

2021-22

Open Enrollment

Weber State University



Look inside for an overview of your benefits and what's new for the 2021-22 plan year.



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

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

»Websitewww.pehp.org

Create an online personal account at www.pehp.org to review your claims history, receive important information through our Message Center, see a comprehensive list of your coverages, use the Cost & Quality Tools to find providers in your network, access Healthy Utah rebate information, check your FLEX\$ account balance, and more.

CUSTOMER SERVICE

.....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 preauth.801-366-7755
..... or 800-753-7754

**MENTAL HEALTH/SUBSTANCE ABUSE
PREAUTHORIZATION**

»PEHP Customer Service801-366-7555
..... or 800-765-7347

PRESCRIPTION DRUG BENEFITS

»PEHP Customer Service801-366-7555
..... or 800-765-7347

»Express Scripts800-903-4725
.....www.express-scripts.com

SPECIALTY PHARMACY

»Accredo.....800-501-7260

PEHP FLEX\$

»PEHP FLEX\$ Department801-366-7503
..... or 800-753-7703

HEALTH SAVINGS ACCOUNTS (HSA)

»PEHP FLEX\$ Department801-366-7503
..... or 800-753-7703

»HealthEquity866-960-8058
..... www.healthequity.com/stateofutah

PRENATAL AND POSTPARTUM PROGRAM

»PEHP WeeCare801-366-7400
..... or 855-366-7400
.....www.pehp.org/wellness/weecare

WELLNESS AND DISEASE MANAGEMENT

»PEHP Healthy Utah801-366-7300
..... or 855-366-7300
..... www.pehp.org/healthyutah

»PEHP Waist Aweigh801-366-7300
..... or 855-366-7300

»PEHP Integrated Care801-366-7555
..... or 800-765-7347

VALUE-ADDED BENEFITS PROGRAM

»PEHPplus www.pehp.org/plus

»Blomquist Hale.....800-926-9619
..... www.blomquisthale.com

CLAIMS MAILING ADDRESS

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

Open Enrollment

April 4-May 14 » This is the time to enroll in or make changes to your benefits. If you want to keep your current selections, you don't have to do anything. However, take this time to review your choices and learn more about the PEHP benefits available to you.

Some of PEHP's Exclusive Benefits

On-Demand Doctors

See a doctor via mobile or web with discounted pricing through [Intermountain Connect Care](#). It's available 24 hours a day, every day, without an appointment.

PEHP Value Providers

Make one of these full-service providers your family doctor and save! They provide all the services of a family doctor, but at a lower cost. [Learn more.](#)

Wellness For You

PEHP offers programs, tools, and resources to help you take control of your health, including Healthy Utah Testing Sessions. [Learn more.](#)

PEHP Cost Tools

Use PEHP Cost Tools to keep more money in your pocket and find cash back.. [Learn more.](#)

Get Up to \$2,000 in Cash Back

Share in the savings when you choose a lower-cost provider. Find out about cash back services using PEHP's Cost Tools. Look for the green phone with a dollar sign. [Learn more.](#)



Mental Health Care & Resources

Your PEHP mental health benefit covers treatment for specific mental health conditions. [Learn more.](#)

Seeking Reimbursement for Cash Payments

You may elect to pay cash for covered medical services. Check your Benefits Summary to see which services are allowed out-of-network. When you do obtain eligible services, just submit your receipt to PEHP for reimbursement or credit towards your deductible.

Chronic Medications Covered Before Deductible

If you choose the STAR HSA Plan, you don't have to meet your deductible before getting certain chronic medications at a lower cost. See a list of medications on page 19 of the [Covered Drug List](#).

PEHP Pays for Preventive Services

Stay healthy by getting preventive screenings every year. Preventive benefits are covered at no cost to you when you see an in-network provider — even before you meet your deductible. [Learn more.](#)

Information in this open enrollment guide is for illustrative purposes only. See your [Benefits Summary](#) and [Master Policy](#) for complete details about your plan.

