Enrollment Guide

Salt Lake City » New Hires

2013-2014

PEHP Serving the Employees Who Serve Utah

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7-18-13

BI-WEEKLY GROUP INSURANCE PREMIUMS

PEHP MEDICAL PLANS

FULL-TIME EMPLOYEES

Summit STAR HDHP

	TOTAL PREMIUM	CITY SHARE	EMPLOYEE SHARE	One Annual City Contribution to Employee HSA (or Flex if not eligible for HSA)
Single	153.22	145.55	7.66	750.00 prorated from July 1st
Double	344.76	327.52	17.24	1500.00 prorated from July 1st
Family	459.67	436.68	22.98	1500.00 prorated from July 1st

Summit Care

	TOTAL PREMIUM	CITY SHARE	EMPLOYEE SHARE
Single	210.25	168.20	42.05
Double	473.08	378.46	94.62
Family	630.74	504.59	126.15

REGULAR PART-TIME EMPLOYEES

Summit STAR HDHP

	TOTAL PREMIUM	CITY SHARE	EMPLOYEE SHARE	One Annual City Contribution to Employee HSA (or Flex if not eligible for HSA)
Single	153.22	72.78	80.44	375.00 prorated from July 1st
Double	344.76	163.76	181.00	750.00 prorated from July 1st
Family	459.67	218.34	241.33	750.00 prorated from July 1st

Summit Care

	TOTAL PREMIUM	CITY SHARE	EMPLOYEE SHARE
Single	210.25	84.10	126.15
Double	473.08	189.23	283.85
Family	630.74	252.30	378.44

PEHP DENTAL PLANS

PREFERRED CHOICE		CITY SHARE	EMPLOYEE SHARE
Single		0	16.78
Double		0	33.90
Family		0	44.30

PREMIUM CHOICE		CITY SHARE	EMPLOYEE SHARE
Single		0	17.52
Double		0	35.39
Family		0	46.26

LONG TERM DISABILITY

(no cost to firefighters hired after 6/30/11)
(no cost to police officers in the Public Safety Retirement System)

14.00

GROUP LEGAL PLAN

Hyatt

9.80

BI-WEEKLY GROUP INSURANCE PREMIUMS

ACCIDENT PREMIUMS

PEHP BASIC AD&D coverage ceases at age 70		**CITY**	**EMPLOYEE**
Full-Time	50,000	2.06	0
Regular Part-Time	25,000	1.03	0

PEHP OPTIONAL AD&D coverage ceases at age 70		**EMPLOYEE PREMIUM** (pre-tax)	
	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

PEHP ACCIDENT WEEKLY INDEMNITY must be enrolled in Optional AD&D		**EMPLOYEE PREMIUM**	
	MONTHLY BASE SALARY	**COVERAGE AMOUNT**	**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

PEHP ACCIDENT MEDICAL EXPENSE must be enrolled in Optional AD&D		**EMPLOYEE PREMIUM**
	2,500	0.38

BI-WEEKLY GROUP INSURANCE PREMIUMS

TERM LIFE PREMIUMS

PEHP BASIC TERM LIFE coverage reduces after age 70		**CITY**	**EMPLOYEE**
Full-Time	50,000	2.81	0
Regular Part-Time	25,000	1.41	0

PEHP OPTIONAL EMPLOYEE & SPOUSE TERM LIFE coverage reduces after age 70, rates remain the same		**EMPLOYEE PREMIUM**
450,000 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

PEHP DEPENDENT CHILD TERM LIFE one premium regardless number of children		**EMPLOYEE PREMIUM**
	5,000	0.24
	7,500	0.37
	10,000	0.48
	15,000	0.72

NOTE:

Guaranteed issue if applied for within 60-days of hire
Employee: 150,000 **Spouse**: 50,000 **Child**: 15,000

After 60-days or for amounts higher,
you must provide evidence of insurability

Opening Aug. 2013

SALT LAKE CITY EMPLOYEE CLINIC

MidtownClinic

Make Us Your Family Doctor and SAVE

- **This full-service, private clinic provides all the services of a family doctor but at a lower cost.**
- **Pay only a $10 copay after deductible. Enjoy a 25% discount on all services.**
- **The Midtown Clinic will help you better utilize your plan and control your out-of-pocket costs.**
- **An ideal choice for managing chronic illness such as diabetes. Midtown Clinic helps coordinate your care.**

Midtown Clinic

Midtown Building, Salt Lake City
500 East 230 South, Suite 510
801-320-5660
Monday-Friday, 9:30 a.m-6 p.m.

Benefit Changes

Changes to Deductibles and Out of Pocket Maximums: The benefit changes to the deductibles and out of pocket maximums for the 2013-2014 plan year is listed below. The contracted medical deductible was increased on the Summit Care plan as well as a new pharmacy deductible added. The out of pocket maximums on both plans will be lowered for the new plan year.

SUMMIT CARE

Medical Deductible Contracted	Current 2012-13	New in 2013-14
Individual	$500	$750
Family	$1,000	$1,500
Pharmacy Deductible		
Individual	None	$100
Family	None	$200
Out of Pocket Max Contracted	**Current 2012-13**	**New in 2013-14**
Individual	$5,000	$4,000
Family	$10,000	$8,000
Non-Contracted		
Individual	$6,500	$5,500
Family	$13,000	$11,000

SUMMIT STAR

Out of Pocket Max	Current 2012-13	New in 2013-14
Individual	$5,000	$4,000
Family	$10,000	$8,000

STAR HDHP – Flex Option: For those that are not eligible to make contributions to a Health Savings Account (HSA) with the Summit STAR plan, the City will fund a Medical Flex account (FSA) at the same level they do for HSAs ($750 for Single and $1,500 for Double/Family). The same IRS rules that normally apply for Flex accounts will be the same for this new option; use it or lose it. As a reminder, the maximum amount for Flex is now $2,500. This includes the City's portion.

Reminders

Enrollment: All enrollment changes are done ONLINE directly through PEHP's website at www.pehp.org. Adult Designee policy enrollments/changes must continue to be processed through the City's HR Dept. For all other enrollment issues, contact PEHP at 801-366-7410 for medical & dental, and 801-366-7495 for life and accident.

Pharmacy: Medco, PEHP's pharmacy benefit manager, is now known as Express Scripts. Access your pharmacy benefits at myPEHP.

Specialty Rx: For Specialty medications, try to use the Accredo specialty pharmacy whenever possible. There are some medications that are not able to be dispensed through the Accredo pharmacy. In those cases, your regular Specialty medication benefits will apply.

Pre-notification: To avoid penalties and to receive maximum benefits, a Member must call for Pre-notification before being admitted to a hospital *(72 hrs if emergency admittance)*. Call 801-366-7555 or 800-753-7754.

Pre-authorization: Pre-authorization does not guarantee payment should Coverage terminate, should there be a change in benefits, should benefit limits be used by submission of claims in the interim, or should actual circumstances of the case be different than originally submitted.

Claims: PEHP will collect on claims paid in error for up to 12 months for ineligible services or ineligible enrollment, regardless of plan year. Claims submitted to PEHP after 12 months from the date of service will not be covered regardless of circumstances.

Anesthesiologists: If you are at an in-network facility and there are no contracted anesthesiologists available at the time of service, the plan will pay at the contracted benefit. However, members may be balanced billed.

Federal Mandates

SBCs: Healthcare Reform requires a Summary of Benefits and Coverage (SBC) to be distributed to all benefit-eligible employees before open enrollment. The SBCs will be distributed to you by the City at your City email account. They can also be found at www.pehp.org under your myPEHP login.

Women's Preventive Care: Preventive benefits are covered at 100% when received by a contracted provider. New preventive services for women have also been added to the Affordable Care Act list. Please see the Master Policy for a complete list of preventive services.

What's New at PEHP

Cost & Quality Tools: New cost & quality tools are available now at www.pehp.org under your myPEHP login.

» **Cost Comparison Tool** – You can now compare costs for specific procedures by provider and facility. The Cost Comparison Tool is the first offered by any insurance carrier in Utah. It will be very effective in helping employees and employers reduce healthcare and pharmacy costs. Once providers and hospitals are aware insureds are comparing price, we will see more competition.

» **Quality & Code Lookup** – With this tool you can look up a provider and see quality information. You can also see what the cost will be for a service by specific code.

» **Find a Medication** – You can see pricing and what is covered based on your specific benefits for pharmacy. With this tool you will be able to find the best value for prescription drugs. This tool will link you to Express Scripts, PEHP's pharmacy benefit manager (formerly Medco).

» **Cost-Saving Tips** – You can use the tools and information here to get the best healthcare value and avoid unnecessary medical bills.

Employee Clinic Coming Soon: The new employee clinic is under construction and is targeted to be open this summer. The clinic will staff a primary care physician, medical assistant and receptionist. Services will include disease management, routine annual exams, vaccines, lab tests and minor surgeries such as mole removal. The provider will help educate patients in wellness programs that help promote behavior and lifestyle changes. The cost of an office visit will be 25% less than private providers for covered employees and families that utilize the clinic. The office visit co-pay will be $10 after deductible, which is considerably less that using a private provider.

Medicare Supplement Plans: PEHP now offers a value-added Discount Dental benefit to individuals who enroll in one of the PEHP Medicare Medical Supplement options. Please contact PEHP Customer Service for more details and enrollment information.

Eligibility & Enrollment

Eligibility

All full-time and regular part-time employees are eligible for insurance benefits. Legally married spouses, certified Adult Designees *(and their eligible children)*, and any children under the age of 26 with whom you have a legal parental relationship are eligible for coverage.

Enrollment

You have 60 days from your hire date to enroll yourself and your eligible dependents for coverage at www.pehp.org. All information gathered or contained through online enrollment is incorporated into the Master Policy. Once you enroll online your coverage will be effective on your hire date. Premiums will be deducted from your paycheck for coverage back to your hire date. If you fail to enroll within 60 days from your hire date* you cannot enroll for coverage until the next annual enrollment period.

Special Enrollment/Mid-Year Events

If you miss the initial 60-day period to enroll, you are not eligible to enroll until the City's next annual open enrollment period unless you meet one of the conditions for Special Enrollment. Special Enrollment allows late enrollees to enroll or drop coverage with PEHP prior to the City's next annual enrollment by meeting one of the following special enrollment/mid-year events:

1. Birth, adoption or placement
2. Marriage
3. Divorce
4. Death
5. Gain or loss of employment of a spouse or dependent
6. Loss or gain of coverage during a spouse's or dependent's open enrollment window.
7. Significant increase or decrease in premium or coverage through a spouse's employer plan, e.g., reduction in working hours that would result in higher premiums or loss of coverage.
8. Involuntary loss of coverage.
9. Work Schedule – a reduction or increase in hours of employment by the employee, spouse, or dependent, which causes a change in the health benefits or employee premium/rate share available to the covered individual, including, but not limited to, a switch between part-time and full-time, a strike or lock out, or commencement or return from an unpaid leave of absence.

Eligible employees will have 60-days from the date coverage is lost or the date of the special enrollment/mid-year event to make the enrollment change.

Proof of loss of the other coverage *(Certificate of Credible Coverage)* must be submitted to PEHP at the time of the enrollment change. Other eligible documentation such as proof of loss of other coverage, copy of marriage, birth or death certificate, divorce decree signed by the judge, adoption or placement papers or other legal documentation required to substantiate the event must be submitted to PEHP. Claims will not be paid until premiums are collected back to the date of event.

Eligibility & Enrollment (continued)

Legal Guardianship

You may enroll any dependent children who are under age 26 who are placed under your legal guardianship within 60 days of receiving legal guardianship. Proof of legal guardianship must be provided to PEHP prior to any benefits being paid under the plan.

