Welcome To Utah State University Eastern
New Employee Benefits Information
Introduction

USU-Eastern
2018-19

This Benefits Summary should be used in conjunction with the PEHP Master Policy. It contains information that only applies to PEHP subscribers who are employed by the USU-Eastern and their eligible dependents. Members of any other PEHP plan should refer to the applicable publications for their coverage.

It is important to familiarize yourself with the information provided in this Benefits Summary and the PEHP Master Policy to best utilize your medical plan. The Master Policy is available by calling PEHP. You may also view it at www.pehp.org.

This Benefits Summary is for informational purposes only and is intended to give a general overview of the benefits available under those sections of PEHP designated on the front cover. This Benefits Summary is not a legal document and does not create or address all of the benefits and/or rights and obligations of PEHP. The PEHP Master Policy, which creates the rights and obligations of PEHP and its members, is available upon request from PEHP and online at www.pehp.org. All questions concerning rights and obligations regarding your PEHP plan should be directed to PEHP.

The information in this Benefits Summary is distributed on an “as is” basis, without warranty. While every precaution has been taken in the preparation of this Benefits Summary, PEHP shall not incur any liability due to loss, or damage caused or alleged to be caused, directly or indirectly by the information contained in this Benefits Summary.

The information in this Benefits Summary is intended as a service to members of PEHP. While this information may be copied and used for your personal benefit, it is not to be used for commercial gain.

The employers participating with PEHP are not agents of PEHP and do not have the authority to represent or bind PEHP.
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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

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

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

*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.

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.

Prescription 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
- 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

## Understanding Your Benefits Grid

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<th>Service</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
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<tr>
<td>Medical and Surgical</td>
<td>10% of AA (Allowed Amount) after deductible</td>
<td>30% of AA after deductible</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>$35 co-pay per visit</td>
<td>$20% of AA after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Hospice</td>
<td>Up to 6 months in a 3-year period. Requires pre-authorization</td>
<td>30% of AA after deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>10% of AA after deductible</td>
<td>30% of AA after deductible</td>
</tr>
<tr>
<td>Physical and Occupational Therapy</td>
<td>10% of AA after deductible</td>
<td>30% of AA after deductible</td>
</tr>
<tr>
<td>Dialysis with Out-of-Network Providers requires pre-authorization</td>
<td>20% of AA after deductible</td>
<td>30% of AA after deductible</td>
</tr>
<tr>
<td>Chemotherapy, Radiation, and Dialysis</td>
<td>10% of AA after deductible</td>
<td>30% of AA after deductible</td>
</tr>
<tr>
<td>Ambulance (ground or air)</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Non-custodial Inpatient Facility and Ambulatory Surgery</td>
<td>10% of AA (Allowed Amount) after deductible</td>
<td>30% of AA after deductible</td>
</tr>
</tbody>
</table>

### 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.

### 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.

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


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.

### DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS

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<th>Out-of-Network Provider*</th>
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<tr>
<td>Plan Year Deductible</td>
<td>$1,500 single plan, $3,000 double or family plan</td>
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</tr>
<tr>
<td>Plan Year Out-of-Pocket Maximum</td>
<td>$2,500 single plan, $5,000 double plan, $7,500 family plan</td>
<td></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.
## Professional Services

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Surgery and Anesthesia</td>
<td>20% 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>
</tr>
<tr>
<td>PEHP Value Clinics</td>
<td>Medical: 20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Primary Care Office Visits and Office Surgeries</td>
<td>20% 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>
</tr>
<tr>
<td>Emergency Room Specialist</td>
<td>20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Diagnostic Tests, X-rays</td>
<td>20% 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 Inpatient: 20% 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

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$10 co-pay Tier 2: 25% of discounted cost. Tier 3: 50% of discounted cost.</td>
<td>$50 minimum, no maximum co-pay</td>
</tr>
<tr>
<td>Tier A</td>
<td>20%. No maximum co-pay Tier B: 30%. 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>
</tbody>
</table>

## 30-day Pharmacy

### Retail only

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$10 co-pay Tier 2: 25% of discounted cost. Tier 3: 50% of discounted cost.</td>
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<tr>
<td>Tier A</td>
<td>20%. No maximum co-pay Tier B: 30%. 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>
</tbody>
</table>

## 90-day Pharmacy

### Maintenance only

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$20 co-pay Tier 2: 25% of discounted cost. Tier 3: 50% of discounted cost.</td>
<td>$100 minimum, no maximum co-pay</td>
</tr>
<tr>
<td>Tier A</td>
<td>20%. No maximum co-pay Tier B: 30%. 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>
</tbody>
</table>

## Specialty Medications, Retail Pharmacy

### Up to 30-day supply

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>20% of In-Network Rate. No maximum co-pay Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay Tier C: 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>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></td>
</tr>
</tbody>
</table>
# MISCELLANEOUS SERVICES

<table>
<thead>
<tr>
<th>Service</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>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Affordable Care Act Preventive Services</td>
<td>No charge</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Allergy Serum</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Up to 10 visits per plan year</td>
<td>20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Dental Accident</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>Durable Medical Equipment, DME</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Home Health/Skilled Nursing</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Infertility Services</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Injections</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Temporomandibular Joint Dysfunction</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
</tbody>
</table>
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.

<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>“Hospital A”</td>
<td>TOTAL COST $26,190</td>
</tr>
<tr>
<td>“Hospital B”</td>
<td>TOTAL COST $33,390</td>
</tr>
<tr>
<td>“Hospital C”</td>
<td>TOTAL COST $38,035</td>
</tr>
<tr>
<td>“Hospital D”</td>
<td>TOTAL COST $39,808</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. Mark’s 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**
  - Park City Medical Center
- **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)

**Medical Benefits Grid**

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

#### YOU PAY

<table>
<thead>
<tr>
<th>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Provider</strong></td>
</tr>
<tr>
<td><strong>Out-of-Network Provider</strong></td>
</tr>
<tr>
<td><strong>Plan Year Deductible</strong></td>
</tr>
<tr>
<td>Not included in the Out-of-Pocket Maximum</td>
</tr>
<tr>
<td><strong>Plan year Out-of-Pocket Maximum</strong></td>
</tr>
<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>Service</th>
<th>In-Network Rate after deductible</th>
<th>Out-of-Network Rate after deductible</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 Non-custodial</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Hospice Up to 6 months in a 3-year period</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Rehabilitation Up to 45 days per plan year. Requires preauthorization</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 Requires preauthorization</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 Rate after deductible</th>
<th>Out-of-Network Rate after deductible</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) Medical emergencies only, as determined by PEHP</td>
<td>20% of In-Network Rate after deductible</td>
<td>20% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Emergency Room Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</td>
<td>20% of In-Network Rate, minimum $150 co-pay per visit</td>
<td>20% of In-Network Rate, minimum $150 co-pay per visit, plus any balance billing above In-Network Rate</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>$45 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</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>Chemotherapy, Radiation, and Dialysis</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Physical and Occupational Therapy Outpatient – up to 20 combined visits per plan year. No Preauthorization required</td>
<td>Applicable office co-pay per visit</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.

