Look inside for important information about how to use your PEHP benefits.
Please check with your employer to see which benefits apply to you
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Welcome to PEHP

We want to make accessing and understanding your healthcare benefits simple. This Benefits Summary contains important information on how best to use PEHP’s comprehensive benefits.

Please contact the following PEHP departments or affiliates if you have questions.

**ON THE WEB**

» ........................................ www.pehp.org

Create a PEHP for Members account at www.pehp.org to review your claims history, get important information through our Message Center, see a comprehensive list of your coverages, find and compare providers in your network, access Healthy Utah rebate information, check your FLEX$ account balance, and more.

**CUSTOMER SERVICE**

............................. 801-366-7555

............................. or 800-765-7347

Weekdays from 8 a.m. to 5:30 p.m.

Have your PEHP ID or Social Security number on hand for faster service. Foreign language assistance available.

**PREAUTHORIZATION**

» Inpatient hospital preauthorization ........ 801-366-7755

............................. or 800-753-7754

**MENTAL HEALTH/SUBSTANCE ABUSE PREAUTHORIZATION**

» PEHP Customer Service .................. 801-366-7755

............................. or 800-765-7347

**PRESCRIPTION DRUG BENEFITS**

» PEHP Customer Service .................. 801-366-7555

............................. or 800-765-7347

» Express Scripts ......................... 800-903-4725

............................. www.express-scripts.com

**SPECIALTY PHARMACY**

» Accredo .............................. 800-501-7260

**PEHP FLEX$**

» PEHP FLEX$ Department ............... 801-366-7503

............................. or 800-753-7703

**HEALTH SAVINGS ACCOUNTS (HSA)**

» PEHP FLEX$ Department ............... 801-366-7503

............................. or 800-753-7703

» HealthEquity ........................... 866-960-8058

............................. www.healthequity.com/stateofutah

**PRENATAL AND POSTPARTUM PROGRAM**

» PEHP WeeCare ......................... 801-366-7400

............................. or 855-366-7400

............................. www.pehp.org/weecare

**WELLNESS AND DISEASE MANAGEMENT**

» PEHP Healthy Utah ..................... 801-366-7300

............................. or 855-366-7300

............................. www.pehp.org/healthyutah

» PEHP Health Coaching .................. 801-366-7300

............................. or 855-366-7300

» PEHP WeeCare ......................... 801-366-7400

............................. or 855-366-7400

............................. www.pehp.org/weecare

» PEHP Integrated Care (Ask for Member Services Nurse)

............................. 801-366-7555

............................. or 800-765-7347

**VALUE-ADDED BENEFITS PROGRAM**

» PEHPplus .............................. www.pehp.org/plus

» Blomquist Hale ......................... 800-926-9619

............................. www.blomquisthale.com

**ONLINE ENROLLMENT HELP LINE**

............................. 801-366-7410

............................. or 800-753-7410

**CLAIMS MAILING ADDRESS**

PEHP

560 East 200 South
Salt Lake City, UT 84102-2004
Benefits Changes & Reminders

Traditional Plan Copays
Copays remain the same, but some services are at different copay levels to better reflect comparative costs.

Use PEHP Cost Tools
You can now anticipate where your doctor is likely to send your lab and how much it may cost. You can also get dollar ratings for hospitals and other facilities. Compare costs in the Provider Lookup when you log in to PEHP for Members.

Send Secure Messages to PEHP
Have a question or can’t find what you’re looking for online? Log in to PEHP for Members and send us your questions via the Message Center. From the homepage, find “Messages” at the top-right.

Health Benefit Advisors
Need help deciding which plan to choose, whether to be covered by more than one plan, or different cost options for a service? Call a PEHP Health Benefit Advisor at 801-366-7555.

E-Care
Consult a doctor remotely with Intermountain Connect Care. Available on all PEHP networks.

Crisis & Life Assistance Counseling
You have access to counseling services with Blomquist Hale Employee Assistance. Crisis counseling is also available 24/7 and always confidential. PEHP pays 100% of the cost. Call 1-800-926-9619 for an appointment.

Invitro Fertilization Benefit
Beginning July 1, 2018, Traditional and STAR HSA Plan members have the option of using a one-time $4,000 benefit for invitro fertilization. Preauthorization is required. For more information, call 801-366-7755 or 800-753-7754.

Looking for Lower Drug Costs?
Search for coverage and pricing for any medication available through your drug benefit plan. Log in to PEHP for Members, go to MyBenefits and click on Express Scripts Personal Account. You’ll see medication prices from different pharmacies. To get the best deal, make sure you use the PEHP Preferred Drug List. You can call us for help, 801-366-7551 or 888-366-7551.
Autism Spectrum Disorder Benefit

A brief overview of PEHP’s Autism Spectrum Disorder coverage

Children ages 2-9 (stops on 10th birthday) are eligible for the benefit, which covers up to 600 hours per year of behavioral health treatment.

» Please call PEHP (801-366-7555 or 800-765-7347) for information about which autism spectrum disorders and services are covered.

» Therapeutic care includes services provided by speech therapists, occupational therapists, or physical therapists.

» Eligible Autism Spectrum Disorder services do not accrue separately, and are subject to the medical plan’s visit limits, regular cost sharing limitations – deductibles, co-payments, and coinsurance – and would apply to the out-of-pocket maximum.

» Mental health and speech therapy services require Preauthorization.

» No benefits for services received from out-of-network Providers. List of in-network providers is available at PEHP for Members at www.pehp.org or by calling PEHP (801-366-7555 or 800-765-7347).

» Regular medical benefits will apply (see benefits grid for applicable co-pay and coinsurance).
**MEDICAL**

The STAR HSA Plan » 25% discount on what you would normally pay an in-network provider.

Traditional Plan » $10 office co-pay

**SALT LAKE CITY**
- **Health Clinics of Utah**
  168 N 1950 W, Ste. 201 | 801-715-3500
- **Midtown Clinic**
  230 South 500 East, Suite 510 | 801-320-5660
- **RC Willey Employee Clinic**
  2301 South 300 West | 801-464-7900
- **WestTech Wellness Center**
  3605 S West Temple | 801-506-0000

**NORTH SALT LAKE**
- **Orbit Employee Clinic**
  845 Overland St. | 801-951-5888
- **FJM Clinic**
  31 N Redwood Rd, Suite 2 | 801-624-1634

**CLEARFIELD**
- **Futura Onsite Clinic**
  11 H Street | 801-774-3265

**LAYTON**
- **Onsite Care at Davis Hospital**
  1580 W. Antelope Dr., Suite 110 | 801-807-7699

**OGDEN**
- **Health Clinics of Utah**
  2540 Washington Blvd., Ste. 122 | 801-395-6499
- **FJM Clinic**
  1104 Country Hills Dr., Ste. 110 | 801-624-1633

**PROVO**
- **Health Clinics of Utah**
  150 E Center St., Ste. 1100 | 801-374-7011

**OREM**
- **Blendtec Health and Wellness Clinic**
  1206 S 1680 W | 801-225-1281

**LEHI**
- **OnSite Care at Mountain Point Medical**
  3000 Triumph Blvd, Ste. 320 | 801-753-4600

**INTERMOUNTAIN CONNECT CARE**

Available on all PEHP networks.

