



Member Guide

PEHP

MEMBERS FIRST

Navigating the healthcare system can be confusing and overwhelming. The good news is that you're not alone. Our mission at PEHP is to serve you in a partnership of trust with a commitment to value, innovation, and excellence.

This guide will help you understand basic health insurance terms, how to maximize your PEHP benefits, and give you the tools you need to make the best healthcare decisions for you and your family.



[WEB: WWW.PEHP.ORG](http://WWW.PEHP.ORG)

PHONE: 801-366-1234



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ONLINE

TOOLS HELP YOU FIND QUALITY CARE

Finding quality care at the right place is important. PEHP has several cost comparison tools that help you shop for the best value and the best providers.

To get started, simply log in to your PEHP account at www.pehp.org. When you log in to your PEHP account, click on the “Find a Provider and Costs” icon on the top right, then choose your network.

Find a Provider

Search for doctors and other healthcare providers in your network, see and compare cost information, and read reviews from other PEHP members.



Find a Facility

Search for healthcare facilities (e.g. hospitals, clinics, surgical centers) in your network, and see and compare cost information.



Find & Compare Costs

Search by medical services to find and compare providers and costs. You'll get an idea of how much you can expect to pay for the service.



Price a Medication

Search for coverage and pricing for any medication available through your plan. You'll see medication prices from different pharmacies, including home delivery for 90-day supplies.





Your online account also gives you access to:

Message Center

We send important information to you. You can also send us documents and ask questions.



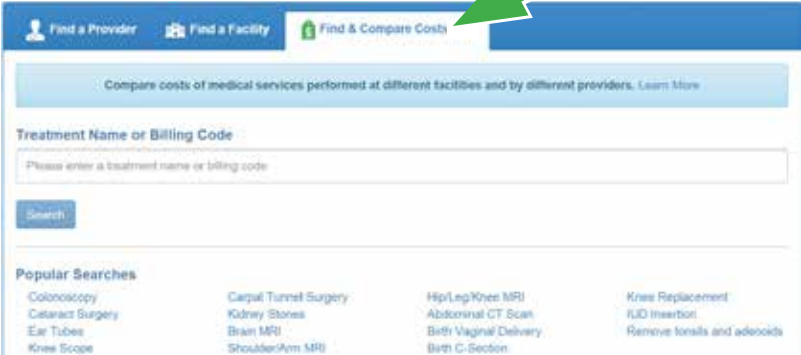
More

Access/print a temporary ID card, see your claims history, see your spending amount towards deductible, access the benefit information library, your contact info, open enrollment.



Can't find what you're looking for?
Call PEHP at 801-366-7555 or 800-765-7347.

ONLINE TOOLS HELP YOU FIND QUALITY CARE



Cost Comparison & Cash Back Opportunities

PEHP members can search by medical services to find and compare providers and costs. Plus, you can find cash back opportunities.

Under the “Find & Compare Costs” tab, you can search by medical services. You’ll see cost information for services based on past claims PEHP processed.

Your search results will display common services based on the treatment you entered to give you a better idea of total costs at different locations where the service has been performed.

Look for cash back opportunities offered by PEHP for certain medical services performed by low-cost providers. The amount of cash back can range from \$50 to \$500, and even more for some services depending on your network.



You’ll see a cash back indicator next to the location categories and provider names. To qualify for cash back, you must contact PEHP at 801-366-7555 or through the secure Message Center **before** receiving services.

UNDERSTANDING YOUR BENEFITS

Pencils down! You won't need to take notes to decipher confusing terminology and processes again. This section does it for you.

DEFINITIONS | Simplifying key health insurance terminology.

Network vs. Plan

Your plan outlines your medical coverage and your network is where you go for healthcare, such as hospitals and clinics.

Deductible

The amount you must first pay before PEHP begins to pay its portion of your claims.

Co-Insurance

A percentage of the cost you pay for certain services. After your deductible, you pay co-insurance on most services.

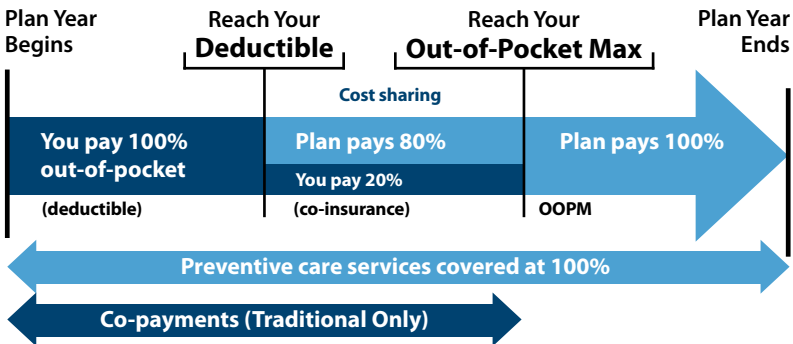
Co-Payment

Often called co-pay, it's a set dollar amount you pay for a service. The Traditional Plan requires specific co-payments for an office visit.

