

Employee Benefits

2027

2027 Employee Benefits

Medical
PEHP
(800) 765-7347
www.pehp.org

Supplemental Benefit
ID Theft
LifeLock
(800) 607- 9174
www.Norton.com
For escalated LifeLock product questions
GBS Voluntary Customer Service
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Dental
PEHP
(800) 765-7347
www.pehp.org

Vision
PEHP / EyeMed
(866) 804-0982
www.eyemed.com

Claims & Benefit Questions
GBS Advocacy
(866) 934-8852
advocacy@gbsbenefits.com

Human Resources
Liz Johnson
(435) 682-3225
Admin@cedarmountainservicedistrict.gov

Human Resources
Becky Helms
(435) 331-9025
Becky.helms@cedarmountainservicedistrict.gov

Open Enrollment & Benefits Support
Emilyann Peinamalie
(435) 879-7889
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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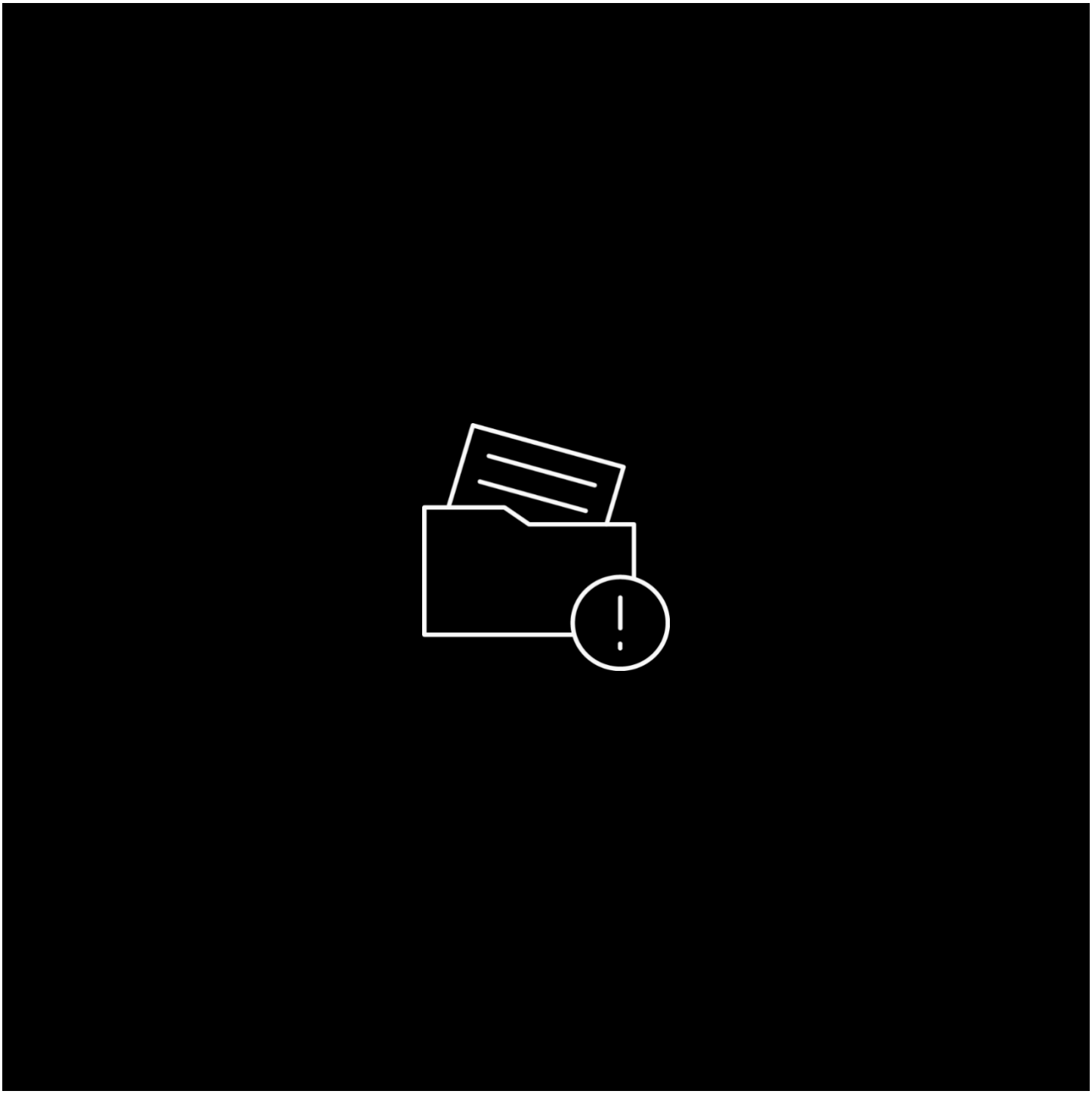
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Enrollment & Eligibility