The STAR HSA Plan » $49 per visit or $10 per visit after deductible.

Traditional Plan » $10 per visit

Visit a doctor online anytime, anywhere.
- Stuffy and runny nose
- Allergies
- Sore throat
- Eye infections
- Cough
- Painful urination
- Lower back pain
- Joint pain or strains
- Minor skin problems

**DENTAL**

10% discount on what you would normally pay an in-network provider.

**SALT LAKE CITY**
- **Family Dental Plan**

**OGDEN**
- **Family Dental Plan**
  950 25th Street, #A | 801-395-7090

You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.
PEHP Value Providers

**COLONOSCOPY**

**Get Cash Back** » Get $55* cash back when you get your colonoscopy from one of these Value providers. You need to get the colonoscopy in the provider’s office or at an ambulatory surgical center to be eligible for $55 as this doesn't apply to hospitals, even if your doctor determines you must do it there. Remember you’ll always get the best pricing when you use a PEHP Value Provider.

**Utah Gastroenterology**

*Benefit isn’t available to Salt Lake County employees. Salt Lake City employees will receive $55 tax-free in an HSA. For all others, the cash back is subject to income taxes.*

**Advantage Network Members Note** – There is one Utah Gastroenterology location at which cash back is available, noted below with Advantage. You may visit providers at the other locations but the cash back only applies at one location. Summit, Capital, and Preferred Network members may use any of the facilities listed below and receive cash back.

- 6360 S 3000 E Ste 310, SLC (Advantage)
- 620 Medical Dr Ste 205, Bountiful
- 1250 E 3900 S Ste 360, SLC
- 13953 S Bangerter Pkwy, Draper
- 12391 S 4000 W, Riverton
- 3000 N Triumph Blvd, Ste 340, Lehi

**Granite Peaks Gastroenterology**

- 1393 E Sego Lilly Dr., Sandy
- 3000 N Triumph Blvd Ste 330, Lehi

**Revere Health**

- 1055 N. 500 W, Provo
- 1175 E. 50 S., American Fork

**Preventive Colonoscopy 50+**

The cash back applies even when it’s preventive and covered at 100%.

**Tip:** Be sure the anesthesia is considered “moderate or conscious” sedation as general anesthesia isn’t covered as part of the preventive service unless pre-authorized through PEHP. Also be aware that sometimes the colonoscopy can result in additional treatment or diagnosis where you would be responsible for some of the cost based on your benefit cost share.

**PRESRIPTION ASSISTANCE PROGRAMS**

PEHP has identified several medication-assistance programs which may help to reduce the cost of your medication. See if you may qualify.

**Rx Help Centers®**
http://rxhelpcenter.org/

**Patient Advocate Foundation®**
http://www.patientadvocate.org/

**Patient Access Network Foundation®**

**HealthWell Foundation®**
https://www.healthwellfoundation.org/
PEHP Value Providers

LABORATORIES

Visit these labs for exclusive PEHP member savings.

MULTIPLE LOCATIONS
The following laboratories have more than one location. For the location near you, visit the Provider Lookup at www.pehp.org.

Accupath Diagnostics
Advantage and Summit networks

Cedar Diagnostics LLC
Advantage and Summit networks

Esoterix
Advantage network only

Labcorp Inc
Advantage and Summit networks

Pathology Associates Medical Labs
Summit network only

Quest Diagnostics
Summit network only

BOUNTIFUL
Bountiful Health Center Lab
390 N Main St. | 801-294-1150
Advantage network only

MURRAY
Intermountain Central Lab
5252 S Intermountain Dr. | 801-535-8163
Summit network only

SALT LAKE CITY
IHC Health Center Salt Lake Clinic
333 S 900 E | 801-535-8163
Advantage and Summit networks

OUT-OF-STATE
ALBUQUERQUE, N.M.
Tricore Reference Laboratories
1001 Woodward Pl. NE | 505-938-8803
Summit network only

DENTAL

10% discount on what you would normally pay an in-network provider.

SALT LAKE CITY
Family Dental Plan

OGDEN
Family Dental Plan
950 25th Street, #A | 801-395-7090

Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.
PEHP Online Tools

**Access Benefits and Claims**

**WWW.PEHP.ORG**

Access important benefit tools and information by creating an online personal account at www.pehp.org.

» Receive important messages about your benefits and coverage through our Message Center.

» See your claims history — including medical, dental, and pharmacy. Search claims histories by member, plan, and date range.

» Become a savvy consumer using our Cost & Quality Tools.

» View and print plan documents, such as forms and Master Policies.

» Get a simple breakdown of the PEHP benefits in which you’re enrolled.

» Track your biometric results and access Healthy Utah rebates and resources.

» Access your FLEX$ account.

» Cut down on clutter by opting in to paperless delivery of explanation of benefits (EOBs). Opt to receive EOBs by email, rather than paper forms through regular mail, and you’ll get an email every time a new one is available.

» Change your mailing address.

**Access Your Pharmacy Account**

**WWW.EXPRESS-SCRIPTS.COM**

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

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

» Check prices.

» Check an order status.

» Locate a pharmacy.

» Refill or renew a prescription.

» Get mail-order instructions.

» Find detailed information specific to your plan, such as drug coverage, co-pays, and cost-saving alternatives.