Out-of-Pocket Maximum

The maximum you pay out-of-pocket for covered services in a plan year after which PEHP pays 100%, as long as it's in-network and covered.

Here's how it works*



**This is a general example and may not apply to your plan.*

UNDERSTANDING YOUR BENEFITS

In-Network Rate

The in-network rate is the PEHP-negotiated price that providers have agreed to accept for covered services.

Balance Billing

Balance billing happens when an out-of-network provider charges more than the in-network rate.

If you go out-of-network, you may be billed the full amount the provider charges above the in-network rate, unless you agree to a price in advance.



Preventive Care

PEHP pays 100% of preventive care, such as an annual physical exam or flu shots. See a list of free preventive services [here](#).

How to Avoid Balance Billing

Make sure every person and every facility involved in your care is in your network. Search for providers in your network when you log in to your PEHP account. Just click on the “Find a Provider and Costs” icon on the top right. It also shows what doctors in your network charge for your procedure. If you see an out-of-network doctor, use this information to negotiate and avoid balance billing.





UNDERSTANDING YOUR BENEFITS

UNCOVERED SERVICES

While PEHP covers most medical services, PEHP doesn't cover certain procedures that are not medically necessary, experimental, or cosmetic. Some of these include home births/birthing centers and cosmetic surgery. See your [Master Policy](#) for a list of limited and excluded services. You can also call us at 801-366-7555 or 800-765-7347.

► Paying for Uncovered Services

Use your **HSA** or **Flex** plan money to pay for charges. Some uncovered services are considered "qualified medical expenses" by the IRS, making it possible to use **HSA** or **Flex** funds for those services even if PEHP doesn't pay. Find the official list of qualified medical expenses [here](#).

Important!

Your doctor may tell you a service is covered by your plan, but it's up to you to verify. Remember, your doctor and their staff may not know all the details of your health plan. Check your Benefits Summary when you log in to your PEHP account or call us at 801-366-7555 when your doctor orders any surgery or diagnostic testing.

UNDERSTANDING **YOUR BENEFITS**

DO-NOT-PAY PROVIDERS

PEHP doesn't pay for services from certain providers, even if you have an out-of-network benefit. PEHP constantly runs reports on provider practices and reviews member feedback. Through this process we identify providers who may put you at risk for overbilling, perform services that may not be medically necessary, or perform services generally not covered by PEHP. See a list of no-pay-providers when you log in to your PEHP account under "Find a Provider and Costs."

IN-NETWORK VS. OUT-OF-NETWORK

Get the best benefit by visiting doctors, hospitals, and other providers contracted in your network. Search for providers when you log in to your PEHP account under "Find a Provider and Costs."

Make sure every person and every facility involved in your care is contracted in your network. For example, just because your doctor is in your network, don't assume the lab he/she uses is too.



UNDERSTANDING YOUR BENEFITS

PEHP MEDICAL NETWORKS

	Summit Network (and Summit Exclusive)	Capital Network	Advantage Network (and Advantage Exclusive)	Preferred Network
University of Utah	✓	✓	Out-of-Network	✓
Steward Health	✓	✓	Out-of-Network*	✓
MountainStar	✓	Out-of-Network	Out-of-Network	✓
Intermountain	Limited (rural and Primary Children's)	Limited (rural and Primary Children's)	✓	✓
Surgical & Imaging Centers	✓	✓	Limited Availability	✓

*Davis Hospital in-network until July 2019



Want a Provider in Your Network?

If there's a provider you like but not contracted with PEHP, simply request to add them to your network. Log in to your PEHP account and then click on "Nominate a Doctor" under the myBenefits menu.

UNDERSTANDING YOUR BENEFITS

OUT-OF-STATE COVERAGE

If you're traveling or living outside of Utah and need urgent care, you're covered. Just make sure you visit a PEHP-contracted out-of-state provider. Log in into your PEHP account and click on the "Find a Provider and Costs" icon on the top right, then out-of-state network.



