

Benefits Summary

2022-23

South Summit School District

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



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES



South Summit School District

2022-23

South Summit School District Benefits Summary

SOUTH SUMMIT SCHOOL DISTRICT

Benefits Summary

Effective September 2022

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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 South Summit School District employers 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

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

South Summit School District drug benefits are administered by Express Scripts

» Express Scripts Member Services 877-817-1436

HEALTH SAVINGS ACCOUNTS (HSA)

» PEHP FLEX\$ Department 801-366-7503
..... or 800-753-7703

WELLNESS AND CARE MANAGEMENT

» PEHP Healthy Utah 801-366-7300
..... or 855-366-7300
..... www.pehp.org/wellness

» PEHP Health Coaching 801-366-7300
..... or 855-366-7300

» PEHP WeeCare..... 801-366-7400
..... or 855-366-7400
..... www.pehp.org/weecare

» PEHP Care Management (Ask for Member Services Nurse)
..... 801-366-7555
..... or 800-765-7347

VALUE-ADDED BENEFITS

» PEHPplus..... www.pehp.org/pehpplus

CLAIMS MAILING ADDRESS

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

Find More at www.pehp.org

Connect Care

A Faster, Easier Way to See a Doctor » See a doctor via mobile or web. It's available 24 hours a day, every day, and you don't need an appointment. Use Intermountain Connect Care for fevers, ear infections, cold, flu, allergies, migraines, pinkeye, stomach pain, and much more. Available on all PEHP networks. [Learn More](#)

PEHP Cost Tools

Get the Most out of Your Healthcare Dollars » Get the best benefit by visiting doctors, hospitals, and other providers contracted in your network. Otherwise, you could be on the hook for unnecessary large bills. [Learn More](#)

Out-of-Network Benefits

Know Your Network » Some PEHP plans pay benefits for out-of-network providers. However, PEHP doesn't pay for any services from certain providers, regardless if you have an out-of network benefit. [Learn More](#)

Know Before You Go

Five Simple Steps » As healthcare gets costlier and more complex, carefully consider where and how you get care to maximize your PEHP benefits. "Know Before You Go" — that means taking a few simple steps beforehand to assure you get the right care, at the best value, and avoid the nasty surprise of an unnecessary large bill. [Learn More](#)

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

Castview 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

Castview 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](#) at pehp.org

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 a n 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.

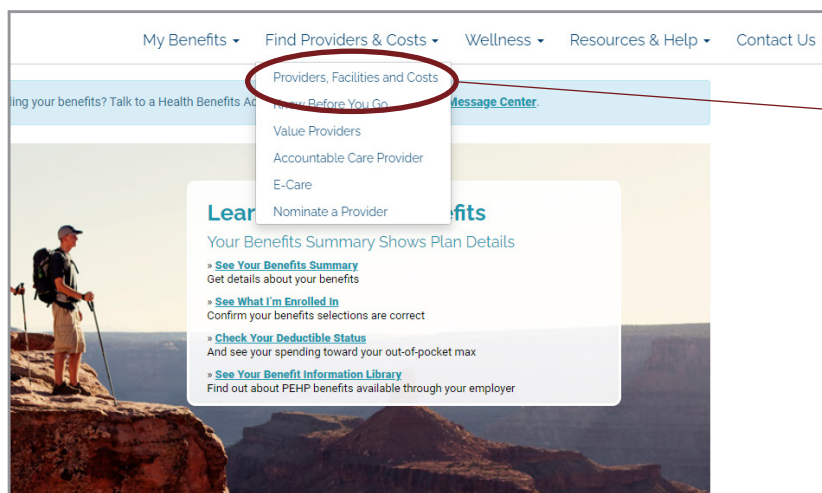
Consider Your Options

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 your PEHP account 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 your PEHP account, and click on *Providers, Facilities and Costs* under the *Find Providers and Costs* menu to find a doctor or facility in your network.