Married Dependents

Dependent children can remain covered under the medical plan up to age 26 even if they are married. Dental, Life and AD&D plans are not offered to any married child. If your dependent child becomes married during the plan year you must notify PEHP.

Retirees & LTD Partial Premium Waiver

Retirees and LTD partial premium waiver members who pay premiums after-tax may make enrollment changes anytime during the year. Changing from one plan to another may only happen at open enrollment. If a member ever cancels coverage they will not be able to re-enroll. The retiree must be covered in order to have coverage on their spouse or dependents. If a member ever cancels coverage they will never be able to re-enroll under the City's plan. However, when a retiree turns age 65 and is a member of the Utah State Retirement Systems, they may apply for an individual Medicare Supplement plan directly through PEHP. The City will not pay a portion toward your individual plan; you will be responsible for 100% of the Medicare Supplement premium.

myPEHP

No more paper! By going to www.pehp.org and logging into your myPEHP account you can:

- » enroll in medical/dental/life/accident
- » enroll in Flex
- » enroll in HSA
- » change HSA contributions
- » add dependents
- » make changes to your benefits
- » change your beneficiary information
- » update your address

Medical Benefit Comparison

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Annual Medical Deductible	$1,500 per single $3,000 per double or family		$750 per individual $1,500 per double or family Does not apply to pharmacy Deductibles for Contracted Providers are separate and different from the deductibles for Non-Contracted providers **Individual Coverage —** Must meet $750 deductible before any benefits apply. **Double Coverage —** Each member must meet $750 deductible before any benefits apply on either member. **Family Coverage —** Two members must meet $750 deductible before any benefits apply on any member.	$1,000 per individual $2,000 per double or family Does not apply to pharmacy Deductibles for Contracted Providers are separate and different from the deductibles for Non-Contracted providers **Individual Coverage —** Must meet $1,000 deductible before any benefits apply. **Double Coverage —** Each member must meet $1,000 deductible before any benefits apply on either member. **Family Coverage —** Two members must each meet $1,000 deductible before any benefits apply on any member.
	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. **Single Coverage —** Must meet $1,500 deductible before any benefits apply. **Double Coverage —** Must meet $3,000 deductible individually or cumulatively before any benefits apply on either member. **Family Coverage —** Must meet $3,000 deductible individually or cumulatively before any benefits apply on any member.	All applicable deductibles and coinsurance for services provided by a non-contracted provider will apply to the plan year deductible and out of pocket maximum. Services received by a non-contracted provider will be paid at a percentage of PEHP's Maximum Allowable Fee (MAF). You will be responsible for any amounts billed by a non-contracted provider in excess of PEHP's Maximum Allowable Fee. Excess amounts billed by non-contracted providers do not apply to the deductible and the out of pocket maximum.		
Annual Pharmacy Deductible	Not applicable	Not applicable	$100 per individual, $200 per double or family (two individuals must meet $100 each)	Not applicable
Health Savings Account (HSA) Contribution (or Flex if not eligible for the HSA)	$750 single $1,500 double or family Prorated if hired after July 1		$0	$0

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Out-of-Pocket Maximum	$4,000 per single $8,000 per double or family		$4,000 per individual $8,000 per family	$5,500 per individual $11,000 per family
	All qualified medical and pharmacy services do apply to the out-of-pocket maximum	All applicable deductibles and coinsurance for services provided by a non-contracted provider will apply to the plan year deductible and out of pocket maximum. Services received by a non-contracted provider will be paid at a percentage of PEHP's Maximum Allowable Fee (MAF). You will be responsible for any amounts billed by a non-contracted provider in excess of PEHP's Maximum Allowable Fee. Excess amounts billed by non-contracted providers do not apply to the deductible and the out of pocket maximum.	The following do not apply to Out-of-Pocket Maximum: deductibles, emergency room copayments, prescription drug copayments, mental health treatment. (See Master Policy for complete list) Out-of-Pocket maximums for Contracted Providers are separate and different from the out-of-pocket maximums for Non-Contracted providers	The following do not apply to Out-of-Pocket Maximum: deductibles, emergency room copayments, prescription drug copayments, mental health treatment. (See Master Policy for complete list) Out-of-Pocket maximums for Contracted Providers are separate and different from the out-of-pocket maximums for Non-Contracted providers
Specialty Medication Out-of-Pocket Maximum *Applies to Office/Outpatient only*	No separate Out-of-Pocket max		Separate Out-of-Pocket max $3,600 per member per plan year	Separate Out-of-Pocket max $3,600 per member per plan year
Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
Pre-existing Conditions *Does not apply to pharmacy*	No pre-existing conditions apply	No pre-existing conditions apply	No pre-existing conditions apply	No pre-existing conditions apply
Open Enrollment	No pre-existing conditions apply	No pre-existing conditions apply	No pre-existing conditions apply	No pre-existing conditions apply
Acupuncture	No coverage	No coverage	No coverage	No coverage

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Adoption *$4,000 maximum regardless of dual coverage. See limitations in the Master Policy*	100% after deductible, up to $4,000 per adoption	100% after deductible, up to $4,000 per adoption	100% up to $4,000 per adoption	100% up to $4,000 per adoption
Allergy Injections	100% of MAF after deductible	80% of MAF after deductible. Member pays balance	100% of MAF after deductible	80% of MAF after deductible. Member pays balance
Allergy Serum	100% of MAF after deductible	80% of MAF after deductible. Member pays balance	100% of MAF after deductible	80% of MAF after deductible. Member pays balance
Ambulance *ground or air*	100% of MAF after deductible and $50 copayment per occurrence. Member pays balance	100% of MAF after deductible and $50 copayment per occurrence. Member pays balance	100% of MAF after deductible and $50 copayment per occurrence. Member pays balance	100% of MAF after deductible and $50 copayment per occurrence. Member pays balance
Ambulatory Surgical Facility	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Anesthesia	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Assistant Surgeon *MAF is 20% of allowable surgical fee or 10% for a PA or RN assistant*	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Cardiac Rehabilitation *Phase 2*	100% of MAF after deductible and $35 copayment per visit, up to 24 visits allowed per plan year	80% of MAF after deductible, up to 24 visits allowed per plan year. Member pays balance	100% of MAF after deductible and $35 copayment per visit, up to 24 visits allowed per plan year	80% of MAF after deductible, up to 24 visits allowed per plan year. Member pays balance
Chemotherapy				
Outpatient Facility	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
*Home (**Requires** Pre-authorization and Medical Case Management at 801-366-7755)*	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Chiropractic Therapy	100% of MAF after deductible and $35 copayment per visit, up to 20 visits per plan year	No coverage. Must use contracted provider	100% of MAF after deductible and $35 copayment per visit, up to 20 visits per plan year	No coverage. Must use contracted provider

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Diabetes Education *Must be for the diagnosis of diabetes.*	100% of MAF after deductible and applicable office copayment per visit	80% of MAF Member pays balance	100% of MAF after applicable office copayment per visit	80% of MAF Member pays balance
Diagnostic Radiology				
Inpatient Facility	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Outpatient Facility	100% of MAF after deductible for each service up to $350. 80% of MAF after deductible for each service allowing more than $350	80% of MAF after deductible. Member pays balance	100% of MAF after deductible for each service up to $350. 80% of MAF after deductible for each service allowing more than $350	80% of MAF after deductible. Member pays balance
Inpatient/Outpatient Physician	100% of MAF after deductible for each service up to $350. 80% of MAF after deductible for each service allowing more than $350	80% of MAF after deductible. Member pays balance	100% of MAF after deductible for each service up to $350. 80% of MAF after deductible for each service allowing more than $350	80% of MAF after deductible. Member pays balance
MRI	100% of MAF after deductible for each service up to $350. 80% of MAF after deductible for each service allowing more than $350	80% of MAF after deductible. Member pays balance	100% of MAF after deductible for each service up to $350. 80% of MAF after deductible for each service allowing more than $350	80% of MAF after deductible. Member pays balance

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Diagnostic Testing/Laboratory				
Inpatient Facility	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Outpatient Facilty	100% of MAF after deductible for each test up to $350. 80% of MAF after deductible for each test allowing more than $350	80% of MAF after deductible. Member pays balance	100% of MAF after deductible for each test up to $350. 80% of MAF after deductible for each test allowing more than $350	80% of MAF after deductible. Member pays balance
Inpatient/Outpatient Physician	100% of MAF after deductible for each test up to $350. 80% of MAF after deductible for each test allowing more than $350	80% of MAF after deductible. Member pays balance	100% of MAF after deductible for each test up to $350. 80% of MAF after deductible for each test allowing more than $350	80% of MAF after deductible. Member pays balance
Dialysis *Outpatient facility*	90% of MAF after deductible	70% of MAF after deductible. Member pays balance. Requires Pre-authorization by calling 801-366-7755	80% of MAF after deductible	60% of MAF after deductible. Member pays balance. Requires Pre-authorization by calling 801-366-7755
*Home (**Requires** Pre-authorization and Medical Case Management at 801-366-7755)*	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Emergency Room				
Facility (Copayment applies to each visit, copayment waived if admitted)	100% of MAF after deductible and $150 copayment per visit	100% of MAF after deductible and $150 copayment per visit. Member pays balance	100% of MAF after deductible and $150 copayment per visit	100% of MAF after deductible and $150 copayment per visit. Member pays balance
Physician	100% of MAF after deductible	100% of MAF after deductible. Member pays balance	100% of MAF after deductible	100% of MAF after deductible. Member pays balance
Specialist	100% of MAF after deductible and $35 copayment per visit	100% of MAF after deductible and $35 copayment per visit. Member pays balance	100% of MAF after deductible and $35 copayment per visit	100% of MAF after deductible and $35 copayment per visit. Member pays balance

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Functional Reconstructive Surgery ***Requires*** *written Pre-authorization by calling 801-366-7555*	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Home Health Care	<u>All services require Written Pre-authorization and Medical Case Management. Call PEHP at 801-366-7555 for information</u>			
Skilled Nursing *60-visit limit per plan year*	100% of MAF after deductible	80% of MAF after deductible. Member pays balance	100% of MAF after deductible	80% of MAF after deductible. Member pays balance
IV Therapy (antibiotics)	100% of MAF after deductible	80% of MAF after deductible. Member pays balance	100% of MAF after deductible	80% of MAF after deductible. Member pays balance
Chemotherapy, Dialysis	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Physical, Occupational, Speech Therapy	100% of MAF after deductible and $35 copayment per visit. Maximum limits apply	80% of MAF after deductible. Maximum limits apply. Member pays balance	100% of MAF after deductible and $35 copayment per visit. Maximum limits apply	80% of MAF after deductible. Maximum limits apply. Member pays balance
Total Parenteral Nutrition (TPN)	80% of MAF after deductible	80% of MAF after deductible. Member pays balance	80% of MAF after deductible	80% of MAF after deductible. Member pays balance
Enteral (Tube) Feeding Supplies	80% of MAF after deductible	80% of MAF after deductible. Member pays balance	80% of MAF after deductible	80% of MAF after deductible. Member pays balance
Enteral Formula	If approved, must be obtained through the pharmacy card	If approved, must be obtained through the pharmacy card	If approved, must be obtained through the pharmacy card	If approved, must be obtained through the pharmacy card
Hospice Services ***Requires*** *Pre-authorization and Medical Case Management by calling 801-366-7755*	100% of MAF after deductible, up to 6 months in a 3-year period	80% of MAF after deductible, up to 6 months in a 3-year period. Member pays balance	100% of MAF after deductible, up to 6 months in a 3-year period	80% of MAF after deductible, up to 6 months in a 3-year period. Member pays balance

