



Salt Lake City Open Enrollment Guide

Plan Year 2021-2022



Open Enrollment: May 1-31, 2021

Human Resources | Benefits



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Open Enrollment begins on May 1, 2021 and ends at midnight on May 31, 2021.

New plan year, deductibles, and premiums are effective July 1, 2021.

Medical, Dental, Life, AD&D, HSA and FLEX enrollment and changes are made online at www.pehp.org.

Voluntary Benefits enrollment and changes are made online at www.SLCVoluntaryBenefis.com.





Many of us will be returning to a changed workplace, whether in the way we do work, the people we're working with or even our attitude about working. Changes in the workplace can leave us feeling vulnerable or even anxious. Whenever life throws us off course, it presents an opportunity to pause, reassess and reflect on what we truly want to create. Then we can move forward feeling more on course. One's perspective about what's happening is critical.

- **Acknowledge your feelings.** Let yourself feel what you feel, and find a way to release some of the emotion. Physical activity, writing down your thoughts or talking with others can help let this energy out and prevent the distraction of negative thoughts and self-defeating behaviors.
- **Reflect and refocus.** Take stock of what you still have, and express gratitude, such as "I still have my ability to think, my special talents and my aspirations. I'm grateful for relationships and for my family."
- **Choose.** Entertain the notion that everything is a choice. Decide what you want to choose as the next chapter of your life. Simply choosing doesn't guarantee you'll get it, however. The power of your intentions makes a huge difference.
- **Get into action.** Start by visualizing how you want to feel or where you want to be, perhaps three months from now. Work backwards from this goal until you find something small enough that you can do the next day or the next week.



COVID-19 Vaccine: It's our turn to roll up our sleeves and get vaccinated!

It's hard to imagine a time when we didn't know COVID-19 existed. The impact of COVID-19 on our lives, our work and our activities has affected us all. You've kept our City running through one of the most challenging times in our history. The responsibility is ours, as a community, to help stop this virus. Now we have a new, safe and effective tool to help us do that, COVID-19 vaccines.

Getting vaccinated adds one more layer of protection for you, your coworkers, your family and your loved ones. **There is no cost to you** to be vaccinated. If you have health insurance, vaccine providers may bill your insurance a vaccine admin fee. If you do not have insurance, you will not be charged.

We all play a part in this effort, and you are key. Please sign up to get your COVID-19 vaccination at one of the following providers or at the Midtown Clinic:

Health Departments Contacts for Vaccines

Utah Dept of Health 1-800-456-7707	Davis County Dept of Health 801-525-4900
Tooele County Dept of Health 435-277-2484	Utah County Dept of Health 801-851-4357
Salt Lake Co Dept of Health 385-468-7468	Summit County Dept of Health 435-333-0050
Wasatch County Dept of Health 435-657-3276	Weber County Dept of Health 801-399-7777

EAP Contact Information

For Public Employees:

Call: 855- 823-5389

www.guidanceresources.com

WEB ID: SLC

For First Responders (SLCStrong):

Call: 844-206-4097

www.guidanceresources.com

WEB ID: SLCPS





When is open enrollment for the 2021–2022 plan year?

- Open enrollment will start May 1 and runs until May 31 . This will be your opportunity to make any changes, cancellations or enrollments to take effect on July 1, 2021.

How can I learn about changes or new options for the 2021–2022 plan year?

- Information regarding any changes in benefits that take effect on July 1, 2021 will be available as follows:
 - Open Enrollment Guide, mailed to each employee's address on file
 - The prerecorded Open Enrollment session available on the City's Internet site at: <https://www.slc.gov/hr/benefits-and-wellness/>
 - Communications included in the HR Weekly newsletter, sent though the City email system
 - Visuals posted on City-wide Marlin boards
 - Calling the Benefits team at 801-535-6600, PEHP at 801-366-7555 or Voluntary Benefits at 888-935-9595

Which Policies Require Re-Enrollment?

- Employees must re-enroll each year for any of the three Flex accounts: Medical, Limited Purpose and Dependent Daycare. You must re-enroll between May 1 - 31, 2021 by logging into your PEHP account.

How do I Enroll or Make Changes?

- For changes to Medical, Dental, Life and AD&D, Health Savings Account or Flex Spending Account, visit PEHP's website at www.pehp.org or call 801-366 -7555
- For changes to Vision, Hyatt Legal, Accident Insurance, Critical Illness, Hospital Indemnity, Home & Auto Insurance, ID Theft Protection; Financial Wellness, Pet Insurance, Short Term Loans, Hearing Care Program, Student Loan benefits, Long Term Care, visit SLC Voluntary Benefits at www.slcvoluntarybenefits.com or call 888-935-9595
- To enroll in Long Term Disability, call Benefits Team at 801-535-6600 to obtain a prepopulated application and evidence of insurability form.

Can I enroll in PEHP's accident policies anytime?

- You can only enroll in PEHP's AD&D or change the coverage amount only during Open Enrollment. Once you are enrolled in the additional AD&D you can enroll/change your Accident Weekly Indemnity and Accident Medical Expense policies anytime during the year.





Does my PEHP Accident Weekly Indemnity automatically update when I get a pay increase?

- Your Accident Weekly Indemnity maximum is based on your monthly salary. It will be up to you to log into your PEHP account to increase your coverage amount as your salary increases.

Can I enroll or increase employee term life insurance anytime?

- Yes, you can enroll in employee additional, spouse, and dependent Term Life Coverage anytime during the year. It is a good idea to review your coverage and beneficiaries while you are reviewing your other benefit coverages during Open Enrollment.

How can I make sure I don't go over my annual HSA limit?

- In order to avoid an IRS tax-penalty, keep in mind all funds contributed to your HSA during the calendar year count toward the annual maximum, including: personal contributions; City contribution and any contributions from a previous employer. The IRS treats married couples as a single tax unit. Refer to www.irs.gov for detailed information.

Your annual limit will change if you are not enrolled in a qualified HDHP for the entire year or you make a status change mid-year.

If I'm still working when I turn 65, do I have to enroll in Medicare?

- If you do not enroll in Medicare when initially offered because you are covered under a group health plan based on current employment (your own, or spouse's) you may be eligible for a Special Enrollment Window (SEP) at a later date. Refer to www.medicare.gov for detailed information.

Can I contribute to my HSA if I have Part A or B?

- No, once you are enrolled in Medicare, you can no longer make contributions to your HSA. Remember, premium-free Part A begins 6-months before the month you apply for Medicare but no earlier the month you turn 65. To avoid a tax-penalty, Medicare suggests that you should stop contribution to your HSA at least 6-months before you apply for Medicare.

What happens if I do not enroll or make changes during the Open Enrollment window?

- If you do not enroll by May 31 at 11:59pm, your current benefit plan elections and coverage will carry over to the 2021-22 plan year, with exception to your FSA elections.
- You must make new FSA elections annually.
- You should still review your current benefit elections and ensure all information is accurate.





Open Enrollment is May 1 - May 31

Open Enrollment is the only time you may enroll in, or make changes related to your coverage for certain benefits, unless you experience a qualifying mid-year event. Use this checklist as a guide:

- Review benefit coverage for you and your dependents and make any needed changes:
 - Medical Plan
 - Dental Plan
 - Accident Coverages
 - Term Life Insurance
 - SLC Voluntary Benefits

Determine if you want to enroll or re-enroll in any of the following tax advantaged accounts. Re-enrollment is required each year for those who choose to participate:

- Medical Flexible Spending Account: Only for those not eligible for HSA
- Limited Purpose Flexible Spending Account: Must be participating in an HSA. Dental, preventive and vision expenses only
- Dependent Care Flexible Spending Account: Please refer to page 8 for more information
- Review your HSA contribution amount. Changes can be made anytime during the year at www.pehp.org
- Ensure your beneficiaries are up-to-date on all plans including 401k, 457, IRA and HSA

Notes:

- Medical, Dental, AD&D are paid for with pre-tax dollars and can only be changed during Open Enrollment. All other policies can be enrolled in or changed anytime during the year.
- Long Term Disability through The Hartford is only available during Open Enrollment and requires underwriting. You must contact the Benefits Team at 801-535-6600 for your pre-populated application.
- Employees with **Adult Designee** Status cannot use PEHP's online system to enroll or make any changes to medical and/or dental. Paper forms are required and must be processed through the Benefits Team.



Benefit Program Changes



Medical Plan

- 3.5% increase to medical premiums starting July 1, 2021.
- HSA/FLEX frontload for the new plan year: \$750 single and \$1,500 double/family (pending budget approval)

Coverage	2020-2021 Employee Bi-Weekly Premiums	Bi-Weekly Change	2021-2022 Bi-Weekly Premiums	
			Employee Cost	City Cost
Single	\$10.23	+\$0.36	\$10.59	\$201.24
Double	\$23.02	+\$0.81	\$23.83	\$452.76
Family	\$30.70	+\$1.07	\$31.77	\$603.66

New Congenital Hearing Aid benefit

In certain situations, hearing aids will be covered under the Durable Medical Equipment (DME) benefit. The new benefit will pay up to \$1,500 per ear, in a 5-year period, with pre-authorization. This will only be available to those that have congenital hearing loss, direct physical trauma, or infection affecting the inner ear. Hearing loss due to aging will not be covered.

