Enrollment

Open Enrollment
May 1 – May 31

Plan Year
July 1 – June 30
Choose Your **Network**

Choose Your **Plan**
**Preferred Network**

THIS IS A HIGH-PREMIUM NETWORK!
BE CAREFUL when signing up that you don’t accidentally select it

**SIGNIFICANT UPCHARGE** for Preferred – be very careful in the Online Enrollment portal

More than 5x the cost of Traditional Family plan on Sum/Ad

STAR HSA – Family high premium where you normally would not pay any premium
• Your plan payment is reduced by 20% if you go out of network. (even if you’ve met your OOPM)
• No balance billing for out of network ER
• Multi-plan for out of state coverage
  • Not intended to seek service out of state
  • Applicable to adult dependents living out of state. We need to know their out-of-state address so we know they aren’t seeking service out of state
Traditional

- Higher Premium
- Smaller Deductibles
- Office Visits Copays and Pharmacy Coverage before deductible
- Pair with Flex (FSA)
No changes to Traditional plan
Traditional

- Smaller premium
- Must meet deductible before benefits kick in
- Covers the most Preventive Services before deductible
- HSA-Eligible
No changes to STAR HSA plan
Insurance Basics

You pay for medical expenses, with some exceptions

Exceptions for all Plans – ACA Preventive Services

Traditional Exceptions – Office Visit co-pays and Rx

STAR HSA Exceptions – Expanded Preventive Rx
Insurance Basics

PEHP and you **split the cost** of medical expenses
Usually 80% to 20%
Insurance Basics

[Diagram showing the relationship between DEDUCTIBLE, COINSURANCE, and OUT OF POCKET MAXIMUM]

PEHP pays 100%
The most you’ll pay in a year
Deductible and Out of Pocket accrue individually, until the family as a whole reach the double/family limits.
Flexible Spending Account (FSA)

1. Elect amount to put into FLEX$ (up to $2,750)
2. FLEX$ card front-loaded with funds
3. Pre-tax money taken from each paycheck
4. Use FLEX$ card on eligible medical expenses
5. Use or Lose Rule – Grace Period

Runs on the same plan year as Medical. July 1-June 30

Example: $2,600 and divided by 26 pay periods = $100/pay check

Grace Period – you can still go to the doctor and spend the money 2.5 months after plan year ends
But, you only have 90 days to submit claims from the end of the plan year
FLEX$ Reminders

- Re-Enroll Every Year
- Only for Services in Plan Year
- Money is Use or Lose
STAR HSA Plan

- **DEDUCTIBLE**
  - $1,500 single
  - $3,000 double/family

- **COINSURANCE**
  - Usually 80/20 split
  - Pay 20% until Out of Pocket

- **OUT OF POCKET MAXIMUM**
  - $2,500 single
  - $5,000 double
  - $7,500 family

- **Includes Deductible**

You pay 100% up to the deductible, except for the Expanded Preventive Medication list.
HSA Contributions

Money is yours for life
You can contribute!

2020 Contribution limit*:
$3,550 single
$7,100 double and family

Extra $1,000 per year for those Age 55+

Not subject to taxes if used for eligible medical expenses
<table>
<thead>
<tr>
<th>HSA Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
</tr>
<tr>
<td>Tricare</td>
</tr>
<tr>
<td>Claimed as a</td>
</tr>
<tr>
<td>Dependent</td>
</tr>
<tr>
<td>On Another</td>
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<tr>
<td>Health Plan</td>
</tr>
<tr>
<td>(unless it's also a HDHP)</td>
</tr>
<tr>
<td>FLEX or HRA</td>
</tr>
</tbody>
</table>

*Adult Dependents may not be able to use your HSA funds if you no longer claim them*
Dependent Daycare FLEX$

No Flex Card - reimbursement program

Can have DD FLEX$ with any PEHP Plan

Dependents under 13, Spouse, and/or qualifying relative who is physically or mentally not able to care for themselves

