holy Cross), MountainStar, and University of Utah hospitals & clinics providers and facilities.

### 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

### Juab County

Central Valley Medical Center

### Kane County

Kane County Hospital

### Millard County

Delta Community Hospital  
Fillmore Community Hospital

### Salt Lake County

Holy Cross Hospital - Jordan Valley  
Holy Cross Hospital - Jordan Valley West  
Holy Cross Hospital - Salt Lake  
Huntsman Cancer Hospital

### Salt Lake County (cont)

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 Valley Medical Center

### Utah County

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

### Wasatch County

Heber Valley Medical Center

### Washington County

St. George Regional Medical Center

### Weber County

Ogden Regional Medical Center

## Non-Covered Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit.

[See a list of Non-Covered Providers.](#)

## DID YOU KNOW?

In-network rates for services and facilities may be different between the two. Compare provider costs at [www.pehp.org/providerlookup](http://www.pehp.org/providerlookup)

## Dental Plans

### **Preferred**

*PEHP Dental network*

- » Small deductible that doesn't apply to preventive services
- » Pays 80% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » \$1,500 annual limit per member, per plan year

### **Traditional**

*PEHP Dental network*

- » No deductible
- » Pays 100% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » \$1,500 annual limit per member, per plan year

### **EMI Choice Indemnity**

*EMI Advantage Plus & Premier Networks*

- » Plan administered by EMI Health
- » No deductible
- » Pays 100% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » \$1,500 or \$2,000 annual limit per member per plan year, depending on the EMI Network used (Advantage Plus or Premier)

### **IMPORTANT INFORMATION**

#### **Waiting Period (PEHP Preferred and Traditional plans) »**

If you have been without dental coverage for more than 63 days, there is a waiting period of six months from the effective date of coverage for orthodontic, implant, and prosthodontic benefits. Waiting period may be waived with evidence of previous coverage. Learn more in the [Dental Master Policy](#).

**Missing Tooth Exclusion »** Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with PEHP. Learn more in the [Dental Master Policy](#).

[See Dental Plan Costs](#)



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

	Preferred Dental Care		Traditional Dental Care	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>				
<b>Deductible</b> (Does not apply to diagnostic or preventive services)	\$25 per person, \$75 maximum per family	\$25 per person, \$75 maximum per family	\$0	\$0
<b>Annual Benefit Max</b>	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$1,500 per person
<b>DIAGNOSTIC</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Periodic Oral Examinations</b>	\$0	20% of In-Network Rate	\$0	20% of In-Network Rate
<b>X-rays</b>	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
<b>PREVENTIVE</b>				
<b>Cleanings and Fluoride Solutions</b>	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
<b>Sealants</b>   Permanent molars only through age 17	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
<b>RESTORATIVE</b>				
<b>Amalgam Restoration</b>	20% of In-Network Rate AD*	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
<b>Composite Restoration</b>	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
<b>ENDODONTICS</b>				
<b>Pulpotomy</b>	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
<b>Root Canal</b>	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
<b>PERIODONTICS</b>				
	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
<b>ORAL SURGERY</b>				
<b>Extractions</b>	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
<b>ANESTHESIA</b>   General Anesthesia in conjunction with oral surgery or impacted teeth only				
<b>General Anesthesia</b>	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
<b>Prosthodontic, implant, and orthodontic services below are not eligible for six months from the date coverage begins unless prior, continuous dental coverage can be shown</b>				
<b>PROSTHODONTIC BENEFITS</b>   Preauthorization may be required				
<b>Crowns</b>	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
<b>Bridges</b>	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
<b>Dentures (partial)</b>	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
<b>Dentures (full)</b>	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
<b>IMPLANTS</b>				
<b>All related services</b>	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
<b>ORTHODONTIC BENEFITS</b>   6-month Waiting Period				
<b>Maximum Lifetime Benefit per Member</b>	\$1,500 Does not apply to the Annual Benefit Maximum		\$1,500 Does not apply to the Annual Benefit Maximum	
<b>Eligible Appliances and Procedures</b>	50% of eligible fees to plan maximum AD		50% of eligible fees to plan maximum	

If you live outside of Utah and visit an out-of-state dentist, your benefits will be paid at the in-network rate. Note: You may be balance billed by the dentist for the full cost of your visit.

