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Dental Plans

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Your To-Do Checklist



Not Making Changes?

Review your plans in UKG and submit!

Important Note: If you have a FLEX account and want to keep it for 2026-27, you must re-enroll in FLEX annually.

1

Medical Options

- | | |
|---|---|
| <input type="checkbox"/> STAR HSA Plan | <input type="checkbox"/> Consumer Plus Plan |
| <input type="checkbox"/> Traditional Plan | <input type="checkbox"/> Opt-Out Benefit |

2

Network Options

- | | |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> Summit | <input type="checkbox"/> Advantage |
|---------------------------------|------------------------------------|

3

Dental Options

- | | |
|---|--|
| <input type="checkbox"/> PEHP Preferred | <input type="checkbox"/> Opt-Out Benefit |
| <input type="checkbox"/> PEHP Traditional | |
| <input type="checkbox"/> EMI Choice Indemnity | |

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

Benefit Changes

Have a FLEX Account and Want to Keep it?

If you want to keep your FLEX account for the upcoming plan year, remember that annual re-enrollment is required.

New Option in Bariatric Surgery Program

Beginning July 1, 2026, eligible members may choose GLP-1 medications as part of their weight loss treatment plan instead of bariatric surgery. This benefit has a limited budget and will be offered until allocated funds are exhausted.

STAR HSA Plan Changes

Deductible is increasing on STAR HSA Plan. This change ensures HSA contributions can continue by meeting federal rules. See new plan limits, premiums, and HSA employer contributions on [page 6](#).

Traditional Plan Changes

Physical Therapy copays and coinsurance will match the amount charged for primary care. Annual limits still apply.

Key Benefits & Cost-Saving Programs

Get Cash Back or Only Pay \$45 on Eligible Services



Get cash back or pay no more than \$45 for surgeries, MRI/CT scans, and other services when you visit providers listed on the Cash Back/Copay Map. It's our way of rewarding you for making smart, high-value choices. Log in to your PEHP account and look for the map under Find Providers & Costs.

Free Health Screenings



Check your cholesterol, blood pressure, glucose, Body Mass Index (BMI) and get personalized recommendations and support. Log in to your PEHP account and register for a health screening under the Wellness menu. [Learn More](#)

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](#)

Online Psychiatry



You can meet with a licensed in-network psychiatric provider in under 48 hours via Brightside Health. [Learn More](#)

Assisted Reproductive Technology (ART) Coverage



Assisted Reproductive Technology (ART) services, including In Vitro Fertilization (IVF) are covered as part of your regular medical plan benefits* up to your plan's Out-of-Pocket Maximum. Preauthorization is required. [See other pregnancy benefits & resources](#)

*Infertility and ART benefits are not covered on Consumer Plus plan

Key Benefits & Cost-Saving Programs

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](#). See [List of Preventive Benefits](#)

Legal Guardianship



This benefit allows children under legal guardianship to remain covered by PEHP from ages 19 to 26 like natural-born children. To continue coverage, the guardian child must have been enrolled in a PEHP plan before turning 18 and must meet federal eligibility requirements for coverage as a guardian child. For more information, please call PEHP at 801-366-7555.

Free Health Coaching



Through our partnership with AZOVA, you can receive personalized health coaching at no cost — no referral needed. Coaching is available for exercise, nutrition, and emotional wellness. [Learn More](#)

PEHPplus Discount Program



PEHPplus provides savings on various healthy lifestyle products and services not covered by insurance. For example, if cost and quality have been barriers to exploring weight loss treatments, check out discounts offered by GLP1 MedRx and OrderlyMeds. We frequently add new discounts, categories, and vendors to this program, so check back often. [See Discounts](#)

EFFECTIVE: JULY 1, 2026–JUNE 30, 2027

OPEN ENROLLMENT: MAY 1–MAY 22, 2026

Monthly Medical Rates Summit Network

	Employer	Employee	Total cost of plan
STAR HSA Plan (Summit Network)			
Single	\$727.50	\$3.12	\$730.62
Double	\$1,528.64	\$6.38	\$1,535.02
Family	\$2,086.94	\$8.52	\$2,095.46
Traditional Plan (Summit Network)			
Single	\$847.16	\$60.48	\$907.64
Double	\$1,744.40	\$124.82	\$1,869.22
Family	\$2,325.24	\$166.64	\$2,491.88
Consumer Plus Plan (Summit Network)			
Single	\$645.24	\$-	\$645.24
Double	\$1,341.36	\$-	\$1,341.36
Family	\$1,908.68	\$-	\$1,908.68

Monthly Medical Rates Advantage Network

	Employer	Employee	Total cost of plan
STAR HSA Plan (Advantage Network)			
Single	\$727.50	\$26.58	\$754.08
Double	\$1,528.64	\$55.78	\$1,584.42
Family	\$2,086.94	\$76.12	\$2,163.06
Traditional Plan (Advantage Network)			
Single	\$847.16	\$91.68	\$938.84
Double	\$1,744.40	\$188.94	\$1,933.34
Family	\$2,325.24	\$252.12	\$2,577.36
Consumer Plus Plan (Advantage Network)			
Single	\$645.24	\$20.62	\$665.86
Double	\$1,341.36	\$44.86	\$1,386.22
Family	\$1,908.68	\$61.60	\$1,970.28