**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.**
<table>
<thead>
<tr>
<th>PROFESSIONAL SERVICES</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>Surgery and Anesthesia <strong>Includes Office-based Surgeries</strong></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. Mental Health: Standard benefits apply. See PEHP Value Options benefits page for details</td>
<td>Not applicable</td>
</tr>
<tr>
<td>PEHP Value Clinics</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>Intermountain or University of Utah Medical Group</td>
<td>20% of In-Network Rate after deductible</td>
<td></td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>$35 co-pay per visit</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Intermountain or University of Utah Medical Group</td>
<td>$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><strong>Diagnostic Tests, X-rays</strong></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 <strong>No preauthorization required for outpatient services. Inpatient services require preauthorization</strong></td>
<td>$35 co-pay per visit</td>
<td>Outpatient: 40% of In-Network Rate after deductible Inpatient: 40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Intermountain or University of Utah Medical Group</td>
<td>$45 co-pay per visit</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>PRESCRIPTION DRUGS</th>
<th>30-day Pharmacy</th>
<th>90-day Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail only</strong></td>
<td>Tier 1: $10 co-pay Tier 2: 25% of discounted cost. $25 minimum, no maximum co-pay Tier 3: 50% of discounted cost. $50 minimum, no maximum co-pay</td>
<td>Tier 1: $20 co-pay Tier 2: 25% of discounted cost. $50 minimum, no maximum co-pay Tier 3: 50% of discounted cost. $100 minimum, no maximum co-pay</td>
</tr>
<tr>
<td><strong>Maintenance only</strong></td>
<td>Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance</td>
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<tr>
<td>Specialty Medications, retail pharmacy <strong>Up to 30-day supply</strong></td>
<td>Tier A: 20%. No maximum co-pay Tier B: 30%. 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>Specialty Medications, office/outpatient <strong>Up to 30-day supply</strong></td>
<td>Tier A: 20% of In-Network Rate after deductible. No maximum co-pay Tier B: 30% of In-Network Rate after deductible. No maximum co-pay</td>
<td>Tier A: 40% of In-Network Rate after deductible. Tier B: 50% of In-Network Rate after deductible.</td>
</tr>
<tr>
<td>Specialty Medications, through specialty vendor Accredo <strong>Up to 30-day supply</strong></td>
<td>Tier A: 20%. $150 maximum co-pay Tier B: 30%. $225 maximum co-pay Tier C: 20%. No maximum co-pay</td>
<td>Not covered</td>
</tr>
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</table>
### MISCELLANEOUS SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider</th>
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<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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</tr>
<tr>
<td>Affordable Care Act Preventive Services</td>
<td>No charge</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Allergy Serum</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
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<tr>
<td>Chiropractic Care</td>
<td>Applicable office co-pay per visit</td>
<td>Not covered</td>
</tr>
<tr>
<td>Dental Accident</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>Durable Medical Equipment, DME</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
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<tr>
<td>Medical Supplies</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Home Health/Skilled Nursing</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Infertility Services**</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Injections</td>
<td>20% of In-Network Rate after deductible</td>
<td>40% of In-Network Rate after deductible</td>
</tr>
<tr>
<td>Temporomandibular Joint Dysfunction**</td>
<td>50% of In-Network Rate after deductible</td>
<td>70% of In-Network Rate after deductible</td>
</tr>
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</table>

**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.
Important Benefit Change 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 Hospital - West; 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 Traditional (non-HSA) Plan on the Summit network.

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaver County</td>
<td>Beaver Valley Hospital</td>
</tr>
<tr>
<td></td>
<td>Milford Valley Memorial Hospital</td>
</tr>
<tr>
<td>Box Elder County</td>
<td>Bear River Valley Hospital</td>
</tr>
<tr>
<td></td>
<td>Brigham City Community Hospital</td>
</tr>
<tr>
<td>Cache County</td>
<td>Cache Valley Hospital</td>
</tr>
<tr>
<td>Carbon County</td>
<td>Castleview Hospital</td>
</tr>
<tr>
<td>Duchesne County</td>
<td>Uintah Basin Medical Center</td>
</tr>
<tr>
<td>Garfield County</td>
<td>Garfield Memorial Hospital</td>
</tr>
<tr>
<td>Grand County</td>
<td>Moab Regional Hospital</td>
</tr>
<tr>
<td>Iron County</td>
<td>Valley View Medical Center</td>
</tr>
<tr>
<td>Juab County</td>
<td>Central Valley Medical Center</td>
</tr>
<tr>
<td>Kane County</td>
<td>Kane County Hospital</td>
</tr>
<tr>
<td>Millard County</td>
<td>Delta Community Medical Center</td>
</tr>
<tr>
<td></td>
<td>Fillmore Community Hospital</td>
</tr>
<tr>
<td>Salt Lake County</td>
<td>Huntsman Cancer Hospital</td>
</tr>
<tr>
<td></td>
<td>Primary Children’s Medical Center</td>
</tr>
<tr>
<td></td>
<td>Riverton Children’s Unit</td>
</tr>
<tr>
<td></td>
<td>University Orthopaedic Center</td>
</tr>
<tr>
<td></td>
<td>St. Mark’s Hospital</td>
</tr>
<tr>
<td></td>
<td>Lone Peak Hospital</td>
</tr>
<tr>
<td></td>
<td>University of Utah Hospital</td>
</tr>
<tr>
<td>San Juan County</td>
<td>Blue Mountain Hospital</td>
</tr>
<tr>
<td></td>
<td>San Juan Hospital</td>
</tr>
<tr>
<td>Sanpete County</td>
<td>Gunnison Valley Hospital</td>
</tr>
<tr>
<td></td>
<td>Sanpete-Valley Hospital</td>
</tr>
<tr>
<td>Sevier County</td>
<td>Sevier Valley Medical Center</td>
</tr>
<tr>
<td>Summit County</td>
<td>Park City Medical Center</td>
</tr>
<tr>
<td>Tooele County</td>
<td>Mountain West Medical Center</td>
</tr>
<tr>
<td>Uintah County</td>
<td>Ashley Valley Medical Center</td>
</tr>
<tr>
<td>Utah County</td>
<td>Mountain View Hospital</td>
</tr>
<tr>
<td></td>
<td>Timpanogos Regional Hospital</td>
</tr>
<tr>
<td>Wasatch County</td>
<td>Heber Valley Medical Center</td>
</tr>
<tr>
<td>Washington County</td>
<td>Dixie Regional Medical Center</td>
</tr>
<tr>
<td>Weber County</td>
<td>Ogden Regional Medical Center</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:
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.blomquisthale.com
Save Money With FLEX$

Sign up for PEHP’s flexible spending account – FLEX$ — and save. FLEX$ saves you money by reducing your taxable income. Each year you set aside a portion of your pre-tax salary for your account. That money can be used to pay eligible out-of-pocket health expenses and dependent day care expenses.

FLEX$ Options

FLEX$ has two options, one for medical expenses and another for dependent day care. You may contribute a minimum of $130 and a maximum of $2,650 a year for healthcare expenses and up to $5,000 a year for dependent daycare expenses.