**Missing Tooth Exclusion »** Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with a PEHP-sponsored dental plan. Learn more in the [Dental Master Policy](#). If coverage is provided by a PEHP medical plan, then there is no dental plan coverage.

\* AD = After Deductible



## DENTAL COVERAGE

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

### OUTLINE OF COVERAGE

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

<b>Group:</b>	<a href="#">State of Utah (Plan #1580)</a>
<b>Plan:</b>	Choice Indemnity
<b>Underwritten &amp; Administered by:</b>	Educators Health Plans Life, Accident & Health, a Utah Company
<b>Effective Date:</b>	7/1/2025
<b>Benefit Year:</b>	Contract
<b>Plan Type:</b>	Contributory / Fully Insured

	In-Network (Advantage <i>Plus</i> Network)	In-Network (Premier Network)	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to R&C
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	80% up to R&C
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50% up to R&C
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only	Discount Only	No Coverage
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
<b>Space Maintainers</b>	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
<b>Waiting periods</b>			
Type 2 - Basic	None		
Type 3 - Major	None		
Type 4 - Orthodontics	None		
<b>Deductible</b>	In and Out of Network Deductibles are Combined		
Per Person	\$0.00	\$0.00	\$0.00
Family Max	\$0.00	\$0.00	\$0.00
<b>Deductible Applies To</b>	N / A	N / A	N / A
<b>Annual Maximum Per Person</b>	\$2,000.00	\$1,500.00	
	All maximums are combined up to limits above		
<b>Orthodontic Lifetime Maximum</b>	\$1,500.00		
<b>Network / Reimbursement Schedule</b>	Advantage Plus Dentemax	Premier	R & C (80th)
<b>Provisions / Limitations / Exclusions</b>			
Exams (including Periodontal), Cleanings and Fluoride			2 per year
Fluoride			Up to age 16
Sealants			Up to age 16
Space Maintainers			Up to age 16
Bitewing X-Rays			Up to 4, twice per year
Periapical X-Rays			6 per year
Panoramic X-Ray			1 every 3 years
Impacted Teeth			Covered in Type 2 - Basic
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)			Covered in Type 3 - Major*
Anesthesia - (For children age 7 and under, once per year)			Covered in Type 3 - Major*
Implants / Implant Abutments			Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures			1 every 5 years per tooth
Fillings on the same surface			1 every 18 months
When using a Non-participating Provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).			
* Anesthesia is not subject to waiting periods.			





## Need Vision Coverage?

**Several Ways to Address Your Vision Needs »** You get vision exams through your medical plan and shop for frames and lenses using pre-tax dollars through an FSA, HSA or HRA. Or buy a vision plan to cover the bulk of vision costs. Do the math to see what's best for you. Here's a summary.

### **With the STAR HSA Plan**

Did you know that members on the STAR HSA Plan get one annual vision exam covered at 100% before deductible? If you're on The STAR HSA plan, take advantage of this great benefit to get a prescription from your in-network optometrist for lenses. Then shop around and use [HSA](#) dollars to pay for lenses and frames tax-free.

### **With the Traditional Plan**

A vision exam costs only a \$35 co-pay for an in-network optometrist. Once you get your prescription, shop for the best deal on frames and lenses. Use FLEX\$ money to pay for the eyewear with pre-tax dollars.

### **Funding Through EyeMed**

You get your choice of two plans. One covers eyewear only while the other includes an eye exam. You may get a discount on frames from the sticker price.

[See Vision Plan Costs](#)







## PEHP Full



**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including non-prescription sunglasses

### Find an eye doctor (Insight Network)

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

### Heads up

You may have additional benefits. Log into [eyemed.com/member](https://eyemed.com/member) to see all plans included with your benefits.

### SUMMARY OF BENEFITS

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

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



## PEHP Eyewear Only



**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including non-prescription sunglasses

### Find an eye doctor (Insight Network)

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

### Heads up

You may have additional benefits.

Log into [eyemed.com/member](https://eyemed.com/member) to see all plans included with your benefits.