Audiologists are not contracted providers. PEHP will pay up to eligible amount to the audiologist submitting the claim. Any amount above the \$1,500 will be your responsibility.

Enhanced Autism Benefit

Current Autism Benefit	New Autism Updates
Currently SLC limits the age and hours;	No age limit
Ages 1-12 – Coverage up to 600 hours annually (no day limit)	No day/hour limit
Ages 13-25 – Coverage up to 140 hours annually (no day limit)	No day/hour limit
Pre-authorization required	Benefit started as of 3.1.2021

Enhanced Gender Dysphoria

The City is expanding its coverage of gender dysphoria to allow for gender reassignment surgeries. Pre-authorization is required for reassignment surgeries. Members must meet clinical criteria before any covered procedures are allowed under the plan.

Contact PEHP at 801-366-7555 for more information about these new programs





PEHP Tier C Pharmacy Benefit Enhancement

Beginning July 1 PEHP will be adding three new sub tiers under the Tier C Specialty drug benefit through Accredo to lower costs for those who need specialty medications while securing additional savings for your health plan.

With this program, manufacturers will continue to cover more of the drug cost rather than you and your families. Here’s what it looks like:

Current Benefit:

- Tier C – 20%. No maximum copay

New for 2021-22:

- Tier C1 – 10%. No maximum copay
- Tier C2 – 20%. No maximum copay
- Tier C3 – 30%. No maximum copay



LifeLock Voluntary Benefit Update

What’s New:

- **Parental Controls:** Help protect your kids from online predators by highlighting your kids’ online activity and identifying potential dangers before they become problems.
- **Cloud Backup:** Provides a safe and secure cloud-based storage to store important files and documents as a preventative measure to data loss due to hard drive failures, stolen devices and even ransomware.
- **Password Manager:** Provides the tools needed to create, store, and manage every password, your credit card information and other credentials online—safely and securely in your very own encrypted, cloud-based vault.
- **SafeCam:** Alerts you to attempts to access your webcam and blocks those who are not authorized to access it.
- **Online Threat Protection:** Multi-layered, advanced security helps protect against existing and emerging malware threats to your devices, and help protect your private and financial information when you go online.
- **Smart Firewall:** Helps protect your personal files and financial information by monitoring and blocking suspicious network traffic.

Sign up today at www.slcvoluntarybenefits.com and receive special employee benefit pricing!

Select who should be covered:	Benefit Essentials	Benefit Premier
Employee Only	\$3.46	\$5.53
Family	\$6.91	\$11.07



FLEX Plan Changes 2021



The recently passed Federal programs have allowed for enhancements on some tax savings plans during the 2021 Plan year only. Here's what you should know and what PEHP is doing for each.

- Dependent Care Flexible Spending Accounts (DCFSA) Increased limits for 2021 only!
- The 2021 annual limits for DCFSA to \$10,500 (was \$5,000) for single tax-payers and married couples filing jointly and to \$5,250 (was \$2,500) for married individuals filing separately.
- Employees may also make reasonable changes to their DCFSA election throughout the plan year. New account holders may use the money for eligible expenses starting the date enrolled and forward for 2021.
- When making changes, verify how much you have already withheld for the year, since DCFSA continues to be a use or lose benefit.



**All 2021 Changes Through
PEHP's FSA Team at 801-366-7503**



Medical Flexible Spending Accounts (FSA) and Limited Purpose Flexible Spending Accounts (LPFSA)

The 2021 annual grace period for both FSA and LPFSA has been extended to 12 months from the end of the plan year (normally, this grace period is 2 ½ months).

This extended grace period can be very helpful, so be thoughtful when making your 2021 plan year elections as FSA and LPFSA continue to be a use or lose benefit.

Refer to the chart below for details regarding deadlines on FSA and LPFSA.

Plan year	Expenses Incurred by	Submit claims by
19-20	6/30/2021	9/30/2021
20-21	6/30/2022	9/30/2022





Quality Care at the Best Cost

Save 25%-50% compared to other average costs in the area

Examples of Rx offered at the Clinic Pharmacy

Procedure	Midtown Fee	Average Fee*
New Patient Appointment	\$63.47 (\$10 copay after deductible)	\$85.28 - \$190.74
Returning Patient Office Visit	\$37.39 (\$10 copay after deductible)	\$49.57 - \$123.25

Brand Name	Generic Name
ACTOS	PIOGLITAZONE HCL
AMOXICILLIN	AMOXICILLIN
AUGMENTIN	AMOXICILLIN/POTASSIUM CLAV
CELEBREX	CELECOXIB
CELEXA	CITALOPRAM HYDROBROMIDE
CIPRO	CIPROFLOXACIN HCL
CLARITIN	LORATADINE
DECARA	CHOLECALCIFEROL (VITAMIN D3)
FLONASE	FLUTICASONE PROPIONATE
GLUCOPHAGE	METFORMIN HCL
HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE
KEFLEX	CEPHALEXIN
LAMISIL	TERBINAFINE HCL
LEXAPRO	ESCITALOPRAM OXALATE
LIPITOR	ATORVASTATIN CALCIUM
MACRODANTIN	NITROFURANTOIN MACROCRYSTAL
MOTRIN	IBUPROFEN
NORVASC	AMLODIPINE BESYLATE
OMNICEF	CEFDINIR
PREDNISONE	PREDNISONE
PRILOSEC	OMEPRAZOLE
PROZAC	FLUOXETINE HCL
ROBAXIN	METHOCARBAMOL
SEPTRA DS	SULFAMETHOXAZOLE/TRIMETHOPRIM
SINGULAIR	MONTELUKAST SODIUM
TOBREX	TOBRAMYCIN
TRUE METRIX AIR GLUCOSE METER	BLOOD-GLUCOSE METER
TRUE METRIX GLUCOSE TEST STRIP	BLOOD SUGAR DIAGNOSTIC
VENTOLIN HFA	ALBUTEROL SULFATE
ZESTRIL	LISINOPRIL
ZITHROMAX	AZITHROMYCIN
ZOCOR	SIMVASTATIN
ZOFRAN	ONDANSETRON HCL
ZOLOFT	SERTRALINE HCL
ZYRTEC	CETIRIZINE HCL

Get your COVID-19 Vaccine at the Midtown Clinic!

Get Specific Medications from the Midtown Clinic Pharmacy. Plus other Additional Services:

- Mental Health Counseling Services
- Free Skin Cancer Screenings
- Biometrics Testing for SLC360
- Annual Checkups
- Vaccines
- Sick Visits
- Discounted Lab work
- Discounted Radiology
- Sports Exams
- Adolescent Care

Clinic will bill most other insurance plans. If a family member with other insurance would like to seek care, make sure our providers are covered under their plan. Former employees who have COBRA coverage through PEHP are covered at Midtown Clinic, with the exception of those covered by Medicare or Medicaid.

230 South 500 East, Suite 510
801-320-5660

www.MidtownEmployeeClinic.com
Monday - Friday 8:30 AM - 5:00 PM



Medical and Dental Plan Rates



Medical Plan

Summit Star HDHP	City Cost	Employee Cost (Pre-Tax)	City Contribution to HSA (Or FLEX if ineligible for HSA)
Single	201.24	10.59	750
Double	452.76	23.83	1,500
Family	603.66	31.77	1,500

NOTE: No additional HSA/FLEX contributions will be given or taken away for mid-year changes that affect your enrollment status

Dental Plans (No Benefit or Rate Changes)

Preferred Choice	City Cost	Employee Cost (Pre-Tax)
Single	0	17.26
Double	0	34.84
Family	0	45.54

Premium Choice	City Cost	Employee Cost (Pre-Tax)
Single	0	20.31
Double	0	41.01
Family	0	53.60

Am I Eligible for an HSA?

You must meet the following IRS criteria to be eligible to have an HSA. If you can check every box below, then YES, you are eligible:

- You are enrolled in the STAR HDHP
- You are not covered by another medical plan UNLESS it is another qualified HDHP (spouse and children may have any other type of coverage)
- You or your spouse are not participating in a FSA or the balances will be zero on or before June 30
- You are not enrolled in any Medicare plan (including Part A)
- You are not enrolled in TRICARE
- You are not claimed as a dependent of another taxpayer

***If you do not qualify for an HSA, your City contribution will be frontloaded into a use or lose Flex Spending Account**



Long Term Disability

System/Provider	Employee Cost
Tier I & II Public Employees/Hartford	\$16.00 (underwriting required)
Tier I Firefighters/Hartford	\$16.00 (underwriting required)
Tier II Firefighters/PEHP	Employer paid, automatic enrollment
Tier I & II Sworn Police Officers/Hartford	Employer paid, automatic enrollment





Term Life Coverage

Term Life Coverage reduces beginning at age 71

Coverage Amount		Employee Cost
500,000 coverage max	Age	Per 1,000
	< 30	0.0231
	30—35	0.0247
	36—40	0.0347
	41—45	0.0425
	46—50	0.0806
	51—55	0.0968
	56—60	0.1544
	61 >	0.2618

Dependent Term Life

One premium regardless number of children

Coverage Amount	Employee Cost
5,000	0.24
7,500	0.37
10,000	0.48
15,000	0.72

Accident Medical Expense

You must be enrolled in Optional AD&D

COVERAGE AMOUNT	EMPLOYEE COST
2,500	0.38

Life Insurance Plans

Open Enrollment is the perfect opportunity for you to review your life insurance needs which can change when you get married, have children, or purchase a home. If you need additional coverage, you can enroll anytime or increase your existing coverage, underwriting rules apply. If you are currently enrolled and are satisfied with the level of coverage, you will remain enrolled in your current coverage.

