



Price City

2021-22

Price City Benefits Summary

PRICE CITY

Benefits Summary

Effective July 2021

© 2021 Public Employees Health Program

This Benefits Summary should be used in conjunction with the PEHP Master Policy. It contains information that only applies to PEHP subscribers who are employed by Price City and their eligible dependents. Members of any other PEHP plan should refer to the applicable publications for their coverage.

It is important to familiarize yourself with the information provided in this Benefits Summary and the PEHP Master Policy to best utilize your medical plan. The Master Policy is available by calling PEHP. You may also view it at www.pehp.org.

This Benefits Summary is for informational purposes only and is intended to give a general overview of the benefits available under those sections of PEHP designated on the front cover. This Benefits Summary is not a legal document and does not create or address all of the benefits and/or rights and obligations of PEHP.

The PEHP Master Policy, which creates the rights and obligations of PEHP and its members, is available upon request from PEHP and online at www.pehp.org. All questions concerning rights and obligations regarding your PEHP plan should be directed to PEHP.

The information in this Benefits Summary is distributed on an "as is" basis, without warranty. While every precaution has been taken in the preparation of this Benefits Summary, PEHP shall not incur any liability due to loss, or damage caused or alleged to be caused, directly or indirectly by the information contained in this Benefits Summary.

The information in this Benefits Summary is intended as a service to members of PEHP. While this information may be copied and used for your personal benefit, it is not to be used for commercial gain.

The employers participating with PEHP are not agents of PEHP and do not have the authority to represent or bind PEHP.

6-21-21

Table of Contents

Introduction

WELCOME/CONTACT INFO3
ONLINE RESOURCES4

Medical Benefits

UNDERSTANDING CONTRACTED PROVIDERS 5
UNDERSTANDING YOUR BENEFITS GRID6
BENEFITS GRIDS
» Traditional7-9
» STAR HSA 10-12
ADDITIONAL BENEFITS13

Wellness and Value-Added Benefits

» Healthy Utah14
» WeeCare14
» PEHP Waist Aweigh14
» PEHPplus14

Other Benefits

PEHP DENTAL
» Preferred Dental Care16
PEHP LIFE & ACCIDENT17
PEHP FLEX\$18

Welcome to PEHP

This Benefits Summary contains important information on how best to use PEHP’s comprehensive benefits. Please contact the following PEHP departments or affiliates if you have questions.

ON THE WEB

.....www.pehp.org

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

CUSTOMER SERVICE/ HEALTH BENEFITS ADVISORS

..... 801-366-7555
..... or 800-765-7347

Weekdays from 8 a.m. to 5:30 p.m.

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

PREAUTHORIZATION

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

PRESCRIPTION DRUG BENEFITS

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

SPECIALTY PHARMACY

» Accredo 800-501-7260

GROUP TERM LIFE AND AD&D

» PEHP Life and AD&D 801-366-7495

PEHP FLEX\$

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

HEALTH SAVINGS ACCOUNTS (HSA)

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

WELLNESS AND CARE MANAGEMENT

» PEHP Healthy Utah 801-366-7300
..... or 855-366-7300
.....www.pehp.org/healthyutah

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

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

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

VALUE-ADDED BENEFITS

» PEHPplus.....www.pehp.org/plus

ONLINE ENROLLMENT HELP LINE

..... 801-366-7410
..... or 800-753-7410

CLAIMS MAILING ADDRESS

PEHP
560 East 200 South
Salt Lake City, Utah 84102-2004

Find More at www.pehp.org

PEHP Value Providers

Convenient and Affordable » These full-service clinics provide all the services of a family doctor or dentist, but at a lower cost. [Learn More](#)

Connect Care

A Faster, Easier Way to See a Doctor » See a doctor via mobile or web. It's available 24 hours a day, every day, and you don't need an appointment. Use Intermountain Connect Care for fevers, ear infections, cold, flu, allergies, migraines, pinkeye, stomach pain, and much more. Available on all PEHP networks. [Learn More](#)

PEHP Cost Tools

Get the Most out of Your Healthcare Dollars » Get the best benefit by visiting doctors, hospitals, and other providers contracted in your network. Otherwise, you could be on the hook for unnecessary large bills. [Learn More](#)

Know Before You Go

Five Simple Steps » As healthcare gets costlier and more complex, carefully consider where and how you get care to maximize your PEHP benefits. "Know Before You Go" — that means taking a few simple steps beforehand to assure you get the right care, at the best value, and avoid the nasty surprise of an unnecessary large bill. [Learn More](#)

Out-of-Network Benefits

Know Your Network » Some PEHP plans pay benefits for out-of-network providers. However, PEHP doesn't pay for any services from certain providers, regardless if you have an out-of-network benefit. [Learn More](#)

Find a Provider

Looking for a provider, clinic, or facility that is contracted with your plan? Look no farther than www.pehp.org. Log in to your PEHP account to search for providers by name, specialty, or location.

