



MEDICAL | DENTAL | VOLUNTARY BENEFITS OVERVIEW

New Hire Enrollment: FY 2016-2017

Human Resources | Benefits



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SLC WELLNESS PROGRAM

The Salt Lake City Wellness Program is a comprehensive set of benefits, wellness programs, and resources provided by Salt Lake City to help you live and stay well.

- Health Care Benefits
- Healthy Utah
- Midtown Employee Clinic
- Fitness Reimbursement Program
- Employee Assistance Program (EAP)
- Financial Benefits



ELIGIBILITY AND ENROLLMENT

ELIGIBILITY

All full-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. 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 or mid-year event to make the enrollment change. Coverage will be retroactive back to date of event.

Proof of loss of the other 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 AND ENROLLMENT (CONT'D)

LEGAL GUARDIANSHIP

You may enroll any dependent children who are under age 19 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 provide a copy of the marriage certificate and notify PEHP immediately.

ADULT DESIGNEE

An unmarried employee may enroll an Adult Designee on their insurance policies. Enrollment must be done using paper forms through the Benefits Section of Human Resources.

PERSONAL ONLINE ACCOUNT

By going to www.pehp.org and logging into your personal online 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



PEHP ONLINE ENROLLMENT

How to enroll online at www.PEHP.org

Step 1

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

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

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



Step 2

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

Step 3

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

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

Online Enrollment is **Quick** and **Simple!**

Enroll in benefits by choosing from the options below:

Term Life

Enrolled ✓

Term Life insurance is available for you, your spouse, and dependent children.

Change

AD & D

Enrolled ✓

Accidental Death and Dismemberment (AD & D) provides benefits for accidental death or debilitating injury.

Change

FOR HELP CONTACT ONLINE ENROLLMENT: 801-366-7410 or 800-753-7410

2016-2017 BI-WEEKLY PREMIUMS

MEDICAL PLAN

SUMMIT STAR HDHP	CITY COST	EMPLOYEE COST (PRE-TAX)	CITY CONTRIBUTION TO HSA (OR FLEX IF NOT ELIGIBLE FOR HSA)
Single	156.27	8.22	750 (prorated from July 1st for new hires)
Double	351.61	18.51	1,500 (prorated from July 1st for new hires)
Family	468.81	24.67	1,500 (prorated from July 1st for new hires)

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

DENTAL PLANS

PREFERRED CHOICE	CITY COST	EMPLOYEE COST
Single	0	17.79
Double	0	35.92
Family	0	46.94

PREMIUM CHOICE	CITY COST	EMPLOYEE COST
Single	0	20.93
Double	0	42.27
Family	0	55.27



LONG TERM DISABILITY

SYSTEM	EMPLOYEE COST
Tier I and II Public Employees	16.00 New enrollment must be underwritten
Tier I Firefighters	16.00 New enrollment must be underwritten
Tier II Firefighters	Employer Paid
Tier I and II Sworn Police Officers	Employer Paid

NEW HIRE NOTES

- Medical, dental, and AD&D premiums are paid with pre-tax dollars. Therefore, you can only enroll or change during Open Enrollment unless you experience a qualifying mid-year event.
- Long Term Disability is only available during your first 60 days and Open Enrollment.
- All other PEHP insurance policies can be enrolled in or changed at anytime during the year.



2016-2017 BI-WEEKLY PREMIUMS (CONT'D)

CITY PROVIDED TERM LIFE/AD&D

Term Life Coverage reduces beginning at age 71, no reduction for AD&D

COVERAGE	CITY COST	EMPLOYEE COST
Basic Term Life 50,000	2.81	0.00
Basic AD&D 50,000	2.06	0.00

OPTIONAL EMPLOYEE/SPOUSE TERM LIFE

Term Life Coverage reduces beginning at age 71

COVERAGE AMOUNT		EMPLOYEE COST
500,000 coverage max	Age	Per 1,000
	< 30	0.0231
	30—35	0.0247
	36—40	0.0347
	41—45	0.0425
	46—50	0.0806
	51—55	0.0968
	56—60	0.1544
	61 <	0.2618