AD&D Coverage

AD&D coverage ceases at age 70

Coverage Amount	Employee Cost (Pre-Tax)	
\$250,000 coverage max	SINGLE	FAMILY
25,000	0.43	0.58
50,000	0.85	1.14
75,000	1.28	1.72
100,000	1.69	2.28
125,000	2.12	2.85
150,000	2.54	3.42
175,000	2.97	3.99
200,000	3.39	4.57
225,000	3.82	5.13
250,000	4.23	5.71

Accident Weekly Indemnity

You must be enrolled in Optional AD&D

Monthly Base Salary	Coverage Amount	Employee Cost
< 250	25	0.12
251—599	50	0.24
600—700	75	0.35
701—875	100	0.46
876—1050	125	0.58
1051—1200	150	0.70
1201—1450	175	0.81
1451—1600	200	0.93
1601—1800	225	1.04
1801—2164	250	1.16
2165—2499	300	1.39
2500—2899	350	1.62
2900—3599	400	1.86
3600 >	500	2.32



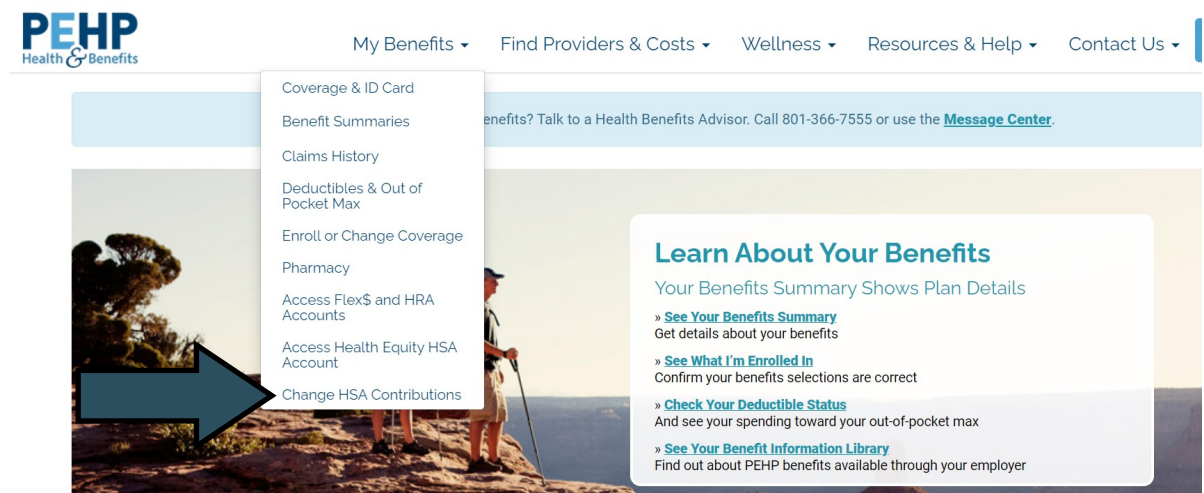


2021 HSA Contribution Limits	
Single Medical Coverage	\$3,600
Double or Family Medical Coverage	\$7,200
Age 55 or Older During the Year	Additional \$1,000

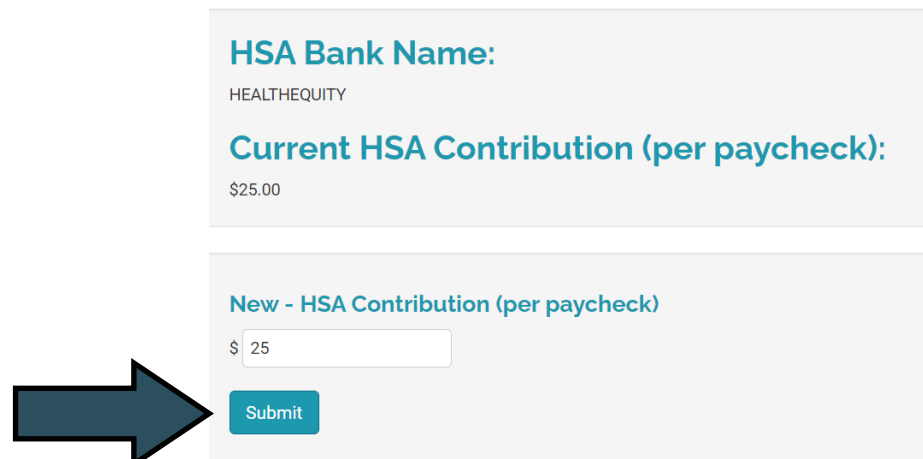
HSA contributions can be changed anytime at PEHP

Step 1: Log in to your www.pehp.org account.

Step 2: Select “Change HSA Contribution” under the “My Money” section of the menu.



Step 3: Add your new contribution amount and select “submit.” Your request may take 1-2 pay cycles to show on your paycheck and is contingent upon when you submit your request.



The screenshot shows the HSA contribution change form. It includes the following fields and buttons:

- HSA Bank Name:** HEALTHEQUITY
- Current HSA Contribution (per paycheck):** \$25.00
- New - HSA Contribution (per paycheck):** \$ 25 (with a text input field containing '25')
- Submit** button

A blue arrow points to the 'Submit' button.





Save with a Pre-tax Health Account

A pre-tax health account can be used to cover eligible expenses such as deductibles, coinsurances and copays. Your eligibility determines the health account(s) you are eligible for. How the accounts work and the advantage of each may vary, so it's important you understand the features.

Plan Specifics	Health Savings Account (HSA)	Limited Flexible Spending Account	Medical Flexible Spending Account (Medical FSA)
Who contributes to the account?	<p>You and Salt Lake City</p> <p>You contribute with pre-tax payroll deductions up to the annual maximum.</p> <p>You are able to designate a bi-weekly contribution when you enroll that can be changed any-time at www.pehp.org</p> <p>Salt Lake City will frontload on July 1:</p> <ul style="list-style-type: none"> • \$750 for single coverage • \$1,500 for double and family coverage 	<p>You</p> <p>Eligible if you are enrolled in an HSA. You contribute with pre-tax payroll deductions up to the annual maximum. You designate an annual election amount when you enroll. These funds do not roll over from year to year; these are use-it-or-lose-it funds.</p>	<p>You</p> <p>If you are <u>not</u> eligible for an HSA. You contribute with pre-tax payroll deductions up to the annual maximum. You designate an annual election amount when you enroll.</p> <p>Salt Lake City will frontload on July 1:</p> <ul style="list-style-type: none"> • \$750 for single coverage • \$1,500 for double and family coverage <p><i>*You may still enroll in a Medical FSA without being enrolled in the City's medical plan. No City contribution will be made.</i></p>
Annual Minimum	No Minimum	\$130	\$130
<p>Annual Maximum</p> <p><i>Limit is based on the IRS tax year</i></p>	<p>Employee-only coverage: \$3,600</p> <p>Family coverage: \$7,200</p> <p>Age 55 and older can contribute an additional \$1,000</p> <p><i>Employer contributions count toward your total contribution limit.</i></p>	\$2,750	<p>\$2,750</p> <p><i>Employer contributions count toward your total contribution limit.</i></p>





Plan Specifics	Health Savings Accounts (HSA)	Limited Flexible Health Care Account	Medical Flexible Spending Account (Medical FSA)									
What is an Eligible Expense? <i>Refer to IRS Publication 502 at www.irs.gov</i>	Eligible out-of-pocket medical, prescription drugs, vision and dental expenses that are not covered by your medical or dental plans. For example, deductibles and coinsurances. IRS allows for certain insurance premiums like Long Term Care and COBRA.	(Eligible HSA participants only) Eligible out-of-pocket dental, preventive and vision expenses only .	Eligible out-of-pocket medical, prescription drugs, vision and dental expenses that are not covered by your medical or dental plans. For example, deductibles and coinsurances.									
Who can I spend these funds on?	<i>Refer to IRS Publication 969 at www.irs.gov</i>	<i>Refer to IRS Publication 969 at www.irs.gov</i>	<i>Refer to IRS Publication 969 at www.irs.gov</i>									
Do unused funds roll-over year to year?	Unused funds are yours to keep. Funds rollover year to year and are yours to keep when you leave employment.	NO. Refer to page 8 for additional information. <table border="1" data-bbox="824 947 1549 1079"> <thead> <tr> <th>Plan year</th> <th>Expenses Incurred by</th> <th>Submit claims by</th> </tr> </thead> <tbody> <tr> <td>19-20</td> <td>6/30/2021</td> <td>9/30/2021</td> </tr> <tr> <td>20-21</td> <td>6/30/2022</td> <td>9/30/2022</td> </tr> </tbody> </table>		Plan year	Expenses Incurred by	Submit claims by	19-20	6/30/2021	9/30/2021	20-21	6/30/2022	9/30/2022
Plan year	Expenses Incurred by	Submit claims by										
19-20	6/30/2021	9/30/2021										
20-21	6/30/2022	9/30/2022										

Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account allows you to save pre-tax dollars to pay for qualified dependent care expenses for children up to age 13. Highlights of the program:

You must enroll/re-enroll each year during Open Enrollment to participate and set your annual election amount.

