



Salt Lake City Open Enrollment Guide

Plan Year 2022-2023



Open Enrollment: May 1-31, 2022



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Open Enrollment begins on May 1, 2022, and ends at midnight on May 31, 2022.

New plan year, deductibles, and premiums are effective July 1, 2022.

Medical, Dental, Life, AD&D, HSA and FLEX enrollment and changes are made online at www.pehp.org with the exception of Adult Designees.

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



Open Enrollment



Open Enrollment is May 1 - May 31

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

PLEASE REVIEW YOUR COVERAGE for you and your dependents and make any needed changes:

- ☐ Medical Plan
- ☐ Dental Plan
- ☐ Accident Coverages
- ☐ Term Life Insurance
- ☐ SLC Voluntary Benefits

Later this year the City will be migrating to Workday. To ensure that our data migration goes smoothly we ask that you review your coverage very closely this year during Open Enrollment.

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

- ☐ Medical Flexible Spending Account: For those not enrolled in the a medical plan.
- ☐ Limited Purpose Flexible Spending Account: Must be enrolled in both a HDHP and HSA. Dental and vision expenses only.
- ☐ Dependent Care Flexible Spending Account: Please refer to page 11 for more information.
- ☐ Review your HSA contribution amount. Changes can be made any time during the year at www.pehp.org.
- ☐ Ensure your beneficiaries are up to date on all plans, including 401k, 457, IRA and HSA.

Notes:

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



Benefit Program Changes



Medical Plan

- 6% increase to medical premiums starting July 1, 2022.
- HSA/HRA frontload for the new plan year: \$750 single and \$1,500 double/family (pending budget approval)

Coverage	2021-2022 Employee Bi-Weekly Premiums	Bi-Weekly Change	2022-2023 Bi-Weekly Premiums	
			Employee Cost	City Cost
Single	\$10.59	+\$0.64	\$11.23	\$213.30
Double	\$23.83	+\$1.43	\$25.26	\$479.93
Family	\$31.77	+\$1.91	\$33.68	\$639.89

- Infertility coverage, increased to 90% with no lifetime limit or max.
- Medical services previously covered at 50%, after deductible, were increased to 90% coverage, after deductible.

Updates to Dental Insurance

- No dental insurance premium increase.
- There will no longer be a 3-year waiting period to re-enroll in dental coverage after voluntary cancellation.
- Dependents under age 26 can now be covered on dental insurance even if they are married.

New HRA Benefit Option

- Employees not eligible for an HSA will now have the City's front load go into the new HRA benefit option. You are not eligible to contribute to this account, only employer funds are allowed.
- Beginning July 1, 2022, the City will begin contributing to the HRA Plan administered by PEHP for all non-eligible HSA employees instead of FLEX. Any funds remaining in the HRA Plan will roll-over each year. The employee will have 3-years after separation to use the funds.
- This program is generally for those who are not eligible for the HSA contribution such as: Tricare participants, Medicare/Medicaid participants, and employees covered under a traditional health plan or FSA Plan through another employer.
- PEHP will issue you a healthcare MasterCard from which to pay medical expenses. Or, you can submit claims and be reimbursed from your HRA. Any money remaining in the account continues to roll over from year-to-year. (Note: limitations apply in the event of your termination or in the event of your death.) Keep your detailed receipts as you will be required to provide documentation for all payments made with your card.
- For more information, call the PEHP FLEX\$ Department at 801-366-7503 or 800-753-7703. Go to www.irs.org and download Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans* and Publication 502, *Medical and Dental Expenses* for details.



Welcome Workday!



Workday is coming soon!

Workday will unify Salt Lake City's HR and Finance operating systems into a single platform. Not only are we modernizing and replacing decades-old systems, but we're also ensuring City employees have a more efficient and accessible HR, Finance, and Payroll system. This July, you will be able to manage and update your personal information all in one place at any time, from anywhere. You'll also be able to update emergency contacts, review your job and talent profile, easily view open positions in the City, and much more.

In December 2022, City employees will stop using Kronos for their timekeeping and start using Workday. In 2023, you'll use Workday to view and update your benefits all in one place. More information and details on this will follow later this year, so stay tuned!

City-wide Training

This May – June, City-wide trainings will take place to ensure every employee is able to access Workday HR features with confidence. Additional training specific to time tracking and other financial functions will occur at the end of 2022. Each unique department and division will have a tailored training plan and schedule, and dedicated trainers will be available to answer questions. Keep an eye out for more information.

