

New Hire Guide²⁰²⁰

Orem City

Look inside for an overview of your benefits and what's new for the 2020 plan year.



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

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Medical Benefits: STAR Option 1



STAR Option 1 (Lower HDHP)

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.

YOU PAY

	In-Network Provider	Out-of-Network Provider*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to out-of-pocket maximum</i>	\$2,000 per single, \$4,000 per family	\$2,250 per single, \$4,500 per family
Plan year Out-of-Pocket Maximum	\$3,000 per single, \$6,000 per family	\$4,500 per single, \$9,000 per family
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will apply</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Urgent Care Facility	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible

In-network and out-of-network Deductibles and Out-of-Pocket Maximums accrue together.

*Your out-of-pocket payment for covered medical expenses apply equally to your deductible for In-Network and Out-of-Network Providers up to the In-Network Rate. 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.

Medical Benefits: STAR Option 1

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Visits	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
PEHP e-Care	Medical: \$10 co-pay per visit after deductible. Mental Health: Standard benefits apply after deductible. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	Medical: 20% of In-Network Rate after deductible	Not applicable
Primary Care Office Visits and Office Surgeries	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Emergency Room Specialist Visits	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
PRESCRIPTION DRUGS All pharmacy benefits for The STAR Plan are subject to the deductible		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: \$30 co-pay Tier 3: \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$30 co-pay Tier 2: \$60 co-pay Tier 3: \$130 co-pay	Not covered
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 the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% of In-Network Rate. No maximum co-pay Tier B: 30% of In-Network Rate. No maximum co-pay	Tier A: 40% of In-Network Rate. No maximum co-pay Tier B: 50% of In-Network Rate. 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

Medical Benefits: STAR Option 1

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	20% after deductible, plan pays up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	50% of In-Network Rate after deductible
Allergy Serum	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Chiropractic Care <i>Up to 20 visits per plan year</i>	20% of In-Network Rate after deductible	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% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Durable Medical Equipment, DME <i>Except for oxygen and Sleep Disorder Equipment, certain DME over \$750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Infertility Services <i>Select services only. See Master Policy for details</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Injections	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction <i>Up to \$1,000 Lifetime Maximum</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible



STAR Option 2 (Higher HDHP)

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.

YOU PAY

	In-Network Provider	Out-of-Network Provider*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to out-of-pocket maximum. Any one individual may not apply more than \$3,000 toward the In-Network family Deductible</i>	\$3,000 per individual, \$6,000 per family	\$3,250 per individual, \$6,500 per family
Plan year Out-of-Pocket Maximum <i>Any one individual may not apply more than \$4,000 toward the In-Network family Out-of-Pocket Maximum</i>	\$4,000 per individual, \$8,000 per family	\$5,500 per individual, \$11,000 per family
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will apply</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Urgent Care Facility	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible

In-network and out-of-network Deductibles and Out-of-Pocket Maximums accrue together.

*Your out-of-pocket payment for covered medical expenses apply equally to your deductible for In-Network and Out-of-Network Providers up to the In-Network Rate. 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.

Medical Benefits: STAR Option 2

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Visits	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
PEHP e-Care	Medical: \$10 co-pay per visit after deductible. Mental Health: Standard benefits apply after deductible. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	Medical: 20% of In-Network Rate after deductible	Not applicable
Primary Care Office Visits and Office Surgeries	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Emergency Room Specialist Visits	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
PRESCRIPTION DRUGS All pharmacy benefits for The STAR Plan are subject to the deductible		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: \$30 co-pay Tier 3: \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$30 co-pay Tier 2: \$60 co-pay Tier 3: \$130 co-pay	Not covered
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 the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% of In-Network Rate. No maximum co-pay Tier B: 30% of In-Network Rate. No maximum co-pay	Tier A: 40% of In-Network Rate. No maximum co-pay Tier B: 50% of In-Network Rate. 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

Medical Benefits: STAR Option 2

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	20% after deductible, plan pays up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	50% of In-Network Rate after deductible
Allergy Serum	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Chiropractic Care <i>Up to 20 visits per plan year</i>	20% of In-Network Rate after deductible	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% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Durable Medical Equipment, DME <i>Except for oxygen and Sleep Disorder Equipment, certain DME over \$750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Infertility Services <i>Select services only. See Master Policy for details</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Injections	20% of In-Network Rate after deductible	50% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction <i>Up to \$1,000 Lifetime Maximum</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible

Medical Benefits: STAR Option 3



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.