- Estimate your expenses carefully because you'll lose any unused balance at the end of the plan year, per IRS rules.
- You can contribute up to \$10,500 in 2021 only to pay for dependent care expenses you incur throughout the plan year.
- If you are married and filing federal taxes jointly, both you and your spouse can have a *Dependent Care Flexible Spending Account*, however your combined contributions cannot exceed \$10,500.





Step 1

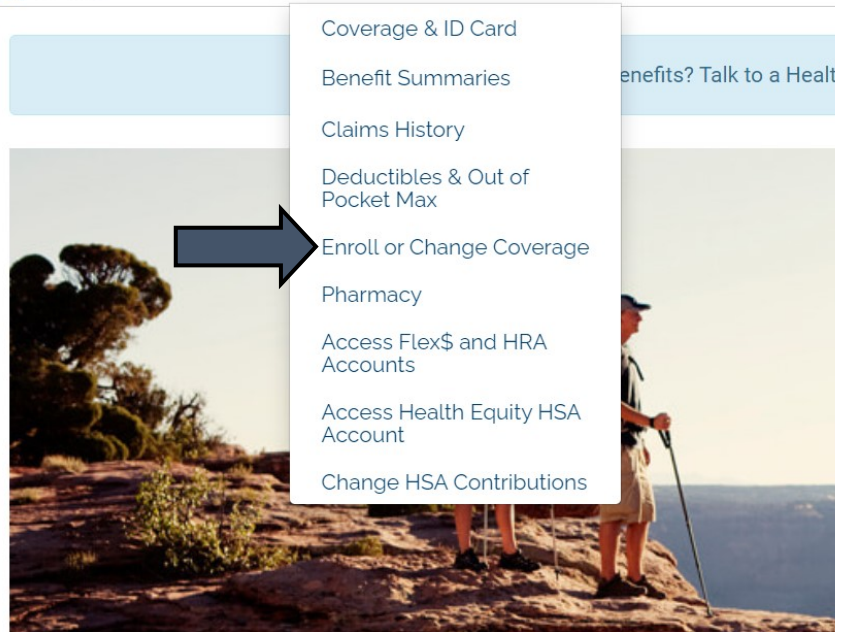
Access online enrollment through myPEHP. Visit www.pehp.org and locate the “myPEHP Login” on the right side of the page.

If you’re logging in for the first time, click “Create my PEHP account.”

Otherwise, enter your user ID and password into the boxes to access your information.



My Benefits ▾ Find Providers



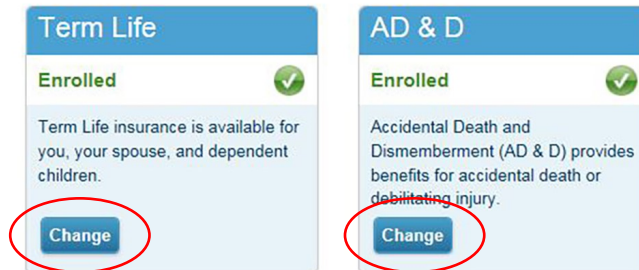
Step 2

During open enrollment you’ll have access to online enrollment through a link in the myBenefits menu.

Step 3

The online enrollment main page shows benefits available to you. Click “Enroll” or “Change” beneath the desired benefit to begin. Enroll or make changes in any of the following benefits:

- Medical
- Dental
- Term Life
- AD&D
- FLEX



The enrollment process is not complete until you see the “Enrollment Confirmation” screen

For help contact PEHP enrollment: 801-366-7410 or 800-753-7410
PEHP Customer Service Closes at 5pm on May 31st



Thinking About Retirement?



Plan ahead in order to make sound decisions before it's time to retire. It is important you make the time to learn your responsibilities with each agency before making your decisions.

Utah Retirement Systems (URS)– Pension and/or any Retirement Savings

- Call the URS Retirement Benefits Department at 801-366-7770 to request a retirement estimate. It is recommended you do this 1-3 years before your actual retirement.
- Schedule a FREE retirement planning session with a URS representative to review and get advice on all your retirement income sources 1 year before your actual retirement.
- Once you are ready to retire, call to make an appointment with a retirement counselor or request an application by mail no more than 90 days before your actual retirement date.

URS Retirement Resources

- **URS Seminars:** Take the first step toward a secure retirement by attending an informative URS seminar. These free seminars are tailored to your retirement horizon, whether you're early in your career, plan to retire soon, or are already retired. [Early to Mid-Career](#), [Pre-Retirement](#) and [Retiree Seminars](#)
- **Retirement Planning Session:** Because of the COVID-19 pandemic, URS Individual Retirement Planning Sessions are available by phone or video conferencing. To register for a session, [log into your myURS account](#).
- **Recorded Webinars:** Join in for an informational webinar about your retirement benefits. Check back often, as new topics are added regularly. To watch a recorded session, [log into your myURS account](#) and click the Education tab.

Aviben – Health Reimbursement Account 501(c)(9)

- Educators Benefit Consultants has changed their DBA name to Aviben
- Get educated about what the IRS will and will not allow you to do with your HRA by visiting www.ebcsolutions.com or by calling Aviben at 1-888-507-6053.
- Be aware you cannot access your Universal Account if contributions are made by you or the City into your HSA after your separation date.
- If you also have a Premium Only Sub-account, you are allowed access only for reimbursements for eligible insurance premiums, even if contributions were made after your separation date.
- You will not have access to your Aviben account if you are receiving a government subsidy through the Healthcare Marketplace or getting a pre-tax benefit for other employer insurance coverage.
- The IRS considers your Aviben Health Reimbursement Account (HRA) as Minimum Essential Coverage (MEC) under the Affordable Care Act.

Your Health Savings Account (HSA) – HealthEquity

- Remember, premium-free Part A begins 6-months before the month you apply for Medicare but no earlier the month you turn 65. To avoid a tax-penalty, Medicare recommends you stop contributions to your HSA at least 6-months before you apply for Medicare.
- Once you are enrolled in Medicare Part A and/or Part B, you can no longer make contributions to your HSA.
- If you designate funds from your final payout into your HSA, you will be responsible not to exceed the IRS annual HSA limit. Call HealthEquity at 1-866-346-5800 to check your total contribution for the current tax year. Keep in mind, this will also prevent you from accessing your 501(c)(9) HRA in that same tax year.





Covered employees, spouses, and adult designees can each earn up to **\$150** each year through SLC360°, paid in the form of a gift card. Here are the steps to be eligible:

Sign up for an SLC360° profile at slc360.wellright.com

- Complete your AgeGage survey.
- Earn points by getting your age appropriate preventive screenings.
- Earn points by completing wellness challenges.
- Earn 1,500 points during the plan year, and you'll have earned the full \$150 gift card! Smaller gift cards will be awarded to those who earn less than 1,500 points but still meet the other requirements.

Questions about SLC360°? Contact Trent Steele, Sr Benefits Analyst, at 801-535-7725 or slc360@slcgov.com

Why Wellness Is Important

The SLC360° Wellness program is designed around preventive care. The more we can prevent illnesses or injuries from happening in the first place, the lower total healthcare costs will be City-wide. This will help keep your healthcare premiums low. Participating in SLC360° will help you keep more money in you pockets and live a happier, healthier life!



What will you get with your points?

Wellness can be fun—and even more so when you get rewarded for it. Ready to cash in your points? You can earn up to \$150 (1,500 points) in gift cards! Head to your profile and select Redeem Rewards. Check out your Rewards Statement first to view your balance. Then visit the Redeem Rewards page to choose your reward. For help, contact slc360@slcgov.com.

Rewards Statement: View your account balance of total points earned from the Challenges you've completed.

Go Shopping: Choose from popular eGift Cards at the following locations:

- Amazon
- Apple
- Best Buy
- Clean Water Fund (donation)
- Habitat for Humanity (donation)
- Hotels.com
- Starbucks
- Target
- Home Depot
- Visa Gift Card
- Walmart
- Whole Foods

Gift cards will be taxed at the end of the plan year, you will see this amount on your City pay stub.





Voluntary Benefits Available at Open Enrollment Only

- **Accident Insurance (MetLife)** - Helps pay essential living expenses and costs not covered by your medical insurance.
- **Critical Illness (MetLife)** - Provides you with a lump-sum payment, for specific covered illnesses that can be used to pay for expenses not usually covered by medical or disability income plans.
- **Hospital Indemnity (MetLife)** - Complement your medical coverage by helping to ease the financial impact of a hospitalization.
- **Hyatt Legal** - Access legal services for many personal legal matters. Cancelling your coverage can only be done during Open Enrollment by submitting your request through www.slcvoluntarybenefits.com.
- **Vision Care (VSP)** - Receive eye care and eyewear at the participating location right for you. Your VSP Member ID needed to use the benefit, is 000 in front of your employee ID. More program details are in the index of this guide.