For more info visit:

www.slc.gov/ims/workday-erp/



Workday Is Coming Soon



For more info: www.slc.gov/ims/workday-erp/





When is open enrollment for the 2022–2023 plan year?

- Open enrollment starts May 1 and ends midnight May 31. This will be your opportunity to enroll, make changes, or cancellations. Open Enrollment changes take effect on July 1, 2022.

How can I learn about changes or new options for the 2022–2023 plan year?

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

Which Policies Require Re-Enrollment?

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

How do I Enroll or Make Changes?

- For changes to Medical, Dental, Life and AD&D, or Health Savings Account or Flex Spending Account, visit PEHP's website at www.pehp.org or call 801-366-7555.
- For changes to VSP Vision, MetLife Legal, Accident Insurance, Critical Illness, Hospital Indemnity, Home & Auto Insurance, ID Theft Protection, Financial Wellness, Pet Insurance, Short-Term Loans, Hearing Care Program, or Student Loan benefits, visit SLC Voluntary Benefits at www.slcvoluntarybenefits.com or call 888-935-9595.

Can I enroll in PEHP's accident policies any time?

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

Other questions? Email Benefits@slcgov.com or call 801-535-6600.



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

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

Can I enroll or increase employee term life insurance anytime?

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

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

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

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

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

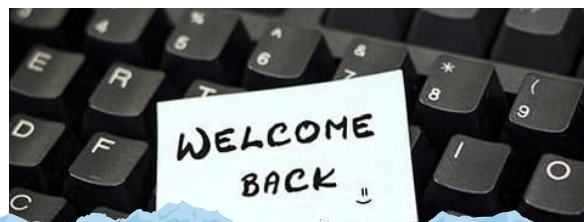
- If you do not enroll in Medicare when initially offered because you are covered under a group health plan based on current employment (your own, or spouse's) you may be eligible for a Special Enrollment Window (SEP) at a later date. Refer to www.medicare.gov for detailed information.

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

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

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

- If you do not enroll no later than May 31 by 11:59 pm, your current benefit plan elections and coverage will carry over to the 2022-23 plan year, with exception to your FSA elections.
- You must make new FSA elections annually.
- You should still review your current benefit elections and ensure all information is accurate.





Quality Care at the Best Cost

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

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

Get your COVID-19 Vaccine at the Midtown Clinic

Get Specific Medications from the Midtown Clinic Pharmacy, plus other additional services:

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

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

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

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

Examples of Rx offered at the Clinic Pharmacy

Brand Name	Generic Name
ZESTRIL OR PRINIVIL	LISINOPRIL
GLUCOPHAGE	METFORMIN
WELLBUTRIN	BUPROPION
CRESTOR	ROSUVASTATIN
PROZAC	FLUOXETINE
COZAAR	LOSARTAN
AIRDUO RESPICLICK	FLUTICASONE PROPION/SALMETEROL
NORVASC	AMLODIPINE
VENTOLIN	ALBUTEROL
PRILOSEC	OMEPRAZOLE
FLONASE	FLUTICASONE PROPIONATE
SINGULAIR	MONTELUKAST
BUSPAR	BUSPIRONE
ATARAX	HYDROXYZINE
ZOLOFT	SERTRALINE
PREDNISONE	PREDNISONE
TRAZODONE	TRAZODONE
LEXAPRO	ESCITALOPRAM
MACROBID	NITROFURANTION MONOHD/ M-CRYST
AUGMENTIN	AMOXICILLIN/POTASSIUM CLAV



Medical and Dental Plan Rates



Medical Plan

Summit Star HDHP	City Cost	Employee Cost (Pre-Tax)	City Contribution to HSA (Or HRA if ineligible for HSA)
Single	\$213.30	\$11.23	\$750
Double	\$479.93	\$25.26	\$1,500
Family	\$639.89	\$33.68	\$1,500

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

Dental Plans

Preferred Choice	Employee Cost (Pre-Tax)
Single	\$17.26
Double	\$34.84
Family	\$45.54