DEPENDENT TERM LIFE

One premium regardless number of children

COVERAGE AMOUNT	EMPLOYEE COST
5,000	0.24
7,500	0.37
10,000	0.48
15,000	0.72

OPTIONAL AD&D

AD&D coverage ceases at age 70

COVERAGE AMOUNT	EMPLOYEE COST (PRE-TAX)	
	SINGLE	FAMILY
25,000	0.43	0.58
50,000	0.85	1.14
75,000	1.28	1.72
100,000	1.69	2.28
125,000	2.12	2.85
150,000	2.54	3.42
175,000	2.97	3.99
200,000	3.39	4.57
225,000	3.82	5.13
250,000	4.23	5.71

ACCIDENT WEEKLY INDEMNITY

You must be enrolled in Optional AD&D

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

ACCIDENT MEDICAL EXPENSE

You must be enrolled in Optional AD&D

COVERAGE AMOUNT	EMPLOYEE COST
2,500	0.38

For more information and to enroll visit your
“myPEHP” account at www.PEHP.org

MEDICAL PLAN BRIEF OVERVIEW

Salt Lake City offers one medical plan — the Summit Star Plan is a High Deductible Health Plan (HDHP). The chart below summarizes the features of the medical plan and what you pay for services. For more detailed information about the plan, see the Medical Plan Overview on the City’s Employee Benefits page at <http://hrsiter/Benefits/SitePages/Home.aspx>.

PLAN SPECIFICS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Provider Choice Receive the highest level of coverage when using providers who are part of the Summit Star network.	Midtown Employee Clinic. IASIS, MountainStar and University of Utah Hospitals & Clinic providers and facilities. Please visit www.pehp.org (provider lookup) for updated network providers.	
What do I pay when I access care? You will be responsible for a deductible and coinsurance or copay <i>The deductible is the annual amount you pay out-of-pocket for medical and prescription drug costs before the plan begins to pay.</i>	First, you pay your annual deductible: Single Coverage: \$1,500 Double/Family Coverage: \$3,000	
	Once you have met your deductible, you pay a copay or coinsurance. Midtown Clinic: \$10 copay Primary Care: \$25 copay Specialist Visit: \$35 copay Emergency Room: \$150 copay 10% Coinsurance for in-patient 10% Coinsurance for out-patient	Once you have met your deductible, you pay a copay or coinsurance. Not Applicable \$35 copay, plus balance \$35 copay, plus balance \$150 copay, plus balance 30% coinsurance, plus balance 30% coinsurance, plus balance
What do I pay when I need a prescription? Your prescription drug costs count toward your medical plan deductible and out-of-pocket maximum.	You first pay the total cost of the prescription drug until you have met your plan deductible, then you pay: Retail: Tier 1: \$10 copay Tier 2: 25% coinsurance (\$25 min-\$75 max) Tier 3: 50% coinsurance (\$50 min-\$100 max)	Plan pays up to the discounted cost, minus the applicable copayment after deductible. Member pays balance.
	Mail-Order: Tier 1: \$20 copay Tier 2: 25% coinsurance (\$50 min-\$150 max) Tier 3: 50% coinsurance (\$100 min-\$200 max)	Not applicable

MEDICAL PLAN BRIEF OVERVIEW (CONT'D)

PLAN SPECIFICS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<p>You're protected by the out-of-pocket maximum</p> <p>This is the maximum amount you would pay out-of-pocket for in-network care</p>	<ul style="list-style-type: none"> Single Coverage: \$4,000 Double/Family Coverage: \$8,000 The plan pays 100% for all remaining in-network costs 	<ul style="list-style-type: none"> Single Coverage: \$4,000 Double/Family Coverage: \$8,000 The plan pays 100% for all remaining in-network costs. You will be billed for any amounts in excess of the in-network costs, which may exceed plan maximum out-of-pocket.

SUMMIT STAR MEDICAL NETWORK

The PEHP Summit network of in-network providers consists of predominantly IASIS, MountainStar, and University of Utah Hospitals & Clinics providers and facilities. It includes 39 participating hospitals and more than 7,500 participating providers. IHC Hospitals are considered out of network.

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

Moab Regional 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
Lone Peak Hospital
Pioneer Valley Hospital
Primary Children's Medical Center
Riverton Children's Unit
Salt Lake Regional Medical Center
University of Utah Hospital
University Orthopedic Center
St. Marks Hospital

SAN JUAN COUNTY

Blue Mountain Hospital
San Juan Hospital

SANPETE COUNTY

Gunnison Valley Hospital
Sanpete Valley Hospital

SEVIER COUNTY

Sevier Valley Medical Center

TOOELE COUNTY

Mountain West Medical Center

UINTAH COUNTY

Ashley Valley Medical Center

UTAH COUNTY

Mountain View Hospital
Timpanogos Regional Hospital
Mountain Point Medical

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 search for a provider.