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Hospital				
Inpatient ***Requires*** *Pre-notification and/or Pre-authorization by calling 801-366-7755*	**90% of MAF after deductible**	**70% of MAF after deductible. Member pays balance**	**80% of MAF after deductible**	**60% of MAF after deductible. Member pays balance**
Outpatient	**90% of MAF after deductible**	**70% of MAF after deductible. Member pays balance**	**80% of MAF after deductible**	**60% of MAF after deductible. Member pays balance**
Physician Visits	**100% of MAF after deductible and applicable office copayment per visit**	**80% of MAF after deductible. Member pays balance**	**100% of MAF after deductible and applicable office copayment per visit**	**80% of MAF after deductible. Member pays balance**
Hyperbaric Oxygen Treatment ***Requires*** *written Pre-authorization by calling 801-366-7555*	**90% of MAF after deductible**	**70% of MAF after deductible. Member pays balance**	**80% of MAF after deductible**	**60% of MAF 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 MAF after deductible**	**50% of MAF after deductible. Member pays balance**	**50% of MAF after deductible**	**50% of MAF after deductible. Member pays balance**
Injections ***Pre-authorization required if over $750. Refer to the prescription drug section for Specialty Injections.***				
Under $50	**100% of MAF after deductible**	**80% of MAF after deductible. Member pays balance**	**100% of MAF after deductible**	**80% of MAF after deductible. Member pays balance**
Over $50	**80% of MAF after deductible**	**80% of MAF after deductible. Member pays balance**	**80% of MAF after deductible**	**80% of MAF after deductible. Member pays balance**
Jaw				
Jaw Surgery ***Requires*** *Pre-authorization by calling 801-366-7555*	**90% of MAF after deductible**	**70% of MAF after deductible. Member pays balance**	**80% of MAF after deductible**	**60% of MAF after deductible. Member pays balance**
Temporomandibular Joint Dysfunction (TMJ/TMD) ***Diagnosis and Treatment excluding surgery*** *(See Master Policy for Covered Services and Limitations)*	**50% of MAF after deductible.** *Limited to a combined benefit of $1,000 per lifetime.*	**50% of MAF after deductible. Member pays balance.** *Limited to a combined benefit of $1,000 per lifetime.*	**50% of MAF after deductible.** *Limited to a combined benefit of $1,000 per lifetime.*	**50% of MAF after deductible. Member pays balance.** *Limited to a combined benefit of $1,000 per lifetime.*

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Medical Equipment *(Durable Medical Equipment)*	**Except for oxygen and sleep disorder equipment, all DME over $750, any rental that exceeds 60 days, or as indicated in Appendix A of the Master Policy requires Pre-authorization by calling 801-366-7555**			
General	**80% of MAF after deductible**	**80% of MAF after deductible. Member pays balance**	**80% of MAF after deductible**	**80% of MAF after deductible. Member pays balance**
Breast Pump *Requires written pre-authorization by calling 801-366-7555. If approved, PEHP will cover rental of a standard pump only.*	**80% of MAF after deductible**	**80% of MAF after deductible. Member pays balance**	**80% of MAF after deductible**	**80% of MAF after deductible. Member pays balance.**
H-Wave Electronic Device	**Not covered**	**Not covered**	**Not covered**	**Not covered**
Interferential Stimulator	**Not covered**	**Not covered**	**Not covered**	**Not covered**
Knee Braces *(See Limitations in the Master Policy)*	**80% of MAF after deductible. 1 per knee in a 3-year period**	**80% of MAF after deductible. 1 per knee in a 3-year period. Member pays balance**	**80% of MAF after deductible. 1 per knee in a 3-year period**	**80% of MAF after deductible. 1 per knee in a 3-year period. Member pays balance**
Neuromuscular Stimulator	**Not covered**	**Not covered**	**Not covered**	**Not covered**
Sleep Disorder	**80% of MAF after deductible, up to $2,500 in a 5-year period**	**80% of MAF after deductible, up to $2,500 in a 5-year period. Member pays balance**	**80% of MAF after deductible, up to $2,500 in a 5-year period**	**80% of MAF after deductible, up to $2,500 in a 5-year period. Member pays balance**
Sympathetic Therapy Stimulator (STS)	**Not covered**	**Not covered**	**Not covered**	**Not covered**
TENS Unit	**Not covered**	**Not covered**	**Not covered**	**Not covered**
Wheelchairs (including parts and replacements) *(See Limitations in the Master Policy)*	**80% of MAF after deductible. 1 power wheelchair in a 5-year period**	**80% of MAF after deductible. 1 power wheelchair in a 5-year period. Member pays balance**	**80% of MAF after deductible. 1 power wheelchair in a 5-year period**	**80% of MAF after deductible. 1 power wheelchair in a 5-year period. Member pays balance**
Mental Healthcare/Substance Abuse/Pain Treatment *Inpatient limits for all three accrue together*				
Mental Healthcare Inpatient Hospital ***Requires*** *Pre-authorization by calling PEHP at 801-366-7555*	**80% of MAF after deductible, up to 30 days per plan year, 60-day maximum in 3-year period**	**No coverage. Must use contracted provider**	**80% of MAF after deductible, up to 30 days per plan year, 60-day maximum in 3-year period**	**No coverage. Must use contracted provider**
Substance Abuse Inpatient Hospital ***Requires*** *Pre-authorization by calling PEHP at 801-366-7555*	**80% of MAF after deductible, up to 30 days per plan year, 30-day maximum in 3-year period**	**No coverage. Must use contracted provider**	**80% of MAF after deductible, up to 30 days per plan year, 30-day maximum in 3-year period**	**No coverage. Must use contracted provider**

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Pain Treatment Inpatient Hospital ***Requires** Pre-authorization by calling PEHP at 801-366-7555*	80% of MAF after deductible, up to 20 days per plan year	No coverage. Must use contracted provider	80% of MAF after deductible, up to 20 days per plan year	No coverage. Must use contracted provider
Mental Healthcare and Substance Abuse Inpatient Physician Visits	100% of MAF after deductible and applicable office copayment per visit	No coverage. Must use contracted provider	100% of MAF after deductible and applicable office copayment per visit	No coverage. Must use contracted provider
Mental Healthcare and Substance Abuse Outpatient Therapy	100% of MAF after deductible and $35 copayment per visit, up to 20 visits per plan year	No coverage. Must use contracted provider	100% of MAF after deductible and $35 copayment per visit, up to 20 visits per plan year	No coverage. Must use contracted provider
Pain Treatment Outpatient Facility/Surgical Suite	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Pain Treatment All services related to: Trigger Point, Sacroiliac Joint, Nerve Block, Epidural Steroid and/or Facet Injections	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Pain Treatment Office	First 5 visits payable at 100% of MAF after deductible and applicable office copayment per visit	First 5 visits payable at 80% of MAF after deductible. Member pays balance	First 5 visits payable at 100% of MAF after deductible and applicable office copayment per visit	First 5 visits payable at 80% of MAF after deductible. Member pays balance
Pain Treatment Repetitive Visits/Other Injections	50% of MAF after deductible after 5 visits	50% of MAF after deductible after 5 visits. Member pays balance	50% of MAF after deductible after 5 visits	50% of MAF after deductible after 5 visits. Member pays balance
Neuro-psychiatric Testing	100% of MAF after deductible for each test up to $350. 80% of MAF after deductible for each test allowing more than $350	80% of MAF after deductible. Member pays balance	100% of MAF after deductible for each test up to $350. 80% of MAF after deductible for each test allowing more than $350	80% of MAF after deductible. Member pays balance
Office Visits				
Employee Midtown Clinic	100% of MAF after deductible and $10 copayment per visit	Not applicable	100% of MAF after deductible and $10 copayment per visit	Not applicable
Primary Care Provider	100% of MAF after deductible and $25 copayment per visit	80% of MAF after deductible. Member pays balance	100% of MAF after deductible and $25 copayment per visit	80% of MAF after deductible. Member pays balance

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Specialist	100% of MAF after deductible and $35 copayment per visit	80% of MAF after deductible. Member pays balance	100% of MAF after deductible and $35 copayment per visit	80% of MAF after deductible. Member pays balance
Urgent Care Provider	100% of MAF after deductible and $45 copayment per visit	80% of MAF after deductible. Member pays balance	100% of MAF after deductible and $45 copayment per visit	80% of MAF after deductible. Member pays balance
Out-of-State Coverage *Both plans*	Use of out-of-state providers will be paid under Out-of-Network benefits and result in higher out-of-pocket costs UNLESS your out-of-state card is used, then eligible benefits will be paid as In-Network benefits. See the Master Policy for more information.			
Out-of-State Network Plan	PEHP's out-of-state network plan is administered by MultiPlan. You can locate providers by calling 800-922-4362 or at their website at www.multiplan.com. See the Master Policy for more information.			
Pain Clinics/Treatment (Refer to Mental Health)				
Physical Therapy/ Occupational Therapy *Outpatient/Home/Office* ***Requires*** *Pre-authorization after 8 visits per plan year*	100% of MAF after deductible and $35 copayment per visit	80% of MAF after deductible. Member pays balance	100% of MAF after deductible and $35 copayment per visit	80% of MAF after deductible. Member pays balance
Prescription Drugs (Compound drugs not covered)	Refills at retail and/or mail-order 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 name brand cost. The difference doesn't apply to the deductible or out-of-pocket maximum.			
Retail up to 30-day supply only. $4 generic programs are available at some retail pharmacies if you choose not to utilize your pharmacy benefits.				
Preferred generic	$10 copayment after deductible	Plan pays up to the discounted cost, minus the applicable copayment after deductible. Member pays any balance	$10 copayment after deductible	Plan pays up to the discounted cost, minus the applicable copayment after deductible. Member pays any balance
Preferred brand name	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	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
Non-preferred	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	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

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Mail-Order 90-day supply, maintenance medications only				
Preferred generic	**$20 copayment after deductible**	**Deductible applies. Must use Express Scripts mail-order**	**$20 copayment**	**Deductible applies. Must use Express Scripts mail-order**
Preferred brand name	**Member pays 25% of discounted cost after deductible. $50 minimum copayment $150 maximum copayment**	**Deductible applies. Must use Express Scripts mail-order**	**Member pays 25% of discounted cost after deductible. $50 minimum copayment $150 maximum copayment**	**Deductible applies. Must use Express Scripts mail-order**
Non-preferred	**Member pays 50% of discounted cost after deductible. $100 minimum copayment $200 maximum copayment**	**Deductible applies. Must use Express Scripts mail-order**	**Member pays 50% of discounted cost after deductible. $100 minimum copayment $200 maximum copayment**	**Deductible applies. Must use Express Scripts mail-order**
Mail-Order Drug Program	**Administered by Express Scripts** **Prescription drugs can be obtained in one of two ways:** • **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.** • **By Mail—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 or your employer. Your copayment amount can be obtained by calling 1-800-903-4725. Member may pay by check, money order 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.**			
Specialty drugs *May require pre-authorization*				
Retail Pharmacy *PEHP may require that specialty medications be obtained from a designated pharmacy or facility for coverage. Go to www.pehp.org for a list of these medications*	**Tier A: Member pays 20% of MAF after deductible, no maximum copayment** **Tier B: Member pays 30% of MAF after deductible, no maximum copayment**	**Plan pays up to the discounted cost, minus the applicable copayment. Member pays any balance**	**Tier A: Member pays 20% of MAF after deductible, no maximum copayment** **Tier B: Member pays 30% of MAF after deductible, no maximum copayment**	**Plan pays up to the discounted cost, minus the applicable copayment. Member pays any balance**

