

Effective July 1, 2023 – June 30, 2024

Enrollment Guide

Volunteer Emergency Medical Personnel

Look inside for important information about how to use your PEHP benefits.



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

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/ HEALTH BENEFITS ADVISORS

..... 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

PRESCRIPTION DRUG BENEFITS

» PEHP Pharmacy 801-366-7551
..... or 888-366-7551

SPECIALTY PHARMACY

» Accredo 800-501-7260

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

» PEHPplus..... <https://www.pehp.org/pehpplus>

ONLINE ENROLLMENT HELP LINE

..... 801-366-7410
..... or 800-753-7410

CLAIMS MAILING ADDRESS

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

EMS Volunteer Health Insurance Coverage

Beginning July 1, 2023, EMS volunteers serving in rural areas are eligible for health insurance coverage for themselves and their family members through a partnership of local agencies, the Utah Association of Counties, and the State of Utah.

Who's Eligible?

To be eligible, you must meet the following requirements:

- » Not have health insurance coverage available through an employer, a spouse's employer, or a government plan or program
- » Be licensed as an EMS provider
- » Provide EMS services for a rural agency
- » Respond to 20% of calls over a rolling 12-month period

Coverage is provided through PEHP and offers:

- » Comprehensive medical coverage
- » Access to all rural hospitals and a choice of either Intermountain or MountainStar/Steward/University hospitals along the Wasatch Front
- » \$35 office copays with a \$2,000 individual/\$4,000 family deductible



Cost

Monthly cost for the 2023-2024 plan year:

Single: \$0

Double: \$87.37

Family: \$172.23

How Can I Enroll?

Complete the attached enrollment form and submit to the Utah Association of Counties..

What Happens if I Lose Eligibility?

If you no longer meet all of the eligibility requirements, your EMS coverage will end on the last day of the month in which any one of the conditions for eligibility no longer applied.

More Information

Contact your local EMS agency for additional information.



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

Davis Hospital
Lakeview 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
Jordan Valley Hospital - West

Salt Lake County (cont)

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

St. George Regional Medical Center

Weber County

Ogden Regional Medical Center

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
Intermountain Layton 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

Alta View Hospital
Intermountain Medical Center

Salt Lake County (cont)

The Orthopedic Specialty Hospital (TOSH)
LDS Hospital
Primary Children's Medical Center
Riverton Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Spanish Fork Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Medical Center

Weber County

McKay-Dee Hospital

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](https://pehp.org) at pehp.org

Medical Benefits: Traditional Plan



Traditional Option 5

Summit & Advantage

MEDICAL BENEFITS GRID: WHAT YOU PAY

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

Percentages indicate your share of PEHP's In-Network Rate.

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$2,000 Double/family plans: \$2,000 per person, \$4,000 per family <i>One person cannot meet more than \$2,000</i>	
Plan year Out-of-Pocket Maximum <i>Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$6,000 Double/family plans: \$6,000 per person, \$12,000 per family <i>One person cannot meet more than \$6,000</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	
PEHP VALUE PROVIDERS		
PEHP Value Providers <i>Cash Back opportunities available. Visit www.pehp.org/valueproviders</i>	Starting at \$10 co-pay per visit	
PROFESSIONAL SERVICES		
Primary Care Visits <i>Includes office surgeries, inpatient visits and Autism services</i>	\$35 co-pay per visit	
Specialist Visits <i>Includes office surgeries, inpatient visits and Autism services</i>	\$45 co-pay per visit	
University of Utah Medical Group (UUMG) Preferred plans only	\$50 co-pay per visit	
Surgery and Anesthesia	20% after deductible	
Emergency Room Specialist Visits	\$45 co-pay per visit	
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less</i>	No charge	
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350</i>	20% after deductible	
PRESCRIPTION DRUGS For Drug Tier info, see the Covered Drug List at www.pehp.org		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost, \$25 minimum / No maximum Tier 3: 50% of discounted cost, \$50 minimum / No maximum	
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$50 minimum / No maximum Tier 3: 50% of discounted cost, \$100 minimum / No maximum	

If brand name is selected when preferred generic is available, you pay the preferred generic copayment and the difference in cost between the generic and brand-name medication. The difference in cost does not apply to the Deductible or Out-of-Pocket Maximum. Refer to the PEHP Preferred Drug List for coverage, as some preferred generic and brand-name medications may not be covered.