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.

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

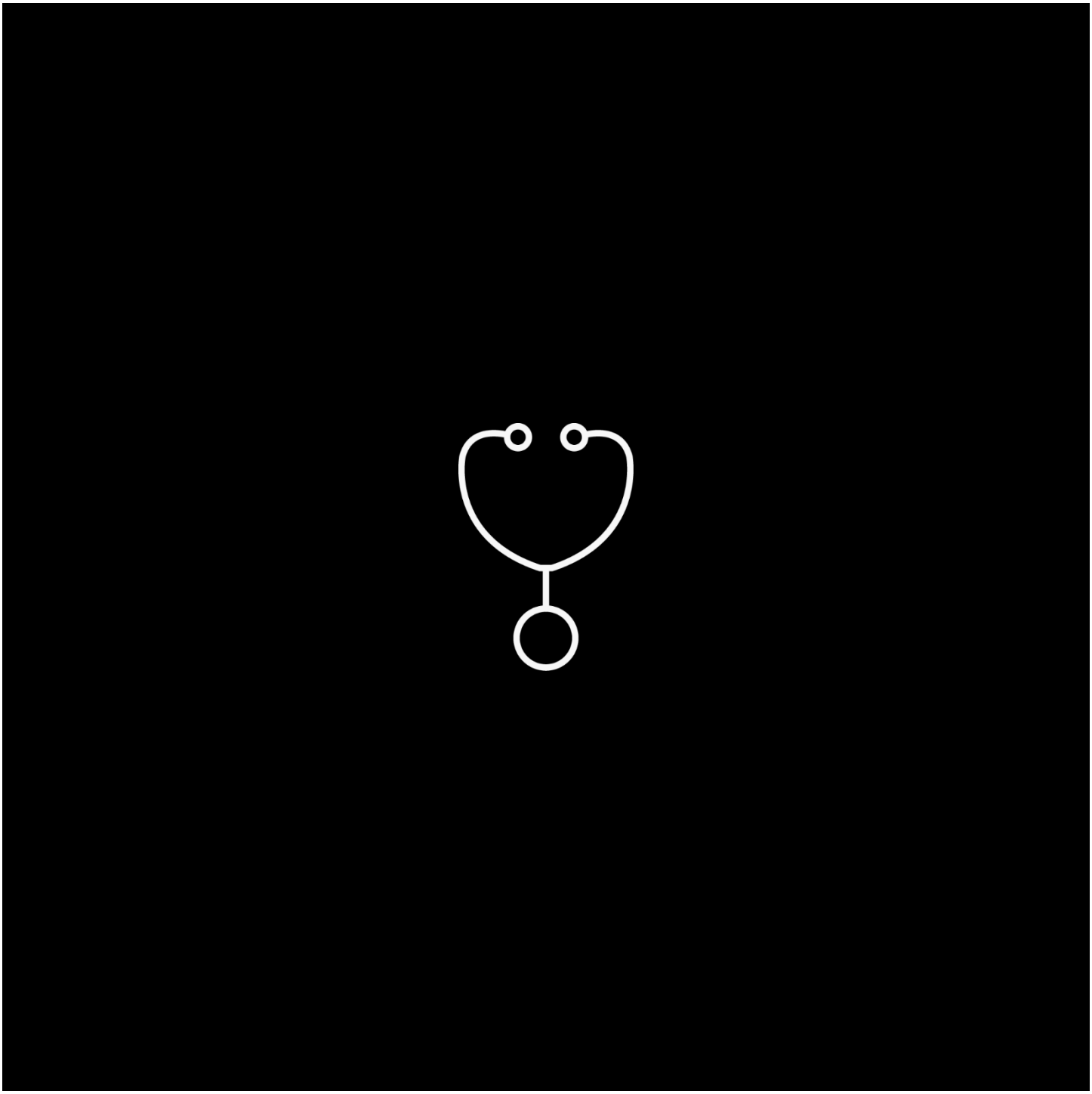
Once you enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event. Qualified life events include, but are not limited to:

- **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

PEHP

PEHP Health & Benefits

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* *Balance billing may apply*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible *Applies to Out-of-Pocket Maximum*	Single plans: $500 Double/family plans: $500 per person, $1,000 per family *One person cannot meet more than $500*	
Plan year Out-of-Pocket Maximum *See Master Policy for exceptions to the Out-of-Pocket Maximum*	Single plans: $4,000 Double/family plans: $4,000 per person, $8,000 per family *One person cannot meet more than $4,000*	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act *Annual physical exam, immunizations.* *See full list at www.pehp.org/preventiveservices*	No charge	40% after deductible
PEHP VALUE PROVIDERS		
PEHP Value Providers *Cash Back opportunities available. Visit www.pehp.org/valueproviders*	Starting at $10 co-pay per visit	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits *Applies to inpatient, Autism, and physical therapy visits*	$20 co-pay per visit	40% after deductible
Specialist Visits *Includes inpatient visits and Autism services*	$30 co-pay per visit	40% after deductible
University of Utah Medical Group (UUMG) | *Preferred plans only*	$50 co-pay per visit	Not applicable
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	$30 co-pay per visit	$30 co-pay per visit
Diagnostic Tests, Labs, X-rays – Minor *For each test allowing $350 or less*	No charge	40% after deductible
Diagnostic Tests, Labs, X-rays – Major *For each test allowing more than $350*	20% after deductible	40% after deductible
PRESCRIPTION DRUGS | ***For Drug Tier info, see the Covered Drug List at www.pehp.org***		
30-day Pharmacy *Retail only*	See Pharmacy options for 2027	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
90-day Pharmacy *Maintenance only*	See Pharmacy options for 2027	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.

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

	In-Network Provider	Out-of-Network Provider* *Balance billing may apply*
MISCELLANEOUS SERVICES		
Adoption / Assisted Reproductive Technology (ART) *ART requires Preauthorization. Excludes multiple-embryo ART implants*	20% after deductible, up to $4,000 per adoption or up to $4,000 per single-embryo ART implant	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care | *Up to 20 visits per plan year*	Applicable office co-pay per visit	Not covered
Durable Medical Equipment *Some DME requires preauthorization. Visit www.pehp.org for complete list.* *See Master Policy for benefit limits*	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
Medical Supplies *See Master Policy for benefit limits*	20% after deductible	40% after deductible
Home Health/Skilled Nursing *Up to 60 visits per plan year. Requires Preauthorization*	No charge	40% after deductible
Home Hospice	No charge	40% after deductible
Injections *Includes allergy injections. See above for allergy serum*	**Under $50:** No charge **Over $50:** 20% after deductible	40% after deductible
Infertility Services | *Diagnostic services only.* *See Master Policy or contact PEHP for details*	20% after deductible	40% after deductible
Temporomandibular Joint Dysfunction *Non-surgical. Up to $1,000 lifetime maximum*	20% after deductible	40% after deductible

Services That Need Preauthorization

SURGERY

» All out-of-state surgery
» Breast reconstruction surgery
» Breast reduction — select plans only
» Cochlear implant and related devices
» Collagen knee implant
» Destruction of cutaneous vascular proliferative lesions
» Facial reconstruction surgery
» Gender Reassignment – select plans only
» Implantable infusion pumps
» Implantable medications (excluding contraception)
» Implantation of artificial devices
» Intrastromal corneal ring segments implantation
» Jaw surgery
» Interstim (sacral nerve stimulation)
» Neuroelectrode implantation/removal
» Neurostimulator placement/removal
» Obstructive sleep apnea surgery, including uvulopalatoplasty/uvuloplasty, or any other surgery for snoring
» Panniculectomy
» Pectus excavatum
» Rhinoplasty
» Skin substitute grafts
» Spinal cord stimulator placement/removal
» Stereotactic radiosurgery procedures
» Surgery performed in conjunction with obesity surgery
» TMJ Surgery
» Total ankle replacement
» Total disc arthroplasty
» Transanal endoscopic microsurgery
» Vein surgery — endovenous ablation — radiofrequency or laser
» Video EEG monitoring (VEEG)