### SUMMARY OF BENEFITS

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

(Plan allows member to receive either contacts and frame, or frames and lens services)

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

## PEHP Wellness Programs

You can earn rebates and win monthly and annual prizes when you participate in some of our programs. Below are some of the programs you can participate in:

- » Biometric Screenings
- » Earn Cash Rebates\*
- » Diabetes Management
- » Pregnancy Resources
- » Healthy Eating
- » Weight Management
- » Physical Activity
- » Mental & Emotional Well-Being
- » Family & Social Well-Being
- » Financial Wellness
- » Webinars

### FOR MORE INFORMATION

PEHP Wellness Programs: 801-366-7300 | 855-366-7300

» E-mail: [healthyutah@pehp.org](mailto:healthyutah@pehp.org)

» Web: [www.pehp.org/wellness](http://www.pehp.org/wellness)



*\*Members on the Consumer Plus Plan are not eligible for rebates*

## Value Added Benefits

### Legal Guardianship

This benefit allows children under guardianship to remain covered by PEHP between ages 19-26 like natural born children. To continue coverage, the guardian child must have been enrolled in coverage prior to being 18 years of age and met the federal qualifications for coverage as a guardian child. Call PEHP to learn more, 801-366-7555 or 800-765-7347.

### PEHPplus Discount Program

As a PEHP member, you have access to discounts on many healthy lifestyle products and services through our PEHPplus Discount Program. For example, if cost and quality have been barriers to exploring weight loss treatments, a new partnership with [OrderlyMeds](#) might be right for you. They offer PEHP members up to 10% off on compounded semaglutide, a popular GLP-1 medication. Additionally, you'll receive support for a healthier lifestyle, including a free month of BetterHelp counseling services. .

### FOR MORE INFORMATION

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

### Preventive Care

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. If you're on the STAR HSA Plan, additional preventive visits and certain chronic medications are covered before you meet your deductible. See a list of medications on page 19 of the [Covered Drug List](#).

### FOR MORE INFORMATION

» Web: [www.pehp.org/preventiveservices](http://www.pehp.org/preventiveservices)

### Childbirth Doula Services

Birth doula services are a covered health plan benefit for eligible PEHP members through June 30, 2026. Only pregnant employees who work for certain employers, or their dependents, and are covered by PEHP are eligible for in-network doula services. [Learn More](#)

# Take Control of Your Diabetes

# FREE

## CGM, Insulin & Coaching



**At PEHP, we're proud to support members with diabetes.**

- » **No Cost** for **FreeStyle Libre 3 Plus** for real-time glucose insights
- » **No Cost** for **Insulin Lispro** for fast blood sugar control
- » **No Cost** for Online Support & Health Coaching

**Learn more:** [www.pehp.org/diabetes](http://www.pehp.org/diabetes)



## PEHP Mental Health Care & Services



**Visit [www.pehp.org/mentalhealth](http://www.pehp.org/mentalhealth) to find these resources and more:**

### Self-Care



Self-Paced Videos to Enhance Your Mental Well-Being:

- » Burnout, fatigue and what to do about it.
- » Managing anxiety & worry.
- » Understanding & managing depression.
- » Qualities & traits of resilient people.
- » Suicide prevention: Starting a conversation.

### Parenting Resources



[ParentGuidance.org](http://ParentGuidance.org) provides free parenting resources to members.

Some of the concepts the program explores:

- » Meeting basic needs.
- » Creating secure attachments.
- » Attuning to your child.
- » Identity formation.

### Counseling



- » Ask your employer about any Employee Assistance Programs (EAP) available to you. Many plans pay for a limited number of mental health visits without requiring a diagnosis.
- » Find in-network counselors in the PEHP Provider Directory under the Mental Health category.

### Crisis/Emergency



- » **National Suicide & Crisis Lifeline:** Dial 988 for immediate support 24/7.
- » **Emergency Room:** If you require emergency care, visit the nearest Emergency Room.

### Psychiatry



- » Find in-network psychiatrists in the PEHP Provider Directory.
- » Meet with an in-network psychiatrist within 48 hours after an assessment at [brightside.com/pehp](http://brightside.com/pehp).