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

*Out-of-Network Providers 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. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

Medical Benefits: Traditional Plan

In-Network Provider

Out-of-Network Provider*

Balance billing may apply

SPECIALTY DRUGS <i>For Drug Tier info, see the Covered Drug List at www.pehp.org</i>	
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% after deductible. No maximum co-pay Tier B: 30% after deductible. No maximum co-pay
Specialty Medications, through Home Health or Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C1: 10%. No maximum co-pay Tier C2: 20%. No maximum co-pay Tier C3: 30%. No maximum co-pay
OUTPATIENT FACILITY SERVICES	
Outpatient Facility and Ambulatory Surgical Center	20% after deductible
Urgent Care Facility	\$55 co-pay per visit
Emergency Room <i>Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$225 co-pay after deductible per visit
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible
University of Utah Medical Group (UUMG) Urgent Care <i>Preferred plans only</i>	\$50 co-pay per visit
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year.</i>	Applicable co-pay per visit
Mental Health & Substance Abuse	20% after deductible
INPATIENT FACILITY SERVICES	
Hospital Services Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation <i>Some in-network facilities require preauthorization. See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization</i>	20% after deductible
Skilled Nursing Facility and Residential Treatment <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible

Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
MISCELLANEOUS SERVICES		
Adoption / Assisted Reproductive Technology (ART) <i>See Master Policy for benefit limits. ART requires Preauthorization. Excludes multiple-embryo ART implants</i>		20% after deductible, up to \$4,000 per adoption or up to \$4,000 per single-embryo ART implant
Allergy Serum		20% after deductible
Chiropractic care <i>Up to 20 visits per plan year</i>		Applicable office co-pay per visit
Durable Medical Equipment <i>Some DME requires preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>		20% after deductible Summit Network: Alpine Home Medical
Medical Supplies <i>See Master Policy for benefit limits</i>		20% after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires Preauthorization</i>		No charge
Hospice		No charge
Injections <i>Includes allergy injections. See above for allergy serum</i>		Under \$50: No charge Over \$50: 20% after deductible
Infertility Services <i>Select services only. See Master Policy for details</i>		20% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details</i>		20% after deductible

Some of PEHP's Exclusive Benefits

On-Demand Doctors

See a doctor via mobile or web with discounted pricing through Intermountain Connect Care. It's available 24 hours a day, every day, without an appointment.

PEHP Value Providers

Make one of these full-service providers your family doctor and save! They provide all the services of a family doctor, but at a lower cost.

Wellness For You

PEHP offers programs, tools, and resources to help you take control of your health, including Healthy Utah Testing Sessions.

New Prescription Cost Tool

Find drug options for your health condition, compare prices at different pharmacies, and see if cash back is available for your medication.

Get Up to \$2,000 in Cash Back

Share in the savings when you choose a lower-cost provider. Find out about cash back services using PEHP's Cost Tools. Look for the green phone with a dollar sign.

Pharmacy Resources

Find PEHP's Covered Drug List, learn which medications require preauthorization, find information about savings programs and many more resources on PEHP's pharmacy page.

Mental Health Care & Resources

Your PEHP mental health benefit covers treatment for specific mental health conditions.

Seeking Reimbursement for Cash Payments

If you pay for your covered medical service in full, you can get reimbursed or get credited towards your deductible. Find the reimbursement form at www.pehp.org under *Resources & Help > Find a Form > Self-Pay Medical Claim Form*.

Reimbursement for Pharmacy Cash Payments

If you pay for your covered prescription in full, you can get reimbursed or get credited towards your deductible. Find the reimbursement form at www.pehp.org/pharmacy/cob

PEHP Pays for Preventive Services

Stay healthy by getting preventive screenings every year. Preventive benefits are covered at no cost to you when you see an in-network provider — even before you meet your deductible.



YOU'RE COVERED



PEHP Pays for **Preventive Benefits** at 100%*

Don't put off that test or immunization. Preventive benefits are covered at no cost to you when you see a contracted provider — even before you meet your deductible.

Covered Preventive Services for Adults

(Ages 18 and older)

- » Preventive physical exam visits for adults, one time per plan year including:
 - › Blood pressure screening
 - › Basic/comprehensive metabolic panel
 - › Complete blood count
 - › Urinalysis
- » Abdominal aortic aneurysm one-time screening for men aged 65-75 who have ever smoked.
- » Alcohol misuse screening and counseling.
- » Aspirin use for men ages 45-79 and women ages 55-79, covered under the pharmacy benefit when prescribed by a physician.
- » Cholesterol screening for adults of certain ages or at higher risk.
- » Colorectal cancer screening for adults ages 45 to 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy.
PEHP covers Conscious Moderate Sedation for Colonoscopy's. If you don't have an ASA score of P3 or higher, or a Mallampati score of III or higher, General Anesthesia or Monitored Anesthesia Care is not covered for those providers that bill separately for it. Check with your doctor to find out if you meet these requirements.
- » Depression screening for adults.
- » Type 2 diabetes screening for adults with high blood pressure.