IMAGING / RADIOLOGY / NUCLEAR MEDICINE

» Gastrointestinal tract imaging, intraluminal (Pillcam)
» Intensity modulated radiotherapy (IMRT)
» Magnetocephalography (MEG)/magnetic source imaging
» Neutron beam treatment
» Proton beam treatment
» Stereotactic radiation treatment delivery
» Virtual (CT or MRI) colonoscopy

INJECTIONS/INFUSIONS

» Botox
» Growth hormone
» Hemophilia medications
» IV Iron
» IVIG (intravenous immunoglobulin)
» Lupron
» Remicade
» Synagis
» Vivitrol

MEDICAL EQUIPMENT (DME)

See list at www.pehp.org/preauthorization

LABORATORY

Genetic testing (molecular diagnostics)

OTHER

» Attended Sleep Studies and Sleep Studies performed in a facility
» Chelation therapy
» Dental procedures performed in an outpatient facility for patients 6 years of age or older
» Dialysis when using non-contracted providers
» Extracorporeal shock wave therapy
» Hyperbaric oxygen treatment
» Inpatient stays with an expected length of greater than 6 days requires authorization
» Intrathecal pumps
» New and unproven technologies
» Radiofrequency (RF) neurolysis for back (thoracic, lumbar) or neck (cervical) pain.
» Transcranial Magnetic Stimulation
» Wound care products
» Wound vac

INPATIENT ADMISSIONS

» Inpatient hospital medical admissions at Primary Children's Medical Center or any inpatient hospital admission of more than four days
» These types of inpatient admissions: hospital rehabilitation, in-network skilled nursing facilities (out-of-network required after 4 days), mental health and substance abuse, long-term acute care (LTAC) stays
» Mental health and substance abuse, including Residential Treatment* (out-of-network required after 4 days), out-of-network Day Treatment and out-of-network Intensive Outpatient
» All out-of-network inpatient admissions
» All out-of-state inpatient admissions

**if covered*

To get preauthorization, your doctor must call PEHP. Most doctors know how and when to do this, but it's your responsibility to verify. Otherwise, your benefits could be reduced or denied.

» Phone: 801-366-7555 » Fax: 801-366-7449

This is a list of the most common services requiring written Preauthorization. It is not all inclusive. Call PEHP if you have any questions regarding Preauthorization.

8/8/2025



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.
» COVID vaccine for adults.
» 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 9-26 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/.
» 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

PEHP Health & Benefits

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.
- » COVID vaccine for adults.
- » 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 9-26 Gardasil;
    - » Females age 9-26 Gardasil or Cervarix;
  - › Inactivated poliovirus;
  - › Influenza (Flu Shot);
  - › Measles, mumps, rubella;
  - › Meningococcal (meningitis);
  - › Pneumococcal (pneumonia);
  - › Rotavirus;
  - › Varicella (chickenpox).

  Learn more about immunizations and see the latest vaccine schedules at www.cdc.gov/vaccines/.
- » Iron supplements for children ages 6 to 12 months at risk for anemia.
- » Obesity screening and counseling.
- » Phenylketonuria (PKU) screening for this genetic disorder in newborns.
- » Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk.
- » Tuberculin testing for children at higher risk of tuberculosis.
- » Vision screening for all children one time between ages 3 and 5.