STAR HSA Option 3

YOU PAY

Summit & Advantage

In-Network Provider

Out-of-Network Provider*

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS

Plan year Deductible <i>Applies to out-of-pocket maximum. Applies to out-of-pocket maximum. Any one individual may not apply more than \$4,000 toward the In-Network family Deductible</i>	\$4,000 per individual, \$8,000 per family	\$4,250 per individual, \$8,500 per family
Plan year Out-of-Pocket Maximum <i>Any one individual may not apply more than \$4,000 toward the In-Network family Out-of-Pocket Maximum</i>	\$4,000 per individual, \$8,000 per family	\$5,500 per individual, \$11,000 per family

INPATIENT FACILITY SERVICES

Medical and Surgical <i>All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	No charge after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	No charge after deductible	40% of In-Network Rate after deductible
Hospice	No charge after deductible	40% of In-Network Rate after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	No charge after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	No charge after deductible	40% of In-Network Rate after deductible

OUTPATIENT FACILITY SERVICES

Outpatient Facility and Ambulatory Surgery	No charge after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	No charge after deductible	
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will apply</i>	No charge after deductible	No charge after deductible plus any balance billing above In-Network Rate
Urgent Care Facility	No charge after deductible	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays	No charge after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	No charge after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	No charge after deductible	40% of In-Network Rate after deductible

In-network and out-of-network Deductibles and Out-of-Pocket Maximums accrue together.

*Your out-of-pocket payment for covered medical expenses apply equally to your deductible for In-Network and Out-of-Network Providers up to the In-Network Rate. 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.

Medical Benefits: STAR Option 3

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Visits	No charge after deductible	40% of In-Network Rate after deductible
Surgery and Anesthesia	No charge after deductible	40% of In-Network Rate after deductible
PEHP e-Care	Medical: No charge after deductible. Mental Health: No charge after deductible. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	Medical: No charge after deductible	Not applicable
Primary Care Office Visits and Office Surgeries	No charge after deductible	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	No charge after deductible	40% of In-Network Rate after deductible
Emergency Room Specialist Visits	No charge after deductible	No charge after deductible plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays	No charge after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	No charge after deductible	40% of In-Network Rate after deductible
PRESCRIPTION DRUGS <i>All pharmacy benefits for The STAR Plan are subject to the deductible</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: No charge Tier 2: No charge Tier 3: No charge	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: No charge Tier 2: No charge Tier 3: No charge	Not covered
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: No charge Tier B: No charge	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: No charge Tier B: No charge	Tier A: 20% of In-Network Rate. No maximum co-pay Tier B: 20% of In-Network Rate. No maximum co-pay
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	Tier A: No charge Tier B: No charge Tier C: No charge	Not covered

Medical Benefits: STAR Option 3

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	No charge after deductible, plan pays up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	40% of In-Network Rate after deductible
Allergy Serum	No charge after deductible	40% of In-Network Rate after deductible
Chiropractic Care <i>Up to 20 visits per plan year</i>	No charge after deductible	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>	No charge after deductible	No charge after deductible plus any balance billing above In-Network Rate
Durable Medical Equipment, DME <i>Except for oxygen and Sleep Disorder Equipment, certain DME over \$750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits</i>	No charge after deductible	40% of In-Network Rate after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	No charge after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	No charge after deductible	40% of In-Network Rate after deductible
Infertility Services <i>Select services only. See Master Policy for details</i>	No charge after deductible	40% of In-Network Rate after deductible
Injections	No charge after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction <i>Up to \$1,000 Lifetime Maximum</i>	No charge after deductible	40% of In-Network Rate after 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.