SALT LAKE CITY EMPLOYEE MIDTOWN CLINIC

Salt Lake City Corporation provides you and your family members covered under the City's medical plan exclusive access to your own personal **doctor** at a reduced cost. This full-service, private clinic provides all the services of a family doctor but at a lower cost. After you've met your deductible, your office co-pay is only \$10. Your cost pre deductible are the clinics fees in the table below. The Clinic is an excellent option for Preventive Services covered at 100% for things like physicals, screenings and immunizations. Studies show a strong preventive primary care relationship can significantly improve your health. You will get more personalized care and treatment.

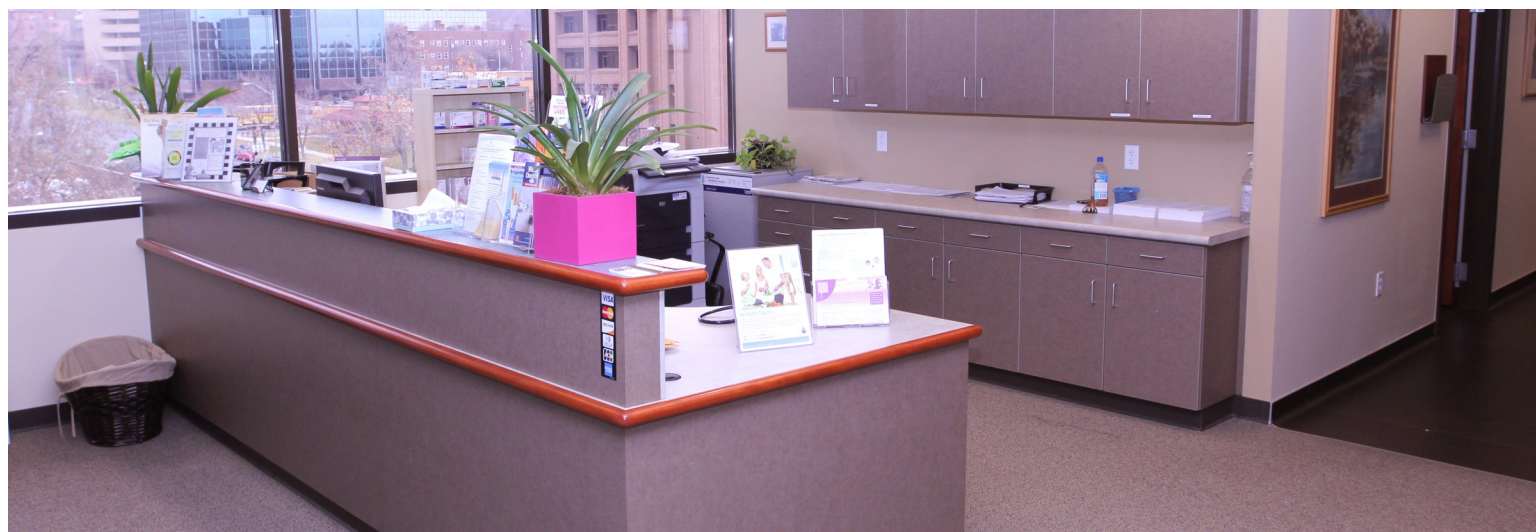
The Midtown Employee Clinic also accepts the following insurance plans: Altius, Cigna, Blue Cross Blue Shield and United Healthcare. Check your network to ensure that the providers are in your network.

Save about 25%-80% compared to other average costs in the area

Procedure	Midtown Clinic Fee	Average Fee*
New Patient Appointment (Billing Code 99202)	\$63.47	\$85.28 - \$190.74
Established/Returning Patient Office Visit (Billing Code 99212)	\$37.39	\$49.57 - \$123.25

** For illustrative purposes only. Based on PEHP average-cost data for allowed amounts for the Midtown Clinic and the average community fee from February 2016. Your costs may vary.*

- Choosing the Midtown Clinic lowers your out-of-pocket expenses and the costs to the medical plan.
- Make your first appointment by phone at 801-320-5660 and all future appointment online at www.MidtownEmployeeClinic.com. Walk-ins are welcome (there may be a wait).
- The clinic will bill most other insurance plans. If a family member with other insurance would like to be seen at the clinic, make sure our providers are covered under their plan.
- Your annual preventive visit is covered at 100% (includes eligible vaccines).