FLEX$ HEALTH CARE ACCOUNT

Use this account to pay for eligible out-of-pocket health expenses for you or your eligible dependents. Pay for such things as out-of-pocket deductibles and co-pays, prescription glasses, laser eye surgery, and more. Go to www.pehp.org for a list of eligible items.

FLEX$ DEPENDENT DAY CARE ACCOUNT

This account may be used for eligible day-care expenses for your eligible dependents to allow you or your spouse to work or to look for work.

Using Your FLEX$ Card

You will automatically receive a FLEX$ Benefit Card at no extra cost. It works just like a credit card and is accepted at most eligible merchants that take MasterCard.

Use the card at participating locations and your eligible charges will automatically deduct from your FLEX$ account.

For places that don’t accept the FLEX$ card, simply pay for the charges and submit a copy of the receipt and a claim form to PEHP for reimbursement.

You will be responsible to keep all receipts for tax and audit purposes. Also, PEHP may ask for verification of any charges.

Important Considerations

» You must plan ahead wisely and set aside only what you will need for eligible expenses each year. FLEX$ is a use-it-or-lose-it program – only $500 will carry over from year to year.

» The total amount you elect to withhold throughout the year for medical expenses will be immediately available as soon as the plan year begins.

» You can’t contribute to a health savings account (HSA) while you’re enrolled in healthcare FLEX$. However, you may have a dependent day care FLEX$ or a limited FSA and contribute to an HSA.

Enrollment

ENROLL ONLINE

Log in to your online personal account at www.pehp.org. Click on online enrollment.
**DENTAL COVERAGE**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES**

**OUTLINE OF COVERAGE**

Read Your Policy Carefully—This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

---

**Group:** Utah State University - College of Eastern Utah (Plan #0112)

**Plan:** Premier PPO

**Effective Date:** 7/1/2018

**Benefit Year:** Contract

**Plan Type:** Contributory / Self Funded

<table>
<thead>
<tr>
<th>Benefits Provided</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type 1 - Preventive</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Oral Exams, Cleanings, X-rays, Fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type 2 - Basic</strong></td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Filling, Oral Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type 3 - Major</strong></td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Crowns, Bridges, Prosthodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type 4 - Orthodontics</strong></td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dependent children up to age (26)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Discount (All Members)*</td>
<td>Up to 25% Discount</td>
<td>No Discount</td>
</tr>
<tr>
<td><strong>Endodontics</strong></td>
<td>Type 2 - Basic</td>
<td>Type 2 - Basic</td>
</tr>
<tr>
<td><strong>Periodontics</strong></td>
<td>Type 2 - Basic</td>
<td>Type 2 - Basic</td>
</tr>
<tr>
<td><strong>Sealants</strong></td>
<td>Type 2 - Basic</td>
<td>Type 2 - Basic</td>
</tr>
<tr>
<td><strong>Space Maintainers</strong></td>
<td>Type 2 - Basic</td>
<td>Type 2 - Basic</td>
</tr>
</tbody>
</table>

**Specialists**

- Member pays same as General Dentists
- Member pays same as General Dentists

**Waiting Periods**

- Type 2 - Basic: None
- Type 3 - Major: Failure to enroll at first opportunity results in a 12 month waiting period
- Type 4 - Orthodontics

**Deductible**

- Per Person
- Family Max
- Deductible Applies To
- Annual Maximum Per Person $1,500.00
- Orthodontic Lifetime Maximum $1,000.00

**Network / Reimbursement Schedule**

- Premier
- Premier

**Provisions / Limitations / Exclusions**

- Exams (including Periodontal), Cleanings and Fluoride 2 per year
- Fluoride Up to age 16
- Sealants Up to age 16
- Space Maintainers Up to age 16
- Bitewing X-Rays Up to 4, twice per year
- Panoramic X-Rays 6 per year 1 every 3 years
- Impacted Teeth Covered in Type 2 - Basic
- Anesthesia - (Age 8 and over for the extraction of impacted teeth only) Covered in Type 2 - Basic *
- Anesthesia - (For children age 7 and under, once per year) Covered in Type 2 - Basic *
- Implants / Implant Abutments Covered in Type 3 (Limited to $225)
- Crowns, Pontics, Abutments, Onlays and Dentures 1 every 5 years per tooth
- Fillings on the same surface 1 every 18 months

All Services are subject to EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.

* Anesthesia is not subject to waiting periods.

Administered by Educators Mutual Insurance Association
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>$0 Copay, $130 allowance, 80% of charge over $130</td>
<td>Up to $65</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></td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 Copay</td>
<td></td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 Copay</td>
<td></td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 Copay</td>
<td></td>
</tr>
<tr>
<td>Standard Progressive Lens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Progressive Lens1</td>
<td>$75</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>$105</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>$120</td>
<td></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></td>
<td></td>
</tr>
<tr>
<td>UV Treatment</td>
<td>$15</td>
<td></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 Coating2</td>
<td>$57 - $68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$57</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>$68</td>
<td></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>
<tr>
<td><strong>Contact Lenses</strong> (Contact lens allowance includes materials only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 Copay, $130 Allowance, 85% of charge over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 Copay, $130 Allowance, plus off balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$0 Copay, Paid in Full</td>
<td></td>
</tr>
<tr>
<td><strong>Laser Vision Correction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LASIK or PRK from U.S. Laser Network</td>
<td>$2.94</td>
<td></td>
</tr>
<tr>
<td>Additional Pairs Discount</td>
<td>$4.67</td>
<td>N/A</td>
</tr>
<tr>
<td>$6.40 nbers also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses or Contact Lenses</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Discounts</strong> (Additional discounts are not insured benefits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete pair of prescription eyeglasses</td>
<td>40% off</td>
<td></td>
</tr>
<tr>
<td>Non-prescription sunglasses</td>
<td>20% off</td>
<td></td>
</tr>
<tr>
<td>Remaining balance beyond plan coverage</td>
<td>20% off</td>
<td></td>
</tr>
<tr>
<td><strong>Premium– Monthly</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber</td>
<td>$6.38</td>
<td></td>
</tr>
<tr>
<td>Subscriber + 1</td>
<td>$10.15</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$13.91</td>
<td></td>
</tr>
</tbody>
</table>

**Bi-Weekly Rate**

<table>
<thead>
<tr>
<th></th>
<th>Bi-Weekly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2.94</td>
<td>$4.67</td>
</tr>
<tr>
<td>$6.40</td>
<td>$10.15</td>
</tr>
</tbody>
</table>

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 Policymaker as a condition of employment, safety eyewear. Services provided as a result of any worker’s compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; plano (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 were not used. 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 an uninsured 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 progresses and premium anti-reflective designs 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.
## SUMMARY OF BENEFITS

### Vision Care Services

<table>
<thead>
<tr>
<th>Service</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>
</tr>
<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>Standard Progressive Lens</td>
<td>$75</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Premium Progressive Lens&lt;sup&gt;a&lt;/sup&gt;</td>
<td>$95 - $120</td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$95</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>$105</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$120</td>
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<tr>
<td>Tier 4</td>
<td>$75, 80% of charge less $120 Allowance</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 Co-pay</td>
<td></td>
</tr>
<tr>
<td>Lens Options</td>
<td></td>
<td></td>
</tr>
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<tr>
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<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&lt;sup&gt;b&lt;/sup&gt;</td>
<td>$57-$68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$57</td>
<td></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>
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</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>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<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>$3.40</td>
<td></td>
</tr>
<tr>
<td>LASIK or PRK from U.S. Laser Network</td>
<td>$5.56</td>
<td></td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>$7.71</td>
<td>% off the retail price or 5% off the promotional price</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**
  - Subscribers: $7.39
  - Subscribers + 1: $12.09
  - Family: $18.76

### Notes

- These discounts are not insured benefits and are for in-network providers only.
- Remaining balance beyond plan coverage.
- These discounts are not insured benefits and are for in-network providers only.
- The Certificate of Insurance is on file with your employer.