Some common examples:

(recommended ages and populations vary)

- » **Immunization vaccines** (e.g., Flu vaccine, TDAP vaccine, Pneumonia vaccine etc.)
- » **Wellness exams for a child, teen, adult or senior**
- » **Vision test**
- » **Blood screening tests** (e.g., Cholesterol test, Blood sugar test, Metabolic blood test, etc.)
- » **Other screening tests** (e.g., Pap test, Colonoscopy, etc.)
- » **Birth control**

For a complete list of preventive services, visit www.pehp.org/members/preventive



PEHP Online Tools

Help You Find Quality Care & Best Price

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, click the “Find a Provider and Costs” icon on the top right, then choose your network.

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?



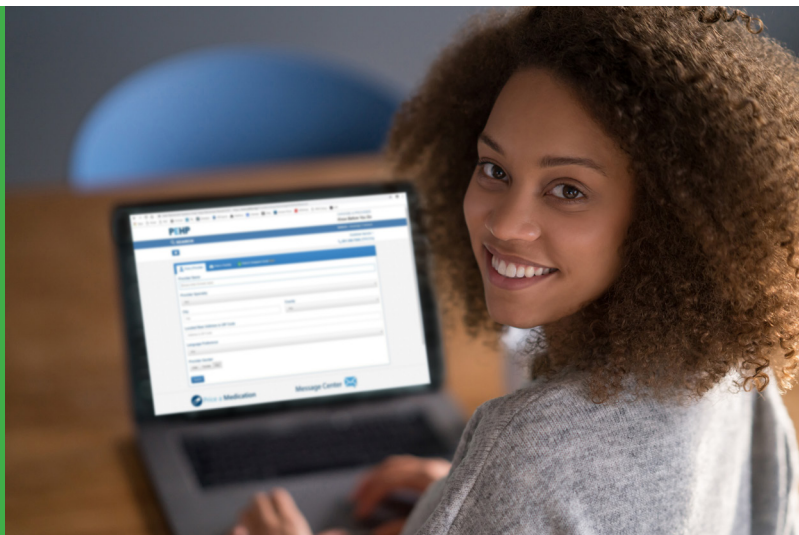
Click on “Medication Costs” under the “MyMoney” menu. You’ll be redirected to your Express Scripts Account. You’ll see medication prices from different pharmacies, including home delivery, which is often less expensive.

To get the best deal, use medications on lower tiers in the [PEHP Preferred Drug List](#) – a list of prescription medications available to members at lower costs.

Compare Costs & Find Cash Back Opportunities on the reverse side.



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 Costs & 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. 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 low-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/general/how-to-use-cost-saving-tools



Medical Networks

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	Salt Lake County (cont.) Primary Children's Medical Center Riverton Hospital
Box Elder County Bear River Valley Hospital	San Juan County Blue Mountain Hospital San Juan Hospital
Cache County Logan Regional Hospital	Sanpete County Gunnison Valley Hospital Sanpete Valley Hospital
Carbon County Castleview Hospital	Sevier County Sevier Valley Hospital
Davis County Davis Hospital Intermountain Layton Hospital	Summit County Park City Medical Center
Duchesne County Uintah Basin Medical Center	Tooele County Mountain West Medical Center
Garfield County Garfield Memorial Hospital	Uintah County Ashley Regional Medical Center
Grand County Moab Regional Hospital	Utah County American Fork Hospital Orem Community Hospital Utah Valley Hospital
Iron County Cedar City Hospital	Wasatch County Heber Valley Medical Center
Juab County Central Valley Medical Center	Washington County Dixie Regional Medical Center
Kane County Kane County Hospital	Weber County McKay-Dee Hospital
Millard County Delta Community Hospital Fillmore Community Hospital	Out-of-State – Colorado St. Mary's Hospital – Grand Junction Southwest Memorial Hospital – Cortez
Salt Lake County Alta View Hospital Intermountain Medical Center The Orthopedic Specialty Hospital (TOSH) LDS Hospital	

No-Pay Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. Find participating providers and [see a list of No-Pay Providers](#) at www.pehp.org.