SALT LAKE CITY EMPLOYEE MIDTOWN CLINIC (CONT'D)

Full-Service Employee Health Clinic



Anthony Musci

Dr. Anthony Musci received his undergrad degree from the University of Notre Dame and medical degree from Loyola University of Chicago. He served his internal medicine residency and an internship at LDS Hospital in SLC and has

more than 20 years experience with both the hospital and ambulatory private practice setting.

Dr. Musci also has served as attending physician and Adjunct Assistant Professor at the University of Utah, and is a member of the Utah Medical Association, American College of Physicians, Doctors without Borders, the Obesity Society, and the Society of General Internal Medicine.

Spending time with his three teenagers and his wife is also important to Dr. Musci. He coaches ice hockey to spend more time with his family.



Travis Schelling

A certified physician assistant, Travis has been in practice since 1994. She obtained a B.S. in Biology from the University of Michigan and then her degree as a Physician Assistant from the University of Florida in 1994.

Travis began her career in Orange Park, Florida but has called Utah her home since 1998. She has experience with internal medicine, inpatient hospital care, emergency fast track, family practice, and urgent care. Travis most recently spent 14 years with Ogden Clinic in a family practice/urgent care setting.

Travis and her husband have 5 children. She enjoys spending time with her family as well as outdoor activities including water sports, skiing, jogging and camping.



Reagan Hussey

Born and raised in Heber City, Reagan was a very competitive little girl and spent most of her time training in the tumbling gym. She was cheer captain in high school, and spent 2 years on the University of Utah cheerleading team.

Reagan worked at Wasatch Medical Clinic for 5 years as a Medical Assistant. She has always been a peacekeeper in her family and enjoys taking care of people.



Amber Ellis

Amber grew up in Sacramento, Calif. She received her Medical Assisting Diploma at Certified Career Institute in 2005, then attended Davis Applied Technology and received her license as a Limited Radiology Technician. She is passionate about patient care and enjoys being in an environment that enables her to develop a relationship with her patients and their loved ones.

Clinic Hours: Monday-Friday 8:30am-5:00pm (Closed Daily from 1:00pm-1:30pm)

Monday	Tuesday	Wednesday	Thursday	Friday
Travis Schelling, PA	Dr. Anthony Musci	Travis Schelling, PA	Dr. Anthony Musci	Travis Schelling, PA



Our Midtown Employee Clinic Saves You Money

500 E 230 S, Suite 510, Salt Lake City, UT 84102
(801) 320-5660
www.MidtownEmployeeClinic.com

OUT OF COUNTRY BENEFITS

PASSPORT FOR HEALTH MEDICAL TRAVEL

Save yourself and the medical plan approximately one-third of the cost by having certain procedures performed “out of country”. These benefits are administered by ***Passport for Health***.

This benefit will be available for certain elective medical procedures. Benefits will be paid at 100% after you’ve met your deductible. The benefit includes flight, hotel and medical expenses only. Food expenses as well as expenses to acquire a passport, Visa, etc. would be covered by the member.

ELECTIVE PROCEDURES INCLUDE:

Cardiac: Coronary Artery Bypass Grafting, Cardiac Ablation, Valve Replacement, Pacemaker, Defibrillator

Orthopedic: Shoulder Joint Replacement, Knee Replacement, Hip Replacement, Hip Resurfacing

Spine: Lumbar Laminectomy, Spinal Fusions

MEDICAL TRAVEL DESTINATIONS:



TO LEARN MORE

Contact Passport for Health at 1-855-761-9215



DENTAL PLAN BRIEF OVERVIEW

The dental plan is administered by PEHP. There are two separate dental plans offered by PEHP, Preferred Choice and Premium Choice. If you use an out-of-network provider, your benefits will be reduced by 20%. Out-of-network providers may collect charges that exceed PEHP's in-network rate.

PLAN SPECIFICS	PREFERRED CHOICE	OUT OF NETWORK	PREMIUM CHOICE	OUT OF NETWORK
Annual Deductible	None	None	None	None
Annual Maximum the plan will pay per person	\$1,500		\$2,000	
Preventive (exams, cleanings, x-rays)	100%	80%	100%	80%
Basic (fillings, root canal)	80%	60%	80%	60%
Major (crowns, bridges, dentures)	50%	30%	50%	30%
Orthodontic Life Time Max	\$1,500		\$1,500	

For complete details, see the Dental Plan Overview on our website at:
<http://hrs/Benefits/SitePages/Home.aspx>

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 2-years unless you have a qualifying mid-year event.



