

# A Guide to Your Employee Benefits

January 1, 2025 -  
December 31, 2025



# 2025 Employee Benefits

## **Medical**

PEHP  
(800) 765-7347  
[www.pehp.org](http://www.pehp.org)

## **Vision**

PEHP / EyeMed  
(866) 804-0982  
[www.eyemed.com](http://www.eyemed.com)

## *Supplemental Benefit*

### **ID Theft**

LifeLock  
(800) 607- 9174  
[www.Norton.com](http://www.Norton.com)

*For escalated LifeLock product questions*

GBS Voluntary Customer Service  
(801) 819-7744  
[vbcustomerservice@gbsbenefits.com](mailto:vbcustomerservice@gbsbenefits.com)

## **Claims & Benefit Questions**

GBS Advocacy  
(866) 934-8852  
[advocacy@gbsbenefits.com](mailto:advocacy@gbsbenefits.com)

## **Human Resources**

April Jorgensen  
(435) 682-3225  
(435) 331-9025  
[April.Jorgensen@cmfcpd.com](mailto:April.Jorgensen@cmfcpd.com)

## **Dental**

PEHP  
(800) 765-7347  
[www.pehp.org](http://www.pehp.org)

## **Open Enrollment & Benefits Support**

Emilyann Peinamalie  
(435) 879-7889  
[emilyann.peinamalie@gbsbenefits.com](mailto:emilyann.peinamalie@gbsbenefits.com)

*This communication highlights some of your benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. We reserve the right to change any benefit plan without notice. Benefits are not a guarantee of employment.*

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# Enrollment & Eligibility

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Cedar Mountain Service District

# Cedar Mountain Service District Benefits and You

## Welcome

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

## Know Your Benefits

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

### › Take Advantage Of The Tools Available

That includes this guide, access to plan information, provider directories, and enrollment materials.

### › Be a Smart Shopper

If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits.

### › Don't Miss the Deadline and Keep Record of Your Enrollment

Pay attention to the enrollment deadline and be sure to provide us with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify us immediately if there are any discrepancies. **Remember:** Once the enrollment period has ended, you may not make or change your benefit elections, unless you experience a qualified life event.

## Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC annually during open enrollment.

For the most up-to-date information regarding the ACA, please visit [www.healthcare.gov](http://www.healthcare.gov).

# **Enrollment & Eligibility**

## **Who is Eligible?**

If you are hired as a full-time employee working 30 or more hours per week, coverage will begin on the first day of the month following 30 days of qualified employment. You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include your legal spouse/domestic partner and your natural, adopted or step-child(ren). The dependent age limit for children on your medical plan is age 26, but may vary for other benefits offered.

## **When to Enroll**

You can enroll for coverage as a new hire, or during our annual open enrollment period. Outside of the annual open enrollment period, the only time you can change your coverage is if you experience a qualifying life event.

## **How to Make Changes**

Once you enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event.

Qualified life events include, but are not limited to:

- › Change in your legal marital status
- › Birth, adoption, placement for adoption or legal guardianship of a child
- › Death of a dependent
- › Change in child's dependent status
- › You or your dependent(s) become eligible or lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- › Change in your dependent's employment resulting in loss or gain of eligibility for employer coverage
- › A court or administrative order

If your qualified life event is due to loss or gain of Medicaid or CHIP coverage, you have 60 days to complete the necessary enrollment forms and return them to us. All other qualified life events must be reported to us within 30 days of the event. It is your responsibility to notify us when you have a qualified life event and would like to make changes to your benefit elections. Please do not miss this important deadline!

## **When Coverage Ends**

For most benefits, coverage will end on the last day of the month in which your regular work schedule is reduced to fewer than 30 hours per week, your employment ends, or you stop paying your share of the coverage. Your dependent(s) coverage ends when your coverage ends, or the last day of the month in which the dependent is no longer eligible. Certain benefits may terminate on the date of event.