Opt-Out Benefit - Per Paycheck

Added per paycheck if you waive your medical or dental plan

	Medical	Dental
Single	\$76.93	\$3.85
Double	\$153.85	\$7.70
Family	\$153.85	\$15.39

Monthly Dental Rates

	Employer	Employee pays	Total cost
PEHP Preferred Choice			
Single	\$29.78	\$3.32	\$33.10
Double	\$55.26	\$6.14	\$61.40
Family	\$100.50	\$11.18	\$111.68
PEHP Traditional			
Single	\$29.78	\$5.98	\$35.76
Double	\$55.26	\$11.04	\$66.30
Family	\$100.50	\$20.12	\$120.62
EMI Choice Indemnity			
Single	\$29.78	\$15.66	\$45.44
Double	\$55.26	\$24.98	\$80.24
Family	\$100.50	\$41.74	\$142.24

Monthly Vision Rates

	Employee pays	
	EyeMed Full	EyeMed, Eyewear Only
Single	\$7.36	\$6.44
Double	\$11.50	\$9.84
Family	\$15.82	\$13.24

Employer Contributions

Deposited into your HSA (or HRA)

	Medical	
	STAR HSA	Consumer Plus
Single	\$1,034.28	\$1,934.92
Double	\$1,826.76	\$3,893.24
Family	\$1,918.54	\$3,986.84



Things to Consider before choosing medical plan

How often do you need care?



If you only see a doctor a few times a year . . .

A lower-cost plan may be a good fit. You'll keep more money in your paycheck, and you can use employer provided HSA funds to help cover office visits.

If someone requires frequent doctor visits and ongoing prescriptions . . .

The Traditional Plan may be a better choice.

Remember to consider anything on the horizon, such as having a baby or an upcoming surgery.

Ask yourself: What matters more to you?

Lower upfront costs (Traditional Plan) or more take-home pay (STAR HSA Plan)?



How much will covered healthcare cost you?



Annual premium: The amount taken from your paycheck whether you go to the doctor or not.

The Traditional Plan has a higher premium than the STAR HSA Plan and Consumer Plus Plan.

Deductible & Out-of-Pocket Maximum (OOPM): What you pay before PEHP begins to pay for your healthcare.

Your OOPM is the most you'll pay in a year. After you reach it, PEHP pays the rest of the costs for in network, covered services.

Review each plan's deductible and out-of-pocket maximum to understand your potential total costs.

And don't forget to factor in how much money your employer contributes to your HSA if you choose the STAR HSA or Consumer Plus plan. You can use these funds to help pay for healthcare expenses.



What if I have other insurance?



Dual Coverage: You can have two different plans at the same time. While this will give you more coverage, consider if paying for two plans makes financial sense.

Keep in mind you're ineligible for HSA contributions if enrolled in a high-deductible plan, like the STAR HSA or Consumer Plus, while also being covered in a non-HSA qualified plan.

Opt-Out: If you have qualified medical or dental coverage* through Tricare or your spouse's employer, you can choose to opt out of your employer's medical or dental plan.

Opting out means no premiums for you and more money in your paycheck.

**Medicare, Medicaid or Federal Marketplace plans are not qualified coverage.*



STAR HSA Plan

STAR HSA Plan Highlights

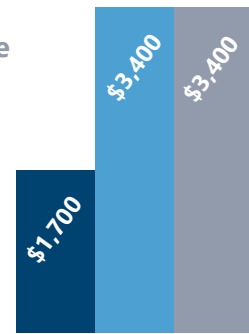
- » It covers more [preventive services](#) paid at 100%, and certain medications are covered before deductible – including many diabetic supplies, like CGMs, insulin and test strips. See medications on page 19 of the [Covered Drug List](#).
- » Your family has a set deductible, but each family member 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 you deductible.

Both Networks

Medical Deductible

Medical & Pharmacy

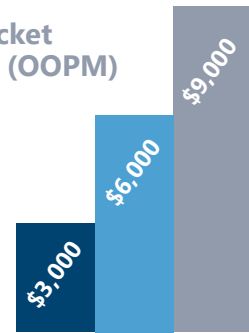
■ Single
■ Double
■ Family



Out-of-Pocket Maximum (OOPM)

Medical & Pharmacy

■ Single
■ Double
■ Family



Each individual has a \$4,000 OOPM



Traditional Plan

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 do not apply to the deductible. Instead, you have full coverage throughout the year. These charges do apply to your OOPM.

Both Networks

Medical Deductible

Medical & Pharmacy

**per individual*

■ Single
■ Double
■ Family

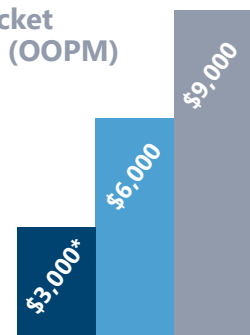


Out-of-Pocket Maximum (OOPM)

Medical & Pharmacy

**per individual*

■ Single
■ Double
■ Family



[See Medical Plan Costs](#)



Consumer Plus Plan

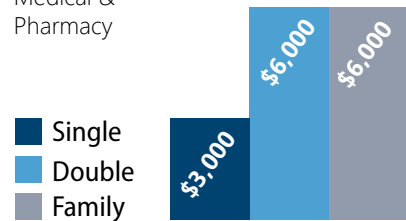
Consumer Plus Plan Highlights

- » 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 out-of-pocket maximum includes what you've paid towards your deductible.
- » Your employer puts more money into an HSA or HRA for health-related expenses than the STAR HSA Plan to offset a higher deductible.
- » You can participate in wellness programs, including Healthy Utah health screenings; however, you're **not** eligible for rebates.