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Through specialty vendor Accredo *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.* *PEHP may require that specialty medications be obtained from a designated pharmacy or facility for coverage. Go to www.pehp.org for a list of these medications. Call 1-800-501-7260 or have your physician call 1-800-987-4904. You can also visit www.accredohealth.com*	**Tier A:** Member pays 20% of MAF after deductible, $150 maximum copayment if obtained through specialty vendor Accredo. **Tier B:** Member pays 30% of MAF after deductible, $225 maximum copayment if obtained through specialty vendor Accredo.	No Coverage Must use contracted provider	**Tier A:** Member pays 20% of MAF after deductible, $150 maximum copayment if obtained through specialty vendor Accredo. **Tier B:** Member pays 30% of MAF after deductible, $225 maximum copayment if obtained through specialty vendor Accredo.	No Coverage Must use contracted provider
Office/outpatient *PEHP may require that specialty medications be obtained from a designated pharmacy or facility for coverage. Go to www.pehp.org for a list of these medications.*	**Tier A:** Member pays 20% of MAF after deductible, no maximum copayment. **Tier B:** Member pays 30% of MAF after deductible, no maximum copayment.	Member pays 40% of MAF after deductible. No maximum copayment Member pays balance	**Tier A:** Member pays 20% of MAF after deductible, no maximum copayment. **Tier B:** Member pays 30% of MAF after deductible, no maximum copayment. $3,600 specialty max applies	Member pays 40% of MAF after deductible. No maximum copayment Member pays balance. $3,600 specialty max applies
Other Prescription Benefits				
Diabetic Supplies *Free meters — Call PEHP pharmacy at 801-366-7555 (press 3 for pharmacy)*	Paid at the prescription benefit level (includes items such as testing strips, needles, and lancets)			
Enterals ***Requires*** *Pre-authorization and Medical Case Management by calling 801-366-7555*	80% of discounted cost	Not covered	80% of discounted cost	Not covered
Food Supplements ***Requires*** *Pre-authorization and Medical Case Management by calling 801-366-7555*	80% of discounted cost. Not covered, except as required for Phenylketonuria (PKU)	Not covered	80% of discounted cost. Not covered, except as required for Phenylketonuria (PKU)	Not covered

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Foreign Country Medications	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.			
Smoking Cessation Medications	Refer to PEHP Pharmacy Customer Service or Express Scripts for details			
Prosthetics ***Requires*** *Written Pre-authorization and Medical Case Management by calling 801-366-7555*	80% of MAF after deductible. 1 per limb in a 5-year period	80% of MAF after deductible. 1 per limb in a 5-year period. Member pays balance	80% of MAF after deductible. 1 per limb in a 5-year period	80% of MAF after deductible. 1 per limb in a 5-year period. Member pays balance
Preventive Services ***You DO NOT have to meet your deductible before your plan pays benefits for these services***				
Affordable Care Act *See Master Policy for complete list*	100% of MAF	100% of MAF Member pays balance	100% of MAF	100% of MAF Member pays balance
Child *Well Child Exams (Includes routine tests)*	100% of MAF	100% of MAF Member pays balance	100% of MAF	100% of MAF Member pays balance
Adult *Annual routine physical (Includes routine tests)*	100% of MAF	100% of MAF Member pays balance	100% of MAF	100% of MAF Member pays balance
Routine Annual Immunizations	100% of MAF	100% of MAF Member pays balance	100% of MAF	100% of MAF Member pays balance
Colonoscopy (1 per plan year)	100% of MAF	100% of MAF Member pays balance	100% of MAF	100% of MAF Member pays balance
Mammogram (1 per plan year)	100% of MAF	100% of MAF Member pays balance	100% of MAF	100% of MAF Member pays balance
Annual Vision Exam (1 per plan year. Includes prescription for glasses and contacts)	100% of MAF	100% of MAF Member pays balance	100% of MAF	100% of MAF Member pays balance
Eyewear	No coverage, refer to PEHPplus for discounts			
Psychiatric Testing	50% of MAF after deductible	Not covered	50% of MAF after deductible	Not covered
Pulmonary Rehabilitation *Phase 2* *Up to 24 visits per plan year*	100% of MAF after deductible and applicable office copayment per visit	80% of MAF after deductible. Member pays balance	100% of MAF after deductible and applicable office copayment per visit	80% of MAF after deductible. Member pays balance
Radiation Therapy	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Rehabilitation *Inpatient* ***Requires*** *Pre-authorization and Medical Case Management by calling 801-366-7755.*	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance

MAF = Maximum Allowable Fee

Benefits	Summit STAR (HDHP)		PEHP Summit Care	
	Contracted Provider	Non-Contracted Provider	Contracted Provider	Non-Contracted Provider
Second Surgical Opinion	100% of MAF after deductible	100% of MAF after deductible. Member pays balance	100% of MAF after deductible	100% of MAF after deductible. Member pays balance
Skilled Nursing Facility (SNF) *Non-custodial* *Limited to 60 days per member per plan year.* ***Requires*** *Pre-authorization and Medical Case Management by calling 801-366-7755*	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Sleep Studies	90% of MAF after deductible, up to $2,000 maximum in a 3-year period	70% of MAF after deductible, up to $2,000 maximum in a 3-year period. Member pays balance	80% of MAF after deductible, up to $2,000 maximum in a 3-year period	60% of MAF after deductible, up to $2,000 maximum in a 3-year period. Member pays balance
Speech Therapy ***Requires*** *Pre-authorization by calling 801-366-7555. Lifetime maximum of 60 visits. (See Master Policy for limitations and eligibility)*	100% of MAF after deductible and $35 copayment per visit	80% of MAF after deductible. Member pays balance	100% of MAF after deductible and $35 copayment per visit	80% of MAF after deductible. Member pays balance
Substance Abuse (Refer to Mental Health)				
Surgery, Physician				
Inpatient or Outpatient Facility	90% of MAF after deductible	70% of MAF after deductible. Member pays balance	80% of MAF after deductible	60% of MAF after deductible. Member pays balance
Physician's Office	100% of MAF after deductible and applicable office copayment per visit	80% of MAF after deductible. Member pays balance	100% of MAF after deductible and applicable office copayment per visit	80% of MAF after deductible. Member pays balance
Transplants (includes donor typing) ***Requires*** *written Pre-authorization and Medical Case Management by calling 801-366-7555* *(See Master Policy for limitations and eligibility)*	Payable at applicable benefit level per service rendered	Payable at applicable benefit level per service rendered	Payable at applicable benefit level per service rendered	Payable at applicable benefit level per service rendered
Urgent Care Facility	100% of MAF after deductible and $45 copayment per visit	80% of MAF after deductible. Member pays balance	100% of MAF after deductible and $45 copayment per visit	80% of MAF after deductible. Member pays balance

MAF = Maximum Allowable Fee

Preventive Benefits

YOU DO NOT HAVE TO MEET YOUR DEDUCTIBLE BEFORE YOUR PLAN PAYS BENEFITS FOR THESE SERVICES

The following preventive services will be covered with no cost to you when received from a contracted provider. Regular benefits apply to any additional eligible preventive services.

Covered Preventive Services for Adults

(Ages 18 and older)

» Preventive physical exam visits for adults, one time per plan year including:
  › Blood Pressure screening
  › Basic/Comprehensive metabolic panel
  › Complete blood count
  › Urinalysis
» Abdominal Aortic Aneurysm one-time screening for men aged 65-75 who have ever smoked.
» Alcohol Misuse screening and counseling.
» Aspirin use for men ages 45-79 and women ages 55-79, covered under the pharmacy benefit when prescribed by a physician.
» Cholesterol screening for adults of certain ages or at higher risk.
» Colorectal Cancer screening for adults ages 50 to 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy. *Moderate sedation (conscious sedation) is included in standard colonoscopy and is not reimbursed separately. General anesthesia or Monitored Anesthesia Care (MAC) must be medically necessary and requires Pre-authorization through PEHP.*
» Depression screening for adults.
» Type 2 Diabetes screening for adults with high blood pressure.
» Diet counseling for adults at higher risk for chronic disease including hyperlipidemia, obesity, diabetes, and cardiovascular disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists including registered dietitians.
» HIV screening for all adults at higher risk.
» Immunization vaccines for adults--doses, recommended ages, and recommended populations vary:
  › Hepatitis A
  › Hepatitis B
  › Herpes Zoster (Shingles age 60 and above)
  › Human Papillomavirus (HPV)
    » males age 9-21 Gardasil
    » females age 9-26 Gardasil or Cervarix
  › Influenza (Flu Shot)
  › Measles, Mumps, Rubella
  › Meningococcal (Meningitis)
  › Pneumococcal (Pneumonia)
  › Tetanus, Diphtheria, Pertussis (Td or Tdap)
  › Varicella (Chickenpox)

Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.

» Obesity screening and counseling for all adults by Primary Care Clinicians to promote sustained weight loss for obese adults.
» Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk.
» Tobacco Use screening for all adults and cessation interventions for tobacco users.
» Syphilis screening for all adults at higher risk.

Covered Preventive Services Specifically for Women, Including Pregnant Women

*The eight new prevention-related health services marked with an asterisk (*) must be covered with no cost-sharing in plan years starting on or after Aug. 1, 2012.*

» Preventive gynecological exam, one per plan year.
» Anemia screening on a routine basis for pregnant women.
» Bacteriuria urinary tract or other infection screening for pregnant women.
» BRCA counseling about genetic testing for women at higher risk.
» BRCA testing for women at higher risk, requires pre-authorization from PEHP.
» Breast Cancer Mammography screenings one time per plan year for women over 40.
» Breast Cancer Chemoprevention counseling for women at higher risk.
» Breastfeeding comprehensive support and counseling from trained Providers, as well as access to breastfeeding supplies, for pregnant and nursing women*. *Coverage allows for either a manual or electric breast pump within 12 months after delivery. Hospital grade breast pumps when Medically Necessary and Pre-Authorized by PEHP are also included.*
» Cervical Cancer screening (pap smear) for women ages 21-65.
» Chlamydia Infection screening for younger women and other women at higher risk.
» Contraception: Food and Drug Administration approved contraceptive methods*, sterilization procedures*, and patient education and counseling, not including abortifacient drugs.
  › Covered services/devices include: One IUD every two years (including removal), generic oral contraceptives, NuvaRing, Ortho Evra, diaphrams, cervical caps, emergency contraceptives (Ella, and generics only), injections, hormonal implants (including removal), Essure, and tubal ligation.
» Domestic and interpersonal violence screening and counseling for all women*.
» Folic Acid supplements for women who may become pregnant, covered under the pharmacy benefit when prescribed by a physician.
» Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes*.
» Gonorrhea screening for all women at higher risk.
» Hepatitis B screening for pregnant women at their first prenatal visit.
» Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women*.
» Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older in conjunction with cervical cancer screening (pap smear)*.
» Osteoporosis screening for women over age 60 depending on risk factors.
» Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
» Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users.
» Sexually Transmitted Infections (STI) counseling for sexually active women*.
» Syphilis screening for all pregnant women or other women at increased risk.
» Well-woman visits to obtain recommended preventive services* one time per plan year. *(Your plan may not allow with no cost sharing both a preventive physical exam visit, (which is not a requirement under the ACA) and a wellwoman visit in the same plan year.)*

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Preventive Benefits

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Covered Preventive Services Specifically for Children

(Younger than age 18)

» Preventive physical exam visits throughout childhood as recommended by the American Academy of Pediatrics including:
  › Behavioral assessments for children of all ages;
  › Blood pressure screening for children;
  › Developmental screening for children under age 3 and surveillance throughout childhood;
  › Oral health risk assessment for young children;
  › Hearing screening one time between age 4 and 6.
» Alcohol and Drug Use assessments for adolescents.
» Autism screening for children at 18 and 24 months.
» Cervical Dysplasia (pap smear) screening for sexually active females.
» Congenital Hypothyroidism screening for newborns.
» Depression screening for adolescents.
» Dyslipidemia screening for children at higher risk of lipid disorders.
» Fluoride Chemoprevention supplements for children without fluoride in their water source
» Gonorrhea preventive medication for the eyes of all newborns.
» Hearing screening for all newborns, birth to 90 days old.
» Height, Weight and Body Mass Index measurements for children.
» Hematocrit or Hemoglobin screening for children.
» Hemoglobinopathies or sickle cell screening for newborns.
» HIV screening for adolescents at higher risk.
» Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
  › Diphtheria, Tetanus, Pertussis (Dtap);
  › Haemophilus influenzae type b (Hib);
  › Hepatitis A;
  › Hepatitis B;
  › Human Papillomavirus (HPV);
» Males age 9-21 Gardasil;
» Females age 9-26 Gardasil or Cervarix;
  › Inactivated Poliovirus;
  › Influenza (Flu Shot);
  › Measles, Mumps, Rubella;
  › Meningococcal (Meningitis);
  › Pneumococcal (Pneumonia);
  › Rotavirus;
  › Varicella (Chickenpox).
  Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.
» Iron supplements for children ages 6 to 12 months at risk for anemia.
» Lead screening for children at risk of exposure.
» Obesity screening and counseling.
» Phenylketonuria (PKU) screening for this genetic disorder in newborns.
» Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk.
» Tuberculin testing for children at higher risk of tuberculosis.
» Vision screening for all children one time between age 3 and 5.