## Life Assistance Counseling

### Blomquist Hale

SOLUTIONS

## WHEN LIFE GETS CHALLENGING WE CAN HELP

The Blomquist Hale Life Assistance Counseling program provides direct, **face-to-face** guidance to address virtually any stressful life situation or problem. Not to mention there is absolutely **no cost** to you. Meeting with our team is simple. Call to schedule an appointment today. **(800) 926-9619**

### Count On:

- ☒ 24/7 Crisis Service
- ☒ 100% Confidential
- ☒ Professional, Friendly Team
- ☒ Convenient Locations
- ☒ Extended Hours
- ☒ No Co-pay Required

### WE CAN HELP WITH

Marital & Family Counseling



Stress, Anxiety or Depression



Personal & Emotional Challenges



Grief or Loss



Financial or Legal Problems



Substance Abuse or Addictions



Senior Care Planning



## Public Safety & First Responders



## Job-Related Stress? You're Not Alone. There's Help.

If you're a First Responder or work in Public Safety, you have access to PEHP's Expanded Mental Wellness Benefit.

This benefit, available to you and your spouse at no cost, helps address the stress inherent in the workplace by offering counseling services for any reason.

Contact a mental health professional today:

**Blomquist Hale: 800-926-9619 | [www.blomquisthale.com](http://www.blomquisthale.com)**

### Expanded Mental Wellness Benefit

- » Spouses eligible
- » No cost
- » No preauthorization
- » No visit limits



## NEW! Cash Back & Copay Map


The smartest path  
to care!

Available July 1, 2025

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

**Treatment Category:** Surgical - Foot/Ankle  
**Sub-Category:** Bunionectomy or repair of toe deformities (hammertoe, etc.)

2 of 5 showing for Bunionectomy or repair of toe deformities (hammertoe, etc.)



Provider	Cash Back
Tanner Clinic - Ogden 200 W. 1000 S Ogden, UT 84403 801-467-4440 <a href="#">Request Cash Back</a>	\$375
Westwood Foot and Ankle Institute - Ogden 400 W. 1000 S Ogden, UT 84403 801-467-4440 <a href="#">Request Cash Back</a>	\$375

### Copay Map (Traditional Plan)

Pay no more than \$45 for eligible services.

### Cash Back Map (High-Deductible Plan)

Get up to \$3,900 cash back for eligible services.

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



## Find the best care for you

### Find and Compare Providers



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

### Find and Compare Healthcare Facilities



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

### Compare Prescription Costs



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

### Cash Back/Copay Maps



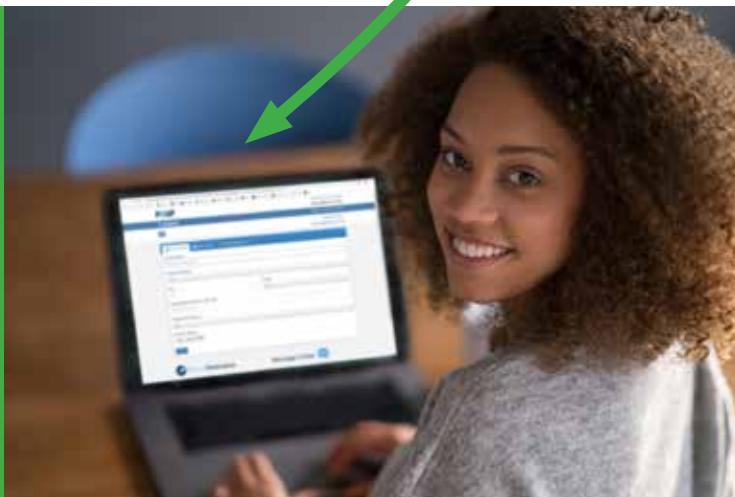
(Available July 1)

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

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

These tools are just one way we make life easier for our members.

Start using them today to find the best value!





**PROUDLY SERVING UTAH PUBLIC EMPLOYEES**

560 East 200 South » Salt Lake City, UT » 84102-2004 » 801-366-7555 or 800-765-7347 » [www.pehp.org](http://www.pehp.org)

## Important Notices About Your Benefits

Several important notices about your PEHP benefits are included with this letter. To learn more, see your benefits summary and master policy. Find them at your Benefits Information Library at PEHP for Members at [www.pehp.org](http://www.pehp.org). If you haven't created an online personal account, you'll need your PEHP ID and Social Security number. Find your PEHP ID number on your benefits card or your claims. Or call PEHP at 801-366-7555.