Both Networks

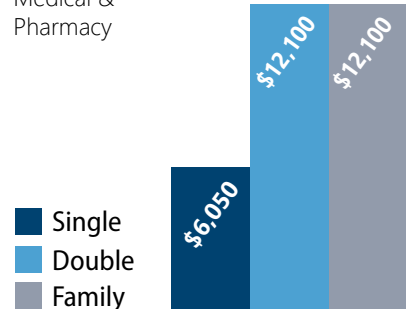
Medical Deductible

Medical & Pharmacy



Out-of-Pocket Maximum (OOPM)

Medical & Pharmacy



Each individual has a \$8,700 OOPM

See Medical Plan Costs

3 Options to Save

on out-of-pocket expenses

Choose the right account for you to help pay deductibles, copayments, coinsurance or services your PEHP plan doesn't cover.*

	HSA <i>Health Savings Account</i>	FSA <i>Flexible Spending Account</i>	HRA <i>Health Reimbursement Account</i>
Eligibility	<ul style="list-style-type: none"> You must enroll in an HSA-eligible plan. See other eligibility rules at www.pehp.org/hsa. 	<ul style="list-style-type: none"> You can't contribute to a HSA while you're enrolled in healthcare FSA. You may have a limited FSA (if offered by employer) and contribute to an HSA and/or a dependent day care FSA. 	If offered by your employer, you must enroll in an HSA-qualified plan and not eligible for HSA contributions.
Employer Contribution	If you choose an HSA-qualified plan, your employer may help fund your HSA.	X	Your employer will fund your HRA with the same amount it would normally contribute to your HSA if you were eligible for an HSA.
Employee Contribution	<ul style="list-style-type: none"> Contribute pre-tax dollars up to IRS limits. Earnings grow tax free. Use it tax-free for eligible expenses* or save for retirement, and make penalty-free withdrawals after age 65. 	<ul style="list-style-type: none"> Choose how much money to set aside for health care expenses during open enrollment. In 2026, up to \$3,400 can be withheld for medical expenses and up to \$7,500 can be set aside for dependent care. 	X
Portability	<ul style="list-style-type: none"> You keep whatever you don't spend. Funds in your HSA carry over year-to-year. 	<p>Check your Benefits Summary to see which option you have.</p> <ul style="list-style-type: none"> Rollover allows you to carry up to \$680 of unused funds for healthcare expenses to the next plan year. Grace Period is a use-it-or-lose-it plan. 	<p>Not portable. If you leave employment, you can still use the funds. However, you can't use the PEHP-issued Mastercard once you leave employment.</p> <p>You can submit claims for reimbursement within 12 months of date of service. Contact PEHP for an HRA Claim Form.</p>

*For eligible expenses, visit www.IRS.gov publication 969 and 502.



STAR HSA

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$1,700 Double/family plans: \$3,400 <i>One person or a combination can meet the \$3,400 double/family deductible</i>	
Plan year Out-of-Pocket Maximum	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>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	40% after deductible
PEHP VALUE PROVIDERS		
PEHP Value Providers <i>Cash Back opportunities available. Visit www.pehp.org/valueproviders</i>	20% after deductible	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits <i>Includes inpatient visits, Autism services, and Physical Therapy visits</i>	20% after deductible	40% after deductible
Specialist Visits <i>Includes inpatient visits and Autism services</i>	20% after deductible	40% after deductible
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	20% after deductible	20% after deductible
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
PRESCRIPTION DRUGS** All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost. \$25 minimum, 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 <i>Maintenance only</i>	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.

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

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

MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

In-Network Provider

Out-of-Network Provider*

Balance billing may apply

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Does not apply to Out-of-Pocket Maximum</i>	Single plans: \$350 Double/family plans: \$350 per person, \$700 per family <i>One person cannot meet more than \$350</i>	
Plan year Out-of-Pocket Maximum <i>See Master Policy for exceptions to the out-of-pocket maximum.</i>	Single plans: \$3,000 Double plans: \$3,000 per person, \$6,000 per double Family plans: \$3,000 per person, \$9,000 per family <i>One person cannot meet more than \$3,000</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	40% after deductible
PEHP VALUE PROVIDERS		
PEHP Value Providers <i>Cash Back opportunities available. Visit www.pehp.org/valueproviders</i>	Starting at \$10 co-pay per visit	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits <i>Includes inpatient visits, Autism services, and Physical Therapy visits</i>	\$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 <i>Includes inpatient visits and Autism services</i>	\$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		
30-day Pharmacy <i>Retail only</i>	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 <i>Maintenance only</i>	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.

SRP 2026-27 » Medical Benefits Grid » Traditional

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

SRP 2026-27 » Medical Benefits Grid » Traditional

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

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.