Voluntary Benefits Available Anytime

- **Auto and Home Insurance** - Receive discounts on your Auto and Home insurance through MetLife, Travlors or Liberty Mutual.
- **Financial Wellness** - OWNx provides the easiest and most convenient way possible for you to own gold and silver.
- **Discount Shopping** - Discounts from hundreds of local and national vendors exclusively for City employees.
- **Identity Theft Protection** - Comprehensive identity theft protection from LifeLock helps safeguard your finances, credit and good name.
- **Student Loan Refinance:** Refinance your high interest private loans and get a reduced rate with one of our 11 student lending banks.
- **VPI: Pet Insurance** - Let's face it: pets get hurt. They get sick, too. And sometimes, the cost to make them better can really take a bite out of your budget.

Bi-Weekly Deductions (except Discount Shopping)

All your voluntary benefits are listed on your paystub under "SLCVoluntaryBene". This amount is a total of all policies. For a breakdown of the individual costs go to "My Benefits Wallet" on www.slcvoluntarybenefits.com.

Enroll by visiting www.SLCVoluntaryBenefits.com

Use your 6-digit employee ID to create your account

(employee ID can be found on your pay stub)





How to enroll online at www.SLCVoluntaryBenefits.com

Step 1

Access the website by visiting www.SLCVoluntaryBenefits.com. If you're logging in for the first time, click "Create Your Account." You will need your 6-digit Employee ID (example 123456) to fill in the remaining fields. Your Employee ID is listed on your pay stub.

Step 2

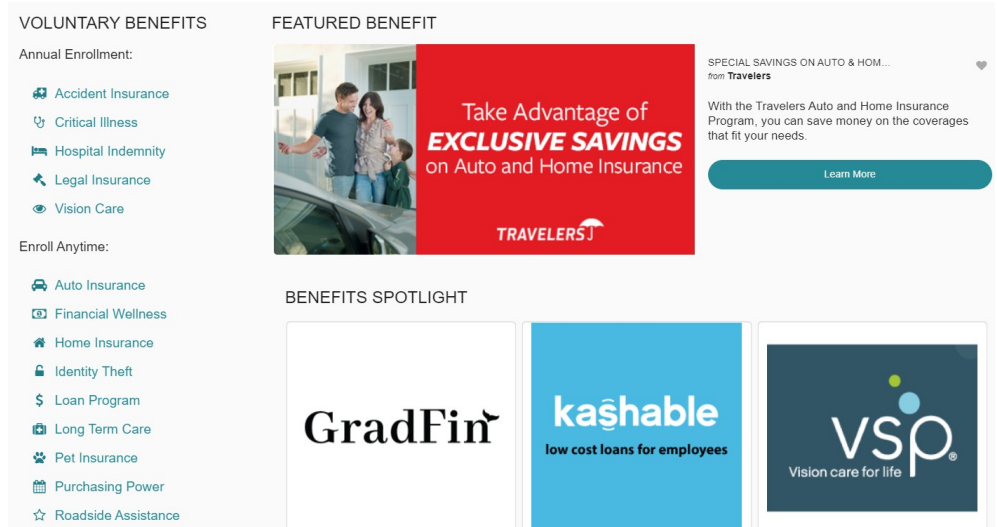
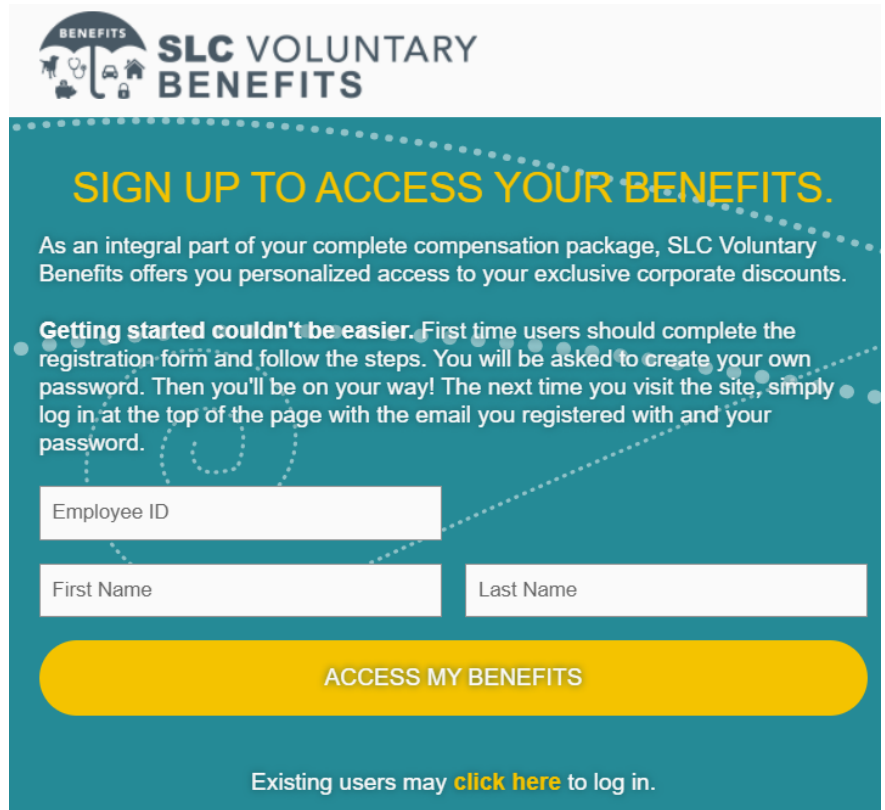
The website provides access to benefits that are open year round, as well as benefits that are available exclusively during open enrollment. See the break down of these benefits on page 18.

Step 3

Once logged into your account you will see the list of benefits available on the left hand side of the page. Selecting any of these options will give you an overview of the benefit.

After clicking "Enroll" in any of the benefit options the website will take you through the enrollment process for that benefit. Once enrollment for one benefit is complete, the website will take you through the remaining benefit options to allow you to learn about each benefit and make your enrollment decisions. If you do not want to enroll in a benefit click "No Thanks".

NOTE: You must create an account in order to view premiums



CoreStream Customer Service: 1-888-935-9595



VSP Overview



Basic Plan Coverage		VSP EasyOptions Coverage	
Benefit	Copay	Benefit	Copay
Prescription Glasses		Prescription Glasses	
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance Every 12 months 	Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal lenses Impact-resistant for dependent children Every 12 months 	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings on other lens enhancements Every 12 months 	Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings on other lens enhancements Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contacts lens exam (fitting and evaluation) Every 12 months 	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contacts lens exam (fitting and evaluation) Every 12 months
	<ul style="list-style-type: none"> Included in Prescription Glasses 		<ul style="list-style-type: none"> Included in Prescription Glasses
	<ul style="list-style-type: none"> Included in Prescription Glasses 		<ul style="list-style-type: none"> Included in Prescription Glasses
	<ul style="list-style-type: none"> \$0 \$95 – \$105 \$150 – \$175 		<ul style="list-style-type: none"> \$0 \$95 – \$105 \$150 – \$175
	<ul style="list-style-type: none"> Up to \$60 		<ul style="list-style-type: none"> Up to \$60
		VSP EasyOptions (choose only one of these upgrades)	<ul style="list-style-type: none"> An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$70 contact lens allowance Every 12 months

VSP Coverage Options and FAQ's

- Does VSP include an eye exam annually?** **No.** VSP does not include an eye exam, the PEHP Medical plan does cover an eye exam for each covered family member annually.
- What is my VSP ID? *Your VSP ID is 000 then your employee ID.*** If your employee ID were 123456, then your VSP ID would be 000123456. This is the number that you will need to utilize your coverage at the providers office.
- Does VSP send out an Insurance Card?** **No.** VSP Insurance cards are available on the VSP.com website. These cards are not required to use your coverage, only your VSP ID is required.
- Does VSP offer any discounts on Laser Vision Correction?** **Yes.** Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
- Can I use my benefit towards sunglasses.** **Yes.** Check with your VSP provider for more information.

Standard Coverage	Biweekly Premium
Employee Only	\$2.41
Employee + Spouse	\$4.82
Employee + Children	\$5.16
Employee + Spouse/Children	\$8.23

EasyOptions Coverage	Biweekly Premium
Employee Only	\$3.66
Employee + Spouse	\$7.31
Employee + Children	\$7.82
Employee + Spouse/Children	\$12.49

A list of VSP providers can be found at www.VSP.com once you login to your account.





Most of us associate counseling with serious mental health issues such as depression or severe anxiety. But that's not always the case. People often find it helpful to speak with a counselor during life transitions, such as when you have had a major disruption in your established routines.

When dealing with such situations, counseling may help you prevent stress or anxiety or learn new ways to manage problems that naturally arise during periods of transition.

Generally speaking, counseling is beneficial for anyone who feels overwhelmed by thoughts, feelings, actions and relationships that may impair their ability to function effectively in their daily life. People seek the assistance of a professional counselor for a wide range of problems, including:

- Depression
- Marital or family issues
- Stress and anxiety
- Suicidal thoughts
- Eating disorders
- Substance abuse and addictions
- Low self-esteem
- Communication problems
- Sexual problems
- Unexpected crisis
- Mental illnesses
- Preparing for a new phase of life



Utilize your Employee Assistance Program. Did you know that your EAP is a free, confidential service for you and your household family members that can take on your to-do list and provide you with the amount of time necessary to manage the changes around you?