Coverage for Specific Drugs

Payable through the Pharmacy Plan when received at a participating pharmacy with a prescription from your doctor. Over the counter purchases are not covered. See applicable Benefits Summary for coverage information.

» Aspirin use for men age 45-79 and women age 55-79.
» Folic acid supplements for women who may become pregnant.
» Fluoride chemoprevention supplements for children without fluoride in their water source.
» Iron supplements for children ages 6 to 12 months at risk for anemia.
» Tobacco use cessation interventions.

Additional Preventive Services When Enrolled in the STAR HDHP

Adults

» Eye exam, routine. One per plan year.
» Glaucoma screening.
» Glucose test.
» Hearing exam.
» Hypothyroidism screening.
» Phenylketones test.
» Prostate cancer screening.
» PSA (Prostate specific antigen) screening.
» Refraction exams.
» Blood typing for pregnant women.
» Rubella screening for all women of child bearing age at their first clinical encounter.

Children

» Eye exam, routine. One per plan year.
» Glaucoma screening.
» Hearing exam.
» Hypothyroidism screening.
» Refraction exams.

PEHP processes claims based on your provider's clinical assessment of the office visit. If a preventive item or service is billed separately, cost-sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness, or condition, diagnostic screening, cost sharing may apply. Certain screening services such as a colonoscopy or mammogram may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening, any subsequent testing, diagnosis, analysis, or treatment are not considered preventive services and are subject to the appropriate cost sharing.

Dental Benefits

You may use any dental provider you wish, however, if you use providers that are not part of PEHP's Dental Provider Network, you may be balance billed for excess amounts. If you are balanced billed for the excess amount, you may want to consider negotiating with your provider.

	Preferred Choice	Premium Choice
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Deductible	None	None
Annual Benefit Maximum	$1,500	$2,000
DIAGNOSTIC		
Periodic Oral Examinations	100% of MAF	100% of MAF
X-rays	100% of MAF	100% of MAF
PREVENTIVE		
Cleanings and Fluoride Solutions	100% of MAF	100% of MAF
Sealants | *Permanent molars only through age 17*	100% of MAF	100% of MAF
RESTORATIVE		
Amalgam Restoration	80% of MAF	80% of MAF
Composite Restoration	80% of MAF	80% of MAF
ENDODONTICS		
Pulpotomy	80% of MAF	80% of MAF
Root Canal	80% of MAF	80% of MAF
PERIODONTICS		
	80% of MAF	80% of MAF
ORAL SURGERY		
Extractions	80% of MAF	80% of MAF
ANESTHESIA		
General Anesthesia *in conjunction with oral surgery or impacted teeth only*	80% of MAF	80% of MAF
PROSTHODONTIC BENEFITS | ***Pre-authorization may be required***		
Crowns	50% of MAF	50% of MAF
Bridges	50% of MAF	50% of MAF
Dentures (partial)	50% of MAF	50% of MAF
Dentures (full)	50% of MAF	50% of MAF
IMPLANTS		
All related services	50% of MAF	50% of MAF

ORTHODONTIC BENEFITS		
Maximum Lifetime Benefit per member	$1,500	$1,500
Eligible Appliances and Procedures	50% of eligible fees to plan maximum	50% of eligible fees to plan maximum

MAF = Maximum Allowable Fee

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

If a Subscriber voluntarily cancels dental coverage or lets coverage lapse while on leave (except military) **re-enrollment cannot take place for a period of a minimum of two years unless you have a qualifying mid-year event.** Re-enrollment will be subject to new plan provisions, and would become effective at the beginning of the Employer's subsequent plan year.

Additional Benefits

COBRA *Medical/Dental*	**Upon termination of coverage, you or your covered dependents may be eligible to continue coverage for up to 18 or 36 months.**
Basic Care *Medical*	**Upon termination of coverage, you or your covered dependents may be eligible to continue coverage for up to 18 or 36 months. Two Basic Care plans are available. The high option has a deductible of $4,000 individual, $12,000 family, and the low option has a deductible of $2,000 individual, $6,000 family.**
CONVERSION *Medical*	**After COBRA, eligible members and dependents may convert to individual conversion policy.**
DISABILITY PREMIUM WAIVER *Medical*	**Employees who are approved for LTD benefits shall have a waiver of the entire medical premium at 90% for the first year of disability, 80% for the second year of disability, and 70% thereafter until the employee is no longer covered by LTD.**
Dental	**No premium waiver, must enroll in COBRA to continue coverage.**
Employee Basic Term Life	**Premium will be waived as long as employee is approved for LTD benefits.**
Employee Additional Term Life	**Premium will be waived for 12 months from last day worked. After 12 months employee may convert 50% to an indiviudal policy. Contact PEHP at 801-366-7495 within 60 days of the end of premium waiver.**
HEALTHY UTAH	**Plan pays 100% for Healthy Utah workshop. Includes complete health risk appraisal, cholesterol & blood pressure checks. Plan pays cash rebates for health improvements. Visit www.healthyutah.org for details.**
RETIREMENT (under 65) *Medical*	**Coverage available to age 65. If you decline or cancel coverage at retirement, you may never apply or re-enroll.**
Dental	**May continue coverage, no age limit. If you decline or cancel coverage at retirement, you may never re-enroll.**
RETIREMENT (over 65) *Medical*	**Basic, Basic Plus, and Enhanced Medicare Supplement plans available. If you decline or cancel coverage at retirement, you may never apply or re-enroll.**
Dental	**May continue coverage, no age limit. If you decline or cancel coverage at retirement, you may never re-enroll.**
COORDINATION OF BENEFITS	**Coordination of benefits will be administered in accordance with Utah Insurance Code rules.**

This benefit comparison is for informational purposes only and is NOT a contract or contractual terms between an employee or dependent and PEHP. Although PEHP has made reasonable efforts to accurately provide this information, PEHP is not ensuring its accuracy, and is not liable for errors of omission or commission contained herein. The member or dependent assumes all risk of relying on this information for benefit or plan decisions. For complete and accurate information regarding PEHP's benefit plans, please review the PEHP Master Policy and the applicable benefit summary for your employer's plan at www.pehp.org.

Tax Advantage Programs

Offered by Salt Lake City Corporation
Administered through PEHP
Regulated by the IRS

Health Savings Account (HSA)

You must be covered under the STAR high deductible health plan (HDHP). To be eligible to make contributions to an HSA you cannot have other health coverage that is not a qualified HDHP, cannot be enrolled in any Medicare plan, and cannot be claimed as someone else's tax dependent. The City will make an annual front-loaded contribution on July 1 in the amount of $750 for a Single plan and $1,500 for Double or Family plan. You can also make pre-tax contributions to your HSA through payroll deduction. You can start/stop/change your own HSA contributions at anytime. Money goes in tax-free, grows tax-free, and is used tax-free for eligible expenses for you and your eligible tax dependents. The 2013 contribution limit (employee & employer) is $3,250 for Single and $6,450 for Double or Family. If you are 55 or older at the end of the year, your limit is increased by $1,000. It is **your** responsibility not to exceed the limit. Your HSA account does not expire like a Flex account. HSA Bank will handle your account for a fee of $2.25 per month (waived for balances of $3,000 or more). You must maintain a minimum balance of $2.25 in your account at all times or your account will be closed. You can spend HSA dollars on eligible expenses for yourself, or anyone you claim as a spouse or dependent on your personal income tax. Eligible expenses include medical, dental, pharmacy, vision, deductibles, co-payments, co-insurance, as well as all flex-eligible health expenses. Refer to IRS Publication 969 for detailed information on HSA and Publication 502 for detailed information on eligible expenses.

Limited Flexible Spending Arrangement (FSA)

If you are enrolled in the Star HDHP and have an HSA account, you may also enroll in Limited Flex for eligible dental, vision & preventive expenses only. You must pre-determine your expenses for the entire plan year (July 1-June 30) and cannot change your election amount unless you have a qualifying event. Your contributions are withheld from your paycheck pre-tax and spread over 26 pay periods. The annual flex contribution limit is now only $2,500. Your entire election amount becomes available to you on July 1. Most importantly, flex is **use-it-or-lose-it**; money does not carry over from year to year like an HSA.

Health Flexible Spending Arrangement (FSA)

You don't need to be enrolled in one of the City's medical plans to participate. Flex account saves you money by reducing your taxable income. You set aside a portion of your pre-tax salary to pay for eligible health related expenses for yourself and eligible dependents. Remember, over-the-counter medicines are no longer eligible without a prescription. You must re-enroll for flex every plan year. The annual contribution limit has been reduced to $2,500 now. You may not change your election amount unless you have a qualifying event. Your contributions are withheld from your paycheck pre-tax and spread over 26 pay periods. Your entire election amount becomes available to you on July 1. Most importantly, flex is **use-it-or-lose-it**; money does not carry over from year to year like an HSA account.

Employees who are enrolled in the STAR HDHP but are not eligible for an HSA are eligible to enroll in a regular flex and the City will front-load $750 for a Single plan and $1,500 for Double or Family plan. You can also have your own pre-tax dollars payroll deducted to add to this account. **The total contribution limit is $2,500.** This is a regular flex account; all the same rules/regulations apply. Remember, **use-it-or-lose-it**; money does not carry over from year to year like an HSA. Refer to IRS Publication 502 for detailed information on flex and Publication 969 for detailed information on eligible expenses.

Dependent Care Flexible Spending Arrangement (FSA)

This reimbursement account may be used for eligible day care expenses for your eligible dependents to allow you and/or your spouse to work, look for work, or attend school. You must re-enroll for flex every plan year. The plan year contribution limit is $5,000 (you & your spouse combined or $2,500 if married but file taxes separately). Your election amount cannot be changed unless you have a qualifying event. Your contributions are withheld from your paycheck pre-tax and spread over 26 pay periods. Unlike the Health Care Flex, your Dependent Care Flex funds are only available as the money is deducted from your paycheck. Any unused funds that remain in your account will be forfeited at the end of the plan year; **use-it-or-lose-it**. Refer to IRS Publication 969 for detailed information on flex and Publication 503 for detailed information on eligible expenses.

FLEX$ TIMELINE

OPEN ENROLLMENT	OPEN ENROLLMENT ENDS	PLAN YEAR BEGINS	PLAN YEAR ENDS	GRACE PERIOD ENDS	CLAIMS SUBMISSION DEADLINE
May 2013	May 31, 2013	July 1, 2013	June 30, 2014	Sept 15, 2014	Sept 30, 2014

HSAs and FSAs are subject to IRS rules and regulations. This information is only a brief summary of such plans. The City is not ensuring its accuracy and is not liable for errors of omission or commission contained herein. The member assumes any tax implications and all liability for improper usage or decisions based upon this summary. For complete information, consult a professional tax-advisor or visit www.irs.gov.