Summit

Steward Health*, **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	Salt Lake County (cont.) Primary Children's Medical Center St. Marks Hospital Salt Lake Regional Medical Center University of Utah Hospital University Orthopaedic Center
Box Elder County Bear River Valley Hospital Brigham City Community Hospital	San Juan County Blue Mountain Hospital San Juan Hospital
Cache County Cache Valley Hospital Logan Regional Hospital	Sanpete County Gunnison Valley Hospital Sanpete Valley Hospital
Carbon County Castleview Hospital	Sevier County Sevier Valley Hospital
Davis County Lakeview Hospital Davis Hospital	Summit County Park City Medical Center
Duchesne County Uintah Basin Medical Center	Tooele County Mountain West Medical Center
Garfield County Garfield Memorial Hospital	Uintah County Ashley Regional Medical Center
Juab County Central Valley Medical Center	Utah County Mountain View Hospital Timpanogos Regional Hospital Mountain Point Medical Center
Kane County Kane County Hospital	Wasatch County Heber Valley Medical Center
Millard County Delta Community Hospital Fillmore Community Hospital	Washington County Dixie Regional Medical Center
Salt Lake County Huntsman Cancer Hospital Jordan Valley Hospital Jordan Valley Hospital – West Lone Peak Hospital	Weber County Ogden Regional Medical Center
	Out-of-State – Colorado St. Mary's Hospital – Grand Junction Southwest Memorial Hospital – Cortez

PEHP Value Providers



MEDICAL

The STAR Plan » 25% discount on what you would normally pay an in-network provider

Traditional Plan » \$10 office co-pay

SALT LAKE CITY

[Health Clinics of Utah](#)

168 N 1950 W, Ste. 201 | **801-715-3500**

[Midtown Clinic](#)

230 South 500 East, Suite 510 | **801-320-5660**

[RC Willey Employee Clinic](#)

2301 South 300 West | **801-464-7900**

[WesTech Wellness Center](#)

3605 S West Temple | **801-506-0000**

NORTH SALT LAKE

[Orbit Employee Clinic](#)

845 Overland St. | **801-951-5888**

[FJM Clinic](#)

31 N Redwood Rd, Suite 2 | **801-624-1634**

CLEARFIELD

[Futura Onsite Clinic](#)

11 H Street | **801-774-3265**

LAYTON

[Onsite Care at Davis Hospital](#)

1580 W. Antelope Dr., Suite 110 | **801-807-7699**

OGDEN

[Health Clinics of Utah](#)

2540 Washington Blvd., Ste. 122 | **801-395-6499**

[FJM Clinic](#)

1104 Country Hills Dr., Ste. 110 | **801-624-1633**

PROVO

[Health Clinics of Utah](#)

150 E Center St., Ste. 1100 | **801-374-7011**

OREM

[Blendtec Health and Wellness Clinic](#)

1206 S 1680 W | **801-225-1281**

LEHI

[OnSite Care at Mountain Point Medical](#)

3000 Triumph Blvd, Ste. 320 | **801-753-4600**



INTERMOUNTAIN CONNECT CARE

Available on all PEHP networks.

The STAR Plan » \$49 per visit or \$10 per visit after deductible.

Traditional Plan » \$10 per visit

Visit a doctor online anytime, anywhere.

- » Stuffy and runny nose
- » Allergies
- » Sore throat
- » Eye infections
- » Cough
- » Painful urination
- » Lower back pain
- » Joint pain or strains
- » Minor skin problems



Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.

PEHP Value Providers



COLONOSCOPY

Get Cash Back » Get cash back* when you get your colonoscopy from one of these Value Providers. You must call PEHP prior to service to be eligible for cash back. You need to get the colonoscopy in the provider's office or at an ambulatory surgical center to be eligible for cash back as this doesn't apply to hospitals, even if your doctor determines you must do it there. Remember you'll always get the best pricing when you use a PEHP Value Provider.

Utah Gastroenterology

Advantage Network Members Note – There is one Utah Gastroenterology location at which cash back is available, noted below with **Advantage**. You may visit providers at the other locations but the cash back only applies at one location. Summit, Capital, and Preferred Network members may use any of the facilities listed below and receive cash back.

- 6360 S 3000 E Ste 310, SLC (**Advantage**)
- 620 Medical Dr Ste 205, Bountiful
- 1250 E 3900 S Ste 360, SLC
- 13953 S Bangerter Pkwy, Draper
- 12391 S 4000 W, Riverton
- 3000 N Triumph Blvd, Ste 340, Lehi

*Please note cash back is subject to income taxes.