Examples of services include:

GuidanceResources® Online: Go online to access for information on; relationships, work, school, children, wellness, legal, financial and free time. You can search for qualified child and elder care, attorneys, and financial planners.

- **Personalized concierge resources** including child, elder, and pet care solutions, transportation and local errand resources, low-cost home repair and utility assistance, etc.
- **Telephonic appointments with EAP attorneys and financial planners** to assist with personal legal matters and financial issues that may have arisen during your time away from the workplace.
- **Confidential guidance from a local counselor** to provide stress management assistance during the time of transition
 - 10 sessions per event for Public Employees
 - 15 sessions per event for SLCStrong

For Public Employees:
 Call: 855- 823-5389
www.guidanceresources.com
 WEB ID: SLC

For First Responders (SLCStrong):
 Call: 844-206-4097
www.guidanceresources.com
 WEB ID: SLCPs



Contact Info



Mailing Address

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

Websites

- PEHP.....www.pehp.org
- WeeCare Prenatal Program..... www.pehp.org/weecare
- PEHP Plus..... www.pehp.org/plus
- Pharmacy Program..... www.express-scripts.com
- Accredo.....www.accredohealth.com
- Out-of-State Provider Listing www.multiplan.com
- Health Savings Account www.healthequity.com
- SLC Voluntary Benefits.....www.slcvoluntarybenefits.com

Telephone Numbers

- PEHP Medical & Dental
- Customer Service..... 801-366-7555
- Toll Free..... 800-765-7347

- PEHP preauthorization of inpatient facility
- Main Line..... 801-366-7755
- Toll Free..... 800-753-7754

- PEHP preauthorization of inpatient mental health and substance abuse.....801-366-7755

- PEHP Group Term Life & Accident Plans.....801-366-7495
- PEHP Flexible Spending and HSA..... 801-366-7503
- PEHP Out-of-State Network..... 800-922-4362
- Express Scripts..... 800-903-4725

- Specialty Pharmacy
- Accredo..... 800-803-2523

- Employee Assistance Program.....855-823-5389
- SLC Strong844.206.4097

- Utah Retirement Systems.....801-366-7770

- SLC Voluntary Benefits
- Corestream Customer Service..... 888-935-9595
- Hearing Care Solutions..... 866-344-7756
- Kashable Short-term loans..... 646-663-4353
- LifeLock..... 800-607-9174
- Long Term Care Solutions.....877-286-2852
- MetLife/Hyatt Legal..... 800-438-6388
- Purchasing Power..... 800-903-0801
- VSP Vision..... 800-877-7195
- VPI Pet..... 877-798-7874

- Human Resources
- Benefits Team.....801-535-6600
- Leave Coordination Team..... 801-535-7121
- Tuition Reimbursement..... 801-535-7904
- Fitness Reimbursement..... 801-535-7725



MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
Annual Medical Deductible (includes pharmacy) Deductible must be met individually for Single Coverage or cumulatively for Double or Family Coverage before any benefits apply.	\$1,500 Single \$3,000 Double or Family	
	You are responsible for 100% of the discounted costs of eligible medical and pharmacy charges until you meet the annual deductible before the plan will pay any benefits	You are responsible for 100% of the costs of eligible medical and pharmacy charges until you meet the annual deductible before the plan will pay any benefits
City's Health Savings Account (HSA) Contribution (or Flex if not eligible for the HSA)	\$750 Single \$1,500 Double or Family	
Out-of-Pocket Maximum** <i>Any one individual may not apply more than \$8,000 toward the family Out-of-Pocket Maximum. Deductible applies to the Out-of-Pocket Maximum.</i>	\$4,000 Single \$8,000 Double or Family	\$4,000 Single \$8,000 Double or Family
	All qualified medical and pharmacy services do apply to the out-of-pocket maximum	All qualified medical and pharmacy services up to the PEHP Allowed Amount (AA) apply to the out-of-pocket maximum Services received by an out-of-network provider will be paid at a percentage of PEHP's Allowed Amount (AA). You may be responsible for any amounts billed by an out-of-network provider in excess of PEHP's Allowed Amount. Excess amounts billed by out-of-network providers do not apply to the deductible or the out of pocket maximum
Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum

AA = Allowed Amount

*Services received by an out-of-network provider will be paid at a percentage of PEHP's Allowed Amount (AA). You may be responsible for any amounts billed by an out-of-network provider in excess of PEHP's AA. Excess amounts billed by out-of-network providers do not apply to the deductible or the out of pocket maximum.

**PEHP tracks overall out-of-pocket spending to assure it doesn't exceed the IRS-defined, overall out-of-pocket maximum. PEHP refers to the Master Policy for exceptions to the out-of-pocket maximum.

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
Acupuncture <i>20 visits maximum per plan year. 30 minutes per visit</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
Adoption <i>\$4,000 maximum regardless of dual coverage. See limitations in the Master Policy</i>	100% after deductible, up to \$4,000 per adoption	
Allergy Injections	100% of AA after deductible	80% of AA after deductible Member pays balance
Allergy Serum	100% of AA after deductible	80% of AA after deductible Member pays balance
Ambulance <i>ground or air</i>	100% of AA after deductible and \$50 copayment per occurrence. Member pays balance	
Ambulatory Surgical Facility	90% of AA after deductible	70% of AA after deductible Member pays balance
Anesthesia	90% of AA after deductible	70% of AA after deductible Member pays balance
Assistant Surgeon <i>AA is 20% of allowable surgical fee or 10% for a PA or RN assistant</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
Autism <i>Requires Preauthorization by calling 801-366-7755</i>	90% of AA after deductible	No coverage Must use in-network provider
Bariatric Surgery Pilot <i>Requires Preauthorization by calling 801-366-7755. Specific providers only.</i>	90% of AA after deductible	No coverage Must use in-network provider
Cardiac Rehabilitation <i>Phase 2</i>	100% of AA after deductible and \$35 copayment per visit, up to 24 visits allowed per plan year	80% of AA after deductible, up to 24 visits allowed per plan year Member pays balance
Chemotherapy		
<i>Outpatient Facility</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Home (Requires Preauthorization by calling 801-366-7555)</i>	90% of AA after deductible	70% of AA after deductible Member pays balance

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
Chiropractic Therapy	100% of AA after deductible and \$35 copayment per visit, up to 20 visits per plan year	No coverage Must use in-network provider
Dental Accident or Certain Medical Conditions <i>(Requires Preauthorization by calling 801-366-7555)</i>	90% of AA after deductible	90% of AA after deductible Member pays balance
Diabetes Education <i>Must have the diagnosis of diabetes.</i>	100% of AA after deductible and applicable office copayment per visit	80% of AA after deductible Member pays balance
Diagnostic Radiology		
<i>Inpatient Facility</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Outpatient Facility</i>	100% of AA after deductible for each service up to \$350 80% of AA after deductible for each service more than \$350	80% of AA after deductible Member pays balance
<i>Inpatient/Outpatient Physician</i>	100% of AA after deductible for each service up to \$350 80% of AA after deductible for each service more than \$350	80% of AA after deductible Member pays balance
<i>MRI</i>	100% of AA after deductible for each service up to \$350 80% of AA after deductible for each service more than \$350	80% of AA after deductible Member pays balance
<i>3D Mammogram</i>	100% of AA after deductible for each service up to \$350. 80% of AA after deductible for each service more than \$350	80% of AA after deductible Member pays balance
Diagnostic Testing/Laboratory		
<i>Inpatient Facility</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Outpatient Facility</i>	100% of AA after deductible for each test up to \$350 80% of AA after deductible for each test more than \$350	80% of AA after deductible Member pays balance
<i>Inpatient/Outpatient Physician</i>	100% of AA after deductible for each test up to \$350 80% of AA after deductible for each test more than \$350	80% of AA after deductible Member pays balance

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
Dialysis <i>Outpatient facility</i>	90% of AA after deductible	70% of AA after deductible Member pays balance Requires Preauthorization by calling 801-366-7555
<i>Home</i> (Requires Preauthorization by calling 801-366-7555)	90% of AA after deductible	70% of AA after deductible Member pays balance
Emergency Room		
<i>Facility</i> <i>(Copayment applies to each visit, including follow-up visits; copayment waived if admitted)</i>	100% of AA after deductible and \$150 copayment per visit	100% of AA after deductible and \$150 copayment per visit Member pays balance
<i>Physician</i>	100% of AA after deductible	100% of AA after deductible Member pays balance
<i>Specialist</i>	100% of AA after deductible and \$35 copayment per visit	100% of AA after deductible and \$35 copayment per visit Member pays balance
Functional Reconstructive Surgery Requires Preauthorization by calling 801-366-7555	90% of AA after deductible	70% of AA after deductible Member pays balance
Hearing		
<i>Hearing Aids</i> Requires Preauthorization by calling 801-366-7755	90% of AA after deductible, up to \$1,500 per ear every five years	
<i>Hearing Tests</i> <i>(When not associated with hearing aids)</i>	100% of AA after deductible	100% of AA after deductible Member pays balance
Home Health Care	All services require Preauthorization. Call PEHP at 801-366-7555 for information	
<i>Skilled Nursing</i> <i>60-visit limit per plan year</i>	100% of AA after deductible	80% of AA after deductible Member pays balance
<i>IV Therapy (antibiotics)</i>	100% of AA after deductible	80% of AA after deductible Member pays balance
<i>Chemotherapy, Dialysis</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Physical, Occupational, Speech Therapy</i>	100% of AA after deductible and \$35 copayment per visit Maximum limits apply	80% of AA after deductible Maximum limits apply Member pays balance
<i>Total Parenteral Nutrition (TPN)</i>	80% of AA after deductible	80% of AA after deductible Member pays balance
<i>Enteral (Tube) Feeding Supplies</i>	80% of AA after deductible	80% of AA after deductible Member pays balance
<i>Enteral Formula</i>	If approved, must be obtained through the pharmacy card	If approved, must be obtained through the pharmacy card