Click [here](#) for a list of hospitals in your medical network.

Understanding In-Network Providers

It's important to understand the difference between in-network and out-of-network providers and how the In-Network Rate works to avoid unexpected charges.

In-Network Rate

Doctors and facilities contracted in your network — in-network providers — have agreed not to charge more than PEHP's In-Network Rate for specific services. Your benefits are often described as a percentage of the In-Network Rate. With in-network providers, you pay a predictable amount of the bill: the remaining percentage of the In-Network Rate. For example, if PEHP pays your benefit at 80% of In-Network Rate, your portion of the bill generally won't exceed 20% of the In-Network Rate.

Balance Billing

It's a different story with out-of-network providers. They may charge more than the In-Network Rate unless they have an agreement with you not to. These doctors and facilities, who aren't a part of your network, have no pricing agreement with PEHP. The portion of the benefit PEHP pays is based on what we would pay a n in-network provider. You'll be billed the full amount that the provider charges above the In-Network Rate. This is called "balance billing."

Understand that charges to you may be substantial if you see an out-of-network provider. Your plan generally pays a smaller percentage of the In-Network Rate, and you'll also be billed for any amount charged above the In-Network Rate.

Negotiate a Price

Don't get Balance Billed: Although non-contracted providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.

The amount you pay for charges above the In-Network Rate won't apply to your deductible or out-of-pocket maximum.

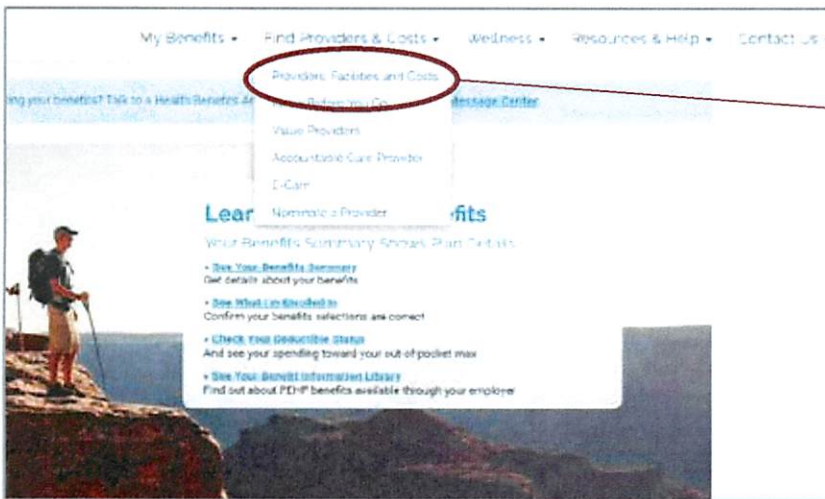
Consider Your Options

Carefully choose your network based on the group of medical providers you prefer or are more likely to see. See the Medical Networks comparison in this book or go to www.pehp.org and log in to your PEHP account to see which network includes your doctors.

Ask questions before you get medical care. Make sure every person and every facility involved is contracted in your network.

Although out-of-network providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.

[Learn More » Your Network and Your Money](#)



Go to www.pehp.org, log into your PEHP account, and click on *Providers, Facilities and Costs* under the *Find Providers and Costs* menu to find a doctor or facility in your network.