Understanding Your Benefits Grid

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	1	Single plans: \$750 Double/family plans: \$750 per person <i>One person cannot meet more than \$750</i>
Plan year Out-of-Pocket Maximum**	2	Single plans: \$5,000 Double/family plans: \$5,000 per person <i>One person cannot meet more than \$5,000</i>
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations.</i>		No charge
PROFESSIONAL SERVICES		
PEHP e-Care		Medical: \$10 co-pay per visit
PEHP Value Clinics		\$10 co-pay per visit
Primary Care Visits Includes office surgeries and inpatient visits		\$25 co-pay per visit University of Utah Medical Group: \$35 co-pay per visit
Specialist Visits Includes office surgeries and inpatient visits		\$35 co-pay per visit University of Utah Medical Group: \$45 co-pay per visit
Surgery and Anesthesia		20% after deductible
Emergency Room Specialist Visits		\$35 co-pay per visit
Diagnostic Tests, Labs, X-rays		20% after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service.</i>		\$35 co-pay per visit University of Utah Medical Group: \$45 co-pay per visit
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 co-pay Tier 3: 50% of discounted cost, \$50 minimum, no maximum co-pay
90-day Pharmacy <i>Maintenance only</i>		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

1 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.

2 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 plans). Some plans might also have separate out-of-pocket maximums for mental health & substance abuse and for specialty drug charges.

CO-PAY

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

IN-NETWORK

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

OUT-OF-NETWORK

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

IN-NETWORK RATE

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

For more definitions, please see the Master Policy.



Silver Plan

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*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$200 Double/family plans: \$200 per person, \$600 per family <i>One person cannot meet more than \$200</i>	Single plans: \$500 Double/family plans: \$500 per person, \$1,000 per family <i>One person cannot meet more than \$500</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: \$4,500 Double/family plans: \$4,500 per person, \$9,200 per family <i>One person cannot meet more than \$4,500</i>	Single plans: \$8,500 Double/family plans: \$8,500 per person, \$17,000 per family <i>One person cannot meet more than \$8,500</i>
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/members/preventive</i>	No charge	Not covered
Routine Vision Exams 1 visit per year	No charge	No charge plus any balance billing
Routine Hearing Exams 1 visit per year	Applicable office co-pay per visit	Not covered
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit. Mental Health: Standard benefits apply	Not applicable
PEHP Value Clinics	\$10 co-pay per visit	Not applicable
Primary Care Office Visits Includes office surgeries	20% after deductible	40% after deductible
Specialist Office Visits Includes office surgeries	20% after deductible	40% after deductible
Inpatient Physician Visits	20% after deductible	40% after deductible
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	20% after deductible	20% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
Mental Health/Substance Abuse <i>Treatment for Autism requires preauthorization. Outpatient services limited to 20 visits per plan year</i>	Inpatient: 20% after deductible Outpatient: 20% after deductible	Inpatient: 40% after deductible Outpatient: 40% after deductible
PRESCRIPTION DRUGS		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: 25% of discounted cost. \$30 minimum, \$90 maximum co-pay Tier 3: 50% of discounted cost. \$55 minimum, \$200 maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$25 co-pay Tier 2: 25% of discounted cost. \$50 minimum, \$150 maximum co-pay Tier 3: 50% of discounted cost. \$100 minimum, \$200 maximum co-pay	Not 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.

South Summit School District 2022-23 » Medical Benefits Grid » Silver Plan

	In-Network Provider	Out-of-Network Provider*
SPECIALTY DRUGS		
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	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% of In-Network Rate AD. No maximum co-pay Tier B: 30% of In-Network Rate AD. No maximum co-pay	Tier A: 40% after deductible. No maximum co-pay Tier B: 50% after deductible. No maximum co-pay
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	20% after deductible and \$250 co-pay per visit	40% after deductible and \$250 co-pay per visit
Urgent Care Facility	20% after deductible	40% after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% after deductible and \$150 co-pay	20% after deductible and \$150 co-pay plus any balance billing
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	20% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization.</i>	20% after deductible	40% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year. No Preauthorization required.</i>	20% after deductible	40% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	20% after deductible	Not covered
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	20% after deductible and \$500 co-pay	40% after deductible and \$500 co-pay
Skilled Nursing Facility <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible and \$500 co-pay	40% after deductible and \$500 co-pay
Hospice	20% after deductible	40% after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization.</i>	20% after deductible and \$500 co-pay	40% after deductible and \$500 co-pay
Mental Health & Substance Abuse <i>All services require Preauthorization. Residential Treatment benefit: up to 60-day limit applies, no out-of-network coverage</i>	20% after deductible	40% after deductible