Your To-Do Checklist

1

Your Network Options

Summit Advantage

Consider the doctors, hospitals, and other healthcare providers you prefer to see when you choose your network. [More About Networks](#)

2

Your Medical Options

STAR HSA Plan Traditional Plan

By taking the time to understand HSA-qualified plans, such as the [STAR HSA Plan](#), you could save hundreds each year and build a nest egg for healthcare and retirement. [More About Plans](#)

Need Help Deciding?

Contact a Health Benefits Advisor via the secure Message Center.



Understanding The PEHP STAR HSA Plan

The STAR Plan: What Is It?

The STAR Plan has two components: 1) A High Deductible Health Plan (HDHP), which is a qualified medical plan that meets IRS guidelines for deductibles and out-of-pocket maximums; and 2) a Health Savings Account (HSA), which is an interest-bearing account designed to be coupled with an HDHP.

Do You Qualify?

To be eligible, you must enroll in The STAR Plan. Also, the following things must apply to you:

- » You're not participating in or covered by a general-purpose flex account (FSA) or Health Reimbursement Account (HRA) or their balances will be \$0 on or before June 30.
- » You're not covered by another health plan (unless it's another HSA-qualified plan).
- » You're not covered by Medicare, Tricare or Medicaid.
- » You're not a dependent of another taxpayer.

How It Works

YOUR HSA

A Health Savings Account is a tax-advantaged, interest-bearing account.

Your money goes in tax-free, grows tax-free, and is spent on qualified health expenses tax-free.

It's a great way to save for health expenses in both the short and long term.

An HSA is like a flexible spending account, but better. You never have to worry about forfeiting HSA money you don't spend.

Money in your HSA carries over from year-to-year and even from employer-to-employer.

YOUR DEDUCTIBLE

Your deductible is the yearly dollar amount you must pay out of your own pocket for eligible medical and pharmacy expenses **before** PEHP begins paying benefits. The STAR Plan's deductible is set higher than Advantage and Summit Care's.

Your Out-of-Pocket Maximum

It's the annual dollar limit you will pay for covered medical services, including your deductible and prescription expenses. It protects you from large dollar claims, capping the amount you're responsible to pay each plan year.

Understanding The PEHP STAR HSA Plan

Determining the HSA Contribution Limit

It is the employee's enrollment in the STAR medical plan determines the IRS employee and employer contribution limit to the Health Savings Account. If the employee is enrolled as an individual for the medical plan it is the single HSA limit. If the employee is enrolled as two or more for the medical plan it is the family HSA limit.

2021 Contribution limits*

- » \$3,600 single
- » \$7,200 double and family

*The above limits include employee and employer H.S.A. contributions.

- » The contribution limits are set by the IRS. The limits are based on a calendar year. They may change January 1st of each calendar year.
- » If your STAR Plan medical enrollment changes from two-party and family to single or from single to two-party and family your contribution limit will change. **Remember!** The IRS contribution limits are based the employees' STAR Plan medical enrollment.

HSA Catch-up Contribution

There is a catch-up period if you are age 55 or older that allows you to contribute an additional \$1,000 to your HSA. To be eligible you must be age 55 or older or turning age 55 anytime during the calendar year.

Your spouse who is enrolled in your STAR HSA plan can also take advantage of the catch-up contribution. To be eligible your spouse must be age 55 or older or turning age 55 anytime during the calendar year and must meet the HSA eligibility requirements. Spouses catch up contribution must be made to their own HSA account.

Who Can use the Employee's HSA Funds

The employee and dependents that are claimed on the employee's tax return or that could be claimed on the employee's tax return.

If the employees' dependents that are claimed on the employee's tax return or that could be claimed on the employee's tax return are enrolled in another health plan, Medicare or Tricare the dependents can still use the HSA funds. **Remember!** Who can use the HSA funds is a different rule from who is eligible to enroll in the STAR HSA plan.

Understanding The PEHP STAR HSA Plan

Eligible Expenses

Eligible HSA expenses include deductibles, copayments, and coinsurance, as well as all flex-eligible health expenses. However, while many expenses are HSA-eligible, they apply to your deductible and out-of-pocket maximum only if they're covered by your health plan.