Coverage for Specific Drugs

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

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

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 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 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

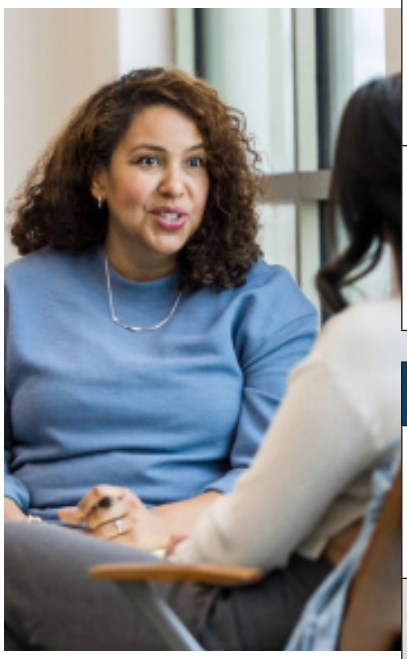
- » Find in-network psychiatrists in the PEHP Provider Directory.
- » Meet with an in-network psychiatrist within 48 hours after an assessment at brightside.com/pehp.

PEHP Health & Benefits

Diabetes Resources & Programs

To support you in controlling diabetes, below is a list of benefits and programs available to you. To see a complete list, refer to your Benefits Summary and Master Policy.





CGM, Insulin, Test Strips, & GLP-1 Drugs	
$0 for Continuous Glucose Monitor (CGM)	You can get the FreeStyle Libre 3 Plus CGM with a prescription at **No Cost**.
Dexcom CGM via Amazon	You can buy a Dexcom CGM on Amazon with a prescription (cash pay option) and get **reimbursed by PEHP.**
$0 for Fast-Acting Insulin	You can get fast-acting insulin at **No Cost**. Just ask your doctor to switch your prescription to Insulin Lispro (generic Humalog).
Tier 1 Copay for Test Strips	FreeStyle blood glucose test strips are available at a Tier 1 copay, even before you meet your deductible.
Tier 1 Copay for Long-Acting Insulin	Long-acting insulin is available at a Tier 1 copay, even before you meet your deductible. Refer to PEHP Covered Drug List at pehp.org/pharmacy to see covered Tier 1 insulin vials.
GLP-1 Drugs	Subject to eligibility and preauthorization for Type 2 Diabetes. Covered drugs include Mounjaro®, Ozempic®, Rybelsus®, and Trulicity®. See PEHP Covered Drug List at pehp.org/pharmacy for tier levels.

Education & Support	
Nurse Case Manager	A nurse case manager can guide you toward optimal choices for your unique needs, while maximizing your PEHP benefits. Call 801-366-7300.
Diabetes & You Online Class	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 pehp.org/diabetes
Health Coaching	A health coach will work with you to design a personalized action plan and provide education, encouragement, and accountability along the way.

PEHP Health & Benefits

7/13/26

Wellness for You

WeeCare

WeeCare is a pregnancy and postpartum program that provides educational materials and support to help expectant mothers have the healthiest and safest pregnancy possible. Earn a $50 rebate for participating during your pregnancy.



To learn more about your wellness benefits, log in to your PEHP account at www.pehp.org.

PEHP Health & Benefits

www.pehp.org/wellness

Contact Us

Email

healthyutah@pehp.org

Phone

801-366-7300

801-366-7555

Fax

801-328-7300

Mailing Address

560 East 200 South

Salt Lake City, UT 84102

Find us on

Facebook
PEHP Health & Benefits

Instagram
@pehphealthbenefits

YouTube
@PEHPHealthBenefits

PEHP Wellness programs are offered to members and spouses enrolled in the PEHP medical plan. Check with your Human Resources Department to see if your employer participates.

PEHP Health & Benefits

Wellness Programs



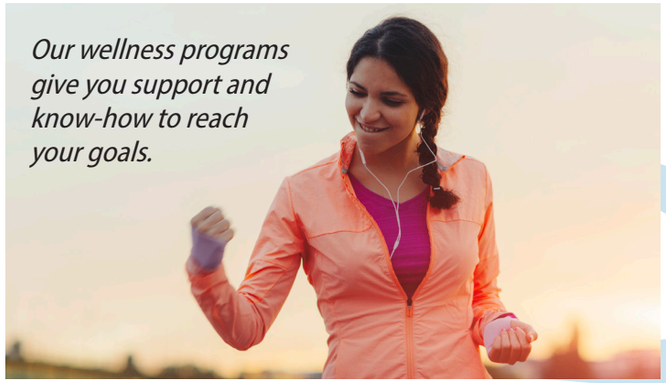
Wellness for the Worksite

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 and productive workforce. Contact your HR department or contact us to see if your worksite has a Wellness Council. If not, we can help you create one!