South Summit School District 2022-23 » Medical Benefits Grid » Silver Plan

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See Master Policy for benefit limits</i>	20% after deductible up to \$4,000 per adoption	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care <i>Up to 20 visits per plan year</i>	20% after deductible	Not covered
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	40% after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	20% after deductible	40% after deductible
Hearing Aids <i>Requires Preauthorization. Up to one pair of hearing aids every three years</i>	20% after deductible	Not covered
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	20% after deductible	40% after deductible
Infertility Services** <i>Select services only. See Master Policy for details. Up to \$1,500 per plan year. \$5,000 Lifetime Maximum</i>	50% after deductible	50% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical</i>	Not covered	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions <i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply</i>	20% after deductible	20% after deductible plus any balance billing

**Does not apply to the out-of-pocket maximum.



Bronze Plan

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*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$750 Double/family plans: \$750 per person, \$2,250 per family <i>One person cannot meet more than \$750</i>	Single plans: \$2,250 Double/family plans: \$2,250 per person, \$4,500 per family <i>One person cannot meet more than \$2,250</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: \$6,350 Double/family plans: \$6,350 per person, \$12,700 per family <i>One person cannot meet more than \$6,350</i>	Single plans: \$10,750 Double/family plans: \$10,750 per person, \$21,500 per family <i>One person cannot meet more than \$10,750</i>
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/members/preventive</i>	No charge	Not covered
Routine Vision Exams 1 visit per year	No charge	No charge plus any balance billing
Routine Hearing Exams 1 visit per year	Applicable office co-pay per visit	Not covered
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit. Mental Health: Standard benefits apply	Not applicable
PEHP Value Clinics	\$10 co-pay per visit	Not applicable
Primary Care Office Visits Includes office surgeries	25% after deductible	45% after deductible
Specialist Office Visits Includes office surgeries	25% after deductible	45% after deductible
Inpatient Physician Visits	25% after deductible	45% after deductible
Surgery and Anesthesia	25% after deductible	45% after deductible
Emergency Room Specialist Visits	25% after deductible	25% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	25% after deductible	45% after deductible
Mental Health/Substance Abuse <i>Treatment for Autism requires preauthorization. Outpatient services limited to 20 visits per plan year</i>	Inpatient: 25% after deductible Outpatient: 25% after deductible	Inpatient: 45% after deductible Outpatient: 45% after deductible
PRESCRIPTION DRUGS		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: 25% of discounted cost. \$30 minimum, \$90 maximum co-pay Tier 3: 50% of discounted cost. \$55 minimum, \$200 maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$25 co-pay Tier 2: 25% of discounted cost. \$50 minimum, \$150 maximum co-pay Tier 3: 50% of discounted cost. \$100 minimum, \$200 maximum co-pay	Not 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.

	In-Network Provider	Out-of-Network Provider*
SPECIALTY DRUGS		
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	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
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	Tier A: 40% after deductible. No maximum co-pay Tier B: 50% after deductible. No maximum co-pay
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	25% after deductible and \$250 co-pay per visit	45% after deductible and \$250 co-pay per visit
Urgent Care Facility	25% after deductible	45% after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	25% after deductible and \$150 co-pay	25% after deductible and \$150 co-pay plus any balance billing
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	25% after deductible	25% A after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	25% after deductible	45% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization.</i>	25% after deductible	45% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year. No Preauthorization required.</i>	25% after deductible	45% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	25% after deductible	Not covered
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	25% after deductible and \$500 co-pay	45% after deductible and \$500 co-pay
Skilled Nursing Facility <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	25% after deductible and \$500 co-pay	45% after deductible and \$500 co-pay
Hospice	25% after deductible	45% after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization.</i>	25% after deductible and \$500 co-pay	45% after deductible and \$500 co-pay
Mental Health & Substance Abuse <i>All services require Preauthorization. Residential Treatment benefit: up to 60-day limit applies, no out-of-network coverage</i>	25% after deductible	45% after deductible

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See Master Policy for benefit limits</i>	20% after deductible up to \$4,000 per adoption	
Allergy Serum	25% after deductible	45% after deductible
Chiropractic care <i>Up to 20 visits per plan year</i>	25% after deductible	Not covered
Durable Medical Equipment <i>Some DME requires preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	25% after deductible	45% after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	25% after deductible	45% after deductible
Hearing Aids <i>Requires Preauthorization. Up to one pair of hearing aids every three years</i>	25% after deductible	Not covered
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires Preauthorization</i>	25% after deductible	45% after deductible
Injections <i>Includes allergy injections. See above for allergy serum</i>	25% after deductible	45% after deductible
Infertility Services** <i>Select services only. See Master Policy for details. Up to \$1,500 per plan year. \$5,000 Lifetime Maximum</i>	50% after deductible	50% after deductible
Temporomandibular Joint Dysfunction <i>Non-surgical</i>	Not covered	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions <i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply</i>	25% after deductible	25% after deductible plus any balance billing