MEDICAL BENEFITS GRID: WHAT YOU PAY

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

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

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$3,000 Double/family plans: \$6,000 <i>One person or a combination can meet the \$6,000 double/family deductible</i>	
Plan year Out-of-Pocket Maximum	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>	
WELLCARE PROGRAM ANNUAL ROUTINE CARE		
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	50% of In-Network Rate after deductible
Vision Screening <i>One time between ages 3 and 5</i>	No charge	50% of In-Network Rate after deductible
Pediatric Dental Services** <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
Pediatric Vision Services <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
PEHP VALUE PROVIDERS		
PEHP Value Providers <i>Cash Back opportunities available. Visit www.pehp.org/valueproviders</i>	30% after deductible	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits <i>Includes inpatient visits, Autism services, and Physical Therapy visits</i>	30% after deductible	50% after deductible
Specialist Visits <i>Includes inpatient visits and Autism services</i>	30% after deductible	50% after deductible
Surgery and Anesthesia	30% after deductible	50% after deductible
Emergency Room Specialist Visits	30% after deductible	30% after deductible
Diagnostic Tests, Labs, X-rays	30% after deductible	50% after deductible

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.

SRP 2026-27 » Consumer Plus » Benefits Grids

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
PRESCRIPTION DRUGS Medications are subject to the deductible. For Drug Tier info, see the Covered Drug List at www.pehp.org		
30-day Pharmacy <i>Retail only</i>	Preferred generic: 30% of discounted cost Preferred brand name: 30% of discounted cost	Plan pays up to the discounted cost. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	30% of In-Network Rate. No maximum Co-Insurance	Not covered
Specialty Medications, through Home Health or Accredo <i>Up to 30-day supply</i>	30% of In-Network Rate. No maximum Co-Insurance	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Hospital Facility <i>Preauthorization required</i>	30% after deductible	50% after deductible
Ambulatory Surgical Center <i>Preauthorization required, e.g. orthopedic shoulder, knee or hip surgery</i>	30% after deductible	50% after deductible
Urgent Care Facility	30% after deductible	50% after deductible
Emergency Room <i>Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	30% after deductible	30% after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	30% after deductible	
Diagnostic Tests, Labs, X-rays	30% after deductible	50% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	30% after deductible	50% after deductible
Physical, Occupational and Speech Therapy <i>Outpatient – Up to 21 combined visits per plan year.</i>	30% after deductible	50% after deductible
Mental Health & Substance Abuse	30% after deductible	50% after deductible
INPATIENT FACILITY SERVICES		
Hospital Services <i>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization</i>	30% after deductible	50% after deductible
Residential Treatment <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	30% after deductible	50% after deductible
Skilled Nursing Facility <i>Non-custodial. Up to 20 days per plan year. Requires preauthorization</i>	30% after deductible	50% after deductible

SRP 2026-27 » Consumer Plus » Benefits Grids

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption	30% after deductible, up to \$4,000 per adoption	
Allergy Serum	30% after deductible	50% after deductible
Chiropractic care	Not covered	Not covered
Durable Medical Equipment <i>Some DME requires Preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	30% after deductible Summit Network: Alpine Home Medical	50% after deductible
Medical Supplies <i>See Master Policy for benefit limits</i>	30% after deductible	50% after deductible
Home Health/Home Skilled Nursing <i>Up to 30 visits per plan year. Requires Preauthorization</i>	30% after deductible	50% after deductible
Hospice <i>Limit of 6 months in a 3-year period</i>	30% after deductible	50% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	30% after deductible	50% after deductible
Infertility Services	Not covered	Not covered
Sleep Studies and Sleep Equipment	30% after deductible	50% after deductible
Temporomandibular Joint Dysfunction	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

Castleview Hospital

Davis County

Holy Cross Hospital - Davis
Intermountain Layton Hospital

Duchesne County

Utah 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)

Salt Lake County (cont.)

LDS Hospital
Primary Children's Medical Center
Riverton Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Regional Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Spanish Fork Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Medical Center

Weber County

McKay-Dee Hospital

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

Castleview Hospital

Davis County

Holy Cross Hospital - Davis
Lakeview Hospital

Duchesne County

Utah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

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

Salt Lake County (cont.)

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

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Regional Medical Center

Utah County

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

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Medical Center

Weber County

Ogden Regional Medical Center

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

Primary Care Providers

PEHP
Health & Benefits

Your **Partner** in Healthcare



A **primary care doctor** can help with short-term problems and take care of you over time, making them a crucial partner for your health.


Choose the option that is best for your primary care needs.

In-Network Doctors

Find a primary care doctor in your network in the Provider Directory under Provider Specialty » Family Medicine.

Medallus Medical*

(8 clinic locations)

- On-site care 
- Urgent care
- Chronic conditions
- Prescription renewals
- On-site labs, x-rays, and procedures

Direct Primary Care (DPC)

A subscription-based model where you pay an independent doctor or healthcare company a monthly fee for all your primary care needs.

If eligible, PEHP helps you pay your monthly fee.

**PEHP covers your monthly subscription for Medallus Medical on the Traditional Plan. On HDHP, you pay a monthly fee before the deductible.*

Learn More: www.pehp.org/primarycare

Weight Management & Obesity Pilot Program

PEHP covers two medically supported options designed to help eligible members* on their journey to long-term weight loss and improve health.



Option 1: Bariatric Surgery

- » Surgery is covered according to your medical plan benefits. Check your benefits summary for details.

Option 2: GLP-1 Therapy**

- » Member pays for the medication upfront.
- » PEHP reimburses 50% of the cost up to \$150 per month for eligible medications.
- » Coverage limited to 24 months.
- » If GLP-1 therapy isn't effective within six months, bariatric surgery is still an option. The reverse isn't allowed.