# Medical

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PEHP





## Traditional Option 2

Summit, Advantage, Preferred, Capital

### 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>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$500 Double/family plans: \$500 per person, \$1,000 per family <i>One person cannot meet more than \$500</i>	
<b>Plan year Out-of-Pocket Maximum</b> <i>Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$4,000 Double/family plans: \$4,000 per person, \$8,000 per family <i>One person cannot meet more than \$4,000</i>	
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	40% after deductible
<b>PEHP VALUE PROVIDERS</b>		
<b>PEHP Value Providers</b> <i>Cash Back opportunities available. Visit <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>	Starting at \$10 co-pay per visit	Not applicable
<b>PROFESSIONAL SERVICES</b>		
<b>Primary Care Visits</b> <i>Includes office surgeries, inpatient visits and ABA Therapy</i>	\$20 co-pay per visit	40% after deductible
<b>Specialist Visits</b> <i>Includes office surgeries and inpatient visits</i>	\$30 co-pay per visit	40% after deductible
<b>University of Utah Medical Group (UUMG)   Preferred plans only</b>	\$50 co-pay per visit	Not applicable
<b>Surgery and Anesthesia</b>	20% after deductible	40% after deductible
<b>Emergency Room Specialist Visits</b>	\$30 co-pay per visit	\$30 co-pay per visit
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less</i>	No charge	40% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350</i>	20% after deductible	40% after deductible
<b>PRESCRIPTION DRUGS   For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></b>		
<b>30-day Pharmacy</b> <i>Retail only</i>	See Pharmacy options for 2025	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	See Pharmacy options for 2025	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. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.



## 2025 » Medical Benefits Grid » Traditional Option 2

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>SPECIALTY DRUGS</b>   <i>For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20% after deductible. No maximum co-pay <b>Tier B:</b> 30% after deductible. No maximum co-pay	<b>Tier A:</b> 40% after deductible. No maximum co-pay <b>Tier B:</b> 50% after deductible. No maximum co-pay
<b>Specialty Medications, through Home Health or Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 30%. \$225 maximum co-pay <b>Tier C1:</b> 10%. No maximum co-pay <b>Tier C2:</b> 20%. No maximum co-pay <b>Tier C3:</b> 30%. No maximum co-pay	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgical Center</b>	20% after deductible	40% after deductible
<b>Urgent Care Facility</b>	\$40 co-pay per visit	40% after deductible
<b>Emergency Room</b> <i>Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$150 co-pay after deductible per visit	\$150 co-pay after deductible per visit
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
<b>University of Utah Medical Group (UUMG) Urgent Care</b> <i>Preferred plans only</i>	\$50 co-pay per visit	Not applicable
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	40% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% after deductible	40% after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	40% after deductible
<b>Physical and Occupational Therapy</b> <i>Outpatient – Up to 20 combined visits per plan year.</i>	Applicable co-pay per visit	40% after deductible
<b>Mental Health &amp; Substance Abuse</b>	20% after deductible	40% after deductible
<b>INPATIENT FACILITY SERVICES</b>		
<b>Hospital Services</b> <b><i>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation</i></b> <i>All out-of-network facilities and 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	40% after deductible
<b>Skilled Nursing Facility and Residential Treatment</b> <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption / Assisted Reproductive Technology (ART)</b> <i>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	
<b>Allergy Serum</b>	20% after deductible	40% after deductible
<b>Chiropractic care</b>   <i>Up to 20 visits per plan year</i>	Applicable office co-pay per visit	Not covered
<b>Durable Medical Equipment</b> <i>Some DME requires preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	20% after deductible	40% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	No charge	40% after deductible
<b>Home Hospice</b>	No charge	40% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	<b>Under \$50:</b> No charge <b>Over \$50:</b> 20% after deductible	40% after deductible
<b>Infertility Services</b>   <i>Select services only. See Master Policy for details</i>	20% after deductible	40% after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details</i>	20% after deductible	40% after deductible

# 2025 LGRP Pharmacy Options



» Contact your PEHP Client Services Representative for more information.

» **Specialty Drug Rates:** For benefit information regarding specialty drugs on the below pharmacy selections, please refer to the 2025 LGRP medical benefits grids.