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
Hospice Services	100% of AA after deductible	80% of AA after deductible Member pays balance
Hospital		
<i>Inpatient</i> Requires All out-of-network facilities and some in-network facilities require preauthorization by calling 801-366-7755. See Master Policy for details	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Outpatient</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Physician Visits</i>	100% of AA after deductible and applicable office copayment per visit	80% of AA after deductible Member pays balance
Hyperbaric Oxygen Treatment Requires Preauthorization by calling 801-366-7555	90% of AA after deductible	70% of AA after deductible Member pays balance
Infertility (medical) Limited to \$750 per plan year, \$5,000 lifetime maximum. (See limitations in the Master Policy.)	50% of AA after deductible	50% of AA after deductible Member pays balance
Injections Refer to the prescription drug section for Specialty Injections.		
<i>\$50 and under</i>	100% of AA after deductible	80% of AA after deductible Member pays balance
<i>Over \$50</i>	80% of AA after deductible	80% of AA after deductible Member pays balance
Jaw		
Jaw Surgery Requires Preauthorization by calling 801-366-7555	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Temporomandibular Joint Dysfunction (TMJ/TMD)</i> <i>Diagnosis and Treatment excluding surgery</i> (See Master Policy for Covered Services and Limitations)	50% of AA after deductible Limited to a combined lifetime benefit of \$1,000	50% of AA after deductible Member pays balance Limited to a combined lifetime benefit of \$1,000

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
Medical Equipment (Durable Medical Equipment)	Certain DME <u>requires</u> Preauthorization by calling 801-366-7555	
General	80% of AA after deductible	80% of AA after deductible Member pays balance
Breast Pump <i>Hospital-grade requires Preauthorization by calling 801-366-7555.</i>	100% of AA before deductible	80% of AA after deductible Member pays balance
Knee Braces (See Limitations in the Master Policy)	80% of AA after deductible 1 custom brace or 1 off the shelf brace per knee in a 3 year period	80% of AA after deductible 1 custom brace or 1 off the shelf brace per knee in a 3 year period
Oxygen Machine rental only	80% of AA after deductible	80% of AA after deductible Member pays balance
Sleep Disorder	80% of AA after deductible. Machine purchase limited to one per 5-year period. Supplies limited to \$325 per plan year	80% of AA after deductible. Machine purchase limited to one per 5-year period. Supplies limited to \$325 per plan year
Wheelchairs (including parts and replacements) (See Limitations in the Master Policy)	80% of AA after deductible 1 power wheelchair in a 5-year period	80% of AA after deductible 1 power wheelchair in a 5-year period. Member pays balance
Medical Travel (Out of Country Services through Passport for Health vendor – email - rrepke@globalmedconex.com)	100% of AA after deductible	Not applicable
Mental Healthcare/Substance Abuse/Pain Treatment/PTSD		
Mental Healthcare, Substance Abuse and Pain Treatment Inpatient Hospital Requires Preauthorization by calling PEHP at 801-366-7755	90% of AA after deductible	70% of AA after deductible Member pays balance
Residential Treatment Requires Preauthorization by calling PEHP at 801-366-7755	90% of AA after deductible Up to 30 days per plan year. Must use limited provider network	Not covered
Mental Healthcare and Substance Abuse Inpatient Physician Visits	100% of AA after deductible and applicable office copayment per visit	70% of AA after deductible Member pays balance
Mental Healthcare and Substance Abuse Outpatient Therapy	100% of AA after deductible and \$35 copayment per visit	70% of AA after deductible Member pays balance

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
<i>Pain Treatment Outpatient Facility/Surgical Suite</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Pain Treatment All services related to: Trigger Point, Sacroiliac Joint, Nerve Block, Epidural Steroid and/or Facet Injections</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
Neuro-psychiatric Testing	100% of AA after deductible for each test up to \$350. 80% of AA after deductible for each test more than \$350	80% of AA after deductible Member pays balance
Office Visits		
<i>Employee Midtown Clinic</i>	100% of AA after deductible and \$10 copayment per visit	Not applicable
<i>PEHP e-Care After hours, weekends and holidays</i>	100% of AA after deductible and \$10 copayment per visit	Not applicable
<i>Primary Care Provider</i>	100% of AA after deductible and \$25 copayment per visit	80% of AA after deductible Member pays balance
<i>Specialist</i>	100% of AA after deductible and \$35 copayment per visit	80% of AA after deductible Member pays balance
<i>Urgent Care Provider</i>	100% of AA after deductible and \$45 copayment per visit	80% of AA after deductible Member pays balance
Out-of-State Coverage	<p>Use of out-of-state providers will be paid under Out-of-Network benefits and result in higher out-of-pocket costs UNLESS you use PEHP's Out-of-State network and show your PEHP ID card.</p> <p>For out-of-state network providers, visit www.pehp.org or refer to your PEHP ID card. See the Master Policy for more information.</p> <p>You can also call: MultiPlan at 866-591-7427 or Beech Street at 800-822-1444 (Alaska and Nevada only)</p>	
Pain Clinics/Treatment	(Refer to Mental Health)	
Physical Therapy/ Occupational Therapy <i>Outpatient/Office</i> <i>Up to 20 combined visits per plan year. No Preauthorization required</i>	100% of AA after deductible and \$35 copayment per visit	80% of AA after deductible Member pays balance

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
Prescription Drugs <i>Subject to deductible</i>	Refills at retail and/or home delivery are not payable until 75% of total day supply within the last 180 days is used. Generic required if available. If brand name is selected when generic is available, member pays generic cost plus difference in brand name cost. The difference does not apply to the deductible or out-of-pocket maximum.	
Retail (Some medications available up to 90-day supply at retail for the home delivery co-pay)		
Tier 1	\$10 copayment after deductible	Plan pays up to the discounted cost, minus the applicable copayment after deductible. Member pays any balance
Tier 2	Member pays 25% of discounted cost after deductible. \$25 minimum copayment \$75 maximum copayment	Plan pays up to the discounted cost, minus the applicable copayment after deductible. Member pays any balance
Tier 3	Member pays 50% of discounted cost after deductible. \$50 minimum copayment \$100 maximum copayment	Plan pays up to the discounted cost, minus the applicable copayment after deductible. Member pays any balance
Home Delivery (90-day supply)		
90-day prescription (Maintenance medications only)	Administered by Express Scripts Prescription drugs can be obtained in one of two ways: <ul style="list-style-type: none"> • By Fax—Member should ask their doctor to prescribe maintenance medications for a 90-day supply, plus refills if appropriate. The doctor should call 1-888-327-9791 for instructions on how to fax the prescription. Member should provide the doctor with their member ID number. (Note: Only a doctor's office may fax the prescription.) Member will be billed for the copayment. • Home Delivery—Member should ask their doctor to prescribe needed medications for a 90-day supply, plus refills if appropriate. Member should then mail the prescription and the applicable copayment in the special order envelope to Express Scripts. Special order envelopes can be obtained from PEHP. Your copayment amount can be obtained by calling 1-800-903-4725. Member may pay by check, money order, HSA card, FLEX\$ card, or credit card (MasterCard, Visa or Discover). Allow 14 days for delivery. More information can be obtained through Express Scripts' website at www.express-scripts.com. 	
Tier 1	\$20 copayment after deductible	Not applicable
Tier 2	Member pays 25% of discounted cost after deductible. \$50 minimum copayment \$150 maximum copayment	Not applicable
Tier 3	Member pays 50% of discounted cost after deductible. \$100 minimum copayment \$200 maximum copayment	Not applicable
Specialty drugs May require preauthorization		
Retail Pharmacy <i>PEHP may require that specialty medications be obtained from a designated pharmacy or facility for coverage. Call the PEHP Pharmacy Department at 1-801-366-7551</i>	Tier A: Member pays 20% of AA after deductible, no maximum copayment Tier B: Member pays 30% of AA after deductible, no maximum copayment	Plan pays up to the discounted cost, minus the preferred copayment, if applicable, after deductible. Member pays any balance