Debit Card

You'll be automatically issued a debit card to access your HSA funds. Always present your PEHP card at the time of service to receive PEHP's discounted rate. It also allows PEHP to track your spending to apply to your deductible and out-of-pocket maximum.



You'll automatically get this HSA debit card at no cost to you.

Banking

Health Equity will handle your HSA. Weber State University will make your HSA contributions directly to Health Equity into your account. As the employee, you are responsible for the management of your HSA funds.

- » You can access your account you are the policy holder.
- » The money remains in your account each year. If you leave WSU, the money is yours.
- » You can only contribute and receive contributions to your HSA if you are enrolled in a qualified High deductible health plan.
- » If you change to the traditional plan and still have money in your HSA account you can use it for eligible expenses.
- » You can invest money in your H.S.A account if you have more than \$2,000 in your HSA. Investing your H.S.A. monies is a great way to grow your balance. Investment earnings are also tax free in the HSA.
- » If you die, you can leave the balance of your account to a named spouse beneficiary, who can use it for qualified medical expenses. If the spouse is not the beneficiary, the account is no longer treated as an HSA. The funds are passed to the designated beneficiary(ies) or becomes part of the policy holder's estate and is subject to applicable taxes.
- » You can also use HSA monies to help with eligible expenses in retirement. Eligible pharmacy and Medical Expenses, as well as for Medicare part A,B, & D premiums. Please consult a qualified retirement tax advisor for the details of spending your HSA tax free in retirement.
- » Unlike a 401(k) or IRA, an HSA does not require the policy holder to begin withdrawing funds at a certain age.

You can contact Health Equity at 866-346-5800 or you can visit www.healthequity.com

Plan Comparison: STAR HSA vs. Traditional

Benefit	STAR	Traditional
Does the deductible apply to the out-of-pocket maximum?	Yes	No
Does the deductible apply to inpatient and outpatient services?	Yes	Yes
Does the deductible apply to physician office copays?	Yes	No
Will WSU contribute to my HSA?	Yes	Not Eligible

Benefit	STAR	Traditional
WSU semi-monthly HSA Contribution	Semi-monthly: Single: \$33.09 Double: \$66.18 Family: \$66.18	Not Eligible
Out-of-pocket Maximum	Medical & RX: Single: \$2,500 Double: \$5,000 Family: \$7,500	Medical & RX: Single: \$3,000 Double: \$6,000 Family: \$9,000

Contributions

The contribution maximum applies to the IRS calendar year (Jan-Dec). If you become ineligible for The STAR Plan during the course of the IRS calendar year and contributions have been made to your HSA, you may be subject to taxes and penalties. If you exceed the contribution maximum during the IRS calendar year and then drop the STAR Plan during Weber State's open enrollment period you may be subject to taxes and penalties.

Are you/employee working past age 65 and enrolled in Medicare. You can still enroll in the STAR medical plan. You can't enroll in the H.S.A because you have other coverage, but you may participate in the HRA. Please refer to page 19 of this guide and contact Weber State University's Human Resource team for enrollment.

Contact Info

HealthEquity

Member Services

Available 24 hours a day,
7 days a week

866-346-5800

Take Note

» Weber State's medical benefits are based on a plan year: July 1, 2021 – June 30, 2022.

Learn More

» For more information about HSAs, visit:

www.irs.gov

www.ustreas.gov

Expanded Preventive Medications

Expanded preventive drug coverage means that PEHP will pay a portion of the drug cost for some STAR HSA plans even before you meet your deductible. **Check your benefit summary for plan coverage details as not all STAR HSA plans include this benefit.** Make sure to visit an in-network pharmacy to receive this benefit.