If you or any covered family members are living out-of-state, notify PEHP so we can make sure claims are paid correctly and you can access your full benefits.

Important!

If you travel outside of Utah specifically to seek medical care, PEHP will not pay for the services, unless you get preauthorization from us for a covered service not available in Utah.

OUT-OF-COUNTRY COVERAGE

If you're traveling outside the country and need medical care, just send us a copy of the foreign claim and a receipt of payment and we'll reimburse you for covered services up to the in-network rate.

QUALIFYING EVENTS & ENROLLMENT CHANGES

Your employer's open enrollment period is the time to make changes to your benefits and to re-enroll in FLEX\$. However, changes can be made anytime if it coincides with a Qualifying Event – birth or adoption of a child, marriage, divorce, dependent reaches age 26, retirement, or Medicare enrollment.

It's important to notify PEHP immediately when you have a Qualifying Event. Call PEHP at 801-366-7555.

COORDINATION OF BENEFITS

When you're covered by two or more insurance plans, PEHP uses state guidelines to determine which portion of your claims each plan pays.

For example, your employer's plan is primary for your claims and your spouse's plan is secondary. The primary plan covers the major portion of eligible bills, and the secondary plan may cover any remainder.



Here to help

Call us at 801-366-7555 and let us help you:

- » Decide if you are better on one plan or two.
- » Understand how HSA rules apply to double coverage situations.
- » Avoid getting stuck with medical bills due to confusion in coverages.

APPEALS

If you disagree with a PEHP decision regarding how claims are paid, you can submit an appeal form within 180 days of PEHP's initial determination. After 180 days, your appeal will be denied.

REIMBURSEMENT FOR CASH PAYMENT

Providers may give better discounts directly to you if paid in full at the time of service. Submit a detailed bill with receipt of payment to PEHP to get reimbursed or get credited towards your deductible. Log in to your PEHP account and find the reimbursement form under the myBenefits menu.



PHARMACY

PRESCRIPTION DRUGS

Prescription drug prices are rising at an alarming rate nationwide. PEHP is taking steps to help protect you from high costs and preserve your benefits. To get the best deal in prescription drugs, use the PEHP Preferred Drug List, which is a list of prescription medications available to members at a lower co-payment.

BRAND vs. GENERIC

Save money by going with generic alternatives when available.

- » Generic drugs usually offer the lowest out of pocket spending.
- » Generic drugs are safe, effective, and produce the same effects as the comparable brand name.
- » If you choose to use a brand name drug when a generic is available, you'll pay the difference in price.

HOME DELIVERY

You often can spend less by ordering up to 90-day supplies through home delivery.



SEARCH FOR LOWER DRUG COSTS

Cost differences can sometimes be dramatic among equivalent drugs. Search for coverage and pricing for any medication available through your drug benefit plan. Log in to your PEHP account. From the "my Money" menu, find "Medication Costs" to compare medication prices.



PRESCRIPTION ASSISTANCE PROGRAMS

Medication-assistance programs may help reduce the cost of your medication:

Rx Help Centers[®]
rxhelpcenter.org/

Patient Access Network Foundation[®]
panfoundation.org/index.php/en/

Patient Advocate Foundation[®]
patientadvocate.org/

HealthWell Foundation[®]
healthwellfoundation.org/

COST SHARING

You pay cost sharing based on the tier of drug:

Tier 1: Preferred generic medications that are available at the lowest co-payment/co-insurance.

Tier 2: Preferred brand name medications that are available at an intermediate co-payment/co-insurance.

Tier 3: Non-preferred medications that are available at the highest co-payment/co-insurance.

Preferred Drug List

See the PEHP Preferred Drug List and drug tier information [here](#).



PHARMACY

PRESCRIPTION DRUGS

DIABETES SAVINGS PROGRAM

PEHP members with diabetes may qualify for less expensive test strips and insulin. Learn more at www.pehp.org/members/diabetes.

PHARMACY TOURISM PROGRAM

To help you save money on your prescriptions, PEHP offers members the option to fill select medications at a designated pharmacy in Mexico. The PEHP Pharmacy Tourism Program allows you to fill 90-day supply of medications you're currently taking.

Program Details

PEHP will coordinate travel and cover the following costs associated with the program:

- » Roundtrip airfare from Salt Lake City International Airport to San Diego International Airport.
- » Transportation to and from the medical clinic in Tijuana, Mexico.
- » Lodging at designated hotel in San Diego, California Area (if needed).