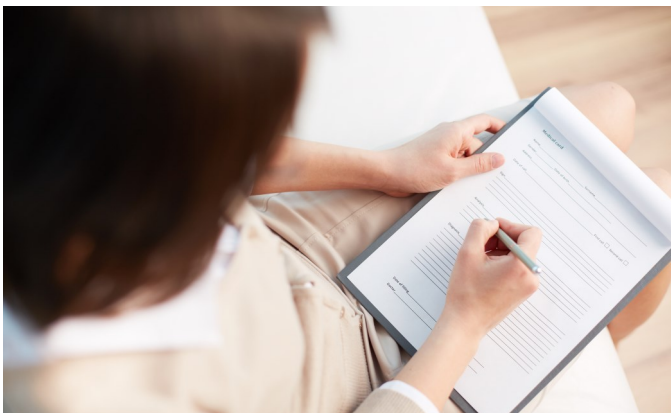
Premium Choice	Employee Cost (Pre-Tax)
Single	\$20.31
Double	\$41.01
Family	\$53.60

Am I Eligible for an HSA?

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

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

***If you do not qualify for an HSA, your City contribution will be frontloaded into an HRA. See page 10 for details.**



HealthEquity®
Building Health SavingsSM





Additional Term Life Coverage

Term Life Coverage reduces beginning at age 70

Coverage Amounts	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under Age 30	0.55	1.10	2.21	3.31	4.42	5.52	6.63	7.73	8.84	9.94	11.05
Age 30 to 34	0.60	1.20	2.39	3.59	4.79	5.98	7.18	8.38	9.57	10.77	11.97
Age 35 to 39	0.83	1.66	3.31	4.97	6.63	8.29	9.94	11.60	13.26	14.91	16.57
Age 40 to 44	1.01	2.03	4.05	6.08	8.10	10.13	12.15	14.18	16.20	18.23	20.25
Age 45 to 49	1.93	3.87	7.73	11.60	15.47	19.33	23.20	27.06	30.93	34.80	38.66
Age 50 to 54	2.35	4.69	9.39	14.08	18.78	23.47	28.17	32.86	37.56	42.25	46.95
Age 55 to 59	3.73	7.46	14.91	22.37	29.83	37.28	44.74	52.19	59.65	67.11	74.56
Age 60 to 69	6.31	12.61	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11

At age 70, rates remain the same and coverage decreases.

Bi-Weekly Rates	6.31	12.61	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
Age 70 to 74	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 75 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

Dependent Term Life

One premium regardless of number of children

Coverage Amount	Employee Cost
\$5,000	\$0.24
\$10,000	\$0.48
\$15,000	\$0.72

Accident Medical Expense

You must be enrolled in Optional AD&D

Coverage Amount	Employee Cost
\$2,500	\$0.54

Long Term Disability

System/Provider	Employee Cost
Tier I and II Public Employees/ The Hartford	\$16.00 Underwriting required beyond 60 days
Tier I Firefighters/ The Hartford	\$16.00 Underwriting required beyond 60 days
Tier II Firefighters/PEHP	Employer paid, automatic enrollment
Tier I and Tier II Sworn Police Officers/ The Hartford	Employer paid, automatic enrollment

AD&D Coverage

AD&D coverage ceases at age 70

Coverage Amount	Individual Plan Bi-Weekly Cost	Family Plan Bi-Weekly Cost
25,000	\$0.23	\$0.35
50,000	\$0.46	\$0.69
75,000	\$0.69	\$1.04
100,000	\$0.92	\$1.38
125,000	\$1.15	\$1.73
150,000	\$1.38	\$2.07
175,000	\$1.61	\$2.42
200,000	\$1.84	\$2.76
225,000	\$2.07	\$3.11
250,000	\$2.30	\$3.45

Accident Weekly Indemnity

You must be enrolled in Optional AD&D

Monthly Salary	Weekly Coverage Amount	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