TAX ADVANTAGE PROGRAMS

SAVE WITH A PRETAX HEALTH ACCOUNT

A pretax health account can be used to cover eligible expenses such as deductibles, coinsurances and copays. Your eligibility determines the health account(s) that can be paired with your medical plan. How the accounts work and the advantage of each may vary, so it's important you understand the features.

PLAN SPECIFICS	HEALTH SAVINGS ACCOUNT (HSA)	FLEXIBLE HEALTH CARE ACCOUNT (HEALTH FSA)	LIMITED FLEXIBLE HEALTH CARE ACCOUNT
Who contributes to the account?	<p>You and Salt Lake City</p> <p>You contribute with pretax payroll deductions up to the annual maximum.</p> <p>You are able to set a bi-weekly contribution when you enroll.</p> <p>Salt Lake City will front load on July 1st:</p> <ul style="list-style-type: none"> • \$750 for employee only coverage • \$1,500 for double and family coverage • You can earn additional HSA by participating in Wellness Incentives. 	<p>You</p> <p>You contribute with pre-tax payroll deductions up to the annual maximum. You can set an annual contribution each year when you enroll.</p> <p>If you are not eligible for an HSA, Salt Lake City will front load on July 1st:</p> <ul style="list-style-type: none"> • \$750 for single coverage • \$1,500 for double and family coverage 	<p>You</p> <p>You contribute with pretax payroll deductions up to the annual maximum. You can set an annual contribution each year when you enroll.</p>
Annual Minimum	No Minimum	\$130	\$130
Annual Maximum	<p>Employee-only coverage—\$3,350</p> <p>Family coverage—\$6,750</p> <p>Age 55 and older can contribute an additional \$1,000</p> <p><i>Maximum includes City contribution and PEHP Healthy Utah Wellness rebates (if applicable)</i></p>	<p>\$2,550</p> <p><i>Maximum includes City contribution</i></p>	\$2,550

TAX ADVANTAGE PROGRAMS (CONT'D)

PLAN SPECIFICS	HEALTH SAVINGS ACCOUNT (HSA)	FLEXIBLE HEALTH CARE ACCOUNT (HEALTH FSA)	LIMITED FLEXIBLE HEALTH CARE ACCOUNT
What is an Eligible Expense? <i>Refer to IRS Publication 502</i> www.irs.gov	Eligible out-of-pocket medical, prescription drugs, vision and dental expenses that are not covered by your medical or dental plans. For example, deductibles and coinsurances.	Eligible out-of-pocket medical, prescription drugs, vision and dental expenses that are not covered by your medical or dental plans. For example, deductibles and coinsurances.	Eligible out-of-pocket dental and vision expenses only .
Who can I spend these funds on?	<i>Refer to IRS Publication 969</i> www.irs.gov	<i>Refer to IRS Publication 969</i> www.irs.gov	<i>Refer to IRS Publication 969</i> www.irs.gov
Do unused funds roll-over year to year	Unused funds are yours to keep. Funds roll-over year-to-year and are yours to keep if you leave Salt Lake City or retire.	No. The grace period ends September 15, 2017. Claims submission deadline September 30, 2017.	No. The grace period ends September 15, 2017. Claims submission deadline September 30, 2017.

FLEXIBLE DAYCARE SPENDING ACCOUNT

The Flexible Daycare Spending Account allows you to save pretax dollars to pay for qualified daycare expenses for children up to age 13. Highlights of the program:

- Enroll each year during Open Enrollment to participate and set your annual election amount.
- Estimate your expenses carefully, because you'll lose any unused balance at the end of the year, per IRS rules.
- You can contribute up to \$5,000 to pay for dependent daycare expenses you incur throughout the year. If you are married and filing federal taxes jointly, both you and your spouse can have a *Flexible Daycare Spending Account*, however your combined contributions cannot exceed \$5,000.



VOLUNTARY BENEFITS ONLINE ENROLLMENT

Enroll now at www.SLCVoluntaryBenefits.com

Step 1

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

Step 2

The website provides access to benefits that are open year round, as well as benefits that are available exclusively during open enrollment. See the break down of these benefits on page 6 of the Benefits Overview.