**Find a Provider**

**WWW.PEHP.ORG**

Looking for a provider, clinic, or facility that is contracted with your plan? Look no farther than www.pehp.org. Go online to search for providers by name, specialty, or location.
Summit

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

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

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

Cache County
- Cache Valley Hospital

Carbon County
- Castleview Hospital

Davis County
- Lakeview Hospital
- Davis Hospital

Duchesne County
- Uintah Basin Medical Center

Garfield County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Cedar City Hospital

Juab County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Hospital
- Fillmore Community Hospital

Salt Lake County
- Huntsman Cancer Hospital
- Jordan Valley Hospital

Salt Lake County (cont.)
- Jordan Valley Hospital - West
- Lone Peak Hospital
- Primary Children’s Medical Center
- Riverton Children’s Unit
- St. Marks Hospital
- Salt Lake Regional Medical Center
- University of Utah Hospital
- University Orthopaedic Center

San Juan County
- Blue Mountain Hospital
- San Juan Hospital

Sanpete County
- Gunnison Valley Hospital
- Sanpete Valley Hospital

Sevier County
- Sevier Valley Hospital

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Uintah County
- Ashley Valley Medical Center

Utah County
- Mountain View Hospital
- Timpanogos Regional Hospital
- Mountain Point Medical Center

Wasatch County
- Heber Valley Medical Center

Washington County
- Dixie Regional Medical Center

Weber County
- Ogden Regional Medical Center

No-Pay Providers

PEHP doesn’t pay for any services from certain providers, even if you have an out-of-network benefit. See List of No-Pay Providers at pehp.org

Advantage

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

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital

Cache County
- Logan Regional Hospital

Carbon County
- Castleview Hospital

Davis County
- Davis Hospital

Duchesne County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Cedar City Hospital

Juab County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Hospital
- Fillmore Community Hospital

Salt Lake County
- Alta View Hospital
- Intermountain Medical Center

Salt Lake County (cont.)
- The Orthopedic Specialty Hospital (TOSH)
- LDS Hospital
- Primary Children’s Medical Center
- Riverton Hospital

San Juan County
- Blue Mountain Hospital
- San Juan Hospital

Sanpete County
- Gunnison Valley Hospital
- Sanpete Valley Hospital

Sevier County
- Sevier Valley Hospital

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Uintah County
- Ashley Valley Medical Center

Utah County
- American Fork Hospital
- Orem Community Hospital
- Utah Valley Hospital

Wasatch County
- Heber Valley Medical Center

Washington County
- Dixie Regional Medical Center

Weber County
- McKay Dee Hospital

Preferred

Consists of all providers and facilities in both the Summit and Advantage networks.
Understanding Your Benefits Grid

**MEDICAL DEDUCTIBLE**
The set dollar amount that you must pay for yourself and/or your family members before PEHP begins to pay for covered medical benefits. Some plans might also have a separate pharmacy deductible.

**PLAN YEAR OUT-OF-POCKET MAXIMUM**
The maximum dollar amount that you and/or your family pays each year for covered medical services in the form of copayments and coinsurance (and deductibles for STAR HSA plans). Some plans might also have separate out-of-pocket maximums for mental health & substance abuse and for specialty drug charges.

**CO-PAY**
A specific amount you pay directly to a provider when you receive covered services. This can be either a fixed dollar amount or a percentage of the PEHP In-Network Rate.

**IN-NETWORK**
In-network benefits apply when you receive covered services from in-network providers. You are responsible to pay the applicable copayment.

**OUT-OF-NETWORK**
If your plan allows the use of out-of-network providers, out-of-network benefits apply when you receive covered services. You are responsible to pay the applicable co-pay, plus the difference between the billed amount and PEHP’s In-Network Rate.

**IN-NETWORK RATE**
The amount in-network providers have agreed to accept as payment in full. If you use an out-of-network provider, you will be responsible to pay your portion of the costs as well as the difference between what the provider bills and the In-Network Rate (balance billing). In this case, the allowed amount is based on our in-network rates for the same service.

For more definitions, please see the Master Policy.
Understanding In-Network Providers

It’s important to understand the difference between in-network and out-of-network providers and how the In-Network Rate works to avoid unexpected charges.

### In-Network Rate

Doctors and facilities contracted in your network — in-network providers — have agreed not to charge more than PEHP’s In-Network Rate for specific services. Your benefits are often described as a percentage of the In-Network Rate. With in-network providers, you pay a predictable amount of the bill: the remaining percentage of the In-Network Rate. For example, if PEHP pays your benefit at 80% of In-Network Rate, your portion of the bill generally won’t exceed 20% of the In-Network Rate.

### Balance Billing

It’s a different story with out-of-network providers. They may charge more than the In-Network Rate unless they have an agreement with you not to. These doctors and facilities, who aren’t a part of your network, have no pricing agreement with PEHP. The portion of the benefit PEHP pays is based on what we would pay an in-network provider. You’ll be billed the full amount that the provider charges above the In-Network Rate. This is called “balance billing.” Understand that charges to you may be substantial if you see an out-of-network provider. Your plan generally pays a smaller percentage of the In-Network Rate, and you’ll also be billed for any amount charged above the In-Network Rate.

### Negotiate a Price

**Don’t get Balance Billed:** Although non-contracted providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.

The amount you pay for charges above the In-Network Rate won’t apply to your deductible or out-of-pocket maximum.

### Consider Your Options

Carefully choose your network based on the group of medical providers you prefer or are more likely to see. See the Medical Networks comparison in this book or go to www.pehp.org and log in to PEHP for Members to see which network includes your doctors.

Ask questions before you get medical care. Make sure every person and every facility involved is contracted in your network.

Although out-of-network providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.

**Learn More » Your Network and Your Money**

Go to www.pehp.org, log into PEHP for Members, and click on **Find and Select a Provider** under the **myBenefits** menu to find a doctor or facility in your network.
Health Savings Accounts

About Health Savings Account (HSA)

An HSA is a tax-advantaged, interest-bearing account. Your money goes in tax free, grows tax free, and can be spent on qualified health expenses tax free. An HSA can be a great way to save for health expenses in both the short and long term.

An HSA is similar to a flexible spending account; you contribute pre-tax dollars to pay for eligible health expenses.

An HSA has several advantages. You never have to forfeit what you don’t spend. Your money carries over from year-to-year and even from employer-to-employer. All the while, an HSA can earn tax-free interest in a savings account.

You can also contribute to an HSA much like you would a 401(k). You decide how many pre-tax dollars you want withheld from each paycheck, and earnings grow tax free.

Eligible HSA expenses include deductibles and Co-Insurance, as well as health expenses that are eligible to be paid with a medical flexible spending account.

HSA Eligibility

To be eligible for the HSA the following things must apply to you:

» You’re not participating in or covered by a flexible spending account (FSA) or HRA or their balances will be $0 on or before June 30.

» You’re not covered by another health plan (unless it’s another HSA-qualified plan).

» You’re not covered by Medicare or TRICARE.

» You’re not a dependent of another taxpayer.

Banking with HealthEquity

PEHP has an arrangement with HealthEquity to handle your HSA. The USU-Eastern will make your HSA contributions through PEHP to HealthEquity into your account. You are responsible for the management of your HSA funds once they are in the account.