FLEX$ CARD

FLEX$ Card

If you currently have a blue "BENEFITS CARD" with the MasterCard logo that is not expired, your HSA/Flex funds will be loaded onto that existing card. If you do not already have a benefits card, you will automatically receive one at no cost. Now you can use your FLEX$ card as either a credit or debit. Log into your myPEHP account at www.pehp.org to get your debit PIN number. From the menu on the left, choose "Check Your FLEX$ Balance" then click on "Card Status". No charge whether the card is used as debit or credit.

Using Your FLEX$ Card

Regular/Limited Flex Usage: For places that don't accept the FLEX$ card, simply pay for the charges and submit a copy of the receipt with a claim form to PEHP for reimbursement.

HSA Usage: For places that don't accept the FLEX$ card, simply pay for the charges then logon to your account at HSA Bank (www.hsabank.com) and do an electronic transfer of funds into your personal account. If you choose to submit paper reimbursement to HSA Bank, bank fees will apply.

The FLEX$ card does not always distinguish which purchases are eligible. You may be asked to verify expenses. As required by federal law, over-the-counter medicines are no longer eligible for reimbursement without a prescription. You are responsible to keep all receipts for tax and verification purposes. PEHP may ask for verification of charges. Limitations apply; go to www.pehp.org for eligibility and more details.

HSA BANK

Additional HSA Information

Am I Eligible For An HSA?

You must meet the following IRS criteria to be eligible to make contributions to 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)
- ☐ **Your** spouse is **not** participating in a FSA or HRA
- ☐ **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

What Mid-Year Events Might Change My HSA Contribution Limit?

If you experience a mid-year event or if you do not remain an eligible individual for the entire year, your contribution limit may be different and/or you may be required to include HSA contributions in your income in the year in which you fail to be an eligible individual (other than because of death or becoming disabled). This amount may also be subject to a 10% additional tax. If you have one of these changes you may need to consult a professional tax advisor for tax implications:

- You remain on Star HDHP and change from Family to Single-only coverage
- You enroll or are enrolled in Medicare Part A and/or B
- You switch to a non-HDHP during Open Enrollment
- You enroll or are enrolled in Tricare
- You terminate the Star HDHP
- You terminate employment
- You retire

Why should I choose the Summit STAR high deductible health plan?

PLAN STATUS	**SUMMIT CARE** Employee Annual Premium Cost	**STAR HDHP** Employee Annual Premium Cost	**ANNUAL PREMIUM SAVINGS**		Annual front-loaded HSA Contribution	**TOTAL ANNUAL EMPLOYEE SAVINGS PLUS HSA CONTRIBUTION**	**IF** you had to meet your deductible you still experience these savings	
Single	1093.30	199.16	**894.14**	+	750.00	**1644.14**	(-1500)	**144.14**
Double	2460.12	448.24	**2011.88**	+	1500.00	**3511.88**	(-3000)	**511.88**
Family	3279.90	597.48	**2682.42**	+	1500.00	**4182.42**	(-3000)	**1182.42**

MAIN DIFFERENCES BETWEEN SUMMIT CARE AND SUMMIT STAR HDHP

DEDUCTIBLE

Summit Care — $750 per individual, $1500 per family In-Network
$1000 per individual, $2000 per family Out-of-Network
(at least **2** members must meet $750 each for the deductible to be met for the entire family In-Network and $1000 each for the deductible to be met for the entire family Out-of Network)

Summit STAR — $1500 per Single Policy, $3000 per Double or Family Policy
(One deductible for In and Out-of-Network)
(Double/Family deductible can be met individually or cumulatively for the entire family)

PHARMACY

Summit Care — Must meet **separate pharmacy deductible**, $100 per individual, $200 per double/family
Summit STAR — Must meet medical plan deductible before any benefits apply

WHAT CHARGES APPLY TOWARD OUT-OF-POCKET MAXIMUM

Summit Care — Co-insurance
Summit STAR — Deductibles, co-insurance, co-payments, pharmacy and all qualified medical services

SPECIALTY MEDICATION (Office/Outpatient only)

Summit Care — $3600 separate out-of-pocket maximum
Summit STAR — No separate out-of-pocket maximum

CO-INSURANCE

Summit Care — 80/20 In-Network, 60/40 Out-of-Network
Summit STAR — 90/10 In-Network, 70/30 Out-of-Network

PEHP Online Tools

myPEHP

WWW.PEHP.ORG

Access important benefit tools and information by creating a myPEHP account at www.pehp.org.

- Enroll.
- See your claims history — including medical, dental, and pharmacy. Search claims histories by member, by plan, and by date range.
- Get important plan documents, such as forms and Master Polices.
- Get a simple breakdown of the PEHP benefits in which you're enrolled.
- Cut down on clutter by opting into paperless delivery of Explanations of Benefits (EOBs). Opt to receive EOBs by e-mail, rather than paper form through regular mail, and you'll get an e-mail every time a new one is available at myPEHP.
- Let us know if you change your mailing address.

Find a Provider

WWW.WISEPROVIDER.NET

WWW.PEHP.ORG

Looking for a provider, clinic, or facility that is contracted with your plan? Visit www.pehp.org or www.wiseprovider.net**.** Go online to search for providers by name, by specialty, or by location.

Express Scripts Pharmacy

WWW.EXPRESS-SCRIPTS.COM

Create an account with Express Scripts, PEHP's pharmacy benefit manager, and get customized information that will help you get your medications quickly and at the best price.

Go to www.express-scripts.com to create an account. All you need is your PEHP ID card and you're on your way. You'll be able to:

- Check prices.
- Check an order status.
- Locate a pharmacy.
- Refill or renew a prescription.
- Get mail-order instructions.
- Print a temporary pharmacy card.
- Find detailed information specific to your plan, such as drug coverage, copayments, and cost-saving alternatives.

Summit Care Medical Network

PEHP Summit Care & Summit STAR (HDHP/HSA)

The PEHP Summit Care network of contracted providers consists of predominantly IASIS, MountainStar, and University of Utah Hospitals & Clinics providers and facilities. It includes 38 participating hospitals and more than 7,500 participating providers.

PARTICIPATING HOSPITALS

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital
- Brigham City Community Hospital

Cache County
- Logan Regional Hospital

Carbon County
- Castleview Hospital

Davis County
- Lakeview Hospital
- Davis Hospital

Duchesne County
- Uintah Basin Medical Center

Garfield County
- Garfield Memorial Hospital

Grand County
- Allen Memorial Hospital

Iron County
- Valley View Medical Center

Juab County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Medical Center
- Fillmore Community Hospital

Salt Lake County
- Huntsman Cancer Hospital
- Jordan Valley Hospital
- Pioneer Valley Hospital
- 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 Medical Center

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Uintah County
- Ashley Valley Medical Center

Utah County
- Mountain View Hospital
- Timpanogos Regional Hospital

Wasatch County
- Heber Valley Medical Center

Washington County
- Dixie Regional Medical Center

Weber County
- Ogden Regional Medical Center

Please visit myPEHP at www.pehp.org
to use the Cost & Quality Tools for the services you require

Guide to PEHP Life & Accident

Group Term Life Coverage

EMPLOYEE BASIC COVERAGE

Your employer funds basic coverage at no cost to you.

Full-time employees

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

Regular part-time employees

COVERAGE	AMOUNT
Up to Age 70	25,000
Age 71 to 75	12,000
Age 76 & over	6,250

LINE-OF-DUTY DEATH BENEFIT

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

ACCIDENTAL DEATH RIDER

If you're enrolled in basic coverage, you get an additional $50,000 Accidental Death Benefit, subject to the provisions of the PEHP Group Accident Plan, at no extra cost. Enrollment is automatic.

EVIDENCE OF INSURABILITY

You must submit evidence of insurability if:

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

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

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

EMPLOYEE ADDITIONAL TERM COVERAGE

Additional Employee Term Life Coverage and Cost

BI-WEEKLY RATES BY AGE	COST PER 1,000
Under 30	.0231
30 to 35	.0247
36 to 40	.0347
41 to 45	.0425
46 to 50	.0806
51 to 55	.0968
56 to 60	.1544
61 and over	.2618

If you apply within 60-days of your hire date, you can purchase up to $150,000 as guaranteed issue. After 60-days, or for coverage greater than $150,000 you must provide evidence of insurability.

After age 70, rates remain constant and coverage decreases

Coverage Amounts	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

SPOUSE TERM COVERAGE

BI-WEEKLY RATES BY AGE	COST PER 1,000
Under 30	.0231
30 to 35	.0247
36 to 40	.0347
41 to 45	.0425
46 to 50	.0806
51 to 55	.0968
56 to 60	.1544
61 and over	.2618

If you apply within 60 days of your hire date or date of marriage, you can purchase up to $50,000 as guaranteed issue for your spouse. After 60 days, or for coverage greater than $50,000 you must provide evidence of insurability.

DEPENDENT CHILDREN COVERAGE

If you apply within 60-days of your hire date or 60-days of birth, adoption, or placement for adoption, you can purchase any available amount of coverage for dependent children. After 60-days, any new application for coverage, or increase in coverage, will require evidence of insurability. All eligible children will be covered at the same level. One premium regardless of the number of covered children.

Coverage Amount	5,000	7,500	10,000	15,000
Bi-weekly cost	0.24	0.37	0.48	0.72

Coverage amount is limited to 1,000 for newborns up to age 6-months

After age 70, rates remain constant and coverage decreases

Coverage Amounts	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

Accidental Death and Dismemberment (AD&D)

** AD&D coverage is available to employees and spouses under age 70*

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

INDIVIDUAL PLAN

You can select a coverage amount ranging from $25,000 to $250,000.

FAMILY PLAN

- You can select a coverage amount ranging from $25,000 to $250,000. If you choose the family plan, your spouse and eligible dependents will be covered as follows:
  - Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse's coverage increases to 50% of your coverage amount;
  - Each dependent unmarried child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child's coverage increases to 20% of your coverage amount.
- If injury to an insured person covered for this benefit results within one year of the date of the accident in any of the losses set forth, the plan will pay the sum specified opposite such loss, but the total amount payable for all such losses as a result of any one accident will not exceed the Principal Sum applicable to the insured person. The Principal Sum applicable to the insured person is the amount specified by the employee's enrollment election.

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

AD&D Coverage and Cost

INDIVIDUAL PLAN		FAMILY PLAN
Coverage Amount	Bi-Weekly Cost	Bi-Weekly Cost
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

LIMITATIONS AND EXCLUSIONS

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

Accident Weekly Indemnity

» Employee coverage only

» You must be enrolled in AD&D coverage to purchase Accident Weekly Indemnity coverage, which will provide a weekly income if you are totally disabled due to an accident that is not job-related.

» The maximum eligible weekly amount is based on your monthly gross salary at the time of enrollment. You may purchase a lower amount of coverage than the eligible monthly gross salary, but may not buy coverage for more than the eligible monthly gross salary.

Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	BI-WEEKLY COST
250 and under	25	0.12
251 to 599	50	0.24
600 to 700	75	0.35
701 to 875	100	0.46
876 to 1,050	125	0.58
1,051 to 1,200	150	0.70
1,201 to 1,450	175	0.81
1,451 to 1,600	200	0.93
1,601 to 1,800	225	1.04
1,801 to 2,164	250	1.16
2,165 to 2,499	300	1.39
2,500 to 2,899	350	1.62
2,900 to 3,599	400	1.86
3,600 and over	500	2.32

PEHP

560 East 200 South

Salt Lake City, UT 84102-2004

801-366-7495 | 800-753-7495

Accident Medical Expense

» Employee coverage only.