HSA Account Limits

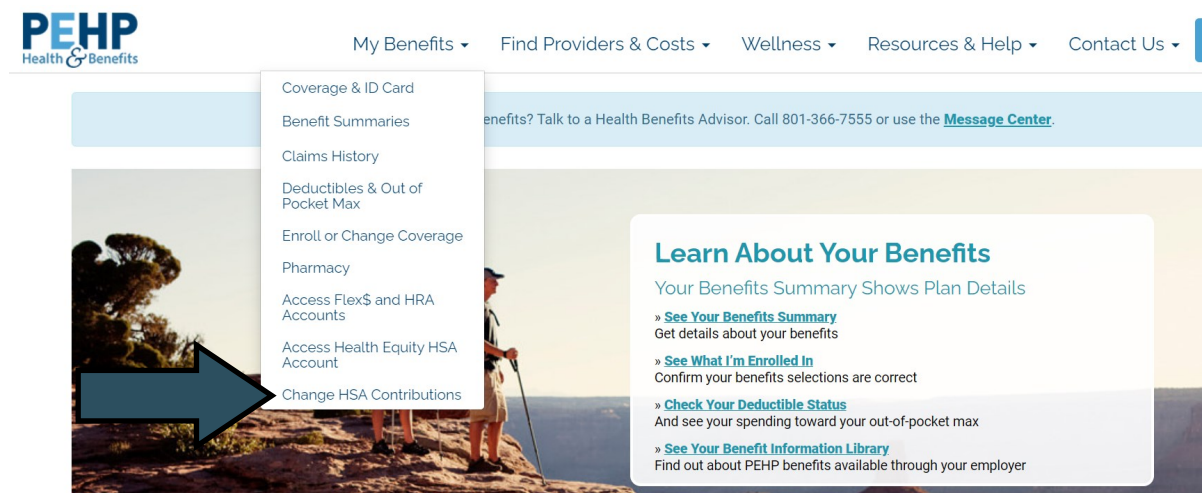


2022 HSA Contribution Limits	
Single Medical Coverage	\$3,650
Double or Family Medical Coverage	\$7,300
Age 55 or Older During the Year	Additional \$1,000

HSA contributions can be changed any time at PEHP

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

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



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

HSA Bank Name:
HEALTHEQUITY

Current HSA Contribution (per paycheck):
\$25.00

New - HSA Contribution (per paycheck)
\$ 25

Submit





Salt Lake City Funded Tax Savings Programs

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

Plan Specifics	Health Savings Account (HSA)	Health Reimbursement Account (HRA)
Who contributes to the account?	You and Salt Lake City You contribute with pre-tax payroll deductions up to your annual maximum. You are able to designate a bi-weekly contribution when you enroll. The amount can be changed any time at www.pehp.org Salt Lake City will frontload on July 1: <ul style="list-style-type: none">• \$750 for single coverage• \$1,500 for double and family coverage	Salt Lake City Only The annual City Frontload will no longer go into a Medical Flex Spending Account for employees not eligible for an HSA. It will go into the new HRA option (see page 2). If you are not eligible for a Health Savings Account, your SLC front-loaded funds will be added into an HRA for you. Salt Lake City will frontload on July 1: <ul style="list-style-type: none">• \$750 for single coverage• \$1,500 for double and family coverage
Annual Minimum	No Minimum	No Minimum
Annual Maximum <i>Limit is based on IRS tax year & HDHP enrollment status on the first day of every month</i>	Employee-only coverage: \$3,650 Family coverage: \$7,300 Age 55 and older can contribute an additional \$1,000 <i>Employer contributions count toward your total contribution limit.</i>	No Maximum
What is an Eligible Expense? <i>Refer to IRS Publication 502 at www.irs.gov</i>	Eligible out-of-pocket medical, prescription drugs, vision and dental expenses that are not covered by your medical or dental plans. For example, deductibles and coinsurances. IRS allows for certain insurance premiums like Long-Term Care and COBRA.	Eligible out-of-pocket medical, prescription drugs, vision and dental expenses that are not covered by your medical or dental plans. For example, deductibles and coinsurances.
Who can I spend these funds on?	<i>Refer to IRS Publication 969 at www.irs.gov</i>	<i>Refer to IRS Publication 969 at www.irs.gov</i>

Tax Savings Programs



Voluntary Tax Savings Programs

Plan Specifics	Limited Flexible Spending Account	Medical Flexible Spending Account (Medical FSA)
Who contributes to the account?	<p>You</p> <p>Eligible if you are enrolled in an HSA. You contribute with pre-tax payroll deductions up to the annual maximum. You designate an annual election amount when you enroll. These funds do not roll over from year to year; these are use-it-or-lose-it funds.</p>	<p>You</p> <p>You contribute with pre-tax payroll deductions up to the annual maximum. You designate an annual election amount when you enroll.</p> <p><i>*You may still enroll in a Medical FSA without being enrolled in the City's medical plan. No City contribution will be made.</i></p>
Annual Minimum	\$130	\$130
Annual Maximum <i>Limit is based on the IRS tax year</i>	\$2,850	\$2,850 <i>Employer contributions count toward your total contribution limit.</i>
What is an Eligible Expense? <i>Refer to IRS Publication 502 at www.irs.gov</i>	(Eligible HSA participants only) Eligible out-of-pocket dental, preventive and vision expenses only .	Eligible out-of-pocket medical, prescription drugs, vision and dental expenses that are not covered by your medical or dental plans. For example, deductibles and coinsurances.
Who can I spend these funds on?	<i>Refer to IRS Publication 969 at www.irs.gov</i>	<i>Refer to IRS Publication 969 at www.irs.gov</i>

Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account allows you to save pre-tax dollars to pay for qualified dependent care expenses for children up to age 13. To enroll in this program visit www.pehp.org or call 801-366-7503.

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

- Estimate your expenses carefully because you'll lose any unused balance at the end of the tax year, per IRS rules.





Step 1

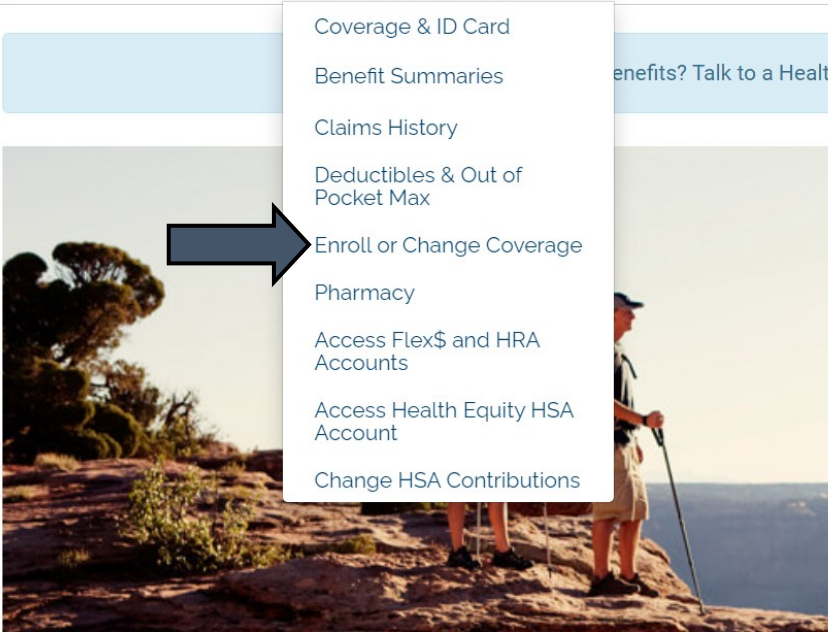
Visit www.pehp.org and locate the “myPEHP Login” on the right side of the page.

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

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



My Benefits ▾ Find Providers



- Coverage & ID Card
- Benefit Summaries
- Claims History
- Deductibles & Out of Pocket Max
- Enroll or Change Coverage**
- Pharmacy
- Access Flex\$ and HRA Accounts
- Access Health Equity HSA Account
- Change HSA Contributions

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

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

For help contact PEHP enrollment: 801-366-7410 or 800-753-7410

PEHP Customer Service Closes at 5pm on May 31st



Thinking About Retirement?



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

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

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

URS Retirement Resources

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

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

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

Your Health Savings Account (HSA) – HealthEquity

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





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

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

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

Questions about SLC360°? Contact the Benefits Team at 801-535-6600 or slc360@slcgov.com

Why Wellness Is Important

The SLC360° Wellness program is designed around preventive care. The more we can prevent illnesses or injuries from happening in the first place, the lower total healthcare costs will be City-wide. This will help keep your healthcare premiums low.

Participating in SLC360° will help you keep more money in your pockets and live a happier, healthier life!



What will you get with your points?