For More Information

For more information about HSAs go to:
www.pehp.org/thestarplan,
www.healthequity.com/stateofutah,

2018 HSA IRS Limits

Single: $3,450
Double/Family: $6,900
55+ Catch-up contribution: $1,000

Learn more: www.pehp.org/thestarplan | www.healthequity.com/stateofutah
Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

<table>
<thead>
<tr>
<th>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</th>
<th><strong>YOU PAY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductible</strong></td>
<td>$1,500 single plan, $3,000 double or family plan</td>
</tr>
<tr>
<td><strong>Plan Year Out-of-Pocket Maximum</strong></td>
<td>$2,500 single plan, $5,000 double plan, $7,500 family plan</td>
</tr>
</tbody>
</table>

### INPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Surgical</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Hospice</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

### OUTPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Facility and Ambulatory Surgery</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Ambulance (ground or air)</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Diagnostic Tests, X-rays, Minor</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Chemotherapy, Radiation, and Dialysis</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible, Dialysis requires preauthorization</td>
</tr>
<tr>
<td>Physical and Occupational Therapy</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

*You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers. They may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.
<table>
<thead>
<tr>
<th>PROFESSIONAL SERVICES</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Physician Visits</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Surgery and Anesthesia</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>PEHP e-Care</td>
<td>Medical: $10 co-pay per visit after deductible. Mental Health: Standard benefits apply after deductible. See PEHP Value Options benefits page for details</td>
<td>Not applicable</td>
</tr>
<tr>
<td>PEHP Value Clinics</td>
<td>Medical: 20% of In-Network Rate after deductible</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Primary Care Office Visits and Office Surgeries</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Specialist Office Visits and Office Surgeries</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Emergency Room Specialist</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate</td>
</tr>
<tr>
<td>Diagnostic Tests, X-rays</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>Outpatient: 20% of In-Network Rate after deductible</td>
<td>Outpatient: 40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td></td>
<td>Inpatient: 20% of In-Network Rate after deductible</td>
<td>Inpatient: 40% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>

**PRESCRIPTION DRUGS**  All pharmacy benefits for The STAR HSA Plan are subject to the deductible

<p>| 30-day Pharmacy                                           | Tier 1: $10 co-pay                                      | Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance |
|                                                          | Tier 2: 25% of discounted cost. $25 minimum, no maximum co-pay |                                             |
|                                                          | Tier 3: 50% of discounted cost. $50 minimum, no maximum co-pay |                                             |
| 90-day Pharmacy                                           | Tier 1: $20 co-pay                                      | Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance |
|                                                          | Tier 2: 25% of discounted cost. $50 minimum, no maximum co-pay |                                             |
|                                                          | Tier 3: 50% of discounted cost. $100 minimum, no maximum co-pay |                                             |
| Specialty Medications, retail pharmacy                   | Tier A: 20%. No maximum co-pay                         | Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance |
|                                                          | Tier B: 30%. No maximum co-pay                         |                                             |
| Specialty Medications, office/outpatient                 | Tier A: 20% of In-Network Rate. No maximum co-pay       | Tier A: 40% of In-Network Rate. Tier B: 50% of In-Network Rate. |
|                                                          | Tier B: 30% of In-Network Rate. No maximum co-pay       |                                             |
| Specialty Medications, through specialty vendor Accredo  | Tier A: 20%. $150 maximum co-pay                        | Not covered                                  |
|                                                          | Tier B: 30%. $225 maximum co-pay                        |                                             |
|                                                          | Tier C: 20%. No maximum co-pay                         |                                             |</p>
<table>
<thead>
<tr>
<th>MISCELLANEOUS SERVICES</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption or Assisted Reproductive Technology (ART)</td>
<td>20% after deductible, up to $4,000 per adoption or up to $4,000 per lifetime for ART</td>
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<td>Affordable Care Act Preventive Services</td>
<td>No charge</td>
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<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>20% of In-Network Rate after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Dental Accident</td>
<td>20% of In-Network Rate after deductible</td>
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</tr>
<tr>
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<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
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<td>70% of In-Network Rate after deductible</td>
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<tr>
<td>Injections</td>
<td>20% of In-Network Rate after deductible</td>
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<td>Temporomandibular Joint Dysfunction</td>
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<td>70% of In-Network Rate after deductible</td>
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Getting a Credit After You Reach Your Out-of-Pocket Maximum

Total costs can vary for big-ticket healthcare procedures among Utah hospitals. Here’s an example generated by PEHP’s Cost Calculator.

Knee replacement - full

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis Hospital; Jordan Valley Hospital; Jordan Valley West Hospital; Mountain Point Medical Center; Salt Lake Regional Hospital</td>
<td>$250 credit</td>
</tr>
</tbody>
</table>

Below is a list of credits that apply for procedures listed on the next page for the The STAR Plan or Utah Basic Plus on the Summit network.

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garfield County Garfield Memorial Hospital</td>
<td>$250 credit</td>
</tr>
<tr>
<td>Salt Lake County Huntsman Cancer Hospital Primary Children’s Medical Center Riverton Children’s Unit University Orthopaedic Center St. Marks Hospital Lone Peak Hospital University of Utah Hospital San Juan County Blue Mountain Hospital San Juan Hospital Sanpete County Gunnison Valley Hospital Sanpete Valley Hospital Sevier County Sevier Valley Medical Center Summit County Park City Medical Center Tooele County Mountain View Hospital Timpanogos Regional Hospital Utah County Mountain View Hospital Timpanogos Regional Hospital Wasatch County Heber Valley Medical Center Washington County Dixie Regional Medical Center Weber County Ogden Regional Medical Center</td>
<td>Your out-of-pocket maximum lowered by $250</td>
</tr>
</tbody>
</table>

THESE APPLY ONLY WHEN YOU HAVE THE SUMMIT NETWORK

The hospitals below are part of the Summit network but have no credit:

Beaver County Beaver Valley Hospital Milford Valley Memorial Hospital Box Elder County Bear River Valley Hospital Brigham City Community Hospital Cache County Cache Valley Hospital Carbon County Castleview Hospital 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 Primary Children’s Medical Center Riverton Children’s Unit University Orthopaedic Center St. Marks Hospital Lone Peak Hospital University of Utah Hospital San Juan County Blue Mountain Hospital San Juan Hospital Sanpete County Gunnison Valley Hospital Sanpete Valley Hospital Sevier County Sevier Valley Medical Center Summit County Park City Medical Center Tooele County Mountain View Hospital Timpanogos Regional Hospital Utah County Mountain View Hospital Timpanogos Regional Hospital Wasatch County Heber Valley Medical Center Washington County Dixie Regional Medical Center Weber County Ogden Regional Medical Center
Applicable Procedures

*Inpatient only*

**BACK**
Various spinal fusion surgeries

**COLON**
Colon surgery

**HEART**
- Carotid endarterectomy with other medical conditions
- Valve replacement and repair
- Heart bypass (CABG)
- Angioplasty (PTCA) with drug-eluting stent

**HERNIA**
Hernia repair, except inguinal and femoral for adults

**HIP**
Hip replacement

**KNEE**
Knee replacement

**MASTECTOMY**
Total mastectomy for cancer

**SHOULDER**
Shoulder replacement

Depending on where you choose to have these procedures performed, you may be eligible for a credit toward your out-of-pocket maximum.