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**Benefits are not provided from services or materials arising from: Orthoptic, or vision training, subnormal vision aids and any associated supplemental testing. Anisoikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structure. Any Vision Examination, or any corrective eyewear required by a Polyblend as a condition of employment. Safety eyewear. Services provided as a result of any workers' compensation, 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 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, 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. Lenses or Contact Lenses Once every 12 months. Examination Once every 12 months. Laser Vision Correction Once every 12 months.**

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**PDF-1502-C-125**
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>
</tr>
<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**

<table>
<thead>
<tr>
<th>EYE EXAM (10-175/150C Full Benefit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyeglass exam</td>
</tr>
<tr>
<td>Contact exam</td>
</tr>
<tr>
<td>Dilat</td>
</tr>
<tr>
<td>Contact Filling</td>
</tr>
<tr>
<td>Retinal Imaging</td>
</tr>
</tbody>
</table>

**PLASTIC LENSES**

| Single Vision                        | 100% Covered | $10 Co-pay | ~$70 Allowance for lenses, options, and coatings |
| 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           | $85 Co-pay | $100 Co-pay |
| Ultra Premium Progressive Options     | Up to 20% Discount | Up to 23% 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 |
| A/R edge polish, tints, mirrors, etc. | |

**FRAMES**

| Allowance Based on Retail Pricing    | $175 Allowance | $140 Allowance | ~$70 Allowance |

**ADDITIONAL EYEWEAR**

**Additional Pairs of Glasses Throughout the Year**

<table>
<thead>
<tr>
<th>Up to 50% Off Retail</th>
<th>Up to 25% Off Retail</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact benefits in lieu</td>
</tr>
<tr>
<td>Of lens and frame benefit</td>
</tr>
<tr>
<td>Additional contact purchases:</td>
</tr>
</tbody>
</table>

**FREQUENCY**

| Exam, Lenses, Frames, Contacts | Every 12 months | Every 12 months | Every 12 months |

**REFRACTIVE SURGERY**

<table>
<thead>
<tr>
<th>***LASIK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$750 Off Per Eye</td>
</tr>
</tbody>
</table>

**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. At pre & post operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

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

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.

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.

Licensed Professional Clinicians
100% Confidential
Convenient Locations

Locations

Salt Lake City 801-262-9619
Ogden 801-392-6833
Orem 801-255-9222
Logan 435-752-3241

*Blomquist Hale has other contracted providers throughout the state of Utah and the Nation.
Group Life and Disability Insurances

In this section you will learn about the following:

- Group Term Life Insurance
  - Employee Basic Life Insurance
  - Accidental Death and Dismemberment
  - Employee, Spouse, and Dependent Supplemental Life

- Short-Term Disability
- Long-Term Disability

**Important**

You will receive an email from The Hartford which will contain your log-in information. You will need to log into the website provided in the letter to declare your beneficiaries of the life insurance policies and make supplemental life insurance elections.
**Group Life Insurance**

**Employee Basic Term Life and AD&D Insurance**
The University pays the premium for Basic Life and AD&D Insurance of one times your annual salary rounded to the nearest $1,000, to a maximum of $250,000.

**Employee Supplemental Term Life Insurance**
You may enroll with The Hartford for supplemental insurance up to a lesser of five times your annual salary or $400,000 without evidence of insurability if done at the employee’s initial enrollment for benefits. In addition, life insurance may be increased in units of $10,000 to a maximum of $1.5 million with evidence of insurability.

**Dependent Term Life Insurance**
You may enroll your spouse and dependent children in term life insurance programs with The Hartford. Dependent Basic life: $10,000 of coverage for spouse and $5,000 for qualified children. Supplemental Dependent Life in units of $10,000 to a maximum of $250,000 for spouse and in units of $5,000 to a maximum of $20,000 for children. Coverage after the $20,000 supplemental for spouse requires proof of insurability. Child life insurance does not require proof of insurability.

[THE HARTFORD logo]
Disability Insurances

Short-Term Disability (STD)

Short-term disability is available to those who are out of work for sickness, injury, or maternity, lasting 150 days or less. This benefit covers 66.67% of your salary while disabled. In addition, your medical, dental, STD and life insurance programs remain in force, however, your premiums are waived. Employer contributions to your retirement plan will continue. Voluntary benefit premiums and voluntary retirement contributions continue only if arrangements are made with Human Resources. You are automatically enrolled in this STD benefit. The cost is $4 per month. You may opt-out of this benefit within your first 30 days of employment or annually during open enrollment. To opt-out, log into The Hartford website using the information you received in the letter emailed to you and select waive.

Long Term Disability (LTD)

This insurance covers disabilities that extend beyond 150 days. The Hartford will pay the disabled individual’s salary at the rate of 66.67%. While disabled, The Hartford will continue to contribute to your retirement plan. Premiums for this benefit are paid by the University.
In this section you will learn about the following retirement plans:

- Employer Funded
  - 401(a) Retirement Plan
  - Utah Retirement Systems (only if previously enrolled with URS)

- Employee Funded Voluntary Retirement Savings Plans
  - 403(b) Plans
  - 457(b) Plan
  - 401(k) Plan

Employees are required to log in to TIAA and/or Fidelity in order to enroll in the employer funded retirement 401(a) plan.

Guide to Online Enrollment with TIAA
Guide to Online Enrollment with Fidelity
All Employees:
In addition to the employer contribution to your retirement, you will be automatically enrolled in a 403(b) supplemental retirement Life-Cycle Fund with TIAA. The auto enroll will be set up to contribute 3% of your income pre-tax. If you want to opt out of this benefit you may do so by filling out the opt out form, and returning it to the Human Resources office within your first 30 days of employment.

(There are more supplemental retirement options discussed on the next page.)

Employer Paid Retirement
Unless you have previously worked for USU and enrolled with Utah Retirement Systems, 14.2% of your annual gross earnings will be deposited into a retirement account called a 401(a) plan. There are two options in regards to what company receives this money, TIAA or Fidelity. You designate how much goes to which company, and how this contribution is invested among the investment options.

Utah Retirement Systems (URS)
If you were previously enrolled in Utah Retirement Systems you must continue to be with URS, please complete the URS Election form.

For more information regarding URS visit URS.org.
Voluntary Retirement Contributions

All employees may make supplemental voluntary retirement contributions. Changes can be made monthly, and must be turned in by the 15th of the month prior to the start of the contribution. The maximum contribution is $18,500 per supplemental retirement plan, if under age 50. If over age 50, the maximum contribution is $24,500.