Eligibility Requirements (Both Options)

- » Overweight for at least 5 years.
- » BMI over 40, or over 35 with qualifying comorbidity (e.g., Type 2 diabetes).
- » No current use of tobacco or vape products.
- » No prior weight loss surgery.
- » Consultation with Fia Care provider. Call 801-602-2997.
- » Six months of health coaching with Noble Health. Must achieve weight loss goals (1 BMI point every 60 days).
- » Submission of medical records from the past 2 years.
- » Mental health evaluation with documentation (any mental health provider).
- » If surgery, consultation and engagement with approved surgical center.

Approved Surgical Centers

Summit Network

Holy Cross Hospital-Salt Lake
BMI Center
801-746-2885
bmiut.com

Holy Cross Hospital-
Jordan Valley
Specialty Surgery of Utah
801-561-8888
jordanvalleymc.org

St Marks Hospital
RMAP
801-268-3800
utahbariatrics.com

Advantage Network

LDS Hospital
BMI, RMAP

Utah Valley Hospital
Utah Surgical Associates
435-628-1641
utahsurgical.com

Summit/Advantage Networks

St George Regional Hospital
Utah Surgical Associates
435-628-1641
utahsurgical.com

Questions About Eligibility?

- » Bariatric Surgery: 801-366-7755
- » GLP-1 Therapy: 801-366-7551

Not eligible for coverage?

Get discounts on GLP-1 medications through our partners GLP1 MedRX and OrderlyMeds with the PEHPplus Discount Program. Learn more: www.pehp.org/pehpplus/weight

*Consumer Plus Plan members are not eligible.

**Starting July 1, 2026. Availability dependent on limited funds appropriated by the Utah Legislature under HCR 8.

Dental Plans

PEHP 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

PEHP 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) »

Your waiting period can be waived if you have proof of previous dental coverage. If you've been without coverage for more than 63 days, a six month waiting period applies to orthodontic, implant, and prosthodontic services. 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](#).

» **MORE DENTAL OPTIONS** on next page

[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
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS				
Deductible (Does not apply to diagnostic or preventive services)	\$25 per person, \$75 maximum per family	\$25 per person, \$75 maximum per family	\$0	\$0
Annual Benefit Max	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$1,500 per person
DIAGNOSTIC	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Periodic Oral Examinations	\$0	20% of In-Network Rate	\$0	20% of In-Network Rate
X-rays	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
PREVENTIVE				
Cleanings and Fluoride Solutions	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
Sealants Permanent molars only through age 17	20% of In-Network Rate	40% of In-Network Rate	\$0	20% of In-Network Rate
RESTORATIVE				
Amalgam Restoration	20% of In-Network Rate AD*	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
Composite Restoration	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
ENDODONTICS				
Pulpotomy	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
Root Canal	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
PERIODONTICS				
	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
ORAL SURGERY				
Extractions	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
ANESTHESIA General Anesthesia in conjunction with oral surgery or impacted teeth only				
General Anesthesia	20% of In-Network Rate AD	40% of In-Network Rate AD	20% of In-Network Rate	40% of In-Network Rate
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				
PROSTHODONTIC BENEFITS Preauthorization may be required				
Crowns	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
Bridges	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
Dentures (partial)	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
Dentures (full)	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
IMPLANTS				
All related services	50% of In-Network Rate AD	70% of In-Network Rate AD	50% of In-Network Rate	70% of In-Network Rate
ORTHODONTIC BENEFITS 6-month Waiting Period				
Maximum Lifetime Benefit per Member	\$1,500 Does not apply to the Annual Benefit Maximum		\$1,500 Does not apply to the Annual Benefit Maximum	
Eligible Appliances and Procedures	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

EFFECTIVE: JULY 1, 2026–JUNE 30, 2027

OPEN ENROLLMENT: MAY 1–MAY 22, 2026



Corporate (801)262-7475
Customer Service (800)662-5851
EMIHealth.com

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!**

Group: [State of Utah \(Plan #1580\)](#)
Plan: [Choice Indemnity](#)
Underwritten & Administered by: [Educators Health Plans Life, Accident & Health, a Utah Company](#)
Effective Date: [7/1/2026](#)
Benefit Year: [Contract](#)
Plan Type: [Contributory / Fully Insured](#)

	In-Network	In-Network	Out-of-Network
Network / Reimbursement Schedule	Advantage Plus-D	Premier-D	R & C (80th)
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to R&C*
Type 2 - Basic Fillings	80%	80%	80% up to R&C*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50% up to R&C*
Type 4 - Orthodontics Dependent children ages 7 through 18 Adult Orthodontics	50% No Coverage	50% No Coverage	50% No Coverage
Sealants	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
Endodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Simple Extractions	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Oral Surgery	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Waiting periods			
Type 2 - Basic		None	
Type 3 - Major		None	
Type 4 - Orthodontics		None	
Deductible	In and Out of Network Deductibles are Combined		
Per Person		\$0.00	
Family Max		\$0.00	
Deductible Applies To		Type 2 & 3	
Annual Maximum Per Person	\$2,000.00	\$1,500.00	
	All maximums are combined up to limits above		
Orthodontic Lifetime Maximum		\$1,500.00	
	Applies to dependent children ages 7 through 18		
Provisions / Limitations / Exclusions			
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, Bridges, Onlays and Dentures			1 every 5 years per tooth
Occlusal Guards			Covered in Type 3 - Major
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?