- » Diet counseling for adults at higher risk for chronic disease including hyperlipidemia, obesity, diabetes, and cardiovascular disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists including registered dietitians.
 - » HIV screening for all adults at higher risk.
 - » Immunization vaccines for adults--doses, recommended ages, and recommended populations vary:
 - › Hepatitis A
 - › Hepatitis B
 - › Herpes zoster (shingles age 60 and above)
 - › Human papillomavirus (HPV)
 - » males age 9-21 Gardasil
 - » females age 9-26 Gardasil or Cervarix
 - › Influenza (flu shot)
 - › Measles, mumps, rubella
 - › Meningococcal (meningitis)
 - › Pneumococcal (pneumonia)
 - › Tetanus, diphtheria, pertussis (Td or Tdap)
 - › Varicella (chickenpox)
- Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.*
- » Obesity screening and counseling for all adults by primary care clinicians to promote sustained weight loss for obese adults.
 - » Sexually transmitted infection (STI) prevention counseling for adults at higher risk.
 - » Tobacco use screening for all adults and cessation interventions for tobacco users.

- » Syphilis screening for all adults at higher risk.

Covered Preventive Services Specifically for Women, Including Pregnant Women

- » Preventive gynecological exam, two per plan year.
- » Anemia screening on a routine basis for pregnant women.
- » Bacteriuria urinary tract or other infection screening for pregnant women.
- » BRCA counseling about genetic testing for women at higher risk.
- » BRCA testing for women at higher risk, requires preauthorization from PEHP.
- » Breast cancer mammography screenings one time per plan year for women over 40.
- » Breast cancer chemoprevention counseling for women at higher risk.
- » Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
- » Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.
Coverage allows for either a manual or electric breast pump within 12 months after delivery. Hospital grade breast pumps when medically necessary and preauthorized by PEHP are also included.
- » Cervical cancer screening (pap smear) for women ages 21-65.

Continued on next page

Preventive Services Coverage

Continued from previous page

- » Chlamydia infection screening for younger women and other women at higher risk.
- » Contraception: Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs.
 - › Covered services/devices include: One IUD every two years (including removal), generic oral contraceptives, NuvaRing, Ortho Evra, diaphragms, cervical caps, emergency contraceptives (Ella, and generics only), injections, hormonal implants (including removal), Essure, and tubal ligation.
- » Domestic and interpersonal violence screening and counseling for all women.
- » Folic acid supplements for women who may become pregnant, covered under the pharmacy benefit when prescribed by a physician.
- » Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
- » Gonorrhea screening for all women at higher risk.
- » Hepatitis B screening for pregnant women at their first prenatal visit.
- » Human immunodeficiency virus (HIV) screening and counseling for sexually active women.
- » Human papillomavirus (HPV) DNA test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older in conjunction with cervical cancer screening (pap smear).
- » Osteoporosis screening for women over age 60 depending on risk factors.
- » Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
- » Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users.
- » Sexually transmitted infections (STI) counseling for sexually active women.
- » Syphilis screening for all pregnant women or other women at increased risk.

Covered Preventive Services Specifically for Children

(Younger than age 18)

- » Preventive physical exam visits throughout childhood as recommended by the American Academy of Pediatrics including:

- › Behavioral assessments for children of all ages;
 - › Blood pressure screening for children;
 - › Developmental screening for children under age 3 and surveillance throughout childhood;
 - › Oral health risk assessment for young children;
 - › Alcohol and drug use assessments for adolescents.
 - › Autism screening for children at 18 and 24 months.
 - › Cervical dysplasia (pap smear) screening for sexually active females.
 - › Congenital hypothyroidism screening for newborns.
 - › Depression screening for adolescents.
 - › Dyslipidemia screening for children at higher risk of lipid disorders.
 - › Fluoride chemoprevention supplements for children without fluoride in their water source.
 - › Gonorrhea preventive medication for the eyes of all newborns.
 - › Hearing screening for all newborns, birth to 90 days old.
 - › Height, weight, and body mass index measurements for children.
 - › Hematocrit or hemoglobin screening for children.
 - › Hemoglobinopathies or sickle cell screening for newborns.
 - › HIV screening for adolescents at higher risk.
 - › Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
 - › Diphtheria, tetanus, pertussis (Dtap);
 - › Haemophilus influenzae type b (Hib);
 - › Hepatitis A;
 - › Hepatitis B;
 - › Human papillomavirus (HPV);
 - » Males age 9-21 Gardasil;
 - » Females age 9-26 Gardasil or Cervarix;
 - › Inactivated poliovirus;
 - › Influenza (Flu Shot);
 - › Measles, mumps, rubella;
 - › Meningococcal (meningitis);
 - › Pneumococcal (pneumonia);
 - › Rotavirus;
 - › Varicella (chickenpox).
- Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.*
- › Iron supplements for children ages 6 to 12 months at risk for anemia.
 - › Obesity screening and counseling.
 - › Phenylketonuria (PKU) screening for this

- › genetic disorder in newborns.
- › Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk.
- › Tuberculin testing for children at higher risk of tuberculosis.
- › Vision screening for all children one time between ages 3 and 5.

Coverage for Specific Drugs

Payable through the Pharmacy Plan when received at a participating pharmacy with a prescription from your doctor. Over-the-counter purchases are not covered. See applicable Benefits Summary for coverage information.

- › Aspirin use for men age 45-79 and women age 55-79.
- › Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
- › Folic acid supplements for women who may become pregnant.
- › Fluoride chemoprevention supplements for children without fluoride in their water source.
- › Iron supplements for children ages 6 to 12 months at risk for anemia.
- › Tobacco use cessation interventions, up to the maximum approved dose and duration per plan year.

* PEHP processes claims based on your provider's clinical assessment of the office visit. If a preventive item or service is billed separately, cost sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, cost sharing may apply. Certain screening services, such as a colonoscopy or mammogram, may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening, any subsequent testing, diagnosis, analysis, or treatment are not considered preventive services and are subject to the appropriate cost sharing.

Get the Best Care by Asking 5 Questions

You have the right to know and ask questions about your care. Ask these five questions to make sure you are informed and comfortable with your treatment options.

1. How will this treatment help me?

The effectiveness of a treatment can vary. In fact, some care may even be unnecessary. According to the Institutes of Medicine, more than 30% (or \$750B) of healthcare fits this category, which is more than we spend on K-12 education as a nation. Make sure you know how care will help you.

2. What are the potential downsides?

Healthcare helps make our lives better, but it is not without risks. Even routine treatment can have risks due to infections, errors, and adverse reactions. Make sure you know about the risks of care.

3. Are there simpler, less costly options?

Healthcare providers can mistakenly assume they know what you want. This can include surgeries over therapy and medications over lifestyle changes. Make sure you know your options, including those that are less costly and less invasive, so you can decide what is best for you.

4. What would happen if I didn't get treatment?

Our bodies are amazing in their ability to heal. At times, the best option may be to let the body heal naturally or forego a treatment that potentially may do more harm than good. Make sure you know what would happen if you didn't get care.

5. How much will this cost?

No one likes to think about costs when it comes to getting the healthcare you need. But it would be a mistake to believe that expensive care is the best care in every situation or that providers who operate in a business environment are not aware of how the cost of care impacts their bottom line. Don't be afraid to ask about costs. A drug that costs \$10 can be better than one that costs \$500 and a lab that costs \$10 is no different than one that costs \$100.



PEHP Cost Tools

Find Quality Care & Best Value

Finding quality care at the right place is important. PEHP has several cost comparison tools that help you shop for the best providers and the best value. To get started, log in to your PEHP account and click “Find Providers & Costs” in the top menu.

Find and Compare Providers



Under the “Find a Provider” tab, you can search for doctors and other healthcare providers in your network, see and compare cost information, and read reviews from other PEHP members. Plus, you can see how often a doctor refers lab work to a costly hospital or lower-cost independent lab.

Find and Compare Healthcare Facilities



Under the “Find a Facility” tab, you can search for healthcare facilities (e.g. hospitals, clinics, surgical centers) in your network, and see and compare cost information.