To find out if your procedure is eligible, get the five-digit CPT (Current Procedural Technology) code from your doctor and call PEHP. With the information, we can tell you if your procedure may trigger the credit. However, neither we nor the facility can guarantee how the procedure will be billed until after you’re discharged. Everything that happens during your inpatient stay affects the final billing. The final billing determines if the procedure is eligible for the credit.
**Traditional (Non-HSA)**

Summit, Advantage & Preferred

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

### DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS

<table>
<thead>
<tr>
<th>Plan Year Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>$350 per individual, $700 per family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan year Out-of-Pocket Maximum**</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,000 per individual, $6,000 per double, $9,000 per family</td>
</tr>
</tbody>
</table>

### INPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th>Medical and Surgical</th>
<th>20% of In-Network Rate after deductible</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>All out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skilled Nursing Facility</th>
<th>20% of In-Network Rate after deductible</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-custodial Up to 60 days per plan year. Requires preauthorization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospice</th>
<th>20% of In-Network Rate after deductible</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 6 months in a 3-year period. Requires preauthorization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rehabilitation</th>
<th>20% of In-Network Rate after deductible</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 45 days per plan year. Requires preauthorization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health and Substance Abuse</th>
<th>20% of In-Network Rate after deductible</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires preauthorization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OUTPATIENT FACILITY SERVICES

<table>
<thead>
<tr>
<th>Outpatient Facility and Ambulatory Surgery</th>
<th>20% of In-Network Rate after deductible</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical emergencies only, as determined by PEHP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambulance (ground or air)</th>
<th>20% of In-Network Rate after deductible</th>
<th>20% of In-Network Rate after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical emergencies only, as determined by PEHP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Room</th>
<th>20% of In-Network Rate, minimum $150 co-pay per visit</th>
<th>20% of In-Network Rate, minimum $150 co-pay per visit, plus any balance billing above In-Network Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urgent Care Facility</th>
<th>$45 co-pay per visit</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Diagnostic Tests, X-rays</th>
<th>20% of In-Network Rate after deductible</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Chemotherapy, Radiation, and Dialysis</th>
<th>20% of In-Network Rate after deductible</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis requires preauthorization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical and Occupational Therapy</th>
<th>Applicable office co-pay per visit</th>
<th>40% of In-Network Rate after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for **Out-of-Network Providers**. They may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

**Some services on your plan are payable at a reduced benefit of 50% of In-Network Rate or 30% of In-Network Rate. These services do not apply to any out-of-pocket maximum. Deductible may apply. Refer to the Master Policy for specific criteria for the benefits listed above, as well as information on limitations and exclusions.
### Professional Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Physician Visits</strong></td>
<td>Applicable office co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td><strong>Surgery and Anesthesia</strong></td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td></td>
<td>Includes Office-based Surgeries</td>
<td></td>
</tr>
<tr>
<td><strong>PEHP e-Care</strong></td>
<td>Medical: $10 co-pay per visit. Mental Health: Standard benefits apply. See PEHP Value Options benefits page for details</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>PEHP Value Clinics</strong></td>
<td>Medical: $10 co-pay per visit</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Primary Care Office Visits</strong></td>
<td>$25 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td></td>
<td>Intermountain or University of Utah Medical Group: $35 co-pay per visit</td>
<td></td>
</tr>
<tr>
<td><strong>Specialist Office Visits</strong></td>
<td>$35 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td></td>
<td>Intermountain or University of Utah Medical Group: $45 co-pay per visit</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room Specialist</strong></td>
<td>$35 co-pay per visit</td>
<td>$35 co-pay per visit, plus any balance billing above In-Network Rate</td>
</tr>
<tr>
<td></td>
<td>Intermountain or University of Utah Medical Group: $45 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td><strong>Diagnostic Tests, X-rays</strong></td>
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</tr>
<tr>
<td><strong>Mental Health and Substance Abuse</strong></td>
<td>$35 co-pay per visit</td>
<td>Outpatient: 40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td></td>
<td>Intermountain or University of Utah Medical Group: $45 co-pay per visit</td>
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</tr>
</tbody>
</table>

### Prescription Drugs

<table>
<thead>
<tr>
<th>Service</th>
<th>Tier 1: $10 co-pay</th>
<th>Tier 2: 25% of discounted cost. $25 minimum, no maximum co-pay</th>
<th>Tier 3: 50% of discounted cost. $50 minimum, no maximum co-pay</th>
<th>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30-day Pharmacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>90-day Pharmacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance only</td>
<td>Tier 1: $20 co-pay</td>
<td>Tier 2: 25% of discounted cost. $50 minimum, no maximum co-pay</td>
<td>Tier 3: 50% of discounted cost. $100 minimum, no maximum co-pay</td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
</tr>
<tr>
<td><strong>Specialty Medications, retail pharmacy</strong></td>
<td>Tier A: 20%. No maximum co-pay</td>
<td>Tier B: 30%. No maximum co-pay</td>
<td>Tier A: 20%. No maximum co-pay</td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
</tr>
<tr>
<td>Up to 30-day supply</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty Medications, office/outpatient</strong></td>
<td>Tier A: 20% of In-Network Rate after deductible</td>
<td>Tier B: 30% of In-Network Rate after deductible</td>
<td>Tier A: 40% of In-Network Rate after deductible. Tier B: 50% of In-Network Rate after deductible.</td>
<td>Tier A: 20%. $150 maximum co-pay Tier B: 30%. $225 maximum co-pay Tier C: 20%. No maximum co-pay</td>
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<td>Up to 30-day supply</td>
<td></td>
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<td></td>
<td></td>
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</table>

**PEHP e-Care**: $10 co-pay per visit. 
**Mental Health**: Standard benefits apply. See PEHP Value Options benefits page for details.