OPTION	C
<b>Retail (30-day supply)</b>	
<b>Tier 1</b>	\$15 co-pay
<b>Tier 2</b>	\$30 co-pay
<b>Tier 3</b>	\$65 co-pay
<b>Home Delivery (90-day supply)</b> <i>Some medications available through retail pharmacy at mail-order co-pay</i>	
<b>Tier 1</b>	\$30 co-pay
<b>Tier 2</b>	\$60 co-pay
<b>Tier 3</b>	\$130 co-pay

\* A subscriber is an employer's employee who has enrolled for coverage.



# 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. This applies to both The STAR Plan and Traditional plan.

## 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 colon screenings. 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 50 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)
  - › Respiratory syncytial virus (RSV)
    - » all adults 60+ Abrysvo
    - » pregnant women Abrysvo, one time per plan year
  - › Tetanus, diphtheria, pertussis (Td or Tdap)
  - › Varicella (chickenpox)

*Learn more about immunizations and see the latest vaccine schedules at [www.cdc.gov/vaccines/](http://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.
- » 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 are covered once per plan year for women over 40, and those under 40 who receive preauthorization.
- » 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.*

*Continued on back*

# Preventive Benefits

*Continued from front*

- » Cervical cancer screening (pap smear) for women ages 21-65.
- » 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, tubal ligation, and software application for contraception.
- » 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/](http://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.

## Additional Preventive Services When Enrolled in The STAR Plan

*(doesn't apply to Jordan School District)*

*(doesn't apply to Consumer Plus)*

### Adults

- » Eye exam, routine. One per plan year.
- » Glaucoma screening.
- » Glucose test.
- » Hearing exam.
- » Hypothyroidism screening.
- » Phenylketones test.
- » Prostate cancer screening.
- » PSA (prostate specific antigen) screening.
- » Refraction exams.
- » Blood typing for pregnant women.
- » Rubella screening for all women of child bearing age at their first clinical encounter.

### Children

- » Eye exam, routine. One per plan year.
- » Glaucoma screening.
- » Hearing exam.
- » Hypothyroidism screening.
- » Refraction exams.

*\* 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.*



# PEHP Mental Health Care & Services



Visit [www.pehp.org/mentalhealth](http://www.pehp.org/mentalhealth) to find these resources and more:

## Self-Care



Self-Paced Videos to Enhance Your Mental Well-Being:

- » Burnout, fatigue and what to do about it.
- » Managing anxiety & worry.
- » Understanding & managing depression.
- » Qualities & traits of resilient people.
- » Suicide prevention: Starting a conversation.

## Parenting Resources



[ParentGuidance.org](http://ParentGuidance.org) provides free parenting resources to members.

Some of the concepts the program explores:

- » Meeting basic needs.
- » Creating secure attachments.
- » Attuning to your child.
- » Identity formation.

## Counseling



- » Ask your employer about any Employee Assistance Programs (EAP) available to you. Many plans pay for a limited number of mental health visits without requiring a diagnosis.
- » Find in-network counselors in the PEHP Provider Directory under the Mental Health category.

## Crisis/Emergency



- » **National Suicide & Crisis Lifeline:** Dial 988 for immediate support 24/7.
- » **Emergency Room:** If you require emergency care, visit the nearest Emergency Room.

## Psychiatry



- » Find in-network psychiatrists in the PEHP Provider Directory.
- » Meet with an in-network psychiatrist within 48 hours after an assessment at [brightside.com/pehp](http://brightside.com/pehp).

# Diabetes Resources & Programs

To support you in controlling diabetes, below is a list of benefits and programs available to you.



## Insulin and Test Strips

<b>\$0 for Fast-Acting Insulin</b>	You can get fast-acting insulin at <b>No Cost</b> . Just ask your doctor to switch your prescription to Insulin Lispro (generic Humalog).
<b>Tier 1 Copay for Test Strips</b>	FreeStyle blood glucose test strips are available at a Tier 1 copay, even before you meet your deductible.
<b>Tier 1 Copay for Long-Acting Insulin</b>	Long-acting insulin is available at a Tier 1 copay, even before you meet your deductible. Refer to the PEHP Covered Drug List at <a href="http://pehp.org/pharmacy">pehp.org/pharmacy</a> to see covered Tier 1 insulin vials.