Your contribution will occur through payroll deduction on both the pre-tax and post-tax options.

Choose the appropriate form below:

- Pre-Tax Retirement Contribution (401k and 403b)
- Pre-Tax Retirement Contribution (457b)
- Post-Tax Retirement Contribution (Roth 403b)

Vendor Options for 457(b)
- Utah Retirement Systems
- Fidelity Investments
- TIAA
- Valic

Vendor Options for 401(k)
- Utah Retirement Systems
- Prudential EMIA

Vendor Options for 403(b)
- Fidelity Investments
- TIAA
Fidelity, TIAA, and Utah Retirement Systems (URS) all have representatives who come to campus for one-on-one counseling.

Please call to schedule an appointment:

- TIAA - Ryan Peterson 1-800-732-8353
- Fidelity - Teo Ngatuvai - Customer Service 800-343-0860 or Teo’s direct line 800-813-1239
- URS - Matt Brady - 866-980-0334

USU has recorded seminars regarding Utah Retirement Systems (URS).

- Tier 1 (before July 2011)
- Tier 2 (after July 1, 2011)
You are eligible to participate in the Retirement Healthcare Savings Plan (RHSP) by making voluntary post-tax contributions. The money you contribute belongs to you, but is only available to you when you leave the University, by retiring or due to the end of employment. 

**The money you contribute will grow tax free. These funds must be used for health care expenses.**

To participate, the minimum yearly contribution is $200/yr.

The money can be used for yourself, your spouse, or qualified dependents. The purpose is to save for medical expenses in retirement, however you may use this money to pay for COBRA premiums if you leave the University.

To learn more [CLICK HERE](#)

The RHSP is administered by TIAA

Click on the logo below to visit TIAA
Voluntary Benefits

MetLife Auto and Homeowners Program

With one call you can receive quotes from two leading insurance companies (MetLife and Safeco) for top quality auto and home insurance with special group discounts. You may apply for auto or home insurance at any time by calling 1-877-638-7515.

MetLaw Hyatt Legal Services

With MetLaw, the group legal plan made available by Hyatt Legal Plans, Inc., (a MetLife company), you have access to a network of attorneys on retainer for a low monthly premium paid via payroll deduction. The monthly premium is $21.25. You will have access to legal services and representation from local attorneys on a wide range of matters including wills and estate planning, financial matters, real estate, traffic offenses (DUI not included), and more. There are no co-pays or deductibles. For example you can have a local attorney prepare full estate planning documents for you and your spouse for $21.25 per month. Once enrolled you will be required to remain in the plan for the full benefit plan year (12 months). If you are enrolled your coverage will automatically renew each year unless you call during open enrollment to cancel. To enroll or learn more call 1-800-821-6400 or click on the logo below.

Zurich—Travel Assistance and Accidental Death & Dismemberment

If you want to enroll in additional voluntary AD&D through Zurich, then you can fill out the application HERE. This election can only be made as a new hire and then every year during open enrollment. Coverage can be for employee only, employee and spouse/domestic partner, or employee plus spouse/domestic partner and children. For more information on Zurich AD&D, check out the Zurich AD&D Summary. When you sign up for Zurich AD&D you also have access to their travel assist program and business travel accident. To learn more about the Zurich travel assistance program, download the travel assist brochure.
Voluntary Benefits

Additional benefits through The Hartford.

- **Ability Assistance** (Employee Assistance Program)
- **Beneficiary Assistance** (Grief Counseling and Financial Planning)
- **Will and Estate Guidance**
- **Travel Assistance and Identity Theft Protection**
- **HealthChampion** (Health Care Support Service)
What is this Benefit?
Eligible employees, their spouse and dependent children are eligible to receive reduced tuition rates. Eligible employees and their spouse may audit courses and only pay for associate course fees.

Eligibility Requirements:
- The employee must work at least 75% time with the university
- Employee may begin classes 3 months after start date
- Spouse may begin the semester following employee’s hire date
- Children may use this benefit after the employee has completed 2 years of service. Children may have this benefit until they reach age 26 and are unmarried

Eligible Employee
For both undergraduate and graduate classes, you will need to complete the Application for Tuition Reduction Form with the supervisor’s signature every semester. Part of this form includes the option to opt out of some or all student fees. By signing the form, the eligible employee is acknowledging that they understand some or all of the tuition reduction benefits may be taxable as wages to the eligible employee.

Spouse of Eligible Employee
Spouses of eligible employees, both undergraduate and graduate, must have the employee fill out the Application for Tuition Reduction Form every semester. By signing the form, the eligible employee is acknowledging that they understand some or all of the tuition reduction benefits may be taxable as wages to the eligible employee.

Eligible Children of Eligible Employee
Eligible children of eligible employees, both undergraduate and graduate, must have the employee fill out the Application for Tuition Reduction Form. By signing the form, the eligible employee is acknowledging that they understand some or all of the tuition reduction benefits may be taxable as wages.
Leave and Holidays

**Annual (Vacation) Leave**

**Faculty and Exempt:** Leave is earned at the rate of 1.83 days per month or 22 days per year for eligible faculty and exempt staff on fiscal year appointments (12 months). Academic year appointments do not earn annual leave. Annual leave accrues on a calendar basis and may not exceed 30 days.

**Non-Exempt Staff:** Annual leave accrues on a calendar basis and may not exceed 30 days. Annual leave is earned according to the following schedule:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Days Earned Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>12</td>
</tr>
<tr>
<td>5-10</td>
<td>18</td>
</tr>
<tr>
<td>10 and over</td>
<td>22</td>
</tr>
</tbody>
</table>

**All employees** on fiscal year base appointments earn 12 paid holidays per year. Employees are eligible for paid holidays that fall within the period in which their services are performed. Holiday, sick and annual leave pay is pro-rated for employees with an FTE less than 100%.

**The following holidays are observed by USU**

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents' Day
- Memorial Day
- Independence Day
- Pioneer Day (July 24)
- Labor Day
- Thanksgiving Break
- Christmas Holiday Break
Access Banner is where employees are able to see/update personal information and view earnings, pay stub, and benefits.

Go to http://banner.usu.edu/ Click USU ACCESS
Log in with your A-number and strong password

Employees may make changes to their personal or employee information at anytime in the Personal Information tab. Such as:
- Name
- Address
- Phone number
- Email
- Family Members
- Direct Deposit

In the Employee tab, employees can see their monthly pay stub, W2 information, and annual and sick leave balances. In this tab direct deposit information can be updated. The pay stub will show past pay information and benefit deductions. Employees need to review this for accuracy.
Equal Opportunity for Individuals with Disabilities

Equal Opportunity is an essential priority for Utah State University. We are deeply committed to equity in employment and education for all members of the university community. University executives, administrators, faculty, and supervisory staff will ensure that no employee or student is discriminated against or harassed because of race, color, religion, sex (including sexual harassment and pregnancy) national origin, age, disability or veteran’s status. Additionally, it is prohibited to make academic or employment decisions based on sexual orientation. Equal employment opportunity is considered by Utah State University to include all aspects of employment: recruitment, selection, hiring, training, promotion, compensation, benefits, leave, social and recreational programs, transfer, and termination. Equal opportunity for students includes admissions, access to programs and activities.