Granite Peaks Gastroenterology

- 1393 E Segoe Lilly Dr., Sandy
- 3000 N Triumph Blvd Ste 330, Lehi

Revere Health

- 1055 N. 500 W., Provo
- 1175 E. 50 S., American Fork

Preventive Colonoscopy 50+

You must call PEHP prior to service to get cash back. The cash back applies even when it's preventive and covered at 100%.

Tip: Be sure the anesthesia is considered "moderate or conscious" sedation as general anesthesia isn't covered as part of the preventive service unless pre-authorized through PEHP. Also be aware that sometimes the colonoscopy can result in additional treatment or diagnosis where you would be responsible for some of the cost based on your benefit cost share.



PRESCRIPTION ASSISTANCE PROGRAMS

PEHP has identified several medication-assistance programs which may help to reduce the cost of your medication. See if you may qualify.

Rx Help Centers®

<http://rxhelpcenter.org/>

Patient Access Network Foundation®

<https://panfoundation.org/index.php/en/>

Patient Advocate Foundation®

<http://www.patientadvocate.org/>

HealthWell Foundation®

<https://www.healthwellfoundation.org/>

Need Immediate Care? Consult a Doctor Remotely

A Fast, Easy Way to See a Doctor

Families have access to care for urgent, low-level needs such as:

- » Eye infections
- » Painful urination
- » Joint pain or strains
- » Minor skin problems

Intermountain Connect Care

Available 24/7/365 (even on holidays)

- » Summit
- » Advantage
- » Preferred

University of Utah Health Virtual Visits

Available 9 a.m.-9 p.m., 7 days a week

- » Summit
- » Preferred
- » Capital

If You're on the Traditional Plan

Each on-demand doctor consultation costs only a **\$10 co-pay**.

If You're on the STAR HSA Plan

Each on-demand doctor consultation costs only **\$49** before you meet your deductible. After your deductible is met, you pay only a **\$10 co-pay**.



Download the app from the [Google Play Store](#) or [iTunes App Store](#).



Where do I go for care?



Get the Right Care at the Right Place

Use the PEHP Cost Comparison Tool
Find it at www.pehp.org



We can help!

Call a Health Benefits Advisor
801-366-7555 or 800-765-7347

Enhanced Pharmacy Benefit

The PEHP Enhanced Pharmacy Benefit is a program designed to help reduce prescription cost for Diabetic Members.

- » Save up to \$2,400 a year by signing up for the Enhanced Pharmacy Benefit.
- » Receive a generic copayment (after deductible) at any participating retail pharmacy on these medications:
 - › Free Style Test Strips
 - › Novolog and Novolin Vials
 - › Lantus Vials

Sign up with these simple steps

1. Obtain a Enhanced Pharmacy Benefit form online at pehp.org.
2. Take the Enhanced Pharmacy Benefit form to your physician.
3. Have your physician fill out the form and fax it to the PEHP Pharmacy Department.
4. A PEHP Pharmacy Representative will send a letter to confirm your enrollment.

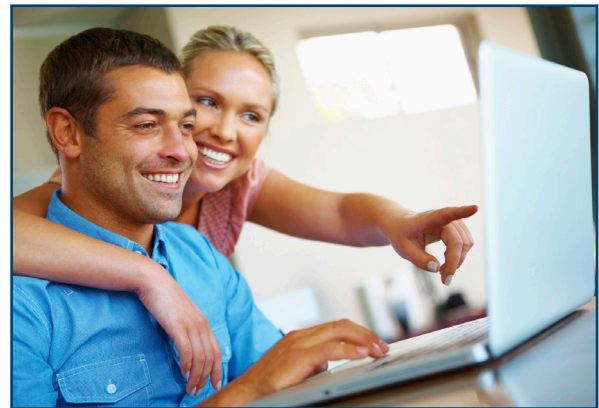
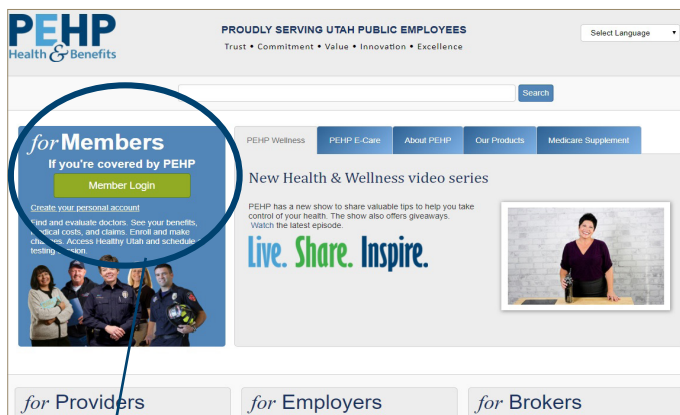
Contact Information