With the STAR HSA Plan

You get one vision exam each year covered at 100% before the deductible. Visit an in-network optometrist for your exam, then use your [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 to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-Up – Standard	Up to \$40	Not covered
Fit and Follow-Up – Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive – Standard	\$75 copay	Up to \$40
Progressive – Premium Tier 1 – 3	\$95 – 120 copay	Up to \$40
Progressive – Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating – Standard	\$45	Not covered
Anti Reflective Coating – Premium Tier 1 – 2	\$57 – 68	Not covered
Anti Reflective Coating – Premium Tier 3	20% off retail price	Not covered
Photochromic – Non-Glass	\$75	Not covered
Polycarbonate – Standard	\$40	Not covered
Scratch Coating – Standard Plastic	\$15	Not covered
Tint – Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$96
Contacts – Disposable	\$0 copay; 100% off balance over \$120 allowance	Up to \$96
Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$200
OTHER		
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
Exam	Once every plan year	
Frames	Once every plan year	
Lenses	Once every plan year	
Contact Lenses	Once every plan year	
(Plan allows member to receive either contacts and frame, or frames and lens services)		
ALLOWED FREQUENCY - ADULTS		ALLOWED FREQUENCY - KIDS
Once every plan year		Once every plan year
Once every plan year		Once every plan year
Once every plan year		Once every plan year
Once every plan year		Once every plan year

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. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof, or thoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. 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 the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. 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.



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

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES Single Vision Bifocal Trifocal Lenticular Progressive – Standard Progressive – Premium Tier 1 – 3 Progressive – Premium Tier 4	\$10 copay \$10 copay \$10 copay \$10 copay \$75 copay \$95 – 120 copay \$75 copay; 20% off retail price less \$120 allowance	Up to \$25 Up to \$40 Up to \$55 Up to \$55 Up to \$40 Up to \$40 Up to \$40
LENS OPTIONS Anti Reflective Coating – Standard Anti Reflective Coating – Premium Tier 1 – 2 Anti Reflective Coating – Premium Tier 3 Photochromic – Non-Glass Polycarbonate – Standard Scratch Coating – Standard Plastic Tint – Solid or Gradient UV Treatment All Other Lens Options	\$45 \$57 – 68 20% off retail price \$75 \$40 \$15 \$15 \$15 20% off retail price	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered
CONTACT LENSES Contacts – Conventional Contacts – Disposable Contacts – Medically Necessary	\$0 copay; 15% off balance over \$130 allowance \$0 copay; 100% off balance over \$130 allowance \$0 copay; paid in full	Up to \$104 Up to \$104 Up to \$200
OTHER Hearing Care from Amplifon Network LASIK or PRK from U.S. Laser Network	Up to 66% off hearing aids; call 1.877.203.0675 15% off retail or 5% off promo price; call 1.800.988.4221	Not covered Not covered
FREQUENCY Frames Lenses Contact Lenses (Plan allows member to receive either contacts and frame, or frames and lens services)	ALLOWED FREQUENCY - ADULTS Once every plan year Once every plan year Once every plan year	ALLOWED FREQUENCY - KIDS Once every plan year Once every plan year Once every plan year

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. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; or thoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. 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 the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. 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.

PEHP Life & Accident

Group Term Life Coverage

EMPLOYEE BASIC COVERAGE

Your employer funds basic coverage at no charge to you.

COVERAGE	AMOUNT
Up to Age 70	50,000
Age 71 to 75	25,000
Age 76 and over	12,500



LINE-OF-DUTY DEATH BENEFIT

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

ACCIDENTAL DEATH RIDER

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

EVIDENCE OF INSURABILITY

You must submit evidence of insurability if:

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

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

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

EMPLOYEE ADDITIONAL TERM COVERAGE

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

Biweekly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 35	0.55	1.10	2.21	3.31	4.42	5.52	6.63	7.73	8.84	9.94	11.05
Age 35 to 39	0.69	1.38	2.76	4.14	5.52	6.90	8.29	9.67	11.05	12.43	13.81
Age 40 to 44	0.97	1.93	3.87	5.80	7.73	9.67	11.60	13.53	15.47	17.40	19.33
Age 45 to 49	1.43	2.85	5.71	8.56	11.41	14.27	17.12	19.98	22.83	25.68	28.54
Age 50 to 54	2.12	4.24	8.47	12.70	16.94	21.17	25.41	29.64	33.88	38.11	42.35
Age 55 to 59	3.08	6.17	12.34	18.50	24.67	30.84	37.01	43.17	49.34	55.51	61.68
Age 60 to 64	4.56	9.11	18.23	27.34	36.45	45.57	54.68	63.79	72.91	82.02	91.13
Age 65 to 69	6.31	12.61	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
After age 69, rates remain constant and coverage changes											
Coverage Amounts	6.31	12.61	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
Age 70 to 74	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 75 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

PEHP Life & Accident

SPOUSE BASIC COVERAGE: Your employer funds \$5,000 of spouse basic coverage at no charge to you.

SPOUSE ADDITIONAL TERM COVERAGE

You can buy up to \$500,000 in spouse coverage. If you apply within 60 days of your hire date or marriage date, up to \$50,000 is guaranteed issue. After 60 days, and for all amounts above \$50,000, you must complete a health statement.