Not applicable.
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<thead>
<tr>
<th>MISCELLANEOUS SERVICES</th>
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Important Benefit Change After You Reach Your Out-of-Pocket Maximum

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**Knee replacement - full**

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<th>Credit</th>
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<tr>
<td>Davis Hospital; Jordan Valley Hospital; Jordan Valley Hospital - West; Mountain Point Medical Center; Salt Lake Regional Hospital</td>
<td>$250 credit Your out-of-pocket maximum lowered by $250</td>
</tr>
</tbody>
</table>

Below is a list of credits that apply for procedures listed on the next page for the Traditional (non-HSA) Plan on the Summit network.

**Facility Name**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis Hospital; Jordan Valley Hospital; Jordan Valley Hospital - West; Mountain Point Medical Center; Salt Lake Regional Hospital</td>
<td>$250 credit Your out-of-pocket maximum lowered by $250</td>
</tr>
</tbody>
</table>

**THESE APPLY ONLY WHEN YOU HAVE THE SUMMIT NETWORK**

The hospitals below are part of the Summit network but have no credit:

- **Beaver County**
  - Beaver Valley Hospital
  - Milford Valley Memorial Hospital
- **Box Elder County**
  - Bear River Valley Hospital
  - Brigham City Community Hospital
- **Cache County**
  - Cache Valley Hospital
- **Carbon County**
  - Castleview Hospital
- **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
  - Primary Children’s Medical Center
  - Riverton Children’s Unit
  - University Orthopaedic Center
  - St. Marks Hospital
  - Lone Peak Hospital
  - University of Utah Hospital
- **San Juan County**
  - Blue Mountain Hospital
  - San Juan Hospital
- **Sanpete County**
  - Gunnison Valley Hospital
  - Sanpete-Valley Hospital
- **Sevier County**
  - Sevier Valley Medical Center
- **Summit County**
  - Park City Medical Center
- **Tooele County**
  - Mountain West Medical Center
- ** Uintah County**
  - Ashley Valley Medical Center
- **Utah County**
  - Mountain View Hospital
  - Timpanogos Regional Hospital
- **Washington County**
  - Lone Peak Medical Center
- **Webster County**
  - Ogden Regional Medical Center
Wellness and Value-Added Benefits

PEHP Healthy Utah

PEHP Healthy Utah is an employee health promotion program aimed at enhancing the well-being of members by increasing awareness of health risks and providing support in making health-related lifestyle changes. PEHP Healthy Utah offers a variety of programs, services, cash incentives*, and resources to help members get and stay well.

Subscribers and their spouses are eligible to attend one Healthy Utah biometric testing session each plan year free of charge. PEHP Healthy Utah is offered at the discretion of the Employer.

FOR MORE INFORMATION
PEHP Healthy Utah, 801-366-7300 or 855-366-7300
» Email: healthyutah@pehp.org
» Web: www.pehp.org/members/pehp-healthy-utah

PEHP WeeCare

PEHP WeeCare is a pregnancy and postpartum program provided to support and educate PEHP members. PEHP WeeCare’s goal is to help expectant mothers have the healthiest and safest pregnancy possible. Members can enroll online at any time during pregnancy up to 12 months after delivery.

Participate in PEHP WeeCare and receive free books and educational resources. While PEHP WeeCare is not intended to take the place of your doctor, it’s another resource for answers to questions during pregnancy. Cash incentives are available for enrolling and for postpartum weight loss.

FOR MORE INFORMATION
PEHP WeeCare
801-366-7400 | 855-366-7400
» E-mail: weecare@pehp.org
» Web: www.pehp.org/members/pehp-weecare

PEHP Health Coaching

PEHP Health Coaching is a lifestyle behavior change program available to subscribers and spouses with a body mass index (BMI) of 30 or greater. This benefit provides education, support, and cash incentives to help members engage in improving their health by forming action plans, setting goals, and following up monthly with a health coach.

Rebates are paid based on completing participation requirements rather than on weight loss. Enrolled members will work with a coach for 6-12* months, with the opportunity to receive a $50 rebate at the end of each 6-month interval.

The program is designed to help members achieve a healthy weight by learning how to form and sustain healthy habits. With this approach, members’ focus can go beyond weight loss to the greater benefits of lasting health and well-being. Interested members can enroll by logging on to www.pehp.org, then selecting My Health > PEHP Wellness > PEHP Health Coaching.

*Length of enrollment and participation requirements will depend on a member’s initial BMI.

FOR MORE INFORMATION
PEHP Health Coaching, 801-366-7300 | 855-366-7300
» E-mail: healthcoaching@pehp.org
» Web: www.pehp.org/members/pehp-health-coaching

If you are unable to meet the medical standards to qualify for the program because it is medically unadvisable or unreasonably difficult due to a medical condition, upon written notification, PEHP shall provide you with a reasonable alternative standard to qualify for the program. The total amount of rewards cannot be more than 30% of the cost of employee-only coverage under the plan.

*FICA tax may be withheld from all wellness rebates. This will slightly lower any amount you receive. PEHP will mail additional tax information to you after you receive your rebate. Consult your tax advisor if you have any questions.
Wellness and Value-Added Benefits

**PEHP Plus**

PEHPplus provides savings of up to 60 percent on a wide assortment of healthy lifestyle products and services, such as eyewear, gyms, Lasik, and hearing. We're frequently adding new discounts, so check it out at www.pehp.org/plus.

**Life Assistance Counseling**

PEHP pays for members to use Blomquist Hale Consulting for distressing life problems such as: marital struggles, financial difficulties, drug and alcohol issues, stress, anxiety, depression, despair, death in family, issues with children, and more. Blomquist Hale Life Assistance Counseling is a confidential counseling and wellness service provided to members and covered at 100% by PEHP.