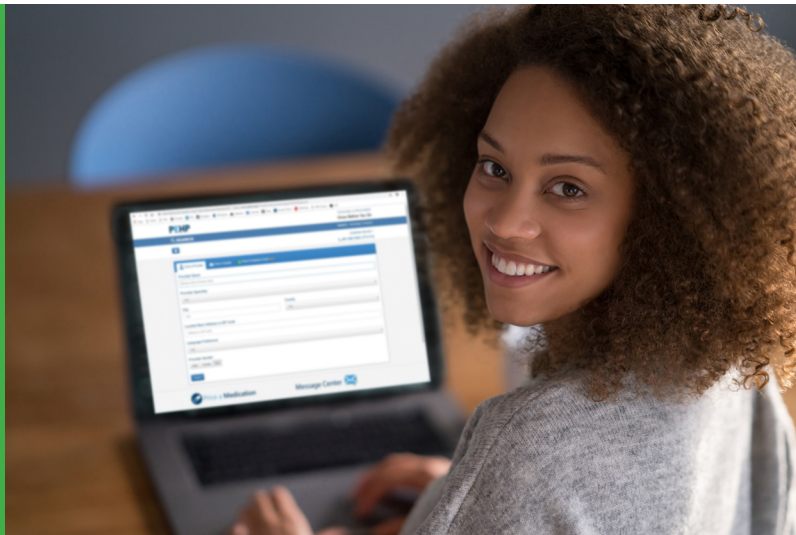
Looking for Lower Drug Costs?



Click on “Compare Prescription Costs.” You’ll see medication prices from different pharmacies, including home delivery, which is often less expensive.

To get the best deal, use medications on lower tiers in the PEHP Covered Drug List – a list of prescription medications available to members at lower costs.

These cost comparison tools are just one way we strive to make healthcare costs transparent, so you decide where to go for the best care and value.



Compare Medical Costs & Find Cash Back Opportunities

Under the "Compare Medical 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. For each location, you'll see a list of providers who have performed your desired treatment. Compare providers and costs to seek quality care and great value.



Search Results for: Office or Clinic
We found 5 facilities
10 items per page

Located Near Zip Code: Search Radius: Submit

Provider ↓	Location ↓	Common ↓	Range
PROVIDER NAME Costs based on 10 claims or fewer	MULTIPLE	\$942	\$936 - \$948
PROVIDER NAME Costs based on 10+ claims	MULTIPLE	\$955	\$950 - \$957
PROVIDER NAME Costs based on 10 claims or fewer	LAYTON, UT	\$1,005	\$966 - \$1,043
PROVIDER NAME Costs based on 10 claims or fewer	ROY, UT	\$1,081	\$1,000 - \$1,096

Look for cash back opportunities offered by PEHP for certain medical services performed by lower-cost providers. The amount of cash back can range from \$50 to \$2,000. 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 via the secure Message Center **before** receiving services.

To learn more, visit www.pehp.org/save

Education

Seminars

PEHP Wellness staff conduct free on-site seminars throughout Utah on various health topics.

Webinars

Get connected online with our quarterly wellness webinar series. Join us for 30 minutes of useful health information. All webinars are archived online and can be viewed anytime.

Wellness Challenges

These monthly email-based educational challenges are self-guided and can assist you with setting and achieving your health goals.

For the Worksite

Wellness Council Support & Resources

A Wellness Council is a diverse team of individuals who work to improve the health and well-being of employees and the organization as a whole. They support employee-focused activities and organizational changes to create a healthy workplace where employees can thrive.

Mini-Grants, trainings and technical assistance are available to help you start and maintain a wellness council at your worksite.

Coaching

Health Coaching

This one-on-one lifestyle behavior change program provides education and support to help you succeed in meeting your health and weight management goals. Available to members, spouses and dependents age 6 and older.

To learn more about PEHP Wellness, visit www.pehp.org/wellness.



Wellness for You



Annual Biometric Screening

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.*

Rebates*

First Steps Rebate (\$50)

Get screened at a Healthy Utah Biometric Testing Session or at your Health Care Provider's office (with First Steps rebate form), participate in 3 PEHP Wellness activities (1 webinar, 1 challenge, and 1 Workout Warrior), then take Questionnaire within 90 days.

Next Steps Rebate (\$50)

After completing First Steps Rebate, participate in your choice of PEHP Wellness activities and submit a completed rebate form. Other available rebates include Diabetes Management, WeeCare, and Tobacco Cessation.

WeeCare

PEHP WeeCare is a pregnancy and postpartum program that helps expectant mothers have the healthiest and safest pregnancy possible. A rebate* is offered for enrolling to receive educational materials and support.