Biweekly Rates	25,000	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 35	0.55	1.10	1.66	2.21	3.31	4.42	5.52	6.63	7.73	8.84	9.94	11.05
Age 35 to 39	0.69	1.38	2.07	2.76	4.14	5.52	6.90	8.29	9.67	11.05	12.43	13.81
Age 40 to 44	0.97	1.93	2.90	3.87	5.80	7.73	9.67	11.60	13.53	15.47	17.40	19.33
Age 45 to 49	1.43	2.85	4.28	5.71	8.56	11.41	14.27	17.12	19.98	22.83	25.68	28.54
Age 50 to 54	2.12	4.24	6.35	8.47	12.70	16.94	21.17	25.41	29.64	33.88	38.11	42.35
Age 55 to 59	3.08	6.17	9.25	12.34	18.50	24.67	30.84	37.01	43.17	49.34	55.51	61.68
Age 60 to 64	4.56	9.11	13.67	18.23	27.34	36.45	45.57	54.68	63.79	72.91	82.02	91.13
Age 59 to 69	6.31	12.61	18.92	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
After age 69, rates remain constant and coverage changes												
Coverage Amounts	6.31	12.61	18.92	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
Age 70 to 74	12,500	25,000	37,500	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 75 and over	6,250	12,500	18,750	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

DEPENDENT CHILDREN COVERAGE

Your employer funds \$5,000 of child basic coverage at no cost to you. If you apply within 60 days of your hire date or the date of the child's birth, all amounts are guaranteed issue. After 60 days, a health statement will be required for each child. All eligible children will be covered at the same level for one premium. Children can be covered until married or age 26, whichever comes first.

CHILD BASIC COVERAGE: Your employer funds \$5,000 at no cost to you.

Coverage Amount	5,000	10,000
Monthly cost	0.24	0.48

Accidental Death and Dismemberment (AD&D)

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

INDIVIDUAL PLAN

Your employer funds \$50,000 of AD&D coverage at no charge to you. Select additional coverage from \$25,000 to \$200,000 for a maximum coverage of \$250,000.

Employee's Coverage Amount	Individual Plan	Family Plan
	Biweekly Cost	Biweekly Cost
50,000	0	0.19

FAMILY PLAN

» Upgrade your individual AD&D plan to a family plan. Convert your employee-funded \$50,000 individual plan to a \$50,000 family plan at a cost of 0.19 biweekly.

- » Select a coverage amount ranging from \$25,000 to \$200,000, and your spouse and dependents will be automatically covered as follows:
 - » Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse's coverage increases to 50% of yours;
 - » Each dependent child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child's coverage increases to 20% of yours.
- » If injury to an insured person covered for this benefit results within one year of the date of the accident in any of the losses set forth, the plan will pay the sum specified opposite such loss, but the total amount payable for all such losses as a result of any one accident will not exceed the Principal Sum applicable to the insured person. The Principal Sum applicable to the insured person is the amount specified on the enrollment form.

PEHP Life & Accident

Accidental Death and Dismemberment (AD&D)

Additional AD&D Coverage and Cost

INDIVIDUAL PLAN		FAMILY PLAN
Coverage Amount	Biweekly Cost	Biweekly Cost
50,000	0.00	0.19
75,000	0.20	0.47
100,000	0.39	0.76
125,000	0.59	1.05
150,000	0.78	1.34
175,000	0.98	1.62
200,000	1.18	1.91
225,000	1.37	2.20
250,000	1.57	2.49

AD&D Payment Schedule

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

*Total benefit for loss of digits on one hand shall not exceed 25%. Benefits may not be combined upon the loss of multiple digits.

LIMITATIONS AND EXCLUSIONS

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

Master Policy

This brochure provides only a brief overview. Complete terms and conditions are available in the Group Term Life and Accident Plan Master Policy. It's available when you log in to PEHP for Members at www.pehp.org. Or request a copy by emailing publications@pehp.org.

Accident Weekly Indemnity

- » Employee coverage only
- » If you enroll in AD&D coverage, you may also purchase Accident Weekly Indemnity coverage, which will provide a weekly income if you are totally disabled due to an accident that is not job-related.
- » The maximum eligible weekly amount is based on your monthly gross salary at the time of enrollment. You may purchase a lower amount of coverage than the eligible monthly gross salary, but may not buy coverage for more than the eligible monthly gross salary.

Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	BIWEEKLY COST
250 and under	25	0.11
251 to 599	50	0.20
600 to 700	75	0.29
701 to 875	100	0.40
876 to 1,050	125	0.50
1,051 to 1,200	150	0.60
1,201 to 1,450	175	0.69
1,451 to 1,600	200	0.80
1,601 to 1,800	225	0.89
1,801 to 2,164	250	0.99
2,165 to 2,499	300	1.18
2,500 to 2,899	350	1.38
2,900 to 3,599	400	1.58
3,600 and over	500	1.97

Accident Medical Expense

- » Employee coverage only
- » This benefit is available to help you pay for medical expenses that are in excess of those covered by all group insurance plans and no-fault automobile insurance.
- » This benefit will provide up to \$2,500 to help cover medical expenses incurred due to an accident that is not job-related.

Accident Medical Expense Coverage and Cost

MEDICAL EXPENSE COVERAGE	BIWEEKLY COST
\$ 2,500	\$ 0.46



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

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:

- » Health 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



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

FOR MORE INFORMATION

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

» E-mail: healthyutah@pehp.org

» Web: www.pehp.org/wellness

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

PEHP Mental Health Care & Services



Visit 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 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.

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.