You are responsible for food expenses and the cost to acquire a passport. Learn more at www.pehp.org/members/prescription-drug-benefit/pharmacy-tourism-program

HOW TO SAVE MONEY IN HEALTHCARE

Here are some common issues to know to avoid unexpected or unnecessary medical bills.

Hidden Providers

A hidden provider is generally a provider to whom your doctor sends your blood to be tested or sends an x-ray to be read. They can also be medical equipment providers when you receive equipment from your doctor in the office or from the hospital. If it's an out-of-network provider, they may balance bill you.

Avoid this scenario by knowing which labs and radiology groups are in your network and insist that any time you have blood drawn, or an x-ray taken, they are sent to one of those providers. Always check the PEHP Provider Lookup or call PEHP to confirm.

Preventive Services

(when scope of visit changes)

Routine visits for preventive services are covered at no cost to you when you see a doctor contracted in your network. However, you'll be billed if you get additional services at this visit. An "additional service" is something as minor as a discussion with your doctor about a past or current condition. Ask your doctor how the visit will be billed; PEHP pays based on how it's billed.



HOW TO SAVE MONEY IN HEALTHCARE

Preauthorization

Some services require preauthorization. To get it, your doctor must call PEHP. Most doctors know how and when to do this, but be sure to verify. Otherwise, your benefits could be reduced or denied. Go [here](#) to see a list of services that require preauthorization.

Find & Compare Costs

Search by medical services to find and compare providers and costs. When you log in to your PEHP account, click on the "Find a Provider and Costs" icon on the top right, then choose your network. Under the "Find & Compare Costs" tab, you can search by medical services.



HOW TO SAVE MONEY IN HEALTHCARE

Lab Samples

Always ask where your samples are being sent to avoid unnecessary, large bills. Find in-network labs in the PEHP Provider Lookup. Just because your doctor is in your network, don't assume the lab he/she uses is too. If you go out-of-network, we'll send you a check in the name of the provider for the in-network rate.

Where your sample goes matters	Dr. Office	Lab	Hospital
Blood Test	\$7	\$6	\$14-49
Lipid Test	\$19	\$15	\$50-55
Obstetric Panel	\$65	\$55	\$153

Genetic Tests

All genetic tests require [preauthorization](#). Unlike other simple blood tests that may cost between \$6 to \$100, genetic tests can cost around \$1,000 and can exceed \$5,000. So even when a test is covered, your portion of the bill can still cost you a lot of money. Make sure you decide the test is worth it before you agree to it.



HOW TO SAVE MONEY IN HEALTHCARE

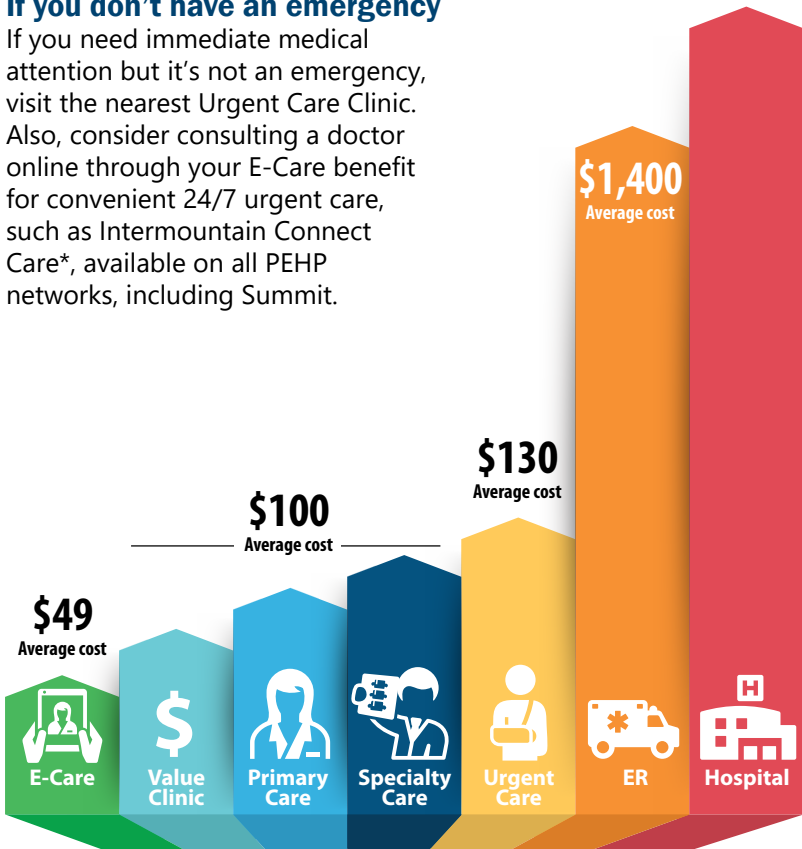
Get the Right Service at the Right Place

Where you get healthcare matters. Rates are always higher for medical services done at a hospital. Some services can only be done at a hospital but others, such as lab work, radiology, elective surgeries, and urgent care can be done in other settings.