## Education & Support

<b>Nurse Case Manager</b>	A nurse case manager can guide you toward optimal choices for your unique needs, while maximizing your PEHP benefits. Call 801-366-7300.
<b>Diabetes &amp; You Online Class</b>	This 4-week online class shares tips to help you make healthy choices, manage your diabetes, and improve your health. Eligible members can earn a \$100 rebate for participating. Learn more at <a href="http://pehp.org/diabetes">pehp.org/diabetes</a>
<b>Health Coaching</b>	A health coach will work with you to design a personalized action plan and provide education, encouragement, and accountability along the way. Call 801-366-7300.

## What they're saying . . .

*The nurse case manager was very helpful. She was able to get all of my questions answered, even if it wasn't necessarily something that she dealt with. It is a great feeling to know that I can just call and get my medical and prescription questions answered in a timely way.*

—Kyle, PEHP member

**PEHP**  
Health & Benefits



# 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 and Costs > Find a Doctor or Hospital” from the top menu, 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.

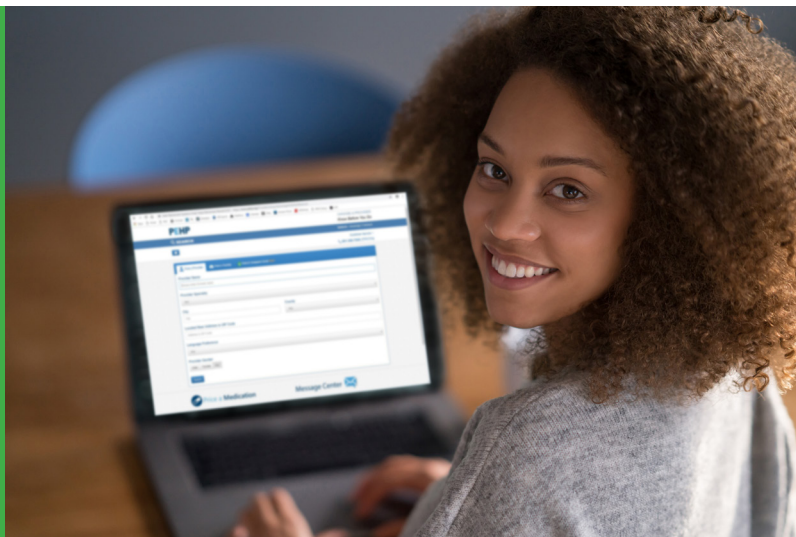
### Looking for Lower Drug Costs?



Click on “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

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

PEHP pays  
you to save!



Not only do  
you get cash  
back, it saves  
you money on  
deductibles &  
co-insurance.

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 \$25 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 via the secure Message Center or 801-366-7555 **before** receiving services.

To learn more, visit  
[www.pehp.org/save](http://www.pehp.org/save)



# Welcome to your new Online Account

Your new PEHP online account makes it easier to find benefit information, access claims history, download explanation of benefits (EOB), get cost estimates for healthcare services, and much more.



## Create a Personal Online Account

**Step 1:** Go to [www.pehp.org](http://www.pehp.org).

**Step 2:** Select "Account → Member" in upper right corner

**Step 3:** Start typing your employer name and select from the drop-down menu

**Step 4:** Click "Create New Account"

When creating your account, make sure to use your full ID number with the hyphen:

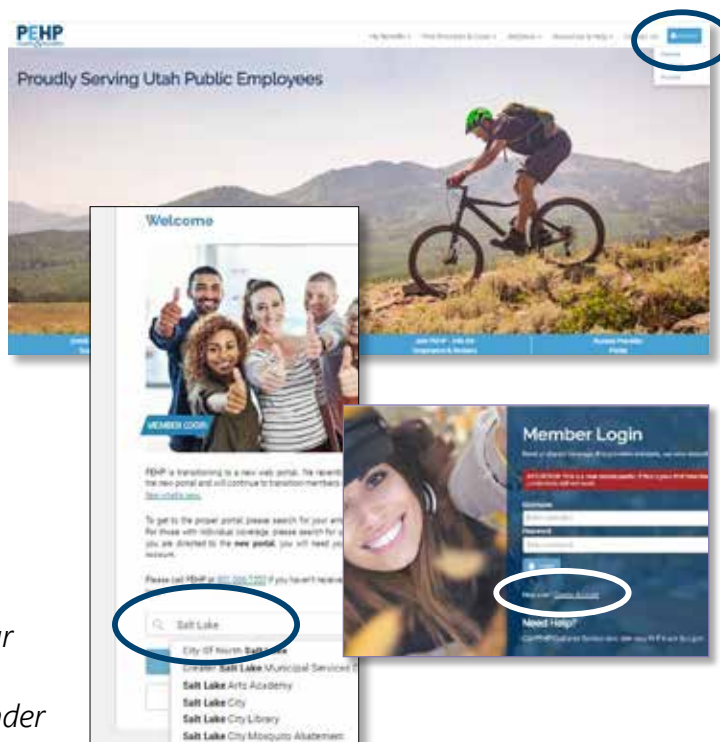
M0000020834-00 subscriber

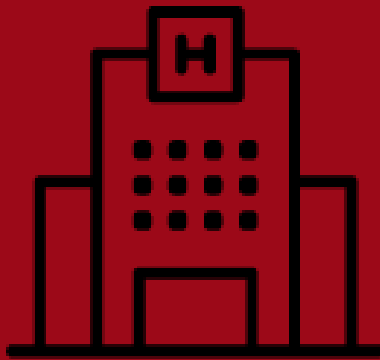
M0000020834-01 spouse

M0000020834-02 child/dependent

If you want to see all claims for your family, your spouse and adult dependent must create an account and grant you access to their claims under the My Preferences menu → Permissions.

Find your ID number on your benefits card or call PEHP at 801-366-7555.





## Supplemental Benefits

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Life Lock





Help safeguard your personal information – it's *everywhere*.

Get the all-in-one protection for your identity and devices.



#### LifeLock Identity Theft Protection

looks for uses of your personal information, and with proprietary technology alert† you to a wide range of potential threats to your identity.



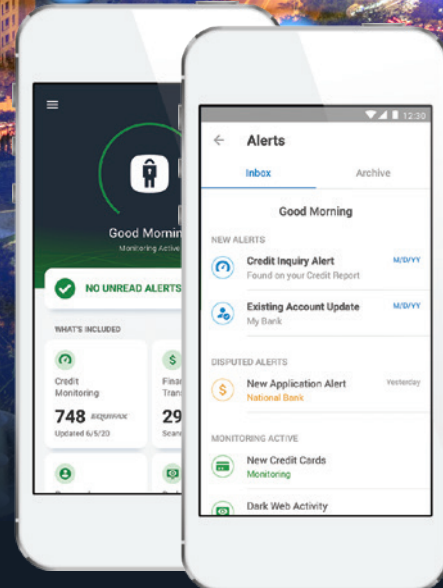
**Norton Device Security** protects against existing and emerging threats, including ransomware, viruses, spyware, malware, and other online threats.



**Parental Control**<sup>1§</sup> helps keep your kids safer online. Help your kids explore the Web more safely by keeping you informed of sites they are visiting, and blocking harmful or inappropriate ones.



**Privacy Monitor** scans common public people-search websites for your personal information and help you opt-out, giving you peace of mind and greater control over your online privacy.



Screen modified for demonstration purposes.  
Features may differ depending on plan.

## ENROLL TODAY

Take advantage of the special benefit plans and pricing by signing up through your benefit program and providing your **name, Social Security Number, date of birth, address, phone number and email address** for yourself and any dependents you wish to enroll.

### HAVE AN EXISTING LIFELOCK MEMBERSHIP?

Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.

No one can prevent all identity theft or cybercrime.

† The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

<sup>1</sup> Norton Parental Control features are not supported on Mac.

§ These features are not enabled upon enrollment. Member must take action to get their protection.