Step 3

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

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

Create Your Account


First Name

Last Name

Zip Code

Employee ID

Email

New Password 

☒ I would like to receive email alerts on products and services that match my preferences.

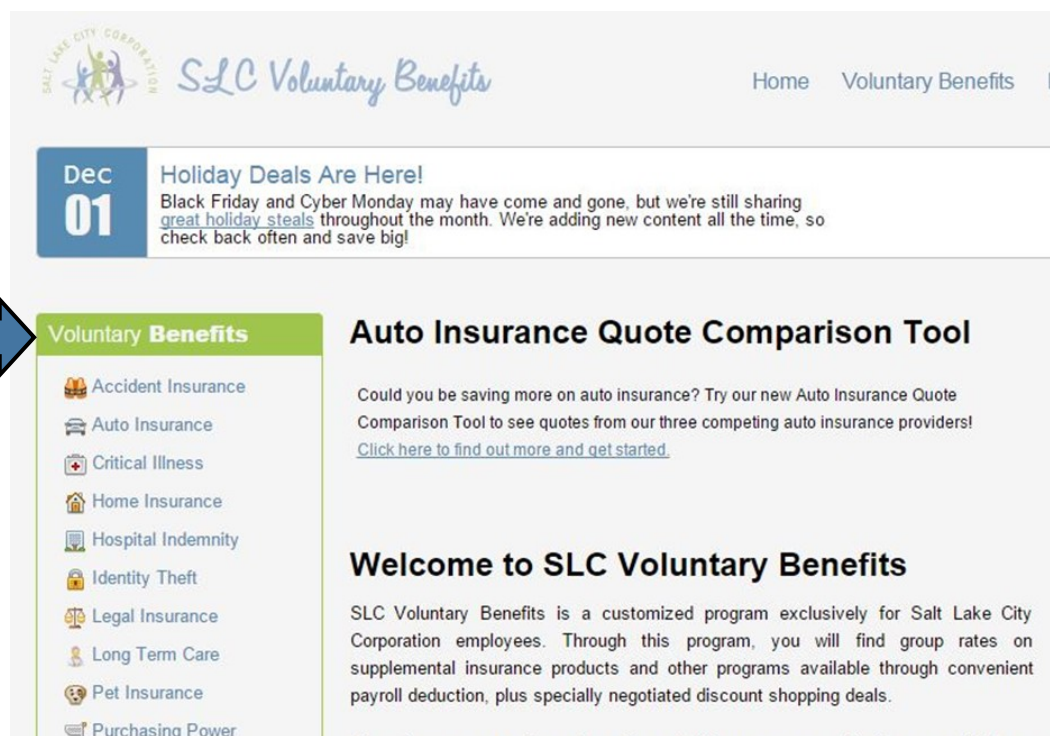
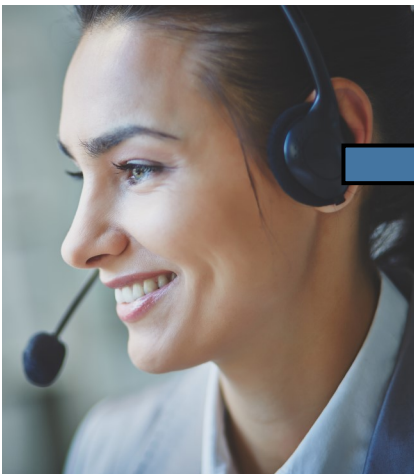
☐ I agree to the [terms of use](#) and [privacy policy](#).

REGISTER



FOR HELP CONTACT

CORESTREAM CUSTOMER SERVICE:
1-888-935-9595



Dec 01 Holiday Deals Are Here!
Black Friday and Cyber Monday may have come and gone, but we're still sharing great holiday steals throughout the month. We're adding new content all the time, so check back often and save big!

Voluntary Benefits

- Accident Insurance
- Auto Insurance
- Critical Illness
- Home Insurance
- Hospital Indemnity
- Identity Theft
- Legal Insurance
- Long Term Care
- Pet Insurance
- Purchasing Power

Auto Insurance Quote Comparison Tool

Could you be saving more on auto insurance? Try our new Auto Insurance Quote Comparison Tool to see quotes from our three competing auto insurance providers! [Click here to find out more and get started.](#)

Welcome to SLC Voluntary Benefits

SLC Voluntary Benefits is a customized program exclusively for Salt Lake City Corporation employees. Through this program, you will find group rates on supplemental insurance products and other programs available through convenient payroll deduction, plus specially negotiated discount shopping deals.