- » Phone: 801-366-7555 (Option 3)
or toll free 800-765-7347
- » Fax: 801-245-7774
- » Email: pharmacypreauth@pehp.org



Create a Personal Online Account

Find a wealth of benefit and claims information at your fingertips when you create your personal online account. Access claims history, download explanation of benefits (EOB), get cost estimates for healthcare services based on your benefits, and much more. Here's how to set up a personal account:



Step 1: Go to www.pehp.org.

Step 2: Click "Create your personal account."

Step 3: Read the PEHP Members Agreement and click "I Agree" at the bottom of the page.

You need your PEHP ID number and Social Security number to create an account. Find your ID number on your benefits card or call PEHP.

PEHP for Members

Manage Your Benefits Online » Get the most from your benefits at PEHP for Members at www.pehp.org. Log in for personalized information and tools. Enroll, find and compare doctors, get cost information, learn benefit details, and more.

my BENEFITS

- Find and Select a Provider
- See Your Claims
- Enroll Online
- Access Plan Information

my MONEY

- Cost Comparison Tool
- See Medication Costs
- Change HSA Contributions

my HEALTH

- Healthy Utah Testing
- Get Health Snapshot



» “You’ve got mail!” We send important information about your benefits and care through the **PEHP Message Center**. You may see vital notices specifically for you, such as cost information about medications you’re taking.

» Encourage your adult dependents (spouses and children 18 years or older) to create their individual PEHP for Members account. This allows them to see their claims, personal biometrics, and personalized messages from PEHP. Call PEHP at 801-366-7555 or 800-765-7347 for instructions.

Find PEHP for Members at www.pehp.org.

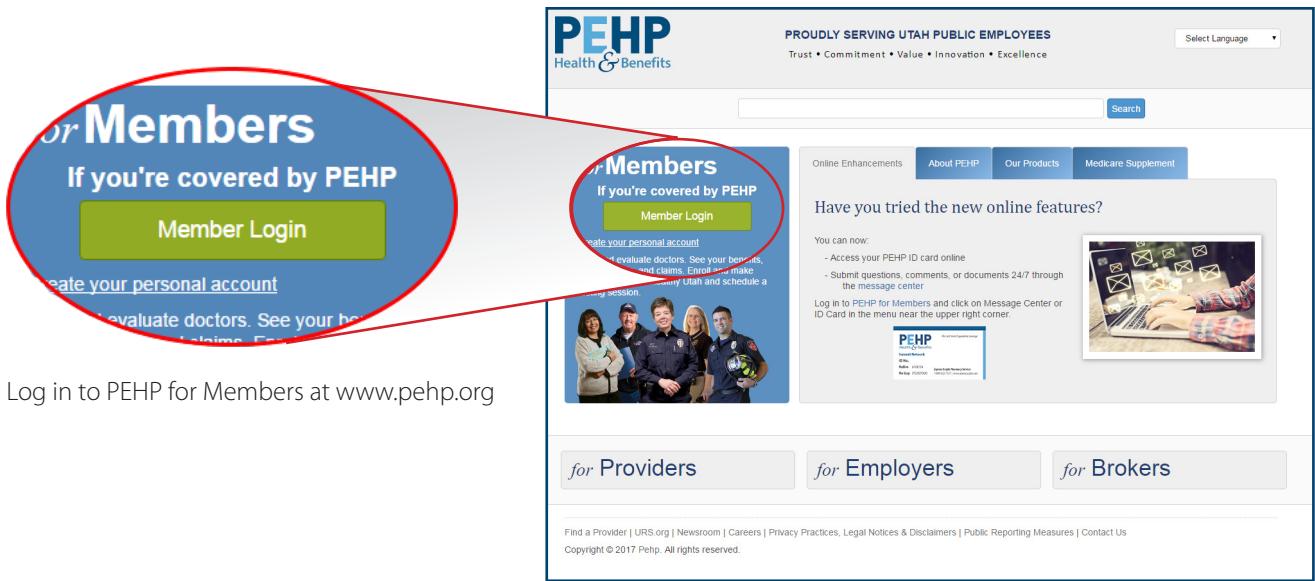
To create your online personal account, you’ll need your PEHP ID number and your Social Security number.