## Notice of COBRA Rights

PEHP is providing you and your Dependents notice of your rights and obligations under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") to temporarily continue health Coverage if you are an Employee of an Employer with 20 or more Employees and you or your eligible Dependents, (including newborn and /or adopted children) in certain instances would lose PEHP Coverage. Both you and your spouse should take the time to read this notice carefully. If you have any questions please call the PEHP Office at 801-366-7555 or refer to the Benefits Summary and/or the PEHP Master Policy at [www.PEHP.org](http://www.PEHP.org).

There may be other Coverage available through the Healthcare Marketplace Exchange. Please see the Coverage Alternatives information at the end of this section.

### Qualified Beneficiary

A Qualified Beneficiary is an individual who is covered under the Employer group health plan the day before a COBRA Qualifying Event.

### Who is Covered

#### » Employees

If you have group health Coverage with PEHP, you have a right to continue this Coverage if you lose Coverage or experience an increase in the cost of the premium because of a reduction in your hours of employment or the voluntary or involuntary termination of your employment for reasons other than gross misconduct on your part.

#### » Spouse of Employees

If you are the spouse of an Employee covered by PEHP, and you are covered the day prior to experiencing a Qualifying Event, you are a "Qualified Beneficiary" and have the right to choose COBRA Coverage for yourself if you lose group health Coverage under PEHP for any of the following Qualifying Events:

1. The death of your spouse;
2. The termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment;
3. Divorce or legal separation from your spouse;
4. Your spouse becoming entitled to Medicare; or
5. The commencement of certain bankruptcy proceedings, if your spouse is retired.

#### » Dependent Children

A Dependent child of an Employee who is covered by PEHP on the day prior to experiencing a Qualifying Event, is also a "Qualified Beneficiary" and has the right to COBRA Coverage if group health Coverage under PEHP is lost for any of the following Qualifying Events:

1. The death of the covered parent;
2. The termination of the covered parent's employment (for

reasons other than gross misconduct) or reduction in the covered parent's hours of employment;

3. The parents' divorce or legal separation;
4. The covered parent becoming entitled to Medicare;
5. The Dependent ceasing to be a "Dependent child" under PEHP; or
6. A proceeding in a bankruptcy reorganization case, if the covered parent is retired.

A child who meets the definition of Dependent, who is born to or placed for adoption with the covered Employee during a period of COBRA Coverage is also a Qualified Beneficiary.

### Secondary Qualifying Event

A Secondary Qualifying Event means one Qualifying Event occurring after another. It allows a Qualified Beneficiary who is already on COBRA to extend COBRA Coverage under certain circumstances, from 18 months to 36 months of Coverage from the date of the original Qualifying Event.

### Separate Election

If there is a choice among types of Coverage under the plan, each of you who are eligible for COBRA Coverage is entitled to make a separate election among the types of Coverage. Thus, a spouse or Dependent child is entitled to elect COBRA Coverage even if the covered Employee does not make that election. Similarly, a spouse or Dependent child may elect a different Coverage from the Coverage that the Employee elects.

### Your Duties Under The Law

It is the responsibility of the covered Employee, spouse, or Dependent child to notify the Employer or Plan Administrator in writing within sixty (60) days of a divorce, legal separation, child losing Dependent status or secondary qualifying event, under the group health plan in order to be eligible for COBRA Coverage. PEHP can be notified at 560 East 200 South, Salt Lake City, UT, 84102. PEHP Customer Service: 801-366-7555; toll free 800-765-7347. Appropriate documentation must be provided, such as: divorce decree, marriage certificate, etc.

Keep PEHP informed of address changes to protect you and your family's rights. It is important for you to notify PEHP at the above address if you have changed marital status, or you, your spouse or your Dependents have changed addresses.

In addition, the covered Employee or a family Member must inform PEHP of a determination by the Social Security Administration that the covered Employee or covered family Member was disabled during the 60-day period after the Employee's termination of employment or reduction in hours, within 60 days of such determination and before the end of the original 18-month COBRA Coverage period. (See "Special rules for disability," below.) If, during continued Coverage, the Social Security Administration determines that the Employee or family Member is no longer disabled, the individual must inform PEHP of this redetermination within 30 days of the date it is made.