Work Well-Being Awards
This annual awards program provides incentives and recognition to Wellness Councils working to create healthy employees and workplaces.

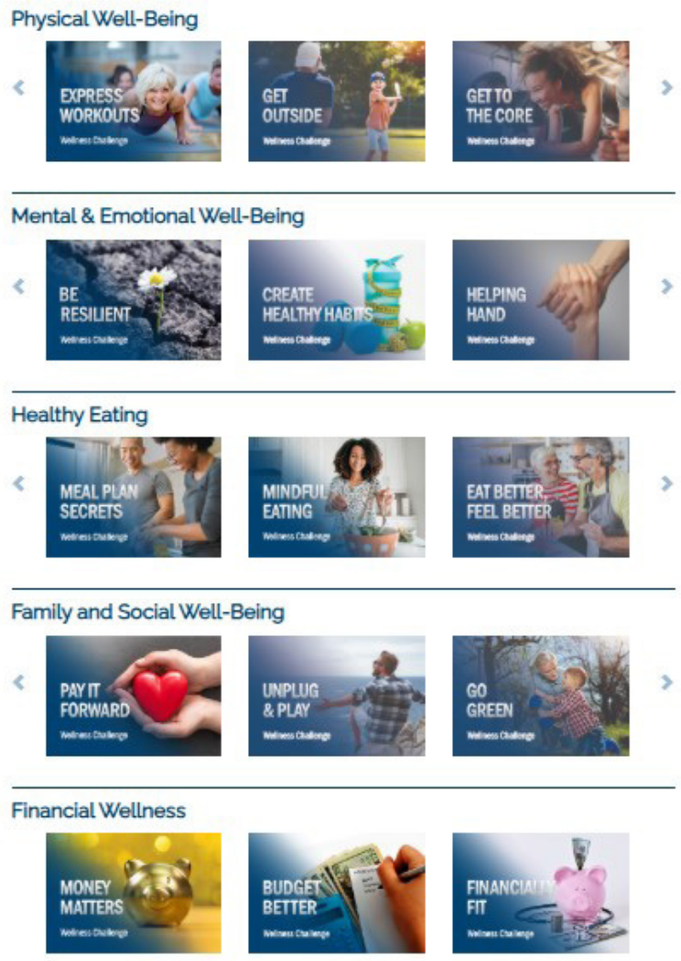
Worksite Wellness Mini-Grants
Wellness Councils can apply for grant money to support their wellness initiatives.

Wellness Council Conference
This one-day annual conference includes training, networking, resources, and recognition of Wellness Councils' achievements.



Wellness for You

Choose your path to wellness from a menu of options at www.pehp.org/wellness



Wellness Rebates*

First Steps Rebate ($50)
Complete annual biometric testing (cholesterol, blood glucose, body composition, and blood pressure) at a Healthy Utah testing session OR visit your doctor to have your biometrics measured and submit the First Steps rebate form. Then commit to completing two PEHP wellness activities of your choice from www.pehp.org/wellness.

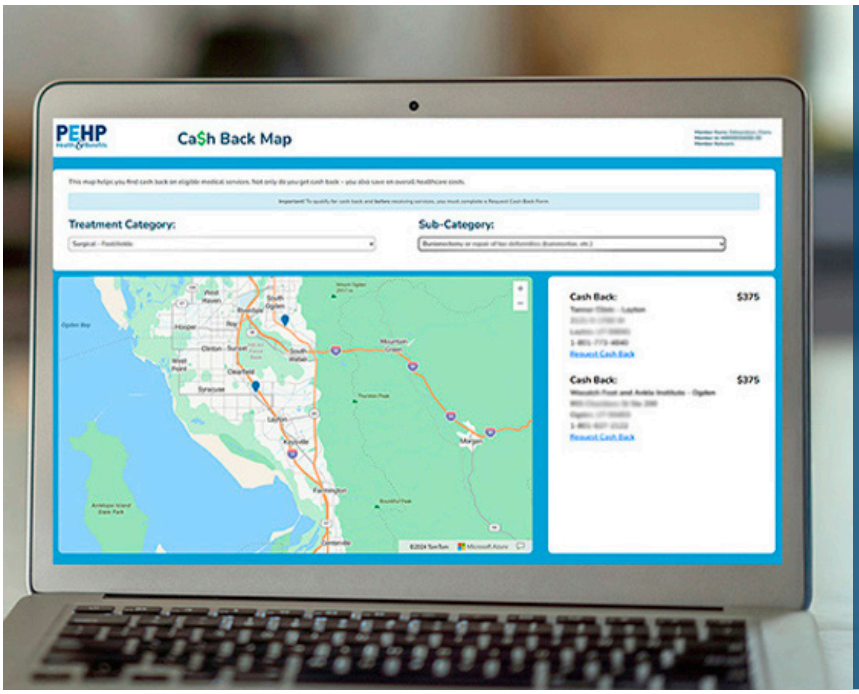
Next Steps Rebate ($50)
After completing the First Steps Rebate requirements, participate in two PEHP wellness activities and/or programs of your choice from www.pehp.org/wellness. Then complete and submit the rebate form to receive the Next Steps rebate.