» You must be enrolled in AD&D coverage.

» This benefit is available to help you pay for medical expenses that are in excess of those covered by all group insurance plans and no-fault automobile insurance.

» This benefit will provide up to $2,500 to help cover medical expenses incurred due to an accident that is not job-related.

Accident Medical Expense Coverage and Cost

MEDICAL EXPENSE COVERAGE	BI-WEEKLY COST
$ 2,500	$ 0.38

Master Policy

This document is a summary of the provisions of the Group Term Life and Group Accident Plans. The complete terms and conditions governing these plans may be found in the master group policies issued by PEHP. The Master Policy is available at www.pehp.org or contact PEHP to request a copy.

Enrollment

You can apply for Life insurance any time at www.pehp.org. Enrollment changes to AD&D can only be made during open enrollment. You may apply for Accident Weekly Indemnity and Accidental Medical Expense any time, provided you are already enrolled in AD&D.

Continuation

You may be eligible to continue up to 25 percent of the total coverage amount (prior to losing eligibility as an active employee) providing you are a member of the Utah Retirement Systems. No continuation options for spouse and/or dependents unless they are a member of the Utah Retirement Systems.

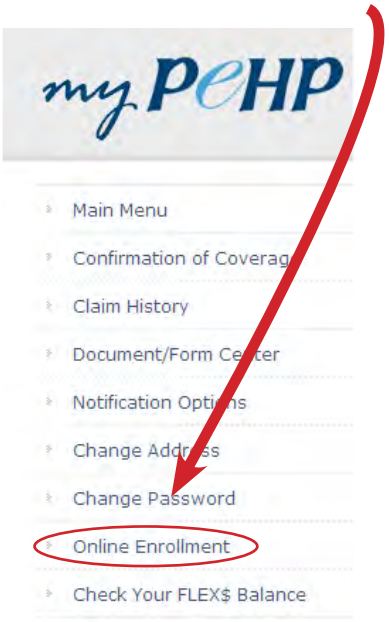
How to Enroll Online at www.pehp.org

1 Access online enrollment through myPEHP. Go to 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.

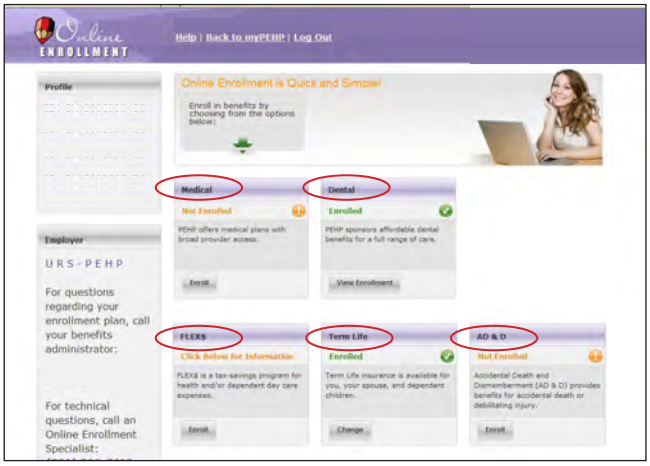
2 At eligible times, you'll have access to online enrollment through a link on the menu at left.



3 The online enrollment main page shows benefits available to you. Click "Enroll" beneath the desired benefit to begin.

Enroll or make changes in any of the following benefits: medical, dental, Term Life, AD&D, and FLEX$.

See Page 31 for instructions for checking your FLEX$ balance online.



CONTACT PEHP, NOT SALT LAKE CITY, IF YOU HAVE QUESTIONS.
ONLINE ENROLLMENT: 801-366-7410 OR 800-753-7410
LIFE INSURANCE: 801-366-7495 OR 800-753-7495

What is a Primary Care Physician?

A Primary Care Physician generally provides services for routine well care visits and continuing follow-up care. The following providers are considered Primary Care Physicians:

» Family Practice
» Gynecology
» Internal Medicine
» OB/GYN
» Pediatrics
» Geriatrics

PRIMARY CARE PHYSICIAN COPAYMENTS

	2013-2014
Summit Care	$25
Summit STAR	$25

Deductible must be met first, except for annual preventive services.

What is a Specialist?

A Specialist provides care that is more specialized in a particular area. Providers who practice in the following areas are considered Specialists:

» Acupuncture
» Allergy & Immunology
» Audiology
» Cardiovascular & Thoracic Surgery
» Cardiology
» Nurse Midwife
» Colon Rectal Surgery
» Chiropractor
» Dermatology
» Dietician
» Podiatry
» Endocrinology
» Ear, Nose and Throat (Otorhinolaryngology)
» Gastroenterology
» Genetic Counselor
» General Surgery
» Hematology
» Hematology and Oncology
» Infectious Disease
» Mental Health
» Neonatology
» Nephrology
» Neurology
» Neurosurgery
» Optometry
» Oncology
» Ophthalmology
» Oral Surgery
» Orthopedic Surgery
» Occupational Therapy
» Pain Management
» Perinatology
» Plastic Surgery
» Physical Medicine & Rehab
» Physical Therapy
» Pulmonology
» Pulmonary Rehab
» Radiology
» Radiation Oncology
» Rheumatology
» Sports Medicine
» Speech Therapy
» Urology
» Vascular Surgery

SPECIALIST COPAYMENTS

	2013-2014
Summit Care	$35
Summit STAR	$35

Deductible must be met first.

PEHP

What is Urgent Care?

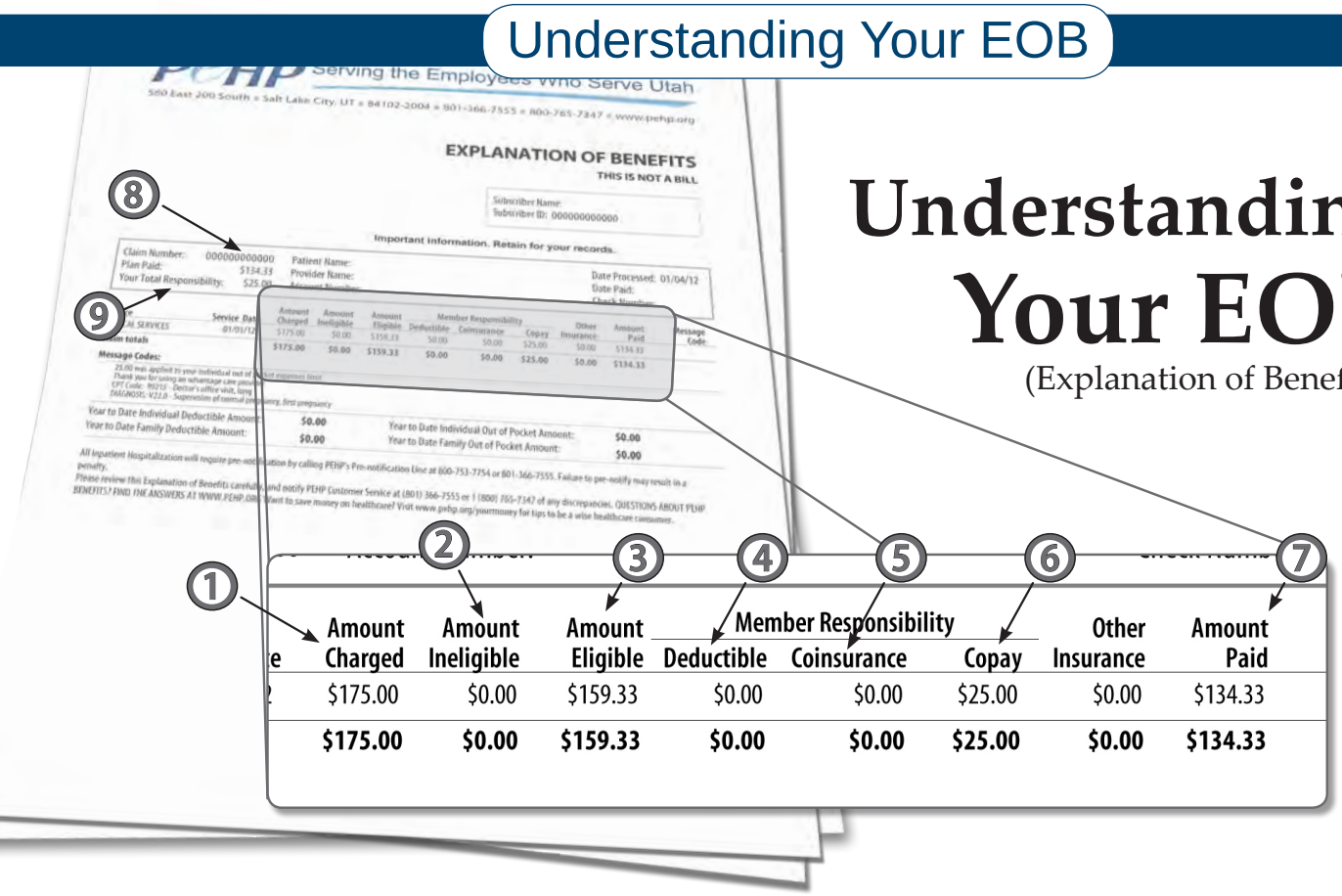
Urgent Care includes care received at urgent care facilities, such as instacare and after-hours clinics. Check to see which urgent care facilities are contracted with your plan.

URGENT CARE PHYSICIAN COPAYMENTS

	2013-2014
Summit Care	$45
Summit STAR	$45

Deductible must be met first.

4-9-13



Understanding Your EOB

(Explanation of Benefits)

We send an EOB each time we process a claim for you or someone on your plan. Go paperless and view EOBs at your myPEHP account at www.pehp.org.

1 AMOUNT CHARGED
The medical provider's (e.g., doctor, hosptial, or clinic) bill for your service.

2 AMOUNT INELIGIBLE
The part of the bill that includes services not covered by your plan. Settle this with the provider's office (not PEHP).

3 AMOUNT ELIGIBLE
This is PEHP's maximum allowable fee (MAF). This is the most we allow contracted providers to charge for this service. However, non-contracted providers may charge more than the MAF. Avoid paying more by using only contracted providers (find them at www.pehp.org).

4 DEDUCTIBLE
The set amount you pay for eligible charges in a plan year before PEHP benefits fully take effect.

5 COINSURANCE
The percentage of the cost you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.

6 COPAY
The fixed dollar amount you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.

7 AMOUNT PAID
The part of the bill PEHP paid.

8 CLAIM NUMBER
Keep this number as reference if you call PEHP about your claim.

9 YOUR TOTAL RESPONSIBILITY
The amount of the bill the provider expects you to pay. Settle this with the provider's office (not PEHP).

See your applicable benefit summary and master policy for complete terms of your plan.

3/07/12C

Waist Aweigh: PEHP's Weight Management Program

INCENTIVES FOR POSITIVE LIFESTYLE CHANGE

A high Body Mass Index (BMI) may put you at risk for cardiovascular disease, high blood pressure, and diabetes.

If you have a BMI of 30 or higher and are serious about making positive changes, the PEHP Waist Aweigh Weight Management Program may be for you.

Our knowledgeable and passionate coaches will guide you through the ins and outs of proper nutrition and fitness.

We'll be there to get you started, to confidentially monitor your progress, and to celebrate your success.

PEHP Waist Aweigh

Weight Management Program

www.pehp.org

801-366-7478

800-753-7478

STEPS TO GRADUATION

1. Determine eligibility
2. Complete enrollment packet
3. Complete Waist Aweigh requirements
4. Get financial reimbursement
5. Receive graduation incentives

Healthy Utah

Healthy Utah offers a rebate program that rewards good health and healthy improvements. To learn more about how to complete a screening and how you can earn cash, visit **www.healthyutah.org** or call **801-366-7300** or **855-366-7300**.