FEDERAL REGULATIONS RELATING TO EQUAL OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES

- **The Americans with Disabilities Act (ADA) of 1990 as modified by the Americans with Disabilities Act Amendments Act (ADAAA) of 2008:** The ADA is a comprehensive civil rights law for people with disabilities. The ADA aims to eliminate discrimination against individuals with disabilities by ensuring equal opportunity in employment, state and local government services and programs, places of public accommodation, public and private transportation, and telecommunications. The ADA supplements earlier legislation which has been amended based on ADA wording and requirements.

- **Section 503 of the Rehabilitation Act of 1973:** This section covers affirmative action obligations of federal contractors to employ and advance in employment qualified individuals with disabilities. The key word is “qualified.” An individual must be capable of performing a particular job with reasonable accommodation to the disability, if it is needed.

- **Section 504 of the Rehabilitation Act of 1973:** This section mandates equal opportunity for qualified individuals with disabilities in educational programs and activities. Section 504 prohibits discrimination on the basis of disability, obligates colleges and universities to make certain adjustments and accommodations, and offers to individuals with disabilities the opportunity to participate fully in all educational programs and activities.

- **Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 as amended by the Jobs for Veterans Act (JVA) of 2002:** Prohibits discrimination and/or harassment and obligates the University to employ and advance in employment, disabled veterans of all wars, and other qualified veterans.

WHO IS PROTECTED?

An individual who may have a disability is someone who: (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Under the ADA and Sections 503 & 504, USU is prohibited from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions and privileges of employment. USU is also committed to providing equal educational opportunities including admission, access to course offerings, financial assistance, housing, and extracurricular activities.

A qualified individual with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job or academic requirements in question. Reasonable accommodation may include, but is not limited to:

- Making existing facilities used by employees and students readily accessible to and usable by individuals with disabilities;
- Job restructuring, modifying work schedules, reassignment to a vacant position;

Information provided courtesy of Utah State University Affirmative Action/Equal Opportunity Office

September 2014

THESE MATERIALS ARE AVAILABLE IN LARGE PRINT, AUDIO AND BRAILLE FORMATS UPON REQUEST
Equal Opportunity for Individuals with Disabilities

- Acquiring or modifying equipment or devices; adjusting or modifying examinations, training materials, or policies; and providing qualified readers or interpreters.

USU is required to make an accommodation to the known disability of a qualified applicant, employee or student if it would not impose an "undue hardship" on the operation and/or mission of the institution. Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an institution's size, financial resources and the nature and structure of its operation.

The institution is not required to lower quality or production/academic standards to make an accommodation, nor is an employer obligated to provide personal use items such as glasses or hearing aids.

INDIVIDUAL RESPONSIBILITY

While USU and other institutions of higher education must, under the ADA and Sections 503 & 504, make reasonable accommodations and adjustment for individuals with disabilities, these individuals with disabilities, in turn, have a clear obligation of "reasonable self-help." This principle is fundamental to Section 504. It affirms that individuals with disabilities will reap the benefits of their good judgement and responsible actions. Conversely, this principle makes explicit that individuals with disabilities are expected to take responsibility for their individual actions and/or personal working and learning experiences.

If a person wants the protection and opportunities offered by the laws, it is necessary to be identified as having a disability. However, providing this information is strictly voluntary, is kept confidential, and refusal to submit the information will not subject a person to adverse treatment. However, full access to available programs may be limited if full access to pertinent information is not provided.

WHERE CAN YOU GO IF YOU HAVE A COMPLAINT OR WANT TO KNOW MORE INFORMATION ABOUT YOUR RIGHTS UNDER ADA?

If you would like to declare a disability and seek reasonable accommodation(s), you must work through:

- For Employees: The Office of Human Resources (797-0126)
- For Students: The Disability Resource Center (DRC), University Inn 102 (797-2444).

If you feel you have been discriminated against or harassed based on a disability, please feel free to call or visit the Affirmative Action/Equal Opportunity (AA/EQ) Office (Old Main, Room 161 - near south entrance), Telephone: 435-797-1266. The AA/EQ Office is responsible for receiving, investigating, and assisting in resolving complaints of various forms of discrimination, to include those based on disability. If you just want to talk about your options or obtain additional information, the AA/EQ Office is also available to you.

Additional information/services are available from the following organizations:

**USU ADA Co-Ordinators**
- For Students: David Pruden, Interim Director, Disability Resource Center, 797-2444 (Voice/TDD), University Inn 102 (Also the Section 504 Coordinator)
- For Employees: Marla Boyer, Office of Human Resources, 435-797-5475

**Academic Services**
- Disability Resource Center (DRC) 797-2444 (Voice/TDD), University Inn 102
- Admissions Office 797-1079, Student Center 246
- Classroom Relocation Contact the DRC at 797-2444
- Financial Aid Office 797-0173, Student Center 106
- Housing 797-3113
- Registration (Registrar) 797-1116, Student Center 246
- Veterans Resource Office 797-1786, Student Center 313

**Employment Services**
- Office of Human Resources 797-0126
  Benefits Section, 797-0122
  Employee Relations - 797-1812
- Career Services 797-7777, University Inn 102

**Other Services**
- Parking 797-3414
- Reporting Architectural Barriers
  Contact the DRC for assistance (797-2444)
- Facilities Planning, Design & Construction
  797-3737

**RETRALIATION PROHIBITED!**

The University (or any of its staff, faculty or students) is prohibited from retaliating against an individual who has made charges, testified, assisted with or participated in any way in any proceeding, investigation or hearing, or brought forth issues in regard to the violations or alleged violations of laws or orders relating to equal employment and/or educational opportunity.

Information provided courtesy of Utah State University Affirmative Action/Equal Opportunity Office  September 2014
Employee Rights and Responsibilities

Under the Family Medical Leave Act (FMLA)

Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:
- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse or partner, son, daughter, or parent, who has a serious health condition; or for a serious health condition that makes the employee unable to perform the employee’s job.

Military Family Leave Entitlements
Eligible employees with a spouse/partner, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections
During FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition
A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive working days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

CONTINUED ON NEXT PAGE
Use of Leave
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the department’s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave
Employees are required to use accrued paid leave while taking FMLA leave. Employees may retain one week of annual and one week of sick if they wish.

Employee Responsibilities
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with the department’s normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic certification supporting the need for leave.

Employer Responsibilities
USU must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees’ rights and responsibilities. If they are not eligible, USU must provide a reason for the ineligibility. USU must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee’s leave entitlement. If USU determines that the leave is not FMLA-protected, USU must notify the employee.

Unlawful Acts by Employers
FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.
Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes, if you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact The Office of Human Resources at (415) 797-0216.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name
   Utah State University

4. Employer Identification Number (EIN)
   87-6000528

5. Employer address
   8800 Old Main Hill

6. Employer phone number
   (435) 797-0216

7. City
   Logan

8. State
   UT

9. ZIP code
   84322

10. Who can we contact about employee health coverage at this job?

11. Phone number (if different from above)

12. Email address

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:
  □ All employees. Eligible employees are:
    • Some employees. Eligible employees are:
      Employees hired into benefit-eligible positions.
    • With respect to dependents:
      □ We do offer coverage. Eligible dependents are:
        Spouse, domestic partner, children under age 26
      □ We do not offer coverage.

□ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

☆☆ Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered servicemember’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 24 months before taking leave; and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

*Special “hours of service” requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30 days’ advance notice of the need for FMLA leave. If it is not possible to give 30 days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE
(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd
U.S. Department of Labor | Wage and Hour Division
CAMPUS CLIMATE FREE FROM DISCRIMINATION

The Affirmative Action/Equal Opportunity office implements university policy and state and federal laws prohibiting discrimination and sexual harassment. Law and policy protect students, faculty and staff from discrimination based on these protected categories:

- Race
- Color
- National origin
- Sex or gender
- Sexual orientation
- Gender identity or gender expression
- Pregnancy or parental status
- Religion
- Age
- Genetic information
- Individuals with disabilities
- Protected veterans

Learn more at aaeo.usu.edu/non-discrimination.

TITLE IX AND GENDER DISCRIMINATION/HARASSMENT

Title IX of the Education Amendments of 1972 protects people from sex discrimination in education programs and activities that receive federal financial assistance. Consistent with Title IX, USU prohibits gender discrimination by and against students, faculty or staff. Sexual misconduct, including sexual harassment, sexual assault, dating/domestic violence or stalking, is also a form of sex discrimination and prohibited by Title IX and by the university.

USU is committed to maintaining an educational and working environment free from discrimination and harassment, including maintaining an environment in which no student, faculty or staff member is excluded from participation in or denied the benefits of its programs and activities as a result of one’s gender. The university has an obligation to take immediate and effective steps to eliminate discrimination (including gender discrimination and sexual misconduct), prevent its recurrence, and remedy its effects.

Learn more at aaeo.usu.edu/sexual-misconduct/Title-IX-FAQs.

WHEN TO REPORT

You are encouraged to report to the Affirmative Action/Equal Opportunity office if you:

- Have encountered gender discrimination or sexual misconduct.
- Wish to understand your options after experiencing or witnessing discrimination or harassment.
- Learn of a situation you think might warrant further investigation.
- Need help or guidance on how to handle a situation in which you are directly or indirectly affected.

HOW TO REPORT

<table>
<thead>
<tr>
<th>Online:</th>
<th>aaeo.usu.edu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>435-797-1266</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:titleix@usu.edu">titleix@usu.edu</a></td>
</tr>
<tr>
<td>In-person:</td>
<td>Old Main room 161</td>
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</tbody>
</table>
PREVENTION OF DISCRIMINATION AND HARASSMENT

All the members of the USU campus community have a role in preventing sexual misconduct and gender discrimination. State and federal law, along with USU policy, require that all USU employees participate in prevention training in order to create a campus climate free of gender discrimination and sexual misconduct. The Affirmative Action/Equal Opportunity office offers prevention training both online and in-person. Trainings provide information about recognizing sexual harassment and discrimination, how to report it if you experience or witness it, and reporting obligations under Title IX.

All employees must complete sexual harassment prevention training when they become new employees and then again every three years.

Find in-person training dates or access the online training at aaeo.usu.edu/trainings/sexual-harassment-prevention.

REPORTING OBLIGATIONS FOR EMPLOYEES

All university employees, with few exceptions, are “responsible employees” under federal Title IX law. Responsible employees are required to report to the Title IX Coordinator any disclosures they receive about sexual misconduct or gender discrimination. Reporting ensures the university can fulfill its obligation to take prompt and effective steps to end the misconduct or discrimination, prevent its recurrence and remedy its effects.

Learn more at aaeo.usu.edu/sexual-misconduct/responsible-employee.

RECRUITMENT AND HIRING

USU takes proactive steps to achieve a diverse workforce through the hiring of underrepresented groups. Federal law also requires proactive outreach to individuals with disabilities and protected veterans who may be interested in positions at USU.

Before a position is posted and advertised, the Affirmative Action and Equal Opportunity office must conduct a search briefing for all search committee members. Please call the office to schedule this briefing as soon as possible after the committee is formed. At the search briefing, we will provide guidance on non-discrimination and affirmative action requirements that are relevant to your search, offer suggestions to more effectively recruit and retain diverse faculty and staff, and review best practices.

CONFIDENTIAL RESOURCES

| Sexual Assault and Anti-Violence Information Office (SAAVI) |
| SAAVI offers victim advocacy, help with protective orders and understanding rights, and short-term crisis counseling by a licensed counselor. Services are available free of charge to all students, staff, and faculty. |
| Taggart Student Center, third floor |
| 435.797.7273 (24-hour crisis line forwards to CAPSA after work hours) |
| saavi.usu.edu |

| Citizens Against Physical and Sexual Abuse (CAPSA) |
| CAPSA provides off-campus advocacy, help with protective orders and counseling for victims of sexual violence, including sexual assault, intimate partner violence, and stalking. |
| 435.753.2500 (available 24/7, 365 days/year) |
| capsao.org |
SEXUAL HARASSMENT
FACULTY AND STAFF

SEXUAL HARASSMENT DEFINED

Sexual harassment often occurs within the framework of a power imbalance. The person harassing has a real or perceived power over the person who is being harassed.

SEXUAL HARASSMENT IS BEHAVIOR THAT:

• Is unwanted or unwelcome.
• Is sexual in nature or gender-based.
• Is severe, pervasive and/or repeated.

SEXUAL HARASSMENT THAT MAY BE DISCIPLINED

1. QUID PRO QUO
   “This for that” harassment occurs when sexual favors or activities are explicitly or implicitly demanded in exchange for job or educational benefits.
   • Submission to such conduct is made either explicitly or implicitly as term or condition of person’s employment or a student’s academic success.
   • Submission to, or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individuals.

2. HOSTILE ENVIRONMENT
   Hostile environment sexual harassment occurs when unwelcome sexual conduct significantly interferes with school or work performance, and creates an intimidating, hostile or offensive learning or working environment.
   • Such conduct unreasonably interferes with an individual’s work or academic performance or creates an intimidating, hostile or offensive working or learning environment.

3. RETALIATORY
   Retaliatory harassment occurs when an adverse action is taken against any person because that person has opposed any practices forbidden under USU policy.
   • Threatening, intimidating, harassing, coercing or any other conduct that would discourage a reasonable person from engaging in activity protected under USU policy, including action against a bystander who intervened to stop discrimination and harassment.

WHO TO TALK TO ABOUT SEXUAL HARASSMENT

FILE A COMPLAINT
Call or drop by the Title IX/AAEO office to learn more about your options. You can also file a formal report at aaeo.usu.edu.

SEEK CONFIDENTIAL HELP
Reach out to the Sexual-Assault and Anti-Violence Information office at 435.797.7273 or online at usu.edu/saavi. SAAVI offers counseling and advocacy and emotional support.

CALL USU POLICE
If you feel unsafe at any point, contact USU Police at 435.797.1939, or dial 911. USU Police offers on-campus security escorts and quick emergency response.