**FOR MORE INFORMATION**

Blomquist Hale, 800-926-9619

» Web: www.blomquishale.com
**PEHP Eyewear Only (Plan F)**

### SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 Copay, $130 allowance, 80% of charge over $130</td>
<td>Up to $65</td>
<td></td>
</tr>
<tr>
<td><strong>Standard Plastic Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$10 Copay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 Copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 Copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 Copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Standard Progressive Lens</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$95</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$105</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$120</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$75, 80% of charge less $120 allowance</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Lens Options</strong> (paid by the member in addition to the price of the lenses)</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>UV Treatment</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Plastic Scratch Coating</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Polycarbonate–Adults</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Polycarbonate–Kids under 19</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45</td>
<td>N/A</td>
</tr>
<tr>
<td>Premium Anti-Reflective Coating ²</td>
<td>$57 – $68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$57</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 3</td>
<td>80% of charge</td>
<td>N/A</td>
</tr>
<tr>
<td>Photochromic/Transitions</td>
<td>$75</td>
<td>N/A</td>
</tr>
<tr>
<td>Polarized</td>
<td>20% off retail price</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Add-Ons and Services</td>
<td>20% off retail price</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| **Contact Lenses** (Contact lens allowance includes materials only) | $0 | N/A |
| Conventional          | $0 Copay, $130 Allowance, 85% of charge over $130 | Up to $104 |
| Disposable            | $0 Copay, $130 Allowance, plus off balance over $130 | Up to $104 |
| Medically Necessary   | $0 Copay, Paid in Full | Up to $200 |

| **Laser Vision Correction** | $2.94 | N/A |
| LASIK or PRK from U.S. Laser Network | off the retail price or 5% off the promotional price | N/A |

| **Additional Pairs Discount** | $6.40 | N/A |
| nbers also receive a 40% discount off complete pair eyejjglasses purchase and 15% off conventional contact lenses once the funded benefit has been used. |

### Frequency

- **Lenses or Contact Lenses**: Once every 12 months
- **Frame**: Once every 12 months

### Additional Discounts (Additional discounts are not insured benefits)

- Complete pair of prescription eyeglasses: 40% off
- Non-prescription sunglasses: 20% off
- Remaining balance beyond plan coverage: 20% off

| **Premium– Monthly** | $6.38 |
| **Subscriber**       | $10.15 |
| **Subscriber + 1**   | $13.91 |

Benefits are not provided from services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing. Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures. Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment, safety eyewear. Services provided as a result of any workers’ compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof. Mono (non-prescription) lenses, Non-prescription sunglasses. Two pair of glasses in lieu of bifocals. Services or materials provided by any other group benefit plan providing vision care. Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured Person are within 30 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount or promotional offering, or other group benefit plans. Standard/ Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. *Premium progressives and premium anti-reflective designations are subject to an annual review by EyeMed’s Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.*
### PEHP Full (Plan H)

#### SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam With Dilation as Necessary</td>
<td>$10 Co-pay</td>
<td>Up to $30</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td>Frames</td>
<td>$0 Co-pay, $100 Allowance, 80% of charge over $100</td>
<td>Up to $50</td>
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<tr>
<td>Standard Plastic Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$10 Co-pay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 Co-pay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 Co-pay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Premium Progressive Lens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$120</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$120</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$120</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$120</td>
<td>Up to $40</td>
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<tr>
<td>Lenticular</td>
<td></td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lens Options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UV Treatment</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Tint (Solid and Gradiant)</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Plastic Scratch Coating</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Polycarbonate–Adults</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Polycarbonate–Kids under 19</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45</td>
<td>N/A</td>
</tr>
<tr>
<td>Premium Anti-Reflective Coating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$57-$68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$57</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$68</td>
<td>N/A</td>
</tr>
<tr>
<td>80% of charge</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Photocromic/Transitions</td>
<td>$75</td>
<td>N/A</td>
</tr>
<tr>
<td>Polarized</td>
<td>20% off retail</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Add-Ons and Services</td>
<td>20% off retail</td>
<td>N/A</td>
</tr>
<tr>
<td>Contact Lens Fit and Follow-Up</td>
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<td></td>
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<tr>
<td>Standard Contact Lens Fit &amp; Follow-Up</td>
<td>Up to $55</td>
<td>N/A</td>
</tr>
<tr>
<td>Premium Contact Lens Fit &amp; Follow-Up</td>
<td>10% off retail price</td>
<td>N/A</td>
</tr>
<tr>
<td>Contact Lenses (Contact lens allowance includes materials only)</td>
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<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 Co-pay, $120 Allowance, 85% of charge over $120</td>
<td>Up to $96</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 Co-pay, $120 Allowance, plus balance over $120</td>
<td>Up to $96</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$0 Co-pay, paid-in-full</td>
<td>Up to $200</td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LASIK or PRK from U.S. Laser Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td>$3.40</td>
<td></td>
</tr>
<tr>
<td>$5.56</td>
<td>% off the retail price or 5% off the promotional price</td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$3.40</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>$5.56</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>80% of charge</td>
<td></td>
</tr>
<tr>
<td>Photochromic/Transitions</td>
<td>20% off retail</td>
<td></td>
</tr>
<tr>
<td>Polarized</td>
<td>20% off retail</td>
<td></td>
</tr>
<tr>
<td>Other Add-Ons and Services</td>
<td>20% off retail</td>
<td></td>
</tr>
</tbody>
</table>

#### Frequency

- **Examination**
  - Once every 12 months
- **Lenses or Contact Lenses**
  - Once every 12 months
- **Frame**
  - Once every 12 months
- **Premiums—monthly**
  - **Subscriber**
    - $7.39
  - **Subscriber + 1**
    - $12.09
  - **Family**
    - $16.76

Benefits are not provided from services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing. Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures. Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment, safety eyewear. Services provided as a result of any workers’ compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof (non-prescription) lenses, non-prescription sunglasses. Two pair of glasses in lieu of bifocals. Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured Person are within 30 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered — fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed’s Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.
### Opticare of Utah

**Exam + Eyewear**  
**10-175/150C**  
**Eyewear Only (NO Eye Exam)**

1901 West Parkway Blvd. SLC, UT 84119  
Phone: (801)-869-2020  
Fax: (801) 954-0054

Plan Options: 10-175/150C Full Benefits-(Eye Exam + Eyewear Benefit) 175/150 Eyewear Only-(NO Eye Exam)

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>EXAM + EYEWEAR</th>
<th>EYEWEAR ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$8.32</td>
<td>$6.39</td>
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<tr>
<td>Two Party</td>
<td>$13.25</td>
<td>$9.70</td>
</tr>
<tr>
<td>Family</td>
<td>$19.65</td>
<td>$13.66</td>
</tr>
</tbody>
</table>

**LGRP**

### EYE EXAM (10-175/150C Full Benefit)

- **Eyeglass exam**
  - $10 Co-pay
  - $10 Co-pay
  - ~$40 Allowance

- **Contact exam**
  - $10 Co-pay
  - $10 Co-pay
  - ~$40 Allowance

- **Dilation**
  - 100% Covered
  - 100% Covered
  - Included above

- **Contact Filling**
  - 100% Covered
  - Retail
  - Included above

- **Retinal Imaging**
  - $20 Co-pay
  - $39 Co-pay

### PLASTIC LENSES

- **Single Vision**
  - 100% Covered
  - $10 Co-pay

- **Biofocal (FT 28)**
  - 100% Covered
  - $10 Co-pay

- **Trifocal (FT 7*28)**
  - 100% Covered
  - $10 Co-pay

### LENS OPTIONS

- **Progressive (Standard plastic no-line)**
  - $30 Co-pay
  - $50 Co-pay

- **Premium Progressive Options**
  - $80 Co-pay
  - $100 Co-pay

- **Ultra Premium Progressive Options**
  - Up to 20% Discount
  - Up to 20% Discount