Diabetes

GLUCOSE RESCUE PRODUCTS
GlucaGen HypoKit
Glucagon
INSULINS
Novolog vials
Novolin vials
Lantus vials
METFORMIN PRODUCTS
glipizide-metformin
glyburide-metformin
metformin
metformin ER (non OSM, non MOD)
MISCELLANEOUS
pioglitazone
TESTING SUPPLIES
Freestyle test strips
SULFONYLUREAS
glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized
tolazamide

Depression

citalopram
escitalopram
fluoxetine
sertraline

Cardiovascular

ANTICOAGULANTS/ ANTIPLATELETS
clopidogrel
dipyridamole
warfarin
BETA BLOCKERS
acebutolol
bisoprolol
carvedilol
labetalol
metoprolol succinate
metoprolol tartrate
propranolol solution
propranolol tablets
sotalol
timolol maleate tablets
CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem
felodipine ER
isradipine
nifedipine tablets ER
verapamil
COMBINATION PRODUCTS
amiloride & HCTZ
atenolol & chlorthalidone
bisoprolol & HCTZ
enalapril & HCTZ
irbesartan & HCTZ
lisinopril & HCTZ
losartan & HCTZ
metoprolol & HCTZ
nadolol & bendroflumethiazide
propranolol & HCTZ
triamterene & HCTZ

RENIN/ANGIOTENSIN SYSTEM ANTAGONIST (ACEI/ARB)
enalapril
fosinopril
irbesartan
lisinopril
losartan
quinapril
ramipril
trandolapril
DIURETICS
amiloride
bumetanide
chlorothiazide
chlorthalidone
furosemide solution
furosemide tablets
hydrochlorothiazide capsules
hydrochlorothiazide tablets
indapamide
methazolamide
methyclothiazide
spironolactone
torseamide
MISCELLANEOUS
prazosin
clonidine
digoxin
VASODILATORS
hydralazine
isosorbide

Respiratory

ANTICHOLENERGICS
ipratropium bromide solution
INHALED CORTICOSTEROIDS
QVAR inhaler
SABA/ ANTI-CHOLENERGICS
ipratropium-albuterol inhaler
ipratropium-albuterol nebulized
SHORT ACTING BETA AGONISTS
albuterol ER tablets
albuterol nebulized
albuterol syrup
albuterol tablets
ProAir HFA inhaler
ProAir RespiClick
Ventolin inhaler

Osteoporosis

alendronate



Insurance Basics » Networks

Provider Network » Your network determines which healthcare providers you see for the best value and most predictable costs. Choose among three – Summit, Advantage, and Preferred.



An In-Network Provider will charge the **In-Network Rate for services. You may also be able to negotiate a better **Cash Rate**.**

In-Network Rate »

The amount in-network providers have agreed to accept as payment in full for services. Sometimes you're responsible for the full in-network rate. Other times, the rate is shared or PEHP pays 100%.

Cash Rate » The rate you negotiate with a provider that is less than the in-network rate. You can get credit toward your limits from PEHP for the amount you pay in cash by submitting the [appropriate documentation](#) or by your provider submitting a claim with the cash rate reflected as the billed amount. Call PEHP at 801-366-7555 for more information.



Use caution with **Out-of-Network Providers. You may be **Balance Billed**. PEHP pays no benefits for **Non-Covered Providers**.**

Out-of-Network Provider »

Any provider not contracted with your network. Your plan may pay limited benefits for out-of-network providers. But you are responsible for any amount charged above the **in-network rate**; this is called **balance billing**.

Non-Covered Providers » Providers for which PEHP pays no benefits.

Balance Billing » When you receive services from an out-of-network provider who seeks payment for full billed charges.

Summit

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

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Cache Valley Hospital

Carbon County

Castleview Hospital

Davis County

Lakeview Hospital
Davis Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Huntsman Cancer Hospital
Jordan Valley Hospital
Jordan Valley Hospital - West
Lone Peak Hospital

Salt Lake County (cont.)

Primary Children's Medical Center
Riverton Children's Unit
St. Marks Hospital
Salt Lake Regional Medical Center
University of Utah Hospital
University Orthopaedic Center

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Regional Medical Center

Utah County

Mountain View Hospital
Timpanogos Regional Hospital
Mountain Point Medical Center

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

Ogden Regional Medical Center

Advantage

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

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital

Cache County

Logan Regional Hospital

Carbon County

Castleview Hospital

Davis County

Davis Hospital
Intermountain Layton Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

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

Salt Lake County (cont.)