For radiology and certain elective surgeries, consider seeing value providers for substantial savings. For example, you could save \$1,442 for an MRI at a large multi-specialty clinic.

If you don't have an emergency

If you need immediate medical attention but it's not an emergency, visit the nearest Urgent Care Clinic. Also, consider consulting a doctor online through your E-Care benefit for convenient 24/7 urgent care, such as Intermountain Connect Care*, available on all PEHP networks, including Summit.



*Please note not all members have Connect Care or an E-Care benefit.

HOW TO SAVE MONEY IN HEALTHCARE

PEHP Value Providers include outstanding healthcare providers available to PEHP members at lower out-of-pocket costs. If you get services with a Value Provider, PEHP may give you cash back.

The next time you need care, don't forget to visit a PEHP Value Provider for savings.

See a list of all PEHP Value Providers:
www.pehp.org/members/valueproviders

PEHP Value Providers



Value Clinics » Medical and dental savings.



Prescription Assistance Programs » Medication assistance programs which may help reduce the cost of your medication.



E-Care » On-demand doctor visits online or by phone.



Colonoscopies » Get cash back when you use value providers.



Laboratory » Laboratory services savings.



Surgical Centers » Ambulatory surgical services savings.



Radiology » Radiology services savings.

www.pehp.org/members/valueproviders



HOW TO SAVE MONEY IN HEALTHCARE

Ask Questions

Know what questions to ask your doctor and PEHP. Don't be afraid to speak up. Some common questions to ask:

- » **Does this service require preauthorization?**
- » **Is the lab you're using in my network?**
- » **What are my other options?**
- » **Is the specialist you're referring me to in my network?**
- » **Is this test necessary?**
- » **Is there a lower-cost treatment?**
- » **Is aggressive treatment the right option now, or would a wait-and see approach be better?**
- » **Is there a generic version of this drug?**

WELLNESS

PROGRAMS & RESOURCES

PEHP offers wellness programs, tools, and resources to help you feel better and improve your quality of life. Learn more at www.pehp.org/members/wellness. Check with your employer to see which benefits apply to you.



HEALTHY UTAH

PEHP Healthy Utah

An exclusive wellness benefit for eligible PEHP members and their spouses. It offers a variety of programs, services, and resources to help you get and stay well. Among its many tools and services is a rebate program that offers cash rewards for good health and health improvements.

Health Coaching

For those with a Body Mass Index (BMI) of 30 or higher, this lifestyle behavior change program provides education, support, and rebates to help you succeed in meeting your health goals.

Biometric Testing Sessions

Complete annual biometric testing (cholesterol, blood glucose, body composition, and blood pressure) at a Healthy Utah testing session or your annual preventive doctor office visit to earn rebates.*

*FICA tax withheld



WELLNESS

PROGRAMS & RESOURCES

Lighten Up

An 8-week online class where you explore tools and key concepts to help you maintain a life-long healthy weight. Class is taught by a PEHP Registered Dietitian.

Take Charge

A 6-week online class to help PEHP members prevent type 2 diabetes.

Diabetes & YOU

A 4-week online class taught by a PEHP Registered Dietitian to help members better manage diabetes and improve health.

Quarterly Webinars

Get connected online with our monthly wellness webinar series. Join us on the first workday of the month for 30 minutes of useful health information. Webinars are also recorded and can be viewed online.

Monthly Wellness Challenges*

These email-based challenges are self-paced and can help motivate you to set and achieve your health goals.

Workout Warrior*

Enroll monthly to receive email-based tips and motivation to increase your physical activity.

*Participants earn a chance to win prizes.

WELLNESS

PROGRAMS & RESOURCES

WeeCare

A pregnancy and postpartum program that helps expectant mothers have the healthiest and safest pregnancy possible. Rebates are offered for enrolling to receive educational materials and support, and for reaching pre-pregnancy weight after delivery.



Live. Share. Inspire.