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

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

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

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

SLC Voluntary Benefits Updates



MetLife Legal Plan - No rate change for the new plan year (\$9.81 per check)

New services covered under the plan

- **Money Matters:** Tax Audit Representation
- **Home & Real Estate:** Boundary or Title Disputes, Home Equity Loans, Property Tax Assessment, Refinancing of Home, Sale or Purchase of Home, Security Deposit Assistance, Tenant Negotiations, Zoning Application
- **Family & Personal:** Immigration Assistance, Protection from Domestic Violence
- **Plus Parents:** Covered services available to parents and parents-in-law of plan participants.
- **Money Matters:** Identity Management Services, Promissory Notes
- **Estate Planning:** Codicils, Complex Wills, Healthcare Proxies, Living Wills, Powers of Attorney, Simple Wills
- **Family & Personal:** Affidavits, Demand Letters, Review of ANY Personal Legal Document
- **Elder-Care Issues:** Consultation & Document Review for your parents (deeds, leases, Medicaid, Medicare, notes, nursing home agreements, Powers of Attorney, prescription plans, wills)

As is the case with all covered services, we recommend that plan participants reach out directly to MetLife Legal Plans for additional details regarding all coverages and exclusions, **800-821-6400**.

VSP Vision Insurance - Current plan designs will remain as-is. Renewal rates reflect a 6.7% increase across all tiers. A new rate guarantee is locked in for 2-years.

The VSP network doctor list includes highly skilled and professionally certified optometrists and ophthalmologists. We choose our doctors carefully based on their professional licensing, work history, education, malpractice history, professional liability and ethics.



Value and Savings — Two Plan Options

Receive eyecare and eyewear at the location that's right for you. Choose a VSP doctor or another provider you already know and trust. Coverage features:

- Up to \$150 allowance on frames PLUS 20% savings on frame cost over your allowance each year
- Single vision, lined bifocal, or lined trifocal lenses covered each year
- Up to \$150 allowance on contact lenses after copay (instead of spectacle lenses) each year
- Get an extra \$20 to spend on featured frame brands, like bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more
- The enhanced EasyOptions plan offers all of the above plus an upgrade of your choice!

You will not be sent an insurance card for VSP. Give your provider your VSI ID.
Your VSP ID is 000 then your Employee ID.

For example, if your Employee ID is 123456, then your VSP ID is 000123456.

VSP Choice Core Plan (base plan)		
<u>Tier</u>	<u>Current Rates</u>	<u>Renewal Rates</u>
EE Only	\$2.41	\$2.57
EE + 1	\$4.82	\$5.14
EE + Child(ren)	\$5.16	\$5.50
EE + Family	\$8.23	\$8.78

VSP Choice Enhanced Plan (buy-up plan)		
<u>Tier</u>	<u>Current Rates</u>	<u>Renewal Rates</u>
EE Only	\$3.66	\$3.91
EE + 1	\$7.31	\$7.80
EE + Child(ren)	\$7.82	\$8.34
EE + Family	\$12.49	\$13.33





How to enroll online at www.SLCVoluntaryBenefits.com

Step 1

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

Step 2

The website provides access to benefits that are open year round, as well as benefits that are available exclusively during open enrollment. See the break down of these benefits on page 17.

Step 3

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

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

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

VOLUNTARY BENEFITS

Annual Enrollment:

- Accident Insurance
- Critical Illness
- Hospital Indemnity
- Legal Insurance
- Vision Care

Enroll Anytime:

- Auto Insurance
- Financial Wellness
- Home Insurance
- Identity Theft
- Loan Program
- Long Term Care
- Pet Insurance
- Purchasing Power
- Roadside Assistance

FEATURED BENEFIT



Take Advantage of
EXCLUSIVE SAVINGS
on Auto and Home Insurance

TRAVELERS

SPECIAL SAVINGS ON AUTO & HOM...
from Travelers

With the Travelers Auto and Home Insurance Program, you can save money on the coverages that fit your needs.

[Learn More](#)

BENEFITS SPOTLIGHT

GradFin

ka\$hable
low cost loans for employees

vsp
Vision care for life

CoreStream Customer Service: 1-888-935-9595





Voluntary Benefits Available at Open Enrollment Only

- **Accident Insurance (MetLife)** - Helps pay essential living expenses and costs not covered by your medical insurance. Family coverage available.
- **Critical Illness (MetLife)** - Provides you with a lump-sum payment, for specific covered illnesses that can be used to pay for expenses not usually covered by medical or disability income plans. Family coverage available.
- **Hospital Indemnity (MetLife)** - Complement your medical coverage by helping to ease the financial impact of a hospitalization. Family coverage available.
- **MetLife Legal** - Access legal services for many personal legal matters. Cancelling your coverage can only be done during Open Enrollment by submitting your request through www.slcvoluntarybenefits.com.
- **Vision Care (VSP)** - Receive eyecare and eyewear at the participating location right for you. Your VSP Member ID needed to use the benefit is 000 in front of your employee ID. No cards will be sent from VSP.