Primary Children's Medical Center
Riverton Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Regional Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Spanish Fork Hospital – coming 4/21
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

McKay-Dee Hospital

Non-Covered Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. [See list of Non-Covered Providers](#)



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: \$1,500 Double/family plans: \$3,000 <i>One person or a combination can meet the \$3,000 double/family deductible</i>	
Plan year Out-of-Pocket Maximum	Single plans: \$2,500 Double plans: \$5,000 Family plans: \$7,500 <i>One person or a combination can meet the \$5,000 double maximum and one person or a combination can meet the \$7,500 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	40% after deductible
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, 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.

Medical Benefits

	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	40% after deductible

Medical Benefits

	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 or up to \$4,000 per lifetime for ART	
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</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	70% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	50% after deductible	70% 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* <i>Balance billing may apply</i>
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>Please refer to the 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
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>	\$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 office surgeries and inpatient visits</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
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	\$35 co-pay per visit University of Utah Medical Group: \$45 co-pay per visit	40% after deductible
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, 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.

Medical Benefits

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
SPECIALTY DRUGS <i>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% 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	\$45 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>	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 – Minor <i>For each test allowing \$350 or less, 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	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	40% after deductible

Medical Benefits

	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 or up to \$4,000 per lifetime for ART	
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</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	70% after deductible
Temporomandibular Joint Dysfunction** <i>Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details</i>	50% after deductible	70% after deductible

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

PEHP FLEX\$

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

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

Plan Year Contribution Limits

- » Up to \$2,750 for healthcare expenses (May adjust annually for inflation)
- » Up to \$5,000 for dependent day care expenses (you and your spouse combined)

How You Contribute

- » Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods.
- » The total amount you choose to withhold for healthcare expenses is immediately available as soon as you begin FLEX\$.

You Can't Have an HSA

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

New in 2020

In response to the COVID-19 pandemic, the IRS has added to its HSA covered services list:

- » Over-the-counter medications no longer require a prescription.
- » E-care and other remote service expenses are covered at 100% before deductible.
- » Menstrual care products are now considered a qualified medical expense.

FLEX\$ Timeline

Eligible FLEX\$ expenses must be incurred between July 1, 2021 and September 15, 2022. You must submit claims by September 30, 2022.

Dependent Day Care FLEX\$

- » Available for STAR and traditional plans.
- » Can be added within 60 days of a qualifying event (as daycare needs change).
- » Up to \$5,000 dependent daycare expenses (you and your spouse).
- » Dollars are deducted from your paycheck and become available when PEHP receives the funds.

Learn More

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

PEHP Limited FLEX\$

Enrolling in a Limited FSA

If you are enrolled in The STAR Plan, you can also choose to enroll in a Limited Purpose Flexible Spending Account. This is a tax savings account.

The pre-tax monies you choose to fund this account can be used for eligible dental and vision expenses, and after you have met The STAR Plan deductible you can use these funds for eligible medical expenses.

Plan Year Contribution Limits

- » Up to \$2,750 for dental and vision expenses (May adjust annually for inflation)

How You Contribute

- » Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods.
- » The total amount you choose to withhold for dental and vision expenses is immediately available as soon as you begin FLEX\$.

New in 2020

In response to the COVID-19 pandemic, the IRS has added to its HSA covered services list:

- » Over-the-counter medications no longer require a prescription.
- » E-care and other remote service expenses are covered at 100% before deductible.
- » Menstrual care products are now considered an qualified medical expense.

You Can Have an HSA

Unlike a healthcare FLEX\$ account, a Limited FLEX\$ account allows you to contribute to a health savings account (HSA) while you're enrolled. You may have a dependent day care FLEX\$ and contribute to an HSA also.

FLEX\$ Timeline

Eligible FLEX\$ expenses must be incurred between July 1, 2021 and September 15, 2022. You must submit claims by September 30, 2022.

Remember

The funds in this account are use or lose. The maximum you can deposit is \$2,750 for the plan year. Remember, as an enrollee in the STAR Plan, you are also enrolled in the Health Savings Account (HSA).