**Does not apply to the out-of-pocket maximum.



Core HSA

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*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$2,100 Double/family plans: \$4,200 <i>One person or a combination can meet the \$4,200 double/family deductible</i>	
Plan year Out-of-Pocket Maximum	Single plans: \$6,550 Double/family plans: \$6,550 per person, \$13,100 per family <i>One person cannot apply more than \$6,550 toward the double/family maximum</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/members/preventive</i>	No charge	Not covered
Routine Vision Exams 1 visit per year	Applicable office co-pay per visit	Not covered
Routine Hearing Exams	Not covered	Not covered
PROFESSIONAL SERVICES		
PEHP e-Care	Medical: \$10 co-pay per visit after deductible Mental Health: Standard benefits apply after deductible	Not applicable
PEHP Value Clinics	Medical: 50% after deductible	Not applicable
Primary Care Office Visits <i>Includes office surgeries</i>	50% after deductible	50% after deductible
Specialist Office Visits <i>Includes office surgeries</i>	50% after deductible	50% after deductible
Inpatient Physician Visits	50% after deductible	50% after deductible
Surgery and Anesthesia	50% after deductible	50% after deductible
Emergency Room Specialist Visits	50% after deductible	50% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	50% after deductible	50% after deductible
Mental Health/Substance Abuse <i>Treatment for Autism requires preauthorization. Outpatient services limited to 20 visits per plan year</i>	Inpatient: 50% after deductible Outpatient: 50% after deductible	Inpatient: 50% after deductible Outpatient: 50% after deductible
PRESCRIPTION DRUGS <i>All pharmacy benefits for HSA plans are subject to the deductible.</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: 50% of discounted cost Tier 2: 50% of discounted cost Tier 3: 60% of discounted cost	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: 50% of discounted cost Tier 2: 50% of discounted cost Tier 3: 60% of discounted cost	Not 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.

South Summit School District 2022-23 » Medical Benefits Grid » Core HSA Plan

	In-Network Provider	Out-of-Network Provider*
SPECIALTY DRUGS All pharmacy benefits for HSA plans are subject to the deductible.		
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 50%. No maximum co-pay Tier B: 50%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 50%. No maximum co-pay Tier B: 50%. No maximum co-pay	Tier A: 70%. No maximum co-pay Tier B: 70%. No maximum co-pay
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	Tier A: 50%. \$150 maximum co-pay Tier B: 50%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	50% after deductible	70% after deductible
Urgent Care Facility	50% after deductible	50% after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	50% after deductible	50% after deductible plus any balance billing
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	50% after deductible	50% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	50% after deductible	50% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization.</i>	50% after deductible	50% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year. No Preauthorization required.</i>	50% after deductible	50% after deductible
Mental Health & Substance Abuse <i>Requires Preauthorization</i>	50% after deductible	Not covered
INPATIENT FACILITY SERVICES		
Medical & Surgical <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	50% after deductible	70% after deductible
Skilled Nursing Facility <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	50% after deductible	50% after deductible
Hospice	50% after deductible	50% after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization.</i>	50% after deductible	50% after deductible
Mental Health & Substance Abuse <i>All services require Preauthorization. Residential Treatment benefit: up to 60-day limit applies, no out-of-network coverage</i>	50% after deductible	50% after deductible

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption See Master Policy for benefit limits	50% after deductible, up to \$4,000 per adoption	
Allergy Serum	50% after deductible	50% after deductible
Chiropractic care Up to 20 visits per plan year	50% after deductible	Not covered
Durable Medical Equipment Some DME requires preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits	50% after deductible	50% after deductible
Medical Supplies See the Master Policy for benefit limits	50% after deductible	50% after deductible
Hearing Aids Requires Preauthorization. Up to one pair of hearing aids every three years	20% after deductible	Not covered
Home Health/Skilled Nursing Up to 60 visits per plan year. Requires Preauthorization	50% after deductible	50% after deductible
Injections Includes allergy injections. See above for allergy serum	50% after deductible	50% after deductible
Infertility Services** Select services only. See Master Policy for details. Up to \$1,500 per plan year. \$5,000 Lifetime Maximum	50% after deductible	50% after deductible
Temporomandibular Joint Dysfunction Non-surgical	Not covered	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply	50% after deductible	50% after deductible plus any balance billing

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 screening each plan year. 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/wellness

PEHP WeeCare

PEHP WeeCare is a pregnancy and postpartum program to support and inform PEHP members. Our goal is to help expectant mothers have the healthiest and safest pregnancy possible. All PEHP members are eligible to participate.