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# Benefit Plans – Monthly Rates



	Employee Only (18+ Years Old)	\$7.99
	Employee + Family <sup>A</sup>	\$15.98

<sup>A</sup> The LifeLock Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

LIFELOCK IDENTITY THEFT PROTECTION	Home Title Monitoring	
	Social Media Monitoring*	●
	LifeLock Skill for Amazon Alexa**	●
	Credit, Bank & Utility Account Freezes**	●
	LifeLock Identity Alert™ System†	●
	• Identity Verification Monitoring†**	●
	• Telecom & Cable Applications for New Service	●
	• Payday - Online Lending Alerts†	●
	• Credit Alerts & Social Security Alerts†	●
	LifeLock Identity mobile app (Android™ & iOS)** <small>Downloading the app does not provide protection until enrollment has been completed.</small>	●
	Dark Web Monitoring**	●
	• Dark Web Monitoring – Gamer Tags**	●
	• Dark Web Monitoring – Password Combo List**	●
	USPS Address Change Verification	●
	Stolen Wallet Protection	●
	Reduced Pre-Approved Credit Card Offers	●
	Fictitious Identity Monitoring	●
	Data Breach Notifications	●
	Bank & Credit Card Activity Alerts† **	●
	• Recurring Charge Alert†§	●
	Checking & Savings Account Application Alerts† **	
	Bank Account Takeover Alerts† **	
	401k & Investment Account Activity Alerts† **	●
	File Sharing Network Searches	●
	Sex Offender Registry Reports	●
	Prior Identity Theft Remediation <sup>§</sup> <small>This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.</small>	●
	U.S.-based Identity Restoration Specialists	●
	24/7 Live Member Support	●
	Million Dollar Protection™ Package†**	Up to \$1 Million each
	• Stolen Funds Reimbursement	
	• Personal Expense Compensation	
	• Coverage for Lawyers and Experts	
	Credit Application Alerts† **	One-Bureau <sup>†</sup>
	Credit Monitoring <sup>†</sup> **	One-Bureau <sup>†</sup>
	Annual Credit Reports & Credit Scores <sup>†</sup> ** <small>The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>	
	• Identity Lock <sup>1, 5</sup>	●
	Monthly Credit Score Tracking <sup>1</sup> ** <small>The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>	
NORTON DEVICE SECURITY	Secures PCs, Mac & mobile devices**	Up to 3 devices (Family gets 6 devices)
	Online Threat Protection**	●
	Password Manager**	●
	Parental Control <sup>4</sup> *	●
	Smart Firewall**	●
ONLINE PRIVACY	Cloud Backup <sup>3**</sup>	10 GB
	Secure VPN**	●
	Privacy Monitor	●
	SafeCam <sup>3**</sup>	●

<sup>1</sup> If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax, and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

<sup>2</sup> If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

<sup>3</sup> Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor(s).

<sup>4</sup> Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device – Windows PC, Mac, iOS and Android – via our mobile apps, or by signing into their account at [my.Norton.com](http://my.Norton.com) and selecting Parental Control via any browser.

<sup>5</sup> Locking or unlocking your credit file does not affect your credit score and does not stop all companies and agencies from pulling your credit file. The credit lock on your TransUnion file will be unlocked if your subscription is downgraded or cancelled.

<sup>†</sup> The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

<sup>\*\*</sup> Reimbursement and Expense Compensation, each with limits of up to \$1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier and up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at [NortonLifeLock.com/legal](http://NortonLifeLock.com/legal).

<sup>\*</sup> Does not include monitoring of chats or direct messages.

<sup>\*</sup> These features are not enabled upon enrollment. Member must take action to activate this protection.

<sup>†</sup> Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device – Windows PC, Mac, iOS and Android – via our mobile apps, or by signing into their account at [my.Norton.com](http://my.Norton.com) and selecting Parental Control via any browser.

<sup>§</sup> Subject to eligibility requirements defined in [Terms & Conditions](#). NortonLifeLock reserves the right to change and/or cease services at any time.

No one can prevent all identity theft or cybercrime.

Not all products, services and features are available on all devices or operating systems. System requirement information on [Norton.com](http://Norton.com).



# Dental

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PEHP



## 2025Dental Benefits Grid » Essential Dental Care – O20

If you use an Out of Network provider, your benefits will be reduced by 20%. Out of Network providers may collect charges that exceed PEHP's In Network Rate.