VOLUNTARY BENEFITS (CONT'D)

VOLUNTARY BENEFITS: MUST ENROLL WITHIN 60 DAYS OF HIRE

- **Accident Insurance** - This coverage can help pay essential living expenses and costs not covered by your medical insurance.
- **Critical Illness** - If a serious illness (such as heart attack, cancer, or stroke) happens to you or a loved one, critical illness insurance provides you with a lump-sum payment that can be used to pay for expenses not usually covered by medical or disability income plans.
- **Hospital Indemnity** - Group Hospital Indemnity Insurance can complement your medical coverage by helping to ease the financial impact of a hospitalization.
- **Hyatt Legal** - This benefit provides you and your family value, convenience and comfort in knowing you can access legal services for many personal legal matters.
- **Long Term Care Insurance** - Long-term care is custodial care received in an assisted living facility, a nursing home or in your own home should you end up with a physical impairment and need assistance with two of six Activities of Daily Living and/or suffer from a severe cognitive impairment.
- **Vision Care** - VSP offers great choice in doctors and eyewear. Receive eye care and eyewear at the location that's right for you.



VOLUNTARY BENEFITS: AVAILABLE ANYTIME

- **Auto and Home Insurance** - Receive discounts on your Auto and Home insurance through MetLife or Liberty Mutual through payroll deduction.
- **Financial Wellness** - Diversification is key to growing and protecting wealth, and owning gold and silver is a proven way to do it. OWNx provides the easiest and most convenient way possible for you to own gold and silver through payroll deduction.
- **Discount Shopping** - Discounts from hundreds of local and national vendors exclusively for City employees.
- **Identity Theft Protection** - Comprehensive identity theft protection from LifeLock helps safeguard your finances, credit and good name.
- **Pet Insurance** - Let's face it: pets get hurt. They get sick, too. And sometimes, the cost to make them better can really take a bite out of your budget.



All your voluntary benefits are listed on your paystub under one heading, "SLCVoluntaryBene". This is a total of all policies. For a breakdown of the individual costs go to "My Benefits Wallet" on the voluntary benefits website.

Enroll by visiting www.SLCVoluntaryBenefits.com

Use your employee ID to create your account

(employee ID can be found on your paystub)

IMPORTANT CONTACT INFORMATION

MAILING ADDRESS

PEHP

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

WEBSITES

PEHP www.pehp.org

WeeCare Prenatal Program www.pehp.org/weecare

PEHPPlus www.pehp.org/plus

Pharmacy Program (Express Scripts) . . www.express-scripts.com

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

Health Savings Account www.hsabank.com

SLC Voluntary Benefits www.SLCVoluntaryBenefits.com

ComPsych (EAP) www.guidanceresources.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 preauthorization of inpatient facility . . . 801-366-7755

Toll Free 800-753-7754

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

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

PEHP Flexible Spending and HSA 801-366-7503

PEHP Out-of-State Network 800-922-4362

Express Scripts 800-903-4725

Specialty Pharmacy

Accredo 800-803-2523

Employee Assistance Program

ComPsych (EAP) 855-823-5389

SLC Voluntary Benefits

Corestream Customer Service 1-888-935-9595

MetLife/Hyatt Legal 1-800-438-6388

Liberty Mutual 1-800-837-5254

Purchasing Power 1-800-903-0801

LifeLock 1-800-607-9174

Long Term Care 1-877-286-2852

VSP 1-800-877-7195

VPI Pet 1-877-798-7874

Benefits Section of Salt Lake City Corporation

Human Resources

Kate 801-535-6303

Fax 801-535-6254

Trent 801-535-7725

Fax 801-535-6256

Jodi 801-535-6610

Fax 801-535-6258



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, 2016. 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.

PRIVACY NOTICE OF SALT LAKE CITY CORPORATION GROUP HEALTH PLANS

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

- To comply with legal proceedings, i.e., 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: 1-801-535-6610 Fax: 1-801-535-6258

E-mail: jodi.langford@slcgov.com

Physical and Mailing Address: P.O. Box 145465 Salt Lake City Utah 84114-5464