Voluntary Benefits Available Any Time

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

Bi-Weekly Deductions (except Discount Shopping)

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

Enroll by visiting www.SLCVoluntaryBenefits.com

Use your 6-digit employee ID to create your account

(employee ID can be found on your pay stub)





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

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

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

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



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

Examples of services include:

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

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

SLC Strong includes Police, Fire, Dispatch departments, including civilian positions.

For Public Employees:

Call: 855- 823-5389

www.guidanceresources.com

WEB ID: SLC

For First Responders (SLCStrong):

Call: 844-206-4097

www.guidanceresources.com

WEB ID: SLCPS



Contact Info



Mailing Address

PEHP

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

Websites

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



Telephone Numbers

PEHP Medical & Dental	
Customer Service	801-366-7555
Toll Free	800-765-7347
PEHP preauthorization of inpatient facility	
Main Line	801-366-7755
Toll Free	800-753-7754
PEHP preauthorization of inpatient mental health and substance abuse	
	801-366-7755
PEHP Group Term Life & Accident	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	
SLC Strong	855-823-5389 844-206-4097
Utah Retirement Systems	801-366-7770
SLC Voluntary Benefits	
Corestream Customer Service	888-935-9595
Hearing Care Solutions	866-344-7756
Kashable Short-Term Loans	646-663-4353
LifeLock	800-607-9174
Long Term Care Solutions	877-286-2852
MetLife/MetLife Legal	800-438-6388
Purchasing Power	800-903-0801
VSP Vision	800-877-7195
VPI Pet	877-798-7874
Human Resources	
Benefits Team	801-535-6600
Leave Coordination Team	801-535-7121
Benefits NEW Email	Benefits@slcgov.com



MEDICAL PLAN OVERVIEW

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

AA = Allowed Amount

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

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

MEDICAL PLAN OVERVIEW

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

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

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

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

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

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

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

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

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

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP)	
	In-Network Provider	Out-of-Network Provider*
<i>Pain Treatment Outpatient Facility/Surgical Suite</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
<i>Pain Treatment All services related to: Trigger Point, Sacroiliac Joint, Nerve Block, Epidural Steroid and/or Facet Injections</i>	90% of AA after deductible	70% of AA after deductible Member pays balance
Neuro-psychiatric Testing	100% of AA after deductible for each test up to \$350. 80% of AA after deductible for each test more than \$350	80% of AA after deductible Member pays balance
Office Visits		
<i>Employee Midtown Clinic</i>	100% of AA after deductible and \$10 copayment per visit	Not applicable
<i>PEHP e-Care After hours, weekends and holidays</i>	100% of AA after deductible and \$10 copayment per visit	Not applicable
<i>Primary Care Provider</i>	100% of AA after deductible and \$25 copayment per visit	80% of AA after deductible Member pays balance
<i>Specialist</i>	100% of AA after deductible and \$35 copayment per visit	80% of AA after deductible Member pays balance
<i>Urgent Care Provider</i>	100% of AA after deductible and \$45 copayment per visit	80% of AA after deductible Member pays balance
Out-of-State Coverage	For out-of-state providers, visit www.pehp.org or refer to your PEHP ID card. See the Master Policy for more information.	
Pain Clinics/Treatment	(Refer to Mental Health)	
Physical Therapy/ Occupational Therapy <i>Outpatient/Office</i> <i>Up to 20 combined visits per plan year. No Preauthorization required</i>	100% of AA after deductible and \$35 copayment per visit	80% of AA after deductible Member pays balance

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

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

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

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

AA = Allowed Amount

MEDICAL PLAN OVERVIEW

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

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

MEDICAL PLAN OVERVIEW

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

AA = Allowed Amount

DENTAL PLAN OVERVIEW

If you use an Out-of-Network Provider, your benefits will be reduced by 20%. Out-of-Network Providers may collect charges that exceed PEHP's In-Network Rate.

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

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

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

Missing Tooth Exclusion » Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with PEHP. Learn more in the Dental Master Policy. If coverage is provided by a PEHP medical plan, then there is no dental plan coverage.



A stylized silhouette of the Denver skyline, featuring various skyscrapers and buildings, set against a background of blue mountains. The foreground is a dark, textured area representing the city's base.

Notes

[illegible]



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