Find your PEHP ID number on your benefits card or your EOBs. Or call PEHP at 801-366-7555 or 800-765-7347.

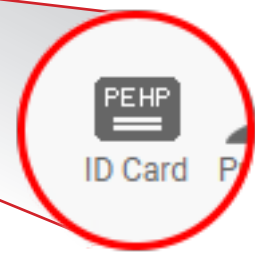
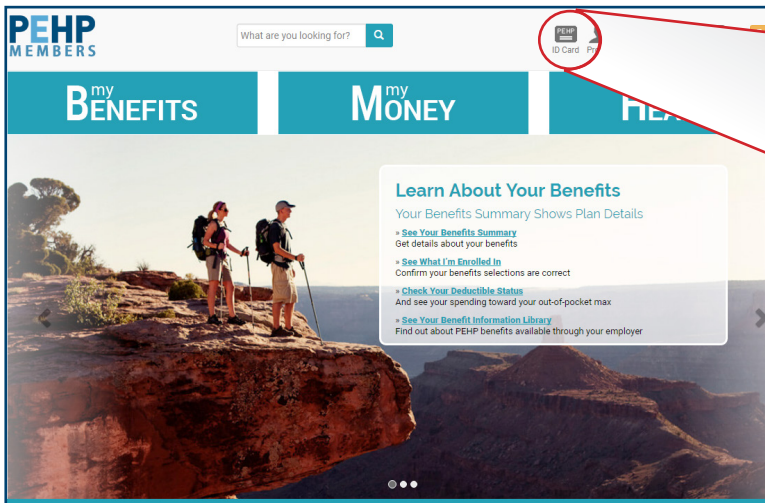


Get your PEHP ID Card Online

» Did you know you can print insurance ID cards from our website? Just log in to PEHP for members at www.pehp.org and click on the ID card icon at the top of the page. It's quick and convenient.



Log in to PEHP for Members at www.pehp.org

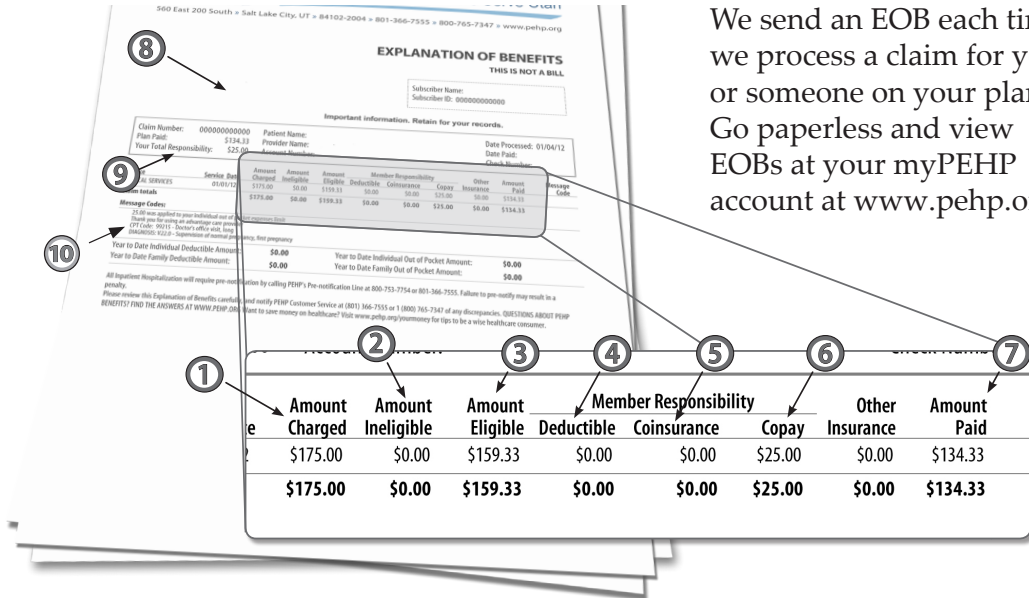


Click ID Card at the top of the page.
Print your ID card or show it to your provider on your phone.