Understanding Your Benefits Grid

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS

Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	1	Single plans: \$750 Double/family plans: \$750 per person <i>One person cannot meet more than \$750</i>
Plan year Out-of-Pocket Maximum**	2	Single plans: \$5,000 Double/family plans: \$5,000 per person <i>One person cannot meet more than \$5,000</i>

ANNUAL PREVENTIVE CARE

Preventive services allowed by Affordable Care Act	No charge
Annual physical exam, immunizations.	
Full list at www.pehp.org/preventiveservices	

PROFESSIONAL SERVICES

Medical, 1st visit per visit	\$20 co-pay per visit	
Medical, 2nd visit per visit	\$20 co-pay per visit	
Medical, 3rd visit per visit	\$20 co-pay per visit	
Medical, 4th visit per visit	\$20 co-pay per visit	
Medical, 5th visit per visit	\$20 co-pay per visit	
Medical, 6th visit per visit	\$20 co-pay per visit	
Medical, 7th visit per visit	\$20 co-pay per visit	
Medical, 8th visit per visit	\$20 co-pay per visit	
Medical, 9th visit per visit	\$20 co-pay per visit	
Medical, 10th visit per visit	\$20 co-pay per visit	
Medical, 11th visit per visit	\$20 co-pay per visit	
Medical, 12th visit per visit	\$20 co-pay per visit	
Medical, 13th visit per visit	\$20 co-pay per visit	
Medical, 14th visit per visit	\$20 co-pay per visit	
Medical, 15th visit per visit	\$20 co-pay per visit	
Medical, 16th visit per visit	\$20 co-pay per visit	
Medical, 17th visit per visit	\$20 co-pay per visit	
Medical, 18th visit per visit	\$20 co-pay per visit	
Medical, 19th visit per visit	\$20 co-pay per visit	
Medical, 20th visit per visit	\$20 co-pay per visit	
Medical, 21st visit per visit	\$20 co-pay per visit	
Medical, 22nd visit per visit	\$20 co-pay per visit	
Medical, 23rd visit per visit	\$20 co-pay per visit	
Medical, 24th visit per visit	\$20 co-pay per visit	
Medical, 25th visit per visit	\$20 co-pay per visit	
Medical, 26th visit per visit	\$20 co-pay per visit	
Medical, 27th visit per visit	\$20 co-pay per visit	
Medical, 28th visit per visit	\$20 co-pay per visit	
Medical, 29th visit per visit	\$20 co-pay per visit	
Medical, 30th visit per visit	\$20 co-pay per visit	
Medical, 31st visit per visit	\$20 co-pay per visit	
Medical, 32nd visit per visit	\$20 co-pay per visit	
Medical, 33rd visit per visit	\$20 co-pay per visit	
Medical, 34th visit per visit	\$20 co-pay per visit	
Medical, 35th visit per visit	\$20 co-pay per visit	
Medical, 36th visit per visit	\$20 co-pay per visit	
Medical, 37th visit per visit	\$20 co-pay per visit	
Medical, 38th visit per visit	\$20 co-pay per visit	
Medical, 39th visit per visit	\$20 co-pay per visit	
Medical, 40th visit per visit	\$20 co-pay per visit	
Medical, 41st visit per visit	\$20 co-pay per visit	
Medical, 42nd visit per visit	\$20 co-pay per visit	
Medical, 43rd visit per visit	\$20 co-pay per visit	
Medical, 44th visit per visit	\$20 co-pay per visit	
Medical, 45th visit per visit	\$20 co-pay per visit	
Medical, 46th visit per visit	\$20 co-pay per visit	
Medical, 47th visit per visit	\$20 co-pay per visit	
Medical, 48th visit per visit	\$20 co-pay per visit	
Medical, 49th visit per visit	\$20 co-pay per visit	
Medical, 50th visit per visit	\$20 co-pay per visit	
Medical, 51st visit per visit	\$20 co-pay per visit	
Medical, 52nd visit per visit	\$20 co-pay per visit	
Medical, 53rd visit per visit	\$20 co-pay per visit	
Medical, 54th visit per visit	\$20 co-pay per visit	
Medical, 55th visit per visit	\$20 co-pay per visit	
Medical, 56th visit per visit	\$20 co-pay per visit	
Medical, 57th visit per visit	\$20 co-pay per visit	
Medical, 58th visit per visit	\$20 co-pay per visit	
Medical, 59th visit per visit	\$20 co-pay per visit	
Medical, 60th visit per visit	\$20 co-pay per visit	
Medical, 61st visit per visit	\$20 co-pay per visit	
Medical, 62nd visit per visit	\$20 co-pay per visit	
Medical, 63rd visit per visit	\$20 co-pay per visit	
Medical, 64th visit per visit	\$20 co-pay per visit	
Medical, 65th visit per visit	\$20 co-pay per visit	
Medical, 66th visit per visit	\$20 co-pay per visit	
Medical, 67th visit per visit	\$20 co-pay per visit	
Medical, 68th visit per visit	\$20 co-pay per visit	
Medical, 69th visit per visit	\$20 co-pay per visit	
Medical, 70th visit per visit	\$20 co-pay per visit	
Medical, 71st visit per visit	\$20 co-pay per visit	
Medical, 72nd visit per visit	\$20 co-pay per visit	
Medical, 73rd visit per visit	\$20 co-pay per visit	
Medical, 74th visit per visit	\$20 co-pay per visit	
Medical, 75th visit per visit	\$20 co-pay per visit	
Medical, 76th visit per visit	\$20 co-pay per visit	
Medical, 77th visit per visit	\$20 co-pay per visit	
Medical, 78th visit per visit	\$20 co-pay per visit	
Medical, 79th visit per visit	\$20 co-pay per visit	
Medical, 80th visit per visit	\$20 co-pay per visit	
Medical, 81st visit per visit	\$20 co-pay per visit	
Medical, 82nd visit per visit	\$20 co-pay per visit	
Medical, 83rd visit per visit	\$20 co-pay per visit	
Medical, 84th visit per visit	\$20 co-pay per visit	
Medical, 85th visit per visit	\$20 co-pay per visit	
Medical, 86th visit per visit	\$20 co-pay per visit	
Medical, 87th visit per visit	\$20 co-pay per visit	
Medical, 88th visit per visit	\$20 co-pay per visit	
Medical, 89th visit per visit	\$20 co-pay per visit	
Medical, 90th visit per visit	\$20 co-pay per visit	
Medical, 91st visit per visit	\$20 co-pay per visit	
Medical, 92nd visit per visit	\$20 co-pay per visit	
Medical, 93rd visit per visit	\$20 co-pay per visit	
Medical, 94th visit per visit	\$20 co-pay per visit	
Medical, 95th visit per visit	\$20 co-pay per visit	
Medical, 96th visit per visit	\$20 co-pay per visit	
Medical, 97th visit per visit	\$20 co-pay per visit	
Medical, 98th visit per visit	\$20 co-pay per visit	
Medical, 99th visit per visit	\$20 co-pay per visit	
Medical, 100th visit per visit	\$20 co-pay per visit	