## **Employers' Duties Under The Law**

Your Employer has the responsibility to notify PEHP of the Employee's death, termination of employment, reduction in hours, or Medicare eligibility. Notice must be given to PEHP within 60 days of the occurrence of the above-listed events. When PEHP is notified that one of these events has happened, PEHP in turn will notify you and your Dependents that you have the right to choose COBRA Coverage. Under the law, you and your Dependents have up to 60 days from the date you would lose Coverage because of one of the events to inform PEHP that you want COBRA Coverage or 60 days from the date of your Election Notice.

## **Election of COBRA Coverage**

Members have 60 days from either termination of Coverage or date of receipt of COBRA election notice to elect COBRA. If no election is made within 60 days, COBRA rights are deemed waived and will not be offered again. If you choose COBRA Coverage, your Employer is required to give you Coverage that, as of the time Coverage is being provided, is identical to the Coverage provided under the plan to similarly situated Employees and their family Members. If you do not choose COBRA Coverage within the time period described above, your group health insurance Coverage will end.

## **Premium Payments**

Payments must be made retroactively to the date of the qualifying event or loss of Coverage and paid within 45 days of the date of election. There is no grace period on this initial premium. Subsequent Payments are due on the first of each month with a thirty (30) day grace period. Delinquent Payments will result in a termination of COBRA Coverage.

The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of COBRA Coverage due to a disability, 150 percent) of the cost to the group health plan (including both Employer and Employee contributions) for Coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA Coverage. Claims paid in error by ineligibility under COBRA will be reviewed for collection. Ineligible premiums paid will be refunded.

## **How Long Will Coverage Last?**

The law requires that you be afforded the opportunity to maintain COBRA Coverage for a maximum of 36 months, unless you lose group health Coverage because of a termination of employment or reduction in hours. In that case, the required COBRA Coverage period is 18 months. Additional qualifying events (such as a death, divorce, legal separation, or Medicare entitlement) may occur while the COBRA Coverage is in effect. Such events may extend an 18-month COBRA period to a maximum of 36 months, but in no event will COBRA Coverage extend beyond 36 months from the date of the event that originally made the Employee or a qualified beneficiary eligible to elect COBRA Coverage. You should notify PEHP if a second Qualifying Event occurs during your 18-month COBRA Coverage period.

## **Special Rules For Disability**

If the Employee or covered family Member is disabled at any

time during the first 60 days of COBRA Coverage, the COBRA Coverage period may be extended to 29 months for all family Members, even those who are not disabled.

### **The criteria that must be met for a disability extension is:**

1. Employee or family Member must be determined by the Social Security Administration to be disabled.
2. Must be determined disabled during the first 60 days of COBRA Coverage.
3. Employee or family Member must notify PEHP of the disability no later than 60 days from the later of:
  - a. the date of the Social Security Administration disability determination;
  - b. the date of the Qualifying Event;
  - c. the loss of Coverage date; or
  - d. the date the Qualified Beneficiary is informed of the obligation to provide the disability notice.
4. Employee or family Member must notify Employer within the original 18 month COBRA period.
5. If an Employee or family Member is disabled and another qualifying event occurs within the 29-month COBRA period (other than bankruptcy of your Employer), then the COBRA Coverage period may continue up to a maximum of 36 months after the termination of employment or reduction in hours.

## **Special Rules For Retirees**

In the case of a retiree or an individual who was a covered surviving spouse of a retiree on the day before the filing of a Title 11 bankruptcy proceeding by your Employer, Coverage may continue until death and, in the case of the spouse or Dependent child of a retiree, 36 months after the date of death of a retiree.

## **COBRA Coverage May Be Terminated**

The law provides that your COBRA Coverage may be terminated prior to the expiration of the 18-, 29-, or 36-month period for any of the following reasons:

1. Your Employer no longer provides group health Coverage to any of its Employees.
2. The premium for COBRA Coverage is not paid in a timely manner (within the applicable grace period).
3. The individual becomes covered, after the date of election, under another group health plan (whether or not as an Employee) that does not contain any Exclusion or Limitation with respect to any preexisting condition of the individual.
4. The date in which the individual becomes entitled to Medicare, after the date of election.
5. Coverage has been extended for up to 29 months due to disability (see "Special rules for disability") and there has been a final determination that the individual is no longer disabled.
6. Coverage will be terminated if determined by PEHP that the Employee or family Member has committed any

of the following: fraud upon PEHP or Utah Retirement Systems, forgery or alteration of prescriptions; criminal acts associated with COBRA Coverage; misuse or abuse of benefits; or breach of the conditions of the Plan Master Policy.