A video series for PEHP members and their families who want to learn how to live a healthier lifestyle using PEHP Wellness tools, resources, and programs. New episodes are released every other month, and we offer rewards for watching.



myWellness Tracker

A program that helps you stay motivated and improve your overall well-being by tracking your wellness activities and participating in wellness challenges. Earn enough points from challenges to receive up to \$150. FICA tax withheld.

MENTAL HEALTH CARE & SERVICES

Life's struggles can take an emotional toll on you. If you're struggling with anxiety, depression, substance abuse, or any other mental health condition, you're not alone. There is help.

Eligible Services

Your PEHP mental health benefit covers treatment for specific mental health conditions. Please note you must have a diagnosis to use this benefit and all providers must be contracted in your PEHP network. Preauthorization is required for some mental health services, including all inpatient mental health services, day treatment facilities, and intensive outpatient programs. Call a PEHP Health Benefits Advisor to see which benefits apply to you, 801-366-7555 or 800-765-7347.

Examples of Ineligible Services

- » Conduct disorders
- » Marriage counseling
- » Parental counseling
- » Hypnosis, biofeedback
- » Stress management
- » Relaxation therapy
- » Learning disabilities
- » Residential treatment

See your [Master Policy](#) for a complete list of exclusions.





Other Mental Health Options

If you're seeking professional care for an ineligible service, consider these options:

- » Ask your employer about any Employee Assistance Programs (EAP) or Life Assistance Counseling available to you. Many such plans pay for a limited number of mental health visits, without requiring a specific diagnosis.
- » Find local mental health resources at www.211utah.org
- » You may qualify for intensive crisis counseling services. Call the PEHP Member Services Nurse (801-366-3961) to determine if you or a family member may be eligible.

FLEXIBLE SPENDING (FLEX\$) & HEALTH SAVINGS ACCOUNTS

Understanding FLEX\$

FLEX\$ can save you money by reducing your taxable income. Each year at open enrollment you set aside a portion of your pre-tax salary for your FLEX\$ account.

PEHP offers two types of FLEX\$: healthcare and dependent day care. Enroll in one or both.

Important!

You must re-enroll in FLEX\$ every year during open enrollment.

How to Contribute

- » Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods. See IRS website for contribution limits or call PEHP.
- » The total amount you choose to withhold for healthcare expenses is immediately available as soon as you begin FLEX\$.

Can't Have an HSA

You can't contribute to a health savings account (HSA) while you're enrolled in a healthcare FLEX\$.

However, you may have a dependent day care FLEX\$ and/or a limited FSA and contribute to an HSA.

Rollover

Your employer's plan might allow you to carry over up to \$500 in your healthcare FLEX\$ into the next plan year. If not, you will lose whatever money is not spent after a grace period.



Learn More

Contact PEHP FLEX\$
Phone: 801-366-7503
or 800-753-7703;
Email: flex@pehp.org

Understanding Health Savings Accounts

It's Your Account to Create Savings

- Money in your HSA carries over from year-to-year and even from employer-to-employer.
- Take money out for healthcare anytime, tax free.
- Use your HSA to pay deductibles, co-payments, and co-insurance your health plan doesn't cover.
- Build a long-term nest egg for health expenses later in life.
- Make penalty-free withdrawals for anything after age 65.
- Contribute to your HSA with pre-tax money just like a 401(k).
- Earn interest in a savings account or invest in funds you choose.

Employer Contribution

If you choose an HSA-qualified plan, your employer may help fund your HSA.



How to Start an HSA

To start an HSA, you must select an HSA-eligible plan, such as The STAR HSA Plan, during open enrollment. Log in to your PEHP account to find out about the HSA-eligible plans available to you.

MEDICARE SUPPLEMENT

PEHP Medicare Supplement is available to anyone who's ever been eligible for URS benefits or married to someone who is. When you become Medicare-eligible, consider the many advantages PEHP plans offer.

Extra Coverage

PEHP Medicare Supplement plans provide medical and prescription drug coverage beyond what Medicare pays.

Advantages

- » Monthly premiums can be deducted from your URS retirement check.
- » Coverage out-of-state and out-of-country.

Options for Every Budget

Medical, dental, vision, and prescription drug plans.





HOW TO CONTACT US



Health Benefits Advisors & Preauthorization

801-366-7555 or 800-765-7347



Disease Management

801-366-7400 or 855-366-7400



PEHP Pharmacy

801-366-7551 or 888-366-7551



Wellness Programs

801-366-7300 or 855-366-7300



FLEX\$ & HSA

801-366-7503 or 800-753-7703



www.pehp.org

PEHP
Health & Benefits