PRESCRIPTION DRUGS

30-day Pharmacy	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	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.

1 MEDICAL DEDUCTIBLE
The set dollar amount that you must pay for yourself and/or your family members before PEHP begins to pay for covered medical benefits. Some plans might also have a separate pharmacy deductible.

2 PLAN YEAR OUT-OF-POCKET MAXIMUM
The maximum dollar amount that you and/or your family pays each year for covered medical services in the form of copayments and coinsurance (and deductibles for STAR plans). Some plans might also have separate out-of-pocket maximums for mental health & substance abuse and for specialty drug charges.

CO-PAY

A specific amount you pay directly to a provider when you receive covered services. This can be either a fixed dollar amount or a percentage of the PEHP In-Network Rate.

IN-NETWORK

In-network benefits apply when you receive covered services from in-network providers. You are responsible to pay the applicable copayment.

OUT-OF-NETWORK

If your plan allows the use of out-of-network providers, out-of-network benefits apply when you receive covered services. You are responsible to pay the applicable co-pay, plus the difference between the billed amount and PEHP's In-Network Rate.

IN-NETWORK RATE

The amount in-network providers have agreed to accept as payment in full. If you use an out-of-network provider, you will be responsible to pay your portion of the costs as well as the difference between what the provider bills and the In-Network Rate (balance billing). In this case, the allowed amount is based on our in-network rates for the same service.

For more definitions, please see the Master Policy.