You do not have to show that you are insurable to choose COBRA Coverage. However, under the law, you may have to pay all or part of the premium for your COBRA Coverage plus two percent.

This notice is a summary of the law and therefore is general in nature. The law itself and the actual Plan provisions must be consulted with regard to the application of these provisions in any particular circumstance.

### Questions

If you have any questions about continuing Coverage, please contact PEHP at 560 East 200 South, Salt Lake City, UT, 84102. Customer Service: 801-366-7555; toll free 800-765-7347.

### Coverage Alternatives

There may be other Coverage options for you and your family. You are now able to buy Coverage through the Health Insurance Marketplace, which may cost less than COBRA. In the Marketplace you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for Coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. Through the Marketplace you will also learn if you qualify for free or low-cost Coverage from Medicaid or the Children's Health Insurance Program (CHIP).

You have 60 days from the time you lose your job-based Coverage to enroll in the Marketplace. After 60 days your special enrollment period will end and you may not be able to enroll, you should take action right away. In addition, during an "open enrollment" period, anyone can enroll in Marketplace Coverage.

If you sign up for COBRA, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through a "special enrollment period." If you terminate your COBRA early without a qualifying event, you will have to wait to enroll in Marketplace Coverage until the next open enrollment period, and could end up without any health Coverage in the interim.

If your COBRA ends you will be eligible to enroll in Marketplace Coverage through a special enrollment period event, if the Marketplace open enrollment has ended. If you sign up for Marketplace Coverage instead of COBRA, you cannot switch to COBRA under any circumstances.

You can access information regarding the Marketplace at [HealthCare.gov](https://www.healthcare.gov) or call 800-318-2596.

## Notice of Women's Health and Cancer Rights Act

In accordance with The Women's Health and Cancer Rights Act of 1998, PEHP covers mastectomy in the treatment of cancer and Reconstructive Surgery after a mastectomy. If you are receiving benefits in connection with a mastectomy, Coverage will be provided according to PEHP's Medical Case Management criteria and in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction on the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical Complications in all stages of mastectomy, including lymphedemas.

Coverage of mastectomies and breast reconstruction benefits are subject to applicable Deductibles and Copayment Limitations consistent with those established for other benefits.

Following the initial reconstruction of the breast(s), any additional modification or revision to the breast(s), including results of the normal aging process, will not be covered.

All benefits are payable according to the schedule of benefits, based on this plan. Regular Preauthorization requirements apply.

## Notice of Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance Coverage generally may not restrict benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery; or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending Provider (e.g. physician, nurse midwife or physicians assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care Provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours).

# Notice of Privacy Practices for Protected Health Information

effective January 7, 2020

Public Employees Health Program (PEHP) our business associates and our affiliated companies respect your privacy and the confidentiality of your personal information. In order to safeguard your privacy, we have adopted the following privacy principles and information practices. PEHP is required by law to maintain the privacy of your protected health information, and to provide you with this notice which describes PEHP's legal duties and privacy practices. Our practices apply to current and former members.

It is the policy of PEHP to treat all member information with the utmost discretion and confidentiality, and to prohibit improper release in accordance with the confidentiality requirements of state and federal laws and regulations.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## Types of Personal Information PEHP collects

PEHP collects a variety of personal information to administer a member's health, coverage. Some of the information members provide on enrollment forms, surveys, and correspondence includes: address, Social Security number, and dependent information. PEHP also receives personal information (such as eligibility and claims information) through transactions with our affiliates, members, employers, other insurers, and health care providers. This information is retained after a member's coverage ends. PEHP limits the collection of personal information to that which is necessary to administer our business, provide quality service, and meet regulatory requirements.

Disclosure of your protected health information within PEHP is on a need-to-know basis. All employees are required to sign a confidentiality agreement as a condition of employment, whereby they agree not to request, use, or disclose the protected health information of PEHP members unless necessary to perform their job.

## Understanding Your Health Record / Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy,
- Better understand who, what, when, where, and why others may access your health information,
- Make more informed decisions when authorizing disclosure to others.

## Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that

compiled it, the information belongs to you. You have the rights as outlined in Title 45 of the Code of Federal Regulations, Parts 160 & 164:

- Request a restriction on certain uses and disclosures of your information, though PEHP is not required to agree with your requested restriction.
- Obtain a paper copy of the notice of information practices upon request (although we have posted a copy on our web site, you have a right to a hard copy upon request.)
- Inspect and obtain a copy of your health record.
- Amend your health records.
- Obtain an accounting of disclosures of your health information.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

PEHP does not need to provide an accounting for disclosures:

- To persons involved in the individual's care or for other notification purposes.
- For national security or intelligence purposes.
- Uses or disclosures of de-identified information or limited data set information.

PEHP must provide the accounting within 60 days of receipt of your written request.

The accounting must include:

- Date of each disclosure
- Name and address of the organization or person who received the protected health information
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization, or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

## **Examples of Uses and Disclosures of Protected Health Information**

### ***PEHP will use your health information for treatment.***

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

Though PEHP does not provide direct treatment to individuals, we do use the health information described above for utilization and medical review purposes. These review procedures facilitate the payment and/or denial of payment of health care services you may have received. All payments or denial decisions are made in accordance with the individual plan provisions and limitations as described in the applicable PEHP Master Policies.

### ***PEHP will use your health information for payment.***

For example: A bill for health care services you received may be sent to you or PEHP. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used.

### ***PEHP will use your health information for health operations.***

For example: The Medical Director, his or her staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of PEHP's programs.

If your coverage is through an employer sponsored group health plan, PEHP may share summary health information with the plan sponsor, such as your enrollment or disenrollment in the plan. PEHP may disclose protected health information for plan administration activities. *Example: Your employer contracts with PEHP to provide a health plan, and PEHP provides your employer with certain statistics to explain the rates we charge.* For specific health information PEHP will only provide information after it receives a specific written request from the plan sponsor, which includes an agreement not to use your health information for employment related actions or decisions.

***There are certain uses and disclosures of your health information which are required or permitted by Federal Regulations and do not require your consent or authorization.***

***Examples include:***

***Public Health.***

As required by law, PEHP may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

***Business Associates.***

There are some services provided in our organization through contacts with business associates. When such services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

***Food and Drug Administration (FDA).***

PEHP may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

***Workers Compensation.***

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

***Correctional Institution.***

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

***Law Enforcement.***

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority, or attorney provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

## **Our Responsibilities Under the Federal Privacy Standard**

PEHP is required to:

- Maintain the privacy of your health information, as required by law, and to provide individuals



with notice of our legal duties and privacy practices with respect to protected health information

- Provide you with this notice as to our legal duties and privacy practices with respect to protected health information we collect and maintain about you
- Abide by the terms of this notice
- Train our personnel concerning privacy and confidentiality
- Implement a policy to discipline those who violate PEHP's privacy, confidentiality policies.
- Mitigate (lessen the harm of) any breach of privacy, confidentiality.
- To notify affected individuals following a breach of unsecured protected health information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should we change our Notice of Privacy Practices you will be notified.

We will not use or disclose your health information without your consent or authorization, except as permitted or required by law. PEHP is prohibited from using or disclosing the genetic information of an individual for underwriting purposes.

Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization. Other uses and disclosures not described in this notice of privacy practices require your written authorization.

## **Inspecting Your Health Information**

If you wish to inspect or obtain copies of your protected health information, please send your written request to PEHP, Customer Service, 560 East 200 South, Salt Lake City, UT 84102-2099. We will arrange a convenient time for you to visit our office for inspection. We will provide copies to you for a nominal fee. If your request for inspection or copying of your protected health information is denied, we will provide you with the specific reasons and an opportunity to appeal our decision.

## **For More Information or to Report a Problem**

If you have questions or would like additional information, you may contact the PEHP Customer Service Department at (801) 366-7555 or (800) 955-7347

If you believe your privacy rights have been violated, you can file a written complaint with our Chief Privacy Officer at:

ATTN: PEHP Chief Privacy Officer  
560 East 200 South  
Salt Lake City, UT 84102-2099.

Alternately, you may file a complaint with the U.S. Secretary of Health and Human Services. There will be no retaliation for filing a complaint.