Learn More

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

For Members Enrolled in Medicare Part A and Part B

HRA

Health Reimbursement Arrangement » Enroll in the STAR HSA Plan and receive employer-paid fund reimburses you for qualified medical expenses for you and your dependents.

Participation

You may participate in the HRA if you are an active employee age 65 and older and enrolled in Medicare Part A and Part B. Please contact the Weber State University human resource team for enrollment.

Contributions

Weber State makes all deposits into your HRA – \$33.09 per pay period for single plans, \$66.18 per pay period for double and family plans. HRA rules do not allow you to contribute.

Benefits Eligibility

You, your spouse, your dependent(s), and your children under age 27 are eligible to receive benefits from the account (see IRS Publication 969 for additional details). Health-related expenses must be incurred on or after the date you are enrolled in the HRA.

Using Your HRA

PEHP will issue you a healthcare MasterCard from which to pay medical expenses. Or, you can submit claims and be reimbursed from your HRA. Any money remaining in the account continues to roll over from year-to-year. (Note: limitations apply in the event of your termination from your employer or in the event of your death.) Keep your detailed receipts as you will be required to provide documentation for all payments made with your card.

Learn More

For more information, call the PEHP FLEX\$ Department at 801-366-7503 or 800-753-7703. Or, go to www.irs.org and download Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans* and Publication 502, *Medical and Dental Expenses*.



Eligible expenses include common medical, dental, and vision services. **See the next page for some common examples.** For a comprehensive list of eligible expenses, see IRS Publication 502, *Medical and Dental Expenses*.

Examples of Eligible Expenses

For a complete list, visit www.irs.gov.

Examples of Eligible Expenses:



Medical Expenses

- » Alcohol & drug treatment programs
- » Band-Aids, bandages & gauze pads
- » Body scan – diagnostic or screening tests
- » Cold/hot packs for injuries
- » Cold, flu medicine, cough drops & throat lozenges
- » Condoms & spermicidal foam
- » First aid cream & antibacterial ointment
- » Hearing aids & batteries
- » Infertility treatment
- » Menstrual care products
- » Orthodontia (copy of contract required)
- » Orthotics
- » Over-the-counter medications
- » Prescription drugs
- » Routine physical exams
- » Nasal strips
- » Sunburn ointment or cream
- » Thermometers



Dental Expenses

- » Bridge
- » Co-payment
- » Crown
- » Deductible
- » Denture
- » Orthodontia



Vision Expenses

- » Contact lenses
- » Contact lens solution
- » Eye exam
- » Eyeglasses
- » Laser surgery

Expenses Requiring a Doctor's Note:

- » Massage therapy
- » Sunglasses
- » Weight loss drugs & programs for treatment of a specific disease

Non-eligible Expenses:

- » Aromatherapy
- » Botox
- » Contact lens service agreement or insurance
- » Cosmetic procedures & surgery
- » Dental service agreement
- » Face cream, suntan lotion & moisturizers
- » Health club dues and gym memberships
- » Insurance premiums
- » Electrolysis or hair removal
- » Oral supplies and electric toothbrushes
- » Payments for services performed outside the current plan year
- » Vitamins and supplements



Retiree HRAs Only:

Insurance premiums for medical, dental, and vision coverage, including Medicare Parts B and D, but not including any pre-tax premiums, may be reimbursed.

Autism Spectrum Disorder Benefit

The benefit covers behavioral health treatment (ABA Therapy).

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

- » Please call PEHP (801-366-7555 or 800-765-7347) for information about which autism spectrum disorders and services are covered.
- » Therapeutic care includes services provided by speech therapists, occupational therapists, or physical therapists.
- » Eligible Autism Spectrum Disorder services do not accrue separately, and are subject to the medical plan's visit limits, regular cost sharing limitations – deductibles, co-payments, and coinsurance – and would apply to the out-of-pocket maximum.
- » Mental health and speech therapy services require Preauthorization.
- » No benefits for services received from out-of-network Providers. List of in-network providers is available through your [PEHP account](#) or by calling PEHP (801-366-7555 or 800-765-7347).
- » Regular medical benefits will apply (see benefits grid for applicable co-pay and coinsurance).





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using PEHP's Cost Tools.
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