Traditional Option 5

Summit Exclusive

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: \$2,000 Double/family plans: \$2,000 per person, \$4,000 per family <i>One person cannot meet more than \$2,000</i>	
Plan year Out-of-Pocket Maximum <i>Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$6,000 Double/family plans: \$6,000 per person, \$12,000 per family <i>One person cannot meet more than \$6,000</i>	
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
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit	Not applicable
PEHP Value Clinics	\$10 co-pay per visit	Not applicable
Primary Care Visits <i>Includes office surgeries and inpatient visits</i>	\$35 co-pay per visit	40% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</i>	\$45 co-pay per visit	40% after deductible
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	\$45 co-pay per visit	\$45 co-pay per visit
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less</i>	No charge	40% after deductible
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350</i>	20% after deductible	40% after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	Outpatient: Specialist or UUMG co-pay per visit. Inpatient: 20% after deductible	Not covered
PRESCRIPTION DRUGS <i>For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost, \$25 minimum / \$75 maximum Tier 3: 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$50 minimum / \$150 maximum Tier 3: 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

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

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

Price City 2021-22 » Medical Benefits Grid » Traditional Option 5

	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 Facility and Ambulatory Surgical Center	20% after deductible	40% after deductible
Urgent Care Facility	\$55 co-pay per visit	40% after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP If admitted, inpatient facility benefit will be applied</i>	\$225 co-pay after deductible per visit	\$225 co-pay after deductible per visit
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	40% after deductible
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	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
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	20% after deductible	40% after deductible
Skilled Nursing Facility <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible
Hospice	No charge	40% after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	20% after deductible	Not covered

Price City 2021-22 » Medical Benefits Grid » Traditional Option 5

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption <i>See Master Policy for benefit limits</i>	20% after deductible, up to \$4,000 per adoption	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care <i>Up to 20 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>	No charge	40% after deductible
Injections <i>includes allergy injections. See above for allergy serum</i>	Under \$50: No charge Over \$50: 20% after deductible	40% after deductible
Infertility Services** <i>Select services only. See Master Policy for details</i>	50% after deductible	50% after deductible
Temporomandibular Joint Dysfunction** <i>Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details</i>	50% after deductible	50% after deductible

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



STAR HSA Option 3

Summit Exclusive

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: \$2,000 Double/family plans: \$4,000 <i>One person or a combination can meet the \$4,000 double/family deductible</i>	
Plan year Out-of-Pocket Maximum	Single plans: \$4,000 Double/family plans: \$8,000 <i>One person or a combination can meet the \$8,000 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
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit after deductible	Not applicable
PEHP Value Clinics	Medical: 20% after deductible	Not applicable
Primary Care Visits <i>Includes office surgeries and inpatient visits</i>	20% after deductible	40% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</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
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	20% after deductible	Not covered
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>		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost, \$25 minimum / \$75 maximum Tier 3: 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$50 minimum / \$150 maximum Tier 3: 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

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

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

Price City 2021-22 » Medical Benefits Grid » STAR HSA Option 3

	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 Facility and Ambulatory Surgical Center	20% after deductible	40% after deductible
Urgent Care Facility	20% after deductible	40% after deductible
Emergency Room <i>Medical 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
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	20% after deductible	40% after deductible
Skilled Nursing Facility <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible
Hospice	20% after deductible	40% after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	20% after deductible	Not covered

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption <i>See Master Policy for benefit limits</i>	20% after deductible, up to \$4,000 per adoption	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care <i>Up to 20 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
Injections <i>Includes allergy injections. See above for allergy serum</i>	20% after deductible	40% after deductible
Infertility Services <i>Select services only. See Master Policy for details.</i>	50% after deductible	50% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	50% after deductible	50% after deductible

Additional PEHP Benefits

This is a brief summary of additional benefits PEHP offers.

Healthy Utah Testing Sessions

Complete biometric testing (cholesterol, blood glucose, body composition, and blood pressure) at a Healthy Utah testing session or your annual preventive doctor office visit to earn rebates. Rebates may not apply to all plans. [Learn more.](#)

Preventive Medications Covered Before Deductible

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



Wellness and Value-Added Benefits

PEHP Healthy Utah

PEHP Healthy Utah is an employee health promotion program aimed at enhancing the well-being of members by increasing awareness of health risks and providing support in making health-related lifestyle changes. PEHP Healthy Utah offers a variety of programs, services, cash incentives, and resources to help members get and stay well.

Subscribers and their spouses are eligible to attend one Healthy Utah biometric testing session each plan year. PEHP Healthy Utah is offered at the discretion of the employer.

FOR MORE INFORMATION

PEHP Healthy Utah

801-366-7300 or 855-366-7300

» Email: healthyutah@pehp.org

» Web: www.pehp.org/healthyutah

PEHP WeeCare

PEHP WeeCare is a pregnancy and postpartum program provided to support and educate PEHP members. PEHP WeeCare's goal is to help expectant mothers have the healthiest and safest pregnancy possible. Members can enroll online at any time during pregnancy.