If you are a staff or faculty member, you are a responsible employee. You are required to report any disclosures of sexual harassment or sexual violence to the USU Title IX coordinator. That includes disclosures from students or other employees. The only exceptions are for those who provide health care, mental health services and victim advocacy.

If you witness sexual harassment or hear about it, report what you know to the Title IX coordinator at aaeo.usu.edu.
## Examples of Sexual Harassment

<table>
<thead>
<tr>
<th>Physical Conduct</th>
<th>Verbal*</th>
<th>Nonverbal</th>
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<tbody>
<tr>
<td>• Hanging around, standing close to or brushing up against a person.</td>
<td>• Whistling or making cat calls at someone.</td>
<td>• Paying unwanted attention to someone (i.e., staring, following, or blocking a person's path).</td>
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<td>• Touching a person's clothing, hair or body (could include giving a massage around the neck and shoulders).</td>
<td>• Making sexual comments about a person's clothing or body.</td>
<td>• Displaying sexually suggestive visuals (includes emails, text messages, social media, blogs, websites or other electronic mediums).</td>
</tr>
<tr>
<td>• Hugging, kissing, patting or stroking.</td>
<td>• Telling sexual jokes or stories.</td>
<td>• Making facial expressions such as winking, throwing kisses or licking.</td>
</tr>
<tr>
<td>• Touching or rubbing oneself sexually around or in view of another person</td>
<td>• Asking personal questions about an individual's sex life, fantasies, preferences or history.</td>
<td>• Giving letters (emails, text messages, etc.), personal gifts and/or materials of a sexual nature.</td>
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<tr>
<td>• Sexual assault/rape.</td>
<td>• Repeatedly asking a person out who has clearly expressed a lack of interest.</td>
<td>• Making sexual gestures with hands or through body movement.</td>
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<td></td>
<td>• Turning work discussions to sexual topics.</td>
<td>• Invading a person's body space (standing closer than appropriate or necessary for the work being done).</td>
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<td></td>
<td>• Referring to an adult woman or man as a hunk, doll, babe, honey or other demeaning words or phrases.</td>
<td>• Looking a person up and down (elevator eyes).</td>
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<td></td>
<td>• Telling lies or spreading rumors about a person's personal sex life.</td>
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<td></td>
<td>• Direct or indirect threats/bribes for unwanted sexual activity.</td>
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*Harassment includes something beyond the mere expression of views, words, symbols or thoughts that some person finds offensive. The conduct must also be considered sufficiently serious to deny or limit a student's ability to participate in or benefit from the educational program or interferes with an employee's work environment.

## Sexual Harassment against Law and Policy

### USU Policies
- **Policy 303** prohibits all forms of discrimination and harassment based on race, color, religion, sex, national origin, age, disability or veteran's status.
- **Policy 305** establishes USU's complaint procedures applicable to victims of sexual harassment and any other form of illegal discrimination.
- **Policy 339** forbids the sexual harassment of any student, employee, or recipient of USU services.
- **Policy 407** prohibits consensual relations between a student and faculty member when (1) the faculty member has the student in a class, (2) the faculty member supervises the student's academic work or (3) the faculty member can control or influence the student's current or future academic or professional success.

### Federal and State Laws
- **Title VII of the Civil Rights Act of 1964** prohibits employment discrimination based on sex and other protected categories.
- **Title IX of the Education Amendments of 1972** prohibits sex discrimination against students.
- **Utah Executive Order, Dec. 13, 2006**, mandates sexual harassment awareness training, prohibits retaliation and requires development and dissemination of complaint procedures to all employees.
The first person a sexual misconduct survivor discloses an experience to can have a great impact on their healing process and whether they report to authorities or seek resources.

All Utah State University employees* are “responsible employees” under Title IX and must contact USU’s Title IX Coordinator about disclosures of any form of gender discrimination or sexual misconduct, including sexual assault, dating/domestic violence or stalking. The best way to support a student, staff or faculty member disclosing an incident to you is to inform them of your reporting obligations, express your belief in them, refer them to help, and report the disclosure to the Title IX Coordinator.

**IMMEDIATE THREATS**

If you think there is an immediate threat to an individual, dial 911 or call USU Police at 435-797-1939.

**IF YOU RECEIVE A DISCLOSURE**

1. **INFORM** the individual as soon as possible in the conversation that you will do whatever you can to respect their privacy, but let them know you cannot ensure full confidentiality because of your reporting obligations.

   For example, you could say: “It sounds like you’re about to share something very important. Before you continue, I would like to let you know the limits of my confidentiality. I may need to report certain information to the Title IX Office, and in some cases, provide identifying information about what you share. How can I support you?

2. **LISTEN** without judgment if they would still like to discuss their experience with you. Respond with compassion, avoid questioning their experience, and express your support. If the individual isn’t comfortable sharing information given your reporting obligations, be sure to refer them to help (see other side).

3. **REFER** the individual to services (see other side). Your report to Title IX will provide a first step for us to reach out to and let them know our office can offer support services and accommodations to help them and explain the Title IX process.

4. **REPORT** the disclosure at titleix.usu.edu as soon as possible. You are also welcome to reach out to the Title IX Coordinator:

   titleix.usu.edu | 435-797-1266 | titleix@usu.edu

*Exemptions from reporting only exist for employees who serve in a professional role for which communication is privileged. These include those who provide professional health care, mental health services and victim advocacy. Most student employees are also exempt.
# Referrals for Support Services

## Confidential - Personal Information Not Shared

#### USU Counseling and Psychological Services (CAPS)
Professional, licensed counselors offer individual and group mental health services free of charge to USU students enrolled in at least 9 credit-hours.

- Taggart Student Center, Rm 306
- 435.797.1012
- counseling.usu.edu

#### Sexual Assault and Anti-Violence Information Office (SAAVI)
Offers victim advocacy and help with protective orders and understanding rights. Short-term crisis counseling by a licensed counselor. Services available free of charge to all students, staff and faculty.

- Taggart Student Center, third floor
- 435.797.7273 (24-hour crisis line forwards to CAPSA after work hours)
- saavi.usu.edu

#### Citizens Against Physical and Sexual Abuse (CAPSA)
Off-campus advocacy, help with protective orders and counseling for victims of sexual violence, including sexual assault, intimate partner violence and stalking.

- 435.753.2500 (available 24/7, 365 days/year)
- capsa.org

## Private - Information Protected but Not Confidential

#### USU Title IX Office
Investigates reported incidents and assists with safety, housing and academic accommodations. The Title IX Coordinator’s role is to stop the conduct, prevent its recurrence, and remedy any effects. Title IX’s process is administrative, not criminal. To report a crime, contact USU Police.

- Old Main, Rm 161
- 435.797.1266
- titleix.usu.edu
- titleix@usu.edu

## Not Private - Information May Become Public Record

#### USU Police
Investigates crimes and ensures safety. Officers are trained in trauma-informed investigation, and victims are encouraged to reach out to an advocate or friend to support them during the process. All reports to USU Police are sent to USU’s Title IX office.

- 800 E. 1250 N., Logan
- 435.797.1939
- dps.usu.edu/police