Daycare must be used in order for you to work

You can have this in addition to your regular FLEX$. Can be added midyear if you have a child midyear

Dependent Daycare is only eligible so you can work. Can’t be reimbursed for:
- babysitting
  - elementary school
  - secondary schools
  - summer schools
  - sports camps
  - overnight camps
  - education classes
Dependent Daycare FLEX$

Up to $5,000/year

Funds available as they are deducted from your paycheck

Two options:
» Automatic Reimbursement
» Claim Reimbursement

**Automatic Reimbursement** will direct deposit to daycare or individual. Must fill out Automatic Reimbursement claim form each year, with a written contract, statement or agreement letter from the day care provider. End of year you must submit a ledger with actual receipts to reconcile your account. Must reconcile your balance before doing automatic reimbursement for the following year.

**Claim Reimbursement** – Each claim/receipt you get, you can submit a FLEX$ claim form to FLEX dept for reimbursement.
Vision Plans

EyeMed
Opticare Vision Services

Two Plans with Each Carrier:
Full Plan
Eyewear Only Plan

Remember – those on the STAR HSA plan do get a preventive eye exam with the medical plan.

Both carriers have two plans. One Full Plan (includes vision exam) and One Eyewear Only (lenses).

Note: STAR Plan has an eye exam included as an additional Preventive Service. Consider whether you’ll need a Full Plan or not.
Both carriers have two plans. One Full Plan (includes vision exam) and One Eyewear Only (lenses).

Note: STAR Plan has an eye exam included as an additional Preventive Service. Consider whether you’ll need a Full Plan or not.
Vision Plans

Eyemed – No Plan Changes

Opticare – New Plan, 3 Networks
- New Select Network with Standard Optical
- Free eye exam
- $150 allowance for frames

Opticare has a typical in-network/out-of-network benefit, but you get richer benefits if you use Standard Optical.
E-Care Options
Intermountain Connect Care

Visit via App

Available 24/7, 365

All Networks

Works Out-of-State

Won’t Charge if you need to be referred

Connect Care - Out of State everywhere but Louisiana. Also has translation services for different languages, subject to availability. They will make every effort to get a translator, may not be 24/7

Virtual Visits - Just need an internet browser, camera and microphone
Traditional: $10 co-pay
STAR HSA: $49

U of U Health Virtual Visits
Visit via Phone, Tablet, etc.
Available 9 am – 9 pm
7 days/week, 365 days
Summit Network Only
In-State Only

Connect Care - Out of State everywhere but Louisiana. Also has translation services for different languages, subject to availability. They will make every effort to get a translator, may not be 24/7

Virtual Visits - Just need an internet browser, camera and microphone
When to Use E-Care

- Allergies
- Cough/Cold/Flu
- Eye Infections
- Sore Throat (adults)
- Sinus Problems
- Skin Conditions
- Stomach/Digestive Issues
COVID-19 & PEHP

PEHP will cover COVID-19 testing at 100%

COVID-19 treatment will be covered at regular coinsurance benefits **before your deductible**

Talk with your doctor or use telemedicine before going to a health care facility

- We will also cover phone visits with your doctor
- Traditional Plan - $10 co-pay
- STAR HSA Plan - less than $50, before deductible

Antibody testing is covered; must be ordered by an in-network doctor and done through an in-network lab

**New FSA/HSA-Eligible Expenses:**
- Over-the-Counter Drugs *without* a prescription
- Feminine Care Products

Phone visits are typically between 25-45, so that is why it is less than $50.