Cash incentives are available for enrolling. While PEHP WeeCare is not intended to take the place of your doctor, it's another resource for answers to questions during pregnancy.

FOR MORE INFORMATION

PEHP WeeCare

P.O. Box 3503

Salt Lake City, Utah 84110-3503

801-366-7400 | 855-366-7400

» E-mail: weecare@pehp.org

» Web: www.pehp.org/wellness/weecare

PEHP Health Coaching

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

FOR MORE INFORMATION

PEHP Health Coaching

801-366-7300 | 855-366-7300

» E-mail: healthcoaching@pehp.org

» Web: www.pehp.org/wellness/healthcoaching

PEHP Plus

PEHPplus provides savings of up to 60 percent on a wide assortment of healthy lifestyle products and services, such as eyewear, gyms, Lasik, and hearing. We're frequently adding new discounts.

» Web: www.pehp.org/pehpplus

**FICA tax may be withheld from all wellness rebates. This will slightly lower any amount you receive. PEHP will mail additional tax information to you after you receive your rebate. Consult your tax advisor if you have any questions.*

PEHP Dental Care

Introduction

PEHP wants to keep you healthy and smiling brightly. We offer dental plans that provide coverage for a full range of dental care.

When you use In-Network providers, you pay a specified copayment and PEHP pays the balance. When you use Out-of-Network providers, PEHP pays a specified portion of the In-Network Rate, and you are responsible for the balance.

There is no deductible for Preventive or Diagnostic services.

Refer to the PEHP Dental Master Policy for complete benefit limitations and exclusions and specific plan guidelines when you log in to your PEHP account. The Master Policy is available at PEHP for Members at www.pehp.org. Call PEHP Customer Service to request a copy.

Waiting Period for Orthodontic, Implant, and Prosthodontic Benefits

There is a Waiting Period of six months from the effective date of Coverage for Orthodontic, Implant, and Prosthodontic benefits.

Members returning from military service will have the six-month waiting period for orthodontics waived if they reinstate their dental coverage within 90 days of their military discharge date.

NOTICE: Depending on your Employer's choice of Dental coverage plans, the Waiting Period for Orthodontic, Implant, and Prosthodontic Benefits may not apply. Please refer to your Employer or call PEHP Customer Service for details.

Missing Tooth Exclusion

Services to replace teeth that are missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous Coverage with PEHP. However, the plan may review the abutment teeth for eligibility of Prosthodontic benefits. The Missing Tooth Exclusion does not apply if a bridge, denture, or implant was in place at the time the coverage became effective.

NOTICE: Depending on your Employer's choice of Dental coverage plans, the Missing Tooth Exclusion may not apply. Please refer to your Employer or call PEHP Customer Service for details.

Limitations and Exclusions

Written preauthorization may be required for prosthodontic services. Preauthorization is not required for orthodontics.

Price City 2021-22 » Preferred Dental Care (with Waiting Period)

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	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Deductible Does not apply to diagnostic or preventive services	None	None
Annual Benefit Max	\$1,500	\$1,500
DIAGNOSTIC		
	YOU PAY	YOU PAY
Periodic Oral Examinations	\$0	20% of In-Network Rate
X-rays	20% of In-Network Rate	40% of In-Network Rate
PREVENTIVE		
Cleanings and Fluoride Solutions	20% of In-Network Rate	20% of In-Network Rate
Sealants Permanent molars only through age 17	20% of In-Network Rate	20% of In-Network Rate
RESTORATIVE		
Amalgam Restoration	20% of In-Network Rate	40% of In-Network Rate
Composite Restoration	20% of In-Network Rate	40% of In-Network Rate
ENDODONTICS		
Pulpotomy	20% of In-Network Rate	40% of In-Network Rate
Root Canal	20% of In-Network Rate	40% of In-Network Rate
PERIODONTICS		
	20% of In-Network Rate	40% of In-Network Rate
ORAL SURGERY		
Extractions	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	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	70% of In-Network Rate
Bridges	50% of In-Network Rate	70% of In-Network Rate
Dentures (partial)	50% of In-Network Rate	70% of In-Network Rate
Dentures (full)	50% of In-Network Rate	70% of In-Network Rate
IMPLANTS		
All eligible related services	50% of In-Network Rate	70% of In-Network Rate
ORTHODONTIC BENEFITS 6-month Waiting Period		
Maximum Lifetime Benefit per Member	\$1,500	
Eligible Appliances and Procedures	50% of eligible fees to plan maximum	

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.