### Essential Dental Care – O20

	IN NETWORK	OUT OF NETWORK
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Deductible</b> Does not apply to diagnostic or preventive services	<b>\$25</b> per person <b>\$75</b> maximum per family	<b>\$25</b> per person <b>\$75</b> maximum per family
<b>Annual Benefit Max</b>	<b>\$1,000</b> per person	<b>\$1,000</b> per person
<b>DIAGNOSTIC</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Periodic Oral Examinations</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>X-rays</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>PREVENTIVE</b>		
<b>Cleanings and Fluoride Solutions</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>Sealants</b>   Permanent molars only through age 17	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>RESTORATIVE</b>		
<b>Amalgam Restoration</b>	<b>30%</b> of In-Network Rate AD*	<b>50%</b> of In-Network Rate AD
<b>Composite Restoration</b>	<b>30%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate AD
<b>ENDODONTICS</b>		
<b>Pulpotomy</b>	<b>30%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate AD
<b>Root Canal</b>	<b>30%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate AD
<b>PERIODONTICS</b>		
	<b>30%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate AD
<b>ORAL SURGERY</b>		
<b>Extractions</b>	<b>30%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate AD
<b>ANESTHESIA</b>   General Anesthesia in conjunction with oral surgery or impacted teeth only		
<b>General Anesthesia</b>	<b>30%</b> of In-Network Rate AD	<b>50%</b> of In-Network Rate AD
<b>PROSTHODONTIC BENEFITS</b>   Preauthorization may be required		
<b>Crowns</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>Bridges</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>Dentures (partial)</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>Dentures (full)</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>IMPLANTS</b>		
<b>All eligible related services</b>	<b>50%</b> of In-Network Rate AD	<b>70%</b> of In-Network Rate AD
<b>ORTHODONTIC BENEFITS</b>		
<b>Maximum Lifetime Benefit per Member</b>	<b>\$2,000</b> – Does not apply to the Annual Benefit Maximum	
<b>Eligible Appliances and Procedures</b>	<b>50%</b> of eligible fees to plan maximum	

\* = After Deductible

For dental services covered by PEHP medical plans, there is no dental plan coverage.

## 2025Dental Benefits Grid » Premium Dental Care – O20

If you use an Out of Network provider, your benefits will be reduced by 20%. Out of Network providers may collect charges that exceed PEHP's In Network Rate.

### Premium Dental Care – O20

	IN NETWORK	OUT OF NETWORK
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Deductible</b> Does not apply to diagnostic or preventive services	None	None
<b>Annual Benefit Max</b>	<b>\$2,000</b> per person	<b>\$2,000</b> per person
<b>DIAGNOSTIC</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Periodic Oral Examinations</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>X-rays</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>PREVENTIVE</b>		
<b>Cleanings and Fluoride Solutions</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>Sealants</b>   Permanent molars only through age 17	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>RESTORATIVE</b>		
<b>Amalgam Restoration</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>Composite Restoration</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ENDODONTICS</b>		
<b>Pulpotomy</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>Root Canal</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>PERIODONTICS</b>		
	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ORAL SURGERY</b>		
<b>Extractions</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ANESTHESIA</b>   General Anesthesia in conjunction with oral surgery or impacted teeth only		
<b>General Anesthesia</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>PROSTHODONTIC BENEFITS</b>   Preauthorization may be required		
<b>Crowns</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Bridges</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Dentures (partial)</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Dentures (full)</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>IMPLANTS</b>		
<b>All eligible related services</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>ORTHODONTIC BENEFITS</b>		
<b>Maximum Lifetime Benefit per Member</b>	<b>\$2,000</b> – Does not apply to the Annual Benefit Maximum	
<b>Eligible Appliances and Procedures</b>	<b>50%</b> of eligible fees to plan maximum	

For dental services covered by PEHP medical plans, there is no dental plan coverage.



# Vision

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PEHP

# PEHP Full



## 40% OFF

additional complete pair of prescription eyeglasses

## 20% OFF

non-covered items, including non-prescription sunglasses

### Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

### Heads up

You may have additional benefits. Log into [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.

## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up – Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up – Premium	10% off retail price	Not covered
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive – Standard	\$75 copay	Up to \$40
Progressive – Premium Tier 1 – 3	\$95 – 120 copay	Up to \$40
Progressive – Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40
<b>LENS OPTIONS</b>		
Anti Reflective Coating – Standard	\$45	Not covered
Anti Reflective Coating – Premium Tier 1 – 2	\$57 – 68	Not covered
Anti Reflective Coating – Premium Tier 3	20% off retail price	Not covered
Photochromic – Non-Glass	\$75	Not covered
Polycarbonate – Standard	\$40	Not covered
Polycarbonate – Standard < 19 years of age	\$40	Not covered
Scratch Coating – Standard Plastic	\$15	Not covered
Tint – Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts – Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$96
Contacts – Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$96
Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$200
<b>OTHER</b>		
Hearing Care from Amplifon Network	Discounts on hearing exam and	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
Exam	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Contact Lenses	Once every 12 months	Once every 12 months
(Plan allows member to receive either contacts and frame, or frames and lens services)		
<b>PREMIUMS - monthly</b>		
Subscriber only	\$7.51	
Subscriber + 1	\$12.07	
Subscriber + family	\$16.60	

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



## Additional Benefits

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GoodRx & GBS Advocacy

# Stretching Your Rx Dollar

## **GoodRx Comparison Tool**

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

## **Isn't health insurance all I need?**

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

## **How can I find these savings?**

The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

### › **On the Web:** <https://www.goodrx.com/>

Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

#### **Please Note:**

- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

### › **On Your Phone**

Available on the app store or with Android on Google play. Or, just go to [m.goodrx.com](https://m.goodrx.com) from any mobile phone.

## **Generic Prescriptions**

### **\$4 30-Day Supply or a \$10 90-Day Supply**

These programs may assist you in paying a reduced amount for generic medications, as well as, reducing utilization of the medical prescription benefits.

## **Did You Know?**

Even if the generic substitute for one of your prescription drugs is not on one of the \$4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparison shopping. One of the better places to do this is at [www.crbestbuydrugs.org](http://www.crbestbuydrugs.org), a Consumer Reports site.

## **Tips**

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the \$4- Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

## **How can I find out if my prescription is on the \$4-Generic Drug List?**

Most of the generic programs offer approximately 150 to 300 generic drugs at a discounted price. The generic drugs offered cover most diseases and most chronic conditions such as arthritis, heart disease, high blood pressure, depression and diabetes.

You may search for the generic medication on the pharmacy's website or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's \$4-Generic Drug List.



# **GBS Advocacy**

Let's face it - healthcare is complicated and confusing. Between copays, eligible expenses and dense coverage policies, sometimes it feels like you need a master's degree just to understand your hospital bill. GBS Advocacy provides expert help navigating the healthcare system - connecting you to all of your benefits through a single point of contact.

**The GBS Advocacy Team can help you and your family members navigate healthcare and insurance-related issues:**

- Works with you to resolve claims concerns
- Assists in reaching out to providers and insurance companies
- Helps with finding in network doctors
- Answers to benefit questions
- Provides guidance on making the most of your plan benefits

**[advocacy@gbsbenefits.com](mailto:advocacy@gbsbenefits.com)**

**+1 (866) 934-8852**







## Premiums

# Premiums

January 1, 2025 - December 31, 2025

## Medical

PEHP

Summit Exclusive \$500 Deductible				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Employee	\$604.70	\$604.70	\$0.00	\$0.00
Employee + 1	\$1,251.72	\$1,251.72	\$0.00	\$0.00
Family	\$1,693.14	\$1,693.14	\$0.00	\$0.00

## Dental

PEHP

Voluntary PEHP Dental Essential				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Employee	\$32.84	\$0.00	\$32.84	\$15.16
Employee + 1	\$65.56	\$0.00	\$65.56	\$30.26
Family	\$102.08	\$0.00	\$102.08	\$47.11

Voluntary PEHP Dental Premier				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Employee	\$41.88	\$0.00	\$41.88	\$19.33
Employee + 1	\$83.58	\$0.00	\$83.58	\$38.58
Family	\$130.18	\$0.00	\$130.18	\$60.08

## Vision

PEHP

Voluntary PEHP EyeMed Network				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Employee	\$7.51	\$0.00	\$7.51	\$3.47
Employee + 1	\$12.07	\$0.00	\$12.07	\$5.57
Family	\$16.60	\$0.00	\$16.60	\$7.66



This guide was created for the employees of Cedar Mountain Service District by  
GBS Benefits.