New Eligible Expenses can be paid for, or reimbursed using FSA/HSA. Feminine care products can be reimbursed for purchases as far back as 12/31/19.
Click Enroll or Change Coverage to access online enrollment. Most of the things members want to access about their own benefits are going to be found in the My Benefits menu.
Find important documents from PEHP to know what’s covered.
Track Claims, EOBs, and Limits
Proudly Serving Utah Public Employees
Register for Testing, Complete Health Questionnaire, See Test Results, Webinars, and other Wellness Programs
One other change that applies to all three plans.....
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/MD</th>
<th>Address</th>
<th>Phone</th>
<th>Status</th>
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<tbody>
<tr>
<td>Johnson, Adam APRN</td>
<td></td>
<td>203 Medical Dr Ste 301 Bountiful UT 84010-8927</td>
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</tr>
<tr>
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<td>Johnson, Cheryl A MD</td>
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<td>Premier Family Medical American Fork</td>
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<td></td>
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<td>Johnson, Dalen APRN</td>
<td></td>
<td>Enery Medical Center</td>
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<tr>
<td></td>
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<td>90 W Main St Centerdale UT 84013-4727</td>
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<td>Provider Name</td>
<td>APRN/MD</td>
<td>Address</td>
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<td>Phone 2</td>
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<tr>
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<tr>
<td>Johnson, Adam APRN</td>
<td>Family Practice</td>
<td>520 Medical Dr Ste 301 Bountiful UT 84010-8927</td>
<td>801-300-1405</td>
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<tr>
<td>Johnson, Cheryl A MD</td>
<td>Family Practice</td>
<td>220 N 1100 E St Salt Lake City UT 84103-2654</td>
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<tr>
<td>Johnson, Dalen APRN</td>
<td>Family Practice</td>
<td>90 W Main St Suite 2200 Salt Lake City UT 84113-4527</td>
<td>435-381-7305</td>
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## Treatment Name or Billing Code

Please enter a treatment name or billing code

### Popular Searches

<table>
<thead>
<tr>
<th>Colonoscopy</th>
<th>Carpal Tunnel Surgery</th>
<th>Hip/Leg/Knee MRI</th>
<th>Knee Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract Surgery</td>
<td>Kidney Stones</td>
<td>Abdominal CT Scan</td>
<td>IUD Insertion</td>
</tr>
<tr>
<td>Ear Tubes</td>
<td>Brain MRI</td>
<td>Birth Vaginal Delivery</td>
<td>Remove tonsils and adenoids</td>
</tr>
<tr>
<td>Knee Scope</td>
<td>Shoulder/Arm MRI</td>
<td>Birth C-Section</td>
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<tr>
<td>Deviated Septum</td>
<td>Back MRI</td>
<td>Vasectomy</td>
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</table>

### Browse Categories

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Lab</th>
<th>Other</th>
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<tbody>
<tr>
<td></td>
<td>Radiology</td>
<td>Surgery</td>
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<tr>
<td></td>
<td>Tex/Screening</td>
<td>Vaccinations</td>
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<tr>
<td></td>
<td>Visits</td>
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### Treatment Costs

#### Search Results for: Intestinal exam (colonoscopy)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Common Cost</th>
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<tbody>
<tr>
<td>Office or Clinic</td>
<td>$708</td>
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<tr>
<td>Physician</td>
<td>$708</td>
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<tr>
<td>Ambulatory Surgical Center</td>
<td>$833</td>
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<tr>
<td>Facility</td>
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<tr>
<td>Physician</td>
<td>$345</td>
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<tr>
<td>Outpatient Hospital</td>
<td>$1,691</td>
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<tr>
<td>Facility</td>
<td>$1,377</td>
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<tr>
<td>Physician</td>
<td>$314</td>
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</table>

#### Your Current Benefit Limits

**Deductible**
- Family
- User, Test
- User, Test Certification

**Out-Of-Pocket**
- Family
- User, Test
- User, Test Certification

View your full Benefit Summary
Tool Features:
- See medications by brand vs. generic
- Find drug list information (whether a drug is covered or not, which tier the medication is)
- Price by dosage (mail vs. delivery, 30 day vs. 90 day)
- Price by Pharmacy
Questions?