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

PEHP Life & Accident

Enrollment is Easy and Affordable » Give your loved-ones long-term financial protection in the event of your death. Protect your family's finances in the event of your spouse or dependent child's death.

Enroll at Any Time

Open Enrollment is a great time to consider Life & Accident coverage. But you can enroll at any time at www.pehp.org. Log in to your PEHP account and select "Enroll or Change Coverage" from the "My Benefits" menu.

Group Term Life Coverage

Buy coverage at varying amounts for yourself, your spouse, and your children. Costs are based on your amount of coverage and age.

Accidental Death and Disability

Pays benefits in the event of your death or injury in an accident. You can buy up to \$250,000 in coverage, and rates are the same regardless of your age.

Other Benefits

Accidental Weekly Indemnity provides you with additional income if you miss work because of a non-job-related accident. Accident Medical Expense helps pay medical expenses beyond what insurance pays if you're injured in a non-job-related accident.

Learn More

Contact PEHP Life & Accident: 801-366-7495 or 800-753-7495. See instructions below to download the PEHP Life & Accident brochure or email publications@pehp.org to request a printed copy.



See costs and coverage [here](#). To read the PEHP Life & Accident brochure and Master Policy in the Benefits Information Library, select "Benefits Summaries" from the "My Benefits" menu.

PEHP Flexible Spending Plan — FLEX\$

Save Money With FLEX\$

Sign up for PEHP's flexible spending account – FLEX\$ — and save. FLEX\$ saves you money by reducing your taxable income. Each year you set aside a portion of your pre-tax salary for your account. That money can be used to pay eligible out-of-pocket health expenses and dependent day care expenses.

FLEX\$ Options

FLEX\$ has two options, one for medical expenses and another for dependent day care.

FLEX\$ HEALTHCARE ACCOUNT

You can contribute up to \$2,750 for health care expenses (check with your employer). Use this account to pay for eligible out-of-pocket health expenses incurred within the plan year. Pay for such things as out-of-pocket deductibles and copayments, crutches, prescription glasses, laser eye surgery, and more. Log in to your PEHP account and click on "Benefits Summaries" under the My Benefits menu for a list of eligible items.

FLEX\$ DEPENDENT DAY CARE ACCOUNT

You can contribute up to \$5,000 for dependent day care expenses (you and your spouse combined). This account may be used for eligible day-care expenses for your eligible dependents to allow you or your spouse to work or to look for work.

Using Your FLEX\$ Card

You will automatically receive a FLEX\$ Benefits Card at no extra cost. It works just like a credit card and is accepted at most places that take MasterCard.

Use the card at participating locations and your eligible charges will automatically deduct from your FLEX\$ account.

For places that don't accept the FLEX\$ card, simply pay for the charges and submit a copy of the receipt and a claim form to PEHP for reimbursement.

You will be responsible to keep all receipts for tax and audit purposes. Also, PEHP may ask for verification of any charges.

Important Considerations

- » You may be able to carry over \$550 of your healthcare FLEX\$ into the next plan year or you may have a 75-day grace period in which to use FLEX\$ money for eligible expenses. Check with your employer.
- » The total amount you elect to withhold throughout the year for medical expenses will be immediately available as soon as you begin the program.

Enrollment

ENROLL BY MAIL

Send a FLEX\$ Enrollment Form to:

PEHP FLEX\$ Department
560 East 200 South
Salt Lake City, UT 84102-2004

or fax to 801-366-7772.

Enrollment forms are available at www.pehp.org. Log in to your PEHP account and click on "Benefits Summaries" under the My Benefits menu.

ENROLL ONLINE

Log in to your PEHP account and click on "Enroll or Change Coverage" under the My Benefits menu.
 (Not available for all groups.)

Note on Enrollment

New employees have 60 days from date of hire (not effective date) to enroll in FLEX\$. If you choose not to enroll in a partial year of FLEX\$, you can wait until the next open enrollment. If you enroll in a partial year of FLEX\$, the partial year must be completed before you can enroll for the following year. You must re-enroll each year; the amount you select for the previous year will not roll over to the new year.