We mail you an ID Card after you first sign up or if you change plans during open enrollment. For help with your account or card call us at 801-366-7555.

Understanding Your EOB

We send an EOB each time we process a claim for you or someone on your plan. Go paperless and view EOBs at your myPEHP account at www.pehp.org.



Amount Charged	Amount Ineligible	Amount Eligible	Deductible	Member Responsibility Coinsurance	Copay	Other Insurance	Amount Paid
\$175.00	\$0.00	\$159.33	\$0.00	\$0.00	\$25.00	\$0.00	\$134.33
\$175.00	\$0.00	\$159.33	\$0.00	\$0.00	\$25.00	\$0.00	\$134.33

1 AMOUNT CHARGED

The medical provider's (e.g., doctor, hospital, or clinic) bill for your service.

2 AMOUNT INELIGIBLE

The part of the bill that includes services not covered by your plan. This is between you and the provider.

3 AMOUNT ELIGIBLE

This is PEHP's In-Network Rate. This is the most we allow in-network providers to charge for this service. However, out-of-network providers may charge more than the In-Network Rate. Avoid paying more by using only providers in your network (go to www.pehp.org).

4 DEDUCTIBLE

The set amount you pay for eligible charges in a plan year before cost sharing takes place.

5 CO-INSURANCE

The percentage of the cost you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.

6 CO-PAY

The fixed dollar amount you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.

7 AMOUNT PAID

The part of the bill PEHP paid.

8 CLAIM NUMBER

Keep this number as reference if you call PEHP about your claim.

9 YOUR TOTAL RESPONSIBILITY

The amount of the bill the provider expects you to pay. This is between you and the provider.

10 CPT CODE

This code for the service you received can be helpful when discussing your EOB with your doctor or PEHP.

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.

Health 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.

Coaching

PEHP 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. By developing an action plan and working with a health coach, participants' focus goes beyond weight loss to greater benefits of lasting health and well being.



Wellness for You Know. Plan. Act.

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



Biometric Screenings

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

Complete the biometric testing and a Health Questionnaire found at your online PEHP account to earn your \$50 **Know & Plan** rebate. If your measurements fall within predetermined criteria you will earn the \$50 **Good For You** rebate. If your biometrics don't meet the criteria, you may act to improve in the following areas: Cholesterol, Blood Pressure, Body Mass Index Improvement, Diabetes Management, and Tobacco Cessation. Rebates are taxable.

PEHP WeeCare

PEHP WeeCare is 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.

**PEHP Rebates may not apply to all plans and are taxable.*

Contact Information

MAILING ADDRESS

PEHP

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

WEBSITES

PEHP www.pehp.org

WeeCare Prenatal Healthcare Program

..... www.pehp.org/weecare

PEHPPlus www.pehp.org/plus

Pharmacy Program — Express Scripts

..... www.express-scripts.com

Out-of-State Provider Listing

..... www.multiplan.com

Health Savings Account

..... www.healthequity.com

TELEPHONE NUMBERS

PEHP Medical & Dental

*Enter your PEHP ID or Social Security number
for faster service*

Customer Service 801-366-7555

Toll Free 800-765-7347

PEHP preauthorization of inpatient facility

..... 801-366-7755

Toll Free 800-753-7754

PEHP preauthorization of inpatient mental health & substance abuse

..... 801-366-7755

PEHP Flexible Spending and HSA

..... 801-366-7503

PEHP Healthy Utah 801-366-7300

.....or 855-366-7300

PEHP Waist Aweigh 801-366-7300

.....or 855-366-7300

PEHPPlus 801-366-7478

.....or 800-753-7478

PEHP Wee Care..... 801-366-7400

.....or 855-366-7400

Out-of-State Network..... 800-922-4362

Prescription Drug Benefits

PEHP Pharmacy Department..... 801-366-7555

.....or 800-765-7347

Express Scripts..... 800-903-4725

Specialty Pharmacy

Accredo 800-803-2523