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
<p>Through specialty vendor Accredo</p> <p>Tier A: Member pays 20% of AA after deductible, \$150 maximum copayment</p> <p>Tier B: Member pays 30% of AA after deductible, \$225 maximum copayment</p> <p>Tier C1: 10% of AA after deductible, no maximum co-pay</p> <p>Tier C2: 20% of AA after deductible, no maximum co-pay</p> <p>Tier C3: 30% of AA after deductible, no maximum co-pay</p> <p><i>Remember to use Accredo for the lowest possible copayment for your specialty medications. There are some medications that are not able to be dispensed through the Accredo pharmacy. In those cases, your regular specialty medication office visit benefits will apply. Call Accredo at 1-800-803-2523. You can also visit www.accredohealth.com</i></p> <p><i>PEHP may require that specialty medications be obtained from a designated pharmacy or facility for coverage. Call the PEHP Pharmacy Department at 1-801-366-7551</i></p>		<p>No Coverage</p> <p>Must use in-network provider</p>
<p>Office/Outpatient</p> <p><i>PEHP may require that specialty medications be obtained from a designated pharmacy or facility for coverage. Call the PEHP Pharmacy Department at 1-801-366-7551</i></p>	<p>Tier A: Member pays 20% of AA after deductible, no maximum copayment</p> <p>Tier B: Member pays 30% of AA after deductible, no maximum copayment</p>	<p>Tier A: Member pays 40% of AA after deductible, no maximum copayment. Member pays any balance</p> <p>Tier B: Member pays 50% of AA after deductible, no maximum copayment. Member pays any balance</p>
Other Prescription Benefits		
<p><i>Diabetic Supplies</i></p> <p><i>Free meters — Call the PEHP Pharmacy Department at 1-801-366-7551</i></p>	Paid at the prescription benefit level (includes items such as testing strips, needles, and lancets)	
<p><i>Enterals</i></p> <p>Requires Preauthorization by calling 801-366-7551</p>	80% of discounted cost after deductible	Not covered
<p><i>Food Supplements</i></p> <p>Requires Preauthorization by calling 801-366-7555</p>	80% of discounted cost after deductible. Not covered, except as required for Phenylketonuria (PKU)	Not covered
<i>Foreign Country Medications</i>	Urgent and emergent medications will be covered if obtained outside the United States when the drug or class of medication is covered under the PEHP Pharmacy or Injectable benefit.	
<i>Smoking Cessation Medications</i>	Contact PEHP Pharmacy Customer Service at 801-366-7551 for details	
<i>Pharmacy Travel Benefits</i>	Contact PEHP Pharmacy Customer Service at 801-366-7551 for details	
<p>Prosthetics</p> <p>Requires Preauthorization by calling 801-366-7555</p>	80% of AA after deductible 1 per limb in a 5-year period	80% of AA after deductible. 1 per limb in a 5-year period. Member pays balance

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
Preventive Services	<i>You DO NOT have to meet your deductible before your plan pays benefits for these services</i>	
Affordable Care Act (ACA) <i>See Master Policy for complete list</i>	100% of AA	100% of AA Member pays balance
Child <i>Well Child Exams (Includes routine tests)</i>	100% of AA	100% of AA Member pays balance
Adult <i>Annual routine physical (Includes routine tests)</i>	100% of AA	100% of AA Member pays balance
<i>Routine Annual Immunizations</i>	100% of AA	100% of AA Member pays balance
<i>Colonoscopy*** (1 per plan year regardless of age or diagnosis in addition to ACA)</i>	100% of AA	100% of AA Member pays balance
<i>Mammogram (1 per plan year regardless of age or diagnosis in addition to ACA)</i>	100% of AA	100% of AA Member pays balance
<i>Annual Vision Exam (1 per plan year. Includes prescription for glasses and contacts)</i>	100% of AA	100% of AA Member pays balance
<i>Dexa Scan (Bone Density-1 per plan year regardless of age or diagnosis in addition to ACA)</i>	100% of AA	100% of AA Member pays balance
<i>Eyewear</i>	No coverage, refer to PEHPplus for discounts	
Pulmonary Rehabilitation <i>Phase 2 Up to 24 visits per plan year</i>	100% of AA after deductible and applicable office copayment per visit	80% of AA after deductible Member pays balance
Radiation Therapy	90% of AA after deductible	70% of AA after deductible Member pays balance
Rehabilitation <i>Inpatient Up to 45 days per plan year. Requires Preauthorization by calling 801-366-7755</i>	90% of AA after deductible	70% of AA after deductible Member pays balance

***How to Avoid Colonoscopy Billing Problems: Moderate (conscious) sedation is included and covered when you get a colonoscopy. However, some doctors and facilities will try and bill sedation separately (Propofol for example) in addition to what is normally covered with a colonoscopy. **It is important to check with your doctor or facility PRIOR TO YOUR COLONOSCOPY to see how sedation will be billed.** To avoid excess charges make sure the sedation is included with your colonoscopy. More complex anesthesia must be preauthorized. General anesthesia or Monitored Anesthesia Care (MAC) also requires preauthorization and must be medically necessary.

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
Second Surgical Opinion	100% of AA after deductible	100% of AA after deductible Member pays balance
Skilled Nursing Facility (SNF) Non-custodial <i>Limited to 60 days per member per plan year.</i> Requires Preauthorization by calling 801-366-7755	90% of AA after deductible	70% of AA after deductible Member pays balance
Sleep Studies	Home and Facility combined maximum, up to \$2,000 in a 3-year period.	
<i>Home</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Facility</i> Requires Preauthorization by calling 801-366-7755 when services performed in a facility or attended by a technician	90% of AA after deductible	70% of AA after deductible Member pays balance
Speech Therapy <i>Lifetime maximum of 60 visits</i>	100% of AA after deductible and \$35 copayment per visit	80% of AA after deductible Member pays balance
Substance Abuse (Refer to Mental Health)		
Surgery, Physician		
<i>Inpatient or Outpatient Facility</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Physician's Office</i>	100% of AA after deductible and applicable office copayment per visit	80% of AA after deductible Member pays balance
Transgender (Gender dysphoria)		
<i>Mental Health</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Pharmacy</i>	Refer to prescription drug benefit	Refer to prescription drug benefit
<i>Surgery</i> Requires Preauthorization by calling 801-366-7755	90% of AA after deductible	70% of AA after deductible Member pays balance
Transplants (includes donor typing)	Payable at applicable benefit level per service rendered Requires Preauthorization by calling 801-366-7755 (See Master Policy for limitations and eligibility)	Payable at applicable benefit level per service rendered. Member pays balance Requires Preauthorization by calling 801-366-7755 (See Master Policy for limitations and eligibility)
Urgent Care Facility	100% of AA after deductible and \$45 copayment per visit	80% of AA after deductible Member pays balance

AA = Allowed Amount

DENTAL PLAN OVERVIEW

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 Choice		Premium Choice	
	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS				
Deductible <i>Does not apply to Diagnostic & Preventive Services</i>	None	None	None	None
Annual Benefit Maximum	\$1,500	\$1,500	\$2,000	\$2,000
DIAGNOSTIC				
Periodic Oral Examinations	100% of INR	80% of INR	100% of INR	80% of INR
X-rays	100% of INR	80% of INR	100% of INR	80% of INR
PREVENTIVE				
Cleanings and Fluoride Solutions	100% of INR	80% of INR	100% of INR	80% of INR
Sealants <i>Permanent molars only through age 17</i>	100% of INR	80% of INR	100% of INR	80% of INR
RESTORATIVE <i>18 months per surface</i>				
Amalgam Restoration	80% of INR	60% of INR	80% of INR	60% of INR
Composite Restoration	80% of INR	60% of INR	80% of INR	60% of INR
ENDODONTICS				
Pulpotomy	80% of INR	60% of INR	80% of INR	60% of INR
Root Canal	80% of INR	60% of INR	80% of INR	60% of INR
PERIODONTICS				
Periodontal/Gum Disease	80% of INR	60% of INR	80% of INR	60% of INR
ORAL SURGERY				
Extractions	80% of INR	60% of INR	80% of INR	60% of INR
ANESTHESIA				
General Anesthesia <i>in conjunction with oral surgery or impacted teeth only</i>	80% of INR	60% of INR	80% of INR	60% of INR
PROSTHODONTIC BENEFITS <i>Once every 5 years. Preauthorization may be required</i>				
Crowns	50% of INR	30% of INR	60% of INR	40% of INR
Bridges	50% of INR	30% of INR	60% of INR	40% of INR
Dentures (partial)	50% of INR	30% of INR	60% of INR	40% of INR
Dentures (full)	50% of INR	30% of INR	60% of INR	40% of INR
IMPLANTS				
All related services	50% of INR	30% of INR	60% of INR	40% of INR

ORTHODONTIC BENEFITS 6-month Waiting Period				
Maximum Lifetime Benefit per member <i>No age limit</i>	\$1,500		\$1,500	
Eligible Appliances and Procedures	50% of eligible fees to plan maximum		50% of eligible fees to plan maximum	

Treatment in progress - Payment cannot be made for any procedure started prior to the date the Member became eligible or prior to the effective date of the group contract.

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. If coverage is provided by a PEHP medical plan, then there is no dental plan coverage.

If Coverage is cancelled for non-payment, or voluntarily cancelled while on personal leave, the Subscriber will not be eligible for PEHP dental plans for two years from the next annual Enrollment period. Re-enrollment will be subject to new plan provisions, and would become effective at the beginning of the Employer's subsequent plan year.



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