PEHP HEALTHY UTAH
WWW.HEALTHYUTAH.ORG

Steps To A Healthier You

Welcome to PEHP Healthy Utah!

We are a free program offered to State and Local Government employees and their spouses who participate in PEHP and are eligible for this benefit.

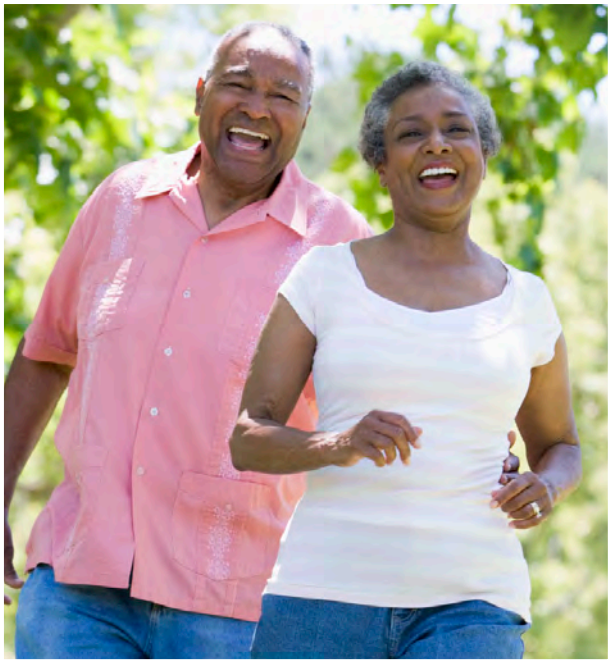
Our goal is to enhance the well-being of our members by:

» Increasing awareness of health risks, and the importance of making healthy lifestyle choices.

» Providing support in making health-related lifestyle changes.

» Assist agencies to develop workplace environments and policies that support health.

PEHP Healthy Utah offers a variety of programs, services, and resources to help members get and stay well. Beginning with Step 1 on the next page, find out how to participate.



Step 1: Get Started

Create a myHealthyUtah account

» Visit www.healthyutah.org/myhu.

» Click on "Register First". Follow the instructions. You will need your PEHP identification number – have your PEHP insurance or dental card handy.

» Your spouse will need to create a separate account with a separate e-mail address.

You can use your myHealthyUtah account to:

» Schedule or change your testing session appointment

» Complete your health questionnaire after participating in a testing session or after submitting a completed rebate form from your primary care physician.

» View past testing session results and rebates.

» Check the status of your current rebates.

» Sign up for Health Challenges.

» Track your physical activity.

Step 2: Get Checked

Get tested and take a health questionnaire

Participate in a Healthy Utah testing session annually or visit your primary care provider for the following biometrics required for the First Steps and Good for You rebates.

» Total Cholesterol and HDL

» Blood Glucose

» Blood Pressure

» Waist Circumference

» BMI (Height and Weight)

If a physician measures your biometrics, download the First Steps rebate form from www.healthyutah.org and take it to the appointment. Follow your physician's recommendations regarding additional gender appropriate screenings.

Health Questionnaire

An online health questionnaire needs to be completed after your testing session or after you submit biometric results if obtained from your physician. It asks questions about your health habits and only takes about 10 minutes to complete.

The results of the health questionnaire help you see what your highest risks are and recommends steps you can take to improve your health.

**Other accommodations are available if you don't have internet access to complete the health questionnaire.*

Step 3: *Get Involved*

Participate in health rebates

Health rebates offered:

First Steps – $50

To start the rebate program, you must **first** complete the First Steps rebate.

» Within one week of completing a testing session and online health questionnaire, you will receive an email notifying you that your First Steps rebate requirements have been completed and your rebate will automatically be processes and paid within 3 to 4 weeks.

Good for You – $50

If your biometrics are all at healthy levels, and you meet the criteria, you will automatically be paid this rebate.

Achieved Normal Guidelines

» BMI <25 or body composition of <25 % for women and <18% for men
» BP ≤120/80 mmHg
» Glucose <100 mg/dL
» Total Cholesterol <200* mg/dL, or *Total Cholesterol - HDL ≤135 mg/dL
» HDL: Men >40; Women >50
» Waist: Men <40 in.; Women <35 in. (Participants must not use tobacco)

Health Improvement Rebates

If your biometrics don't meet the Good for You criteria, you may qualify to participate in the Health Improvement rebates. Visit www.healthyutah.org for additional information on these rebates:

Improvement Program Risk Factors Rebates

» Lipid Improvement $50
» Blood Pressure $50
» BMI Improvement* $50
» Diabetes Management ..... up to $300
» Tobacco Cessation $100

* each 5-point BMI reduction

You have one year to complete and submit improvement rebates. Improvement rebates are restarted when you complete a new health questionnaire.

Step 4: *Stay Well*

Health Challenges

Health Challenges are self-paced, fun ways to help you stay motivated with your physical activity, nutrition, managing stress or financial wellbeing. Our most popular health challenge, Maintain Don't Gain, helps you maintain your weight from Thanksgiving to New Year's. We conduct health challenges every quarter, so make sure you visit the website to see when they are offered and to download a calendar. After each challenge, participants can enter a prize drawing.

Webinars
Webinars are the perfect way to get connected with health and wellness information on a variety of topics from the comfort of your own desk. You can view the webinar live, or go back and watch the recording whenever it's convenient for you. View the current schedule and sign up on our website.

Seminars
Onsite seminars covering nutrition, physical activity and stress management are also available for groups of 15 employees or more.

Lighten Up & Success for Life Weight Management Classes
Members can now participate in a free internet and phone based weight management program. This two part series was developed by our registered dietitian and exercise specialist to give participants the tools, education and support necessary to successfully lose weight and sustain weight loss.

Visit www.healthyutah.org/myhu for more information.

Personal Health Sessions
Contact our office to talk with one of our expert team members about diabetes, weight management, physical activity and tobacco cessation.

Listservs
Sign up to receive weekly email tips on weight management, diabetes, worksite wellness, and/or physical activity. Visit our website to find out how to join.

Worksite Wellness Council
If your agency has a wellness council, get involved. If not, start a worksite wellness council to improve the health and well-being of your employees with simple and fun activities, and organizational changes. We provide the help you need to establish and maintain an effective wellness council.

Work Well

Work Well Recommendations

Worksite health promotion programs can increase employee productivity and morale, decrease absenteeism, lower medical utilization rates and, most importantly, increase employees' chances of living healthy and productive lives.

The following are recommendations agencies can implement today to help their employees eat better, get more physical activity, and reduce their exposure to tobacco.

1. Offer healthy menu choices at each work meeting, conference, and training where food is served.
2. Post healthy eating messages in cafeterias, break rooms, and vending areas.
3. Work with vendors to include healthy options in vending machines, based on customer preference.
4. Encourage employees to exercise, including utilization of an exercise release policy of 30 minutes, three times per week, with supervisor approval.
5. Promote the use of stairs as a way to get more daily physical activity.
6. Encourage employees to walk, bike, or bus to work and, where circumstances permit, provide showers, lockers, bike racks, discounted bus passes, and flexible working schedules.
7. Educate employees about trails and pathways nearby that are safe and accessible.
8. Establish worksite wellness councils to support healthy eating and daily physical activity.
9. Implement a tobacco free campus.
10. Implement a workplace lactation support policy that is supported by management and communicated to all employees.

Contact Information

MAILING ADDRESS

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

WEBSITES

myPEHP . . . . . www.pehp.org

WeeCare Prenatal Healthcare Program
. . . . . http://health.utah.gov/rhp/weecare

PEHPPlus . . . . . www.pehpPLUS.com

Healthy Utah . . . . . www.healthyutah.org

Pharmacy Program — Express Scripts
. . . . . www.express-scripts.com

Out-of-State Provider Listing
. . . . . www.multiplan.com

Health Savings Account
. . . . . www.hsabank.com

TELEPHONE NUMBERS

PEHP Medical & Dental
Enter your PEHP ID or Social Security number for faster service
Customer Service 801-366-7555
Toll Free 800-765-7347

PEHP pre-authorization and pre-notification of inpatient facility
. 801-366-7755
Toll Free 800-753-7754

PEHP pre-authorization of inpatient mental health & substance abuse
. 801-366-7555

PEHP Group Term Life & Accident Plans 801-366-7495

PEHP Flexible Spending and HSA
. 801-366-7503

Healthy Utah 801-538-6261
. . . . . or 888-222-2542

PEHPPlus 801-366-7478
. . . . . or 800-753-7478

Wee Care 801-538-9943
. . . . . or 800-662-9660

Out-of-State Network 800-922-4362

Prescription Drug Benefits
PEHP Pharmacy Department 801-366-7555
. . . . . or 800-765-7347
Express Scripts 800-903-4725

Specialty Pharmacy
Accredo 800-501-7260

Benefits Section of Salt Lake City Corporation Human Resources
Kate 801-535-6303
Fax 801-535-6254

PEHP
www.pehp.org

PRIVACY NOTICE OF SALT LAKE CITY CORPORATION GROUP HEALTH PLANS

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

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of SALT LAKE CITY CORPORATION GROUP HEALTH PLAN which may include any or all of the following programs: PEHP Medical Plans, PEHP Dental Plans, and Comprehensive Psychological Services (the City's employee assistance program), (referred to individually or together as the "Plan"). The Plan is required by law to maintain the privacy of protected information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2013. The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes changes to this notice, the Plan will revise it and send a new notice to all subscribers covered by the Plan at that time. The Plan reserves the right to make the new changes apply to all your medical information maintained by the Plan before and after the effective date of the new notice.

Purposes for which the Plan May Use or Disclose Your Medical Information Without Your Consent or Authorization

The Plan may use and disclose your medical information for the following purposes:

- *Health Care Providers' Treatment Purposes*. For example, the Plan may disclose your medical information to your doctor, at the doctor's request, for your treatment provided by him/her.

- *Payment*. For example, the Plan may use or disclose your medical information to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment.

- *Health Care Operations*. For example, the Plan may use or disclose your medical information (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop the Plan's business.

- *Health Services*. The Plan may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your medical information to its business associates to assist the Plan in these activities.

- *As required by law*. For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.

- *To Business Associates*. The Plan may disclose your medical information to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information.

- *To Plan Sponsor*. The Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor that fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to the Plan Sponsor for Plan administrative functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The Plan Sponsor must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.

The Plan may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.

Uses and Disclosures with Your Permission

The Plan will not use or disclose your medical information for any other purposes unless you give the Plan your written authorization to do so. If you give the Plan written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information the Plan maintains, unless the Plan has taken action in reliance on your authorization.

Your Rights

You may make a written request to the Plan to do one or more of the following concerning your medical information that the Plan maintains:

- To put additional restrictions on the Plan's use and disclosure of your medical information. The Plan does not have to agree to your request.
- To communicate with you in confidence about your medical information by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, the Plan may give subscribers cost information.
- To see and get copies of your medical information. In limited cases, the Plan does not have to agree to your request.
- To correct your medical information. In some cases, the Plan does not have to agree to your request.
- To receive a list of disclosures of your medical information that the Plan and its business associates made for certain purposes for the last 6 years (but not for disclosures before April 14, 2003).
- To send you a paper copy of this notice if you received this notice by e-mail or on the internet.

If you want to exercise any of these rights described in this notice, please contact the Contact Office (below). The Plan will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

Complaints

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan at our Contact Office (below). We will not retaliate against you if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

Contact Office

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

Contact Office: Salt Lake City Corporation Benefits Section of Human Resources
Contact Person: Jodi Langford, Benefits Program Manager
Telephone: 801-535-6610 Fax: 801-535-6258
Email: jodi.langford@slcgov.com
Physical Address: 451 South State Street, #115
Mailing Address: PO Box 145464, Salt Lake City, UT 84114-5464