**PEHP Rebates may not apply to all plans and are taxable. Members in the Consumer Plus Plan are not eligible for rebates.*



560 East 200 South, Salt Lake City, UT 84102
 801-366-7555 / 800-765-7347
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Volunteer Emergency Medical Personnel Enrollment and Change Form

New Enrollment Termination Change Request (Please Specify Type): _____

YOUR NAME (last, first, middle initial)	SOCIAL SECURITY NUMBER	BIRTH DATE (mm/dd/yy)	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MAILING ADDRESS	CITY/STATE/ZIP	PRIMARY PHONE		
VOLUNTEERING FOR	EMAIL ADDRESS	ALTERNATE PHONE	START DATE (mm/dd/yy)	

Group Medical

Medical Plans Using In-network & and Out-of-network Providers (Check one)

- Summit Network Advantage Network

Medical coverage type (Check one)

- VOLUNTEER ONLY Volunteer plus two or more dependents
 Volunteer plus one dependent

ADDITIONS

List your eligible dependents. If adding a new spouse, include a copy of marriage certificate. If dependents are stepchildren, natural children not living with both parents, or "other" relationship, provide supporting documentation, e.g., divorce decree, court orders, birth certificate, etc. If you don't have supporting documentation explain in Explanations Section on the back.

RELATIONSHIP TO VOLUNTEER	FULL NAME OF DEPENDENTS (last, first, middle initial)	MARRIAGE DATE (mm/dd/yy)	GENDER	BIRTH DATE (mm/dd/yy)	DEPENDENT SOCIAL SECURITY NO.
CODE KEY: S » Legal Spouse			<input type="checkbox"/> Male <input type="checkbox"/> Female		
C » Child Natural/Adopted			<input type="checkbox"/> Male <input type="checkbox"/> Female		
SC » Stepchild			<input type="checkbox"/> Male <input type="checkbox"/> Female		
O » Other (Describe in Explanations)			<input type="checkbox"/> Male <input type="checkbox"/> Female		

REMOVALS

Fill out the table below if you are terminating coverage for dependents who are no longer eligible. For all terminations outside of annual enrollment adequate documentation is required (divorce decree, proof of other coverage, etc.) If you voluntarily drop dental coverage, you will not be able to re-enroll for up to three years.

RELATIONSHIP TO VOLUNTEER	FULL NAME OF DEPENDENTS (last, first, middle initial)	DEPENDENT SOCIAL SECURITY NO.	REASON FOR TERMINATION (e.g., marriage, divorce, death, age of 26)	APPLICABLE DATE (date of marriage, divorce, birthday, etc.)
S » Legal Spouse				
C » Child Natural/Adopted				
SC » Stepchild				
O » Other (Describe in Explanations)				

Signature required on other side.

(Employer use only)			VEMP	04-21-22
Effective Date: _____	Volunteer Termination Date: _____	Coverage Termination Date: _____	Employer Approval: _____	

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Volunteer Name: _____ Social Security Number: _____

Attest

1. Are you or your spouse currently covered by health insurance? Yes No
2. Are you or your spouse currently eligible for coverage through your employer, your spouse' employer, your parents' employer, Medicaid, Medicare or the Veteran's Administration? Yes No
3. When was the last time you were covered by insurance?
 - a. Start Date _____
 - b. End Date _____
 - c. Name of Health Plan _____
 - d. Reason for Termination _____

Explanations

Volunteer Agreement and Signature

Before signing, make sure that all applicable sections are complete so your enrollment is not delayed. You may be asked to provide additional information and or documentation. Please note: It is the volunteer's responsibility to notify PEHP within **60 days of any changes** effecting coverage and/or dependent eligibility (e.g., birth, marriage, divorce, etc.). I represent that all information is true and correct. I understand and agree that any false information I provide on this form may, at PEHP's sole discretion, result in a limitation or termination of my coverage. By signing below I hereby: (1) authorize the deduction of health/dental contributions through the provisions of IRS Section 125 Flexible Benefits if applicable; (2) authorize PEHP to release information to health/dental providers, insurance entities, or other entities necessary to process claims and to administer the health plan; (3) certify all dependents listed are eligible for coverage; (4) understand if PEHP is not notified that a dependent is ineligible and subsequent claims are paid, I will be responsible for reimbursement to PEHP for any claims paid in error; (5) agree to the terms and conditions in the PEHP Master Policy.

I certify that I am not a party to a divorce proceeding and am not subject to an injunction/order which prevents me from modifying insurance or changing beneficiaries.

Volunteer Signature	Date
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