Members may enroll at any time during the pregnancy to participate in PEHP WeeCare and receive a rebate from PEHP. If you enroll postpartum you can still participate; however, you will not be eligible for the rebate. See the WeeCare brochure and/or rebate form for detailed instructions and how to qualify for rebates.

FOR MORE INFORMATION

PEHP WeeCare

P.O. Box 3503

Salt Lake City, Utah 84110-3503

801-366-7400 | 855-366-7400

» E-mail: weecare@pehp.org

» Web: www.pehp.org/weecare

**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.*

PEHP Health Coaching

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

FOR MORE INFORMATION

PEHP Health Coaching

801-366-7300 | 855-366-7300

» E-mail: healthcoaching@pehp.org

» Web: www.pehp.org/weightmanagement

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.

» Web: www.pehp.org/pehpplus



myWellness Tracker



myWellness Tracker is a wellness tracking program for you and your PEHP-insured spouse. The goal of the program is to help you create or sustain healthy habits – and get rewarded for it!

How does it work?

myWellness Tracker, based on the WellRight digital platform, is used to create fun and engaging health and wellness challenges. It helps you stay motivated and improve your overall wellbeing. Sync your wearable device or manually track challenges within myWellness Tracker. Access the program portal either on your desktop or through the app.

Most challenges are 30 days, designed to create and track habits – such as your nutrition, exercise, or finances – over an entire month.

myWellness Tracker is offered in addition to Healthy Utah, giving you an opportunity to “earn more.”

Rewards

Earn Points – Get Cash

Points are awarded for completing challenges, helping you work towards three achievement levels. You earn \$50 for each level you reach – that’s up to \$150 each plan year! PEHP sends you (the insured employee) a check at the end of the plan year for your accomplishments. FICA tax is withheld from all payments.

PEHP Wellness rebates are still available outside of myWellness Tracker:

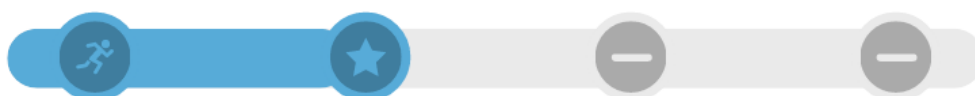
- » Know & Plan
- » Diabetes Management
- » Next Steps
- » Tobacco Cessation
- » Wee Care

TO REGISTER VISIT:

USBA.wellright.com



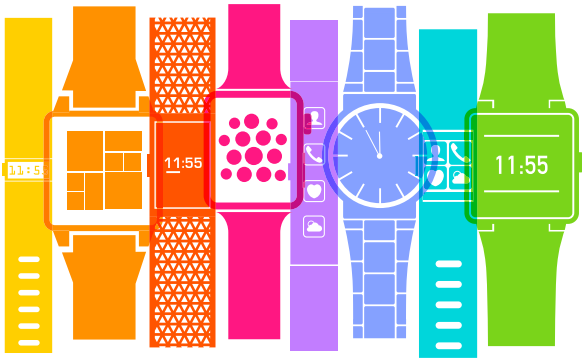
You have earned **1050** points!



Program Features

Device Integration

myWellness Tracker integrates easily with wearable tracking devices and apps, such as Apple Watch, FitBit, Garmin, and more. Don't have a wearable device? Download one of the compatible, FREE apps listed in the program portal. You can also manually track your progress within the myWellness Tracker portal.



Other Features

- » **Biometric Data** – find your biometric data from Healthy Utah testing sessions in your Health Profile
- » **Message Board** – communicate with other users within a challenge
- » **Personal Calendar** – see your progress, challenge trackers, and more!
- » **Quick Links** – access PEHP products, services, and web pages easily with one menu

How do I access myWellness Tracker?



PEHP will send you a registration link to myWellness Tracker via email and the Message Center. Follow the link to myWellness Tracker and get started!

Text Tracking

Don't like the idea of manually tracking with your device? Text tracking is your solution! Each challenge has daily text reminders to help you form healthy habits. You can also track your results for a specific challenge by replying to the same reminder message.

Download the App



Don't rely on a browser for all your tracking – download the WellRight app! The app has an easy-to-use interface and quick access to your challenges and progress.