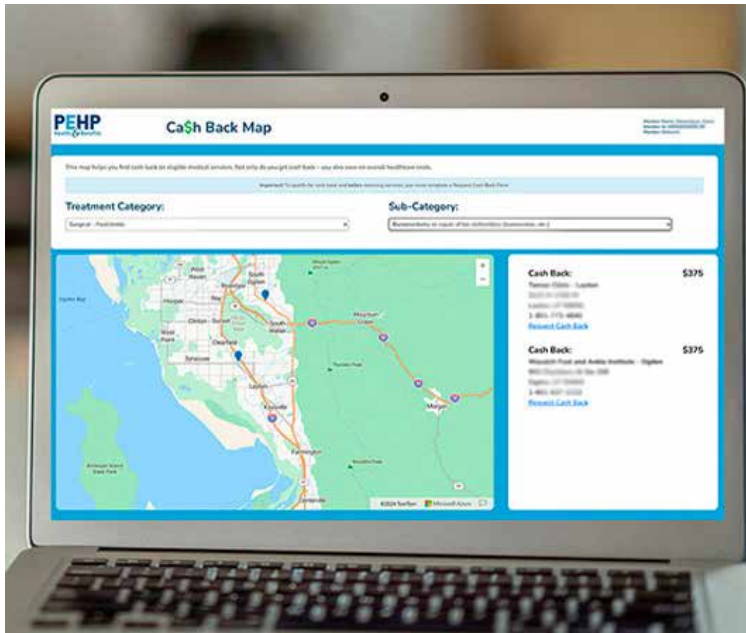
This benefit, available to you and your spouse at no cost, helps address the stress inherent in the workplace by offering counseling services for any reason.

Contact a mental health professional today:

Blomquist Hale: 800-926-9619 | www.blomquisthale.com

Expanded Mental Wellness Benefit

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



Cash Back/ Copay Map

The smartest path to care!

Use this map to find **low-cost hospital alternatives** when you need a colonoscopy, surgery, MRI/CT scan, and other procedures.

Traditional Plan (Automatic – no application needed)

- » Pay no more than **\$45 copay** for all services — no deductible, no hidden fees.*
- » **Always earn cash back** for certain preventive services (e.g., colonoscopy) at select locations.
- » After your **Out-of-Pocket Maximum**, you can earn **cash back** on additional services.

High-Deductible Plan (e.g. STAR HSA Plan) (Application required)

- » **Earn cash back** when you visit providers on the map. Once you've **met your deductible**, pay no more than a **\$45 copay**.*
- » After your **Out-of-Pocket Maximum**, you can earn **additional cash back**.
- » **Always earn cash back** for certain preventive services (e.g., colonoscopy) at select locations.

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

**Copays are for the selected treatment only. Other services or equipment during or after treatment are subject to your regular medical plan benefits.*

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 Map

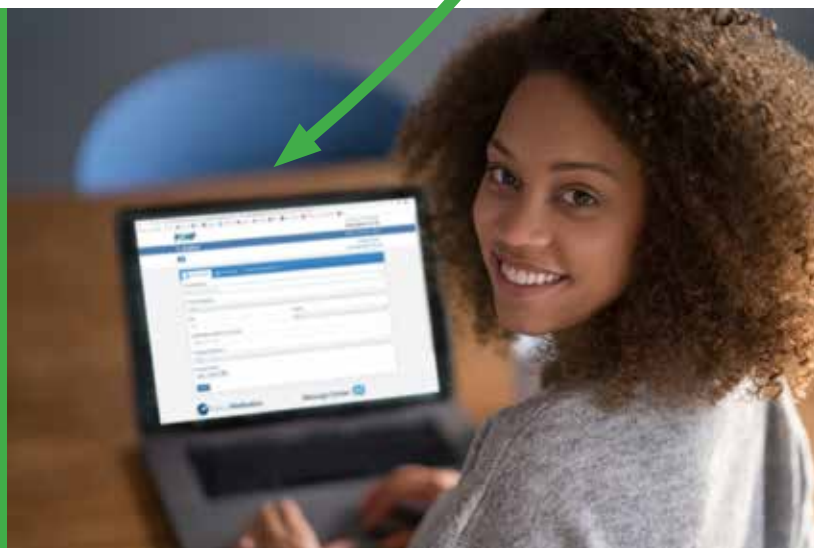


This is the best tool to use when you are considering surgery, CT scans, MRIs, colonoscopies and more.

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

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. 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.

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 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 February 16, 2026

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, life, and long-term disability 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.

In the use of apps, PEHP limits the information collected to the information you input into the app, and does not collect authentication information, phonebook, contacts, device location, SMS or call related data, inventory of other apps on the device, microphone, camera or any sensitive data not specifically shared in the app. PEHP will not utilize ads in its app. PEHP collects and uses data regarding use of the app solely to improve the features and functionality of the app. PEHP will not disclose personal financial identifiers, such as social security numbers, through the app.

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.
- That occurred before April 14, 2003.

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. PEHP will only do so 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.

Any allowed electronic disclosure of your information shall be made securely using modern cryptography.

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.

Prohibited Uses and Disclosures: If we receive substance use disorder records created by a federally assisted program or health care provider under 42 CFR Part 2, we may not use or disclose such records, or testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceedings against you unless based on your specific written consent or a court order. We may only use or disclose records based on a court order after: 1. a notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 CFR part 2; and 2. the court order is accompanied by a subpoena or other similar legal requirement compelling the disclosure.

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.