- **Polycarbonate**
  - $40 Co-pay
  - 25% Discount

- **High Index**
  - $80 Co-pay
  - 25% Discount

### COATINGS

- **Scratch Resistant Coating**
  - 100% Covered
  - $10 Co-pay

- **Ultra Violet Protection**
  - 100% Covered
  - $10 Co-pay

- **Other Options**
  - Up to 25% Discount
  - Up to 25% Discount

### FRAMES

- **Allowance Based on Retail Pricing**
  - $175 Allowance
  - $140 Allowance
  - ~$70 Allowance

### ADDITIONAL EYEWEAR

****Additional Pairs of Glasses Throughout the Year**

- Additional Contact Purchases
  - Up to 50% Off Retail
  - Up to 25% Off Retail

### CONTACTS

- **Contact benefits in lieu**
  - $150 Allowance
  - $120 Allowance
  - ~$100 Allowance

- **Of lens and frame benefit**
  - Additional contact purchases:
    - **Conventional**
      - Up to 20% Discount
      - Retail
    - **Disposables**
      - Up to 10% Discount
      - Retail

### FREQUENCY

- **Exam, Lenses, Frames, Contacts**
  - Every 12 months

### REFRACTIVE SURGERY

- **LASIK**
  - ~$750 Off Per Eye
  - Not Covered

**Discounts**

- Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers, see provider for details.
- **50% discount varies by provider, ask provider for details.**
- **Must purchase full year supply to receive discounts on select brands. See provider for details.**
- "LASIK (Refractive surgery)" Standard Optical Locations ONLY. LASIK services are not an insured benefit – this is a discount only.
- All pre and post operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

---

For more information please visit [www.opticareofutah.com](http://www.opticareofutah.com) or call 800-363-0950
Visit Our Providers

Want to visit an Opticare of Utah participating preferred provider?

We have over 100 providers located in the State of Utah and over 18,000 nationwide.

To locate a provider in your area view our website:

www.opticareofutah.com

From the home page, click an Opticare Provider and search by network choice (Select or Broad).

There you will find a selection of optical chains and independent private practice offices.

Needing to visit one of our nationwide providers?

Simply find a provider by searching with the Out-of-State network option searchable by zip code.

Need help or have questions?

Contact us:

(801) 869-2020 or (800) 363-0950

service@opticareofutah.com
# Your Benefits, Your Way

**Whatever your style of learning,**
URS is here to help you understand your retirement benefits.

<table>
<thead>
<tr>
<th><strong>Website</strong></th>
<th><strong>Publications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to <a href="http://www.urs.org">www.urs.org</a> for information about your pension and savings plans. Log in to <a href="http://myURS">myURS</a> to manage investments, beneficiaries, and more.</td>
<td>Understand your pension, savings plans options, retirement information, and more. Find publications at <a href="http://www.urs.org">www.urs.org</a>. Or email <a href="mailto:publications@urs.org">publications@urs.org</a> to request printed copies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Videos</strong></th>
<th><strong>Seminars</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn how to manage your benefits online and more.</td>
<td>Held throughout the year, seminars provide an overview of your benefits and more. <a href="http://www.urs.org/us/seminars">www.urs.org/us/seminars</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Webinars</strong></th>
<th><strong>One-on-One</strong></th>
<th><strong>Via Phone</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn at your own computer or device. See schedule at <a href="http://www.urs.org/us/webinars">www.urs.org/us/webinars</a>. Archived webinars are available.</td>
<td>Meet face-to-face with a URS Retirement Planning Advisor for custom retirement guidance. Schedule a free session at <a href="http://myURS">myURS</a> at <a href="http://www.urs.org">www.urs.org</a>.</td>
<td>We look forward to answering your questions. Call weekdays between 8 a.m. and 5 p.m., <a href="">801-366-7770</a> or <a href="">800-695-4877</a>.</td>
</tr>
</tbody>
</table>
Be a Savings Superhero!

Small steps today can make a heroic difference by the time you retire. Increase contributions to URS retirement savings plans directly from your paycheck at myURS. The fate of your retirement depends on you! Will you answer the call?

1. Log in to myURS

Go to www.urs.org and click “LOGIN” in the top-right corner. To create an account, you’ll need your URS Account Number — a “W” followed by eight digits. If you have questions, call 801-366-7700 or 800-365-8772.

2. Go to the Savings Page at myURS

Click “Savings” at the top-right.

3. Select Your Savings Plan

Then click “Contribution/Deferral” from the menu at left.

LEARN MORE AT WWW.URS.ORG/US/SAVINGS
PEHP has selected Blomquist Hale Employee Assistance as the exclusive provider for your Life Assistance Benefit.

**Who Is Eligible?**
All State and quasi state Risk Pool employees with PEHP Traditional and PEHP STAR medical plans, and their covered dependents, are eligible to receive Life Assistance counseling services with no co-pay or fees. PEHP pays 100% of the cost of the Life Assistance Counseling care.

**Confidentiality**
Blomquist Hale practices strict adherence to all professional, state and federal confidentiality guidelines. Confidentiality is guaranteed to all participants.

**Brief, Solution-Focused Therapy**
At Blomquist Hale, we use a brief, solution-focused therapy model to resolve problems quickly. Using this approach, clients take more responsibility in learning how to resolve their own problems than in traditional therapy. If a more intensive level of service is needed, a Blomquist Hale counselor will assist you in finding the appropriate resource. Blomquist Hale does not cover the costs of referred services.

**How to Access the Service**
Access is as simple as calling and scheduling an appointment. No paperwork or approval is needed! All that is required is your PEHP ID number to verify that you are eligible for these services.

- **Licensed Professional Clinicians**
- **100% Confidential**
- **Convenient Locations**

**Locations**

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt Lake City</td>
<td>801-262-9619</td>
</tr>
<tr>
<td>Ogden</td>
<td>801-392-6833</td>
</tr>
<tr>
<td>Orem</td>
<td>801-255-9222</td>
</tr>
<tr>
<td>Logan</td>
<td>435-752-3241</td>
</tr>
</tbody>
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*Blomquist Hale has other contracted providers throughout the state of Utah and the Nation.*