Other rebates:
- Diabetes Management $100
- WeeCare Rebate $50

Go to www.pehp.org/rebates for more information and to download rebate forms.

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





Cash Back/ Copay Map

The smartest path to care!

Use this map to find low-cost hospital alternatives when you need a colonoscopy, surgery, MRI/CT scan, and other procedures.

Traditional Plan
(Automatic – no application needed)

» **Pay no more than a $45 copay*** when you choose facilities on the map.

» **Always earn cash back** for certain preventive services (e.g., colonoscopy) at select locations.

» After your **Out-of-Pocket Maximum**, you can earn **cash back** on additional services.

High-Deductible Plan (e.g. STAR HSA Plan)
(Application required)

» **Earn cash back** when you visit facilities on the map. Once you've **met your deductible**, pay no more than a **$45 copay**.*

» After your **Out-of-Pocket Maximum**, you can earn **additional cash back**.

» **Always earn cash back** for certain preventive services (e.g., colonoscopy) at select locations.

Log in to your PEHP account
and look for it under the Find Providers & Costs menu

**Copay covers the cost of the facility. Everything else is subject to your regular medical plan benefits.*

PEHP Health & Benefits

8/4/26

Welcome to your new Online Account

PEHP Health & Benefits

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.

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

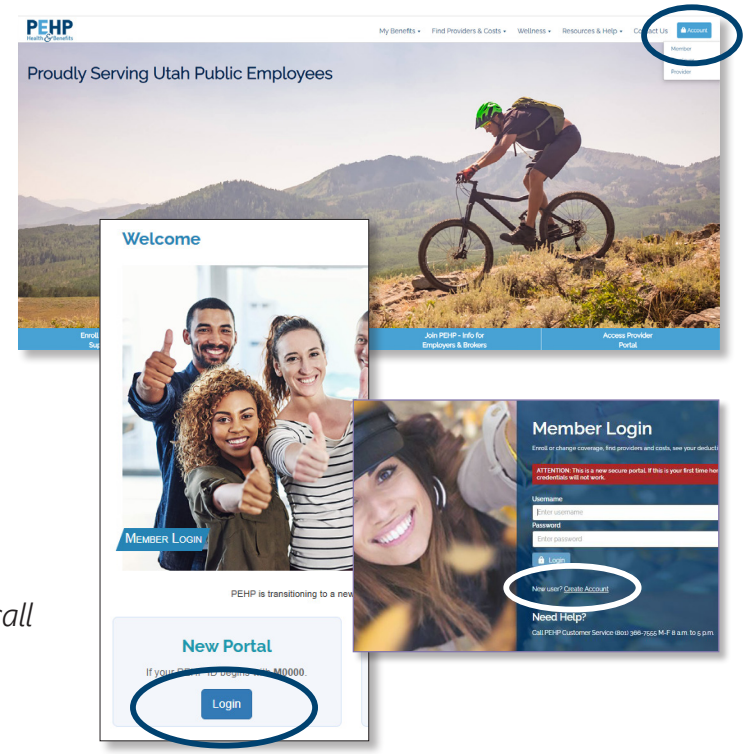
Step 3: Click "Login" under the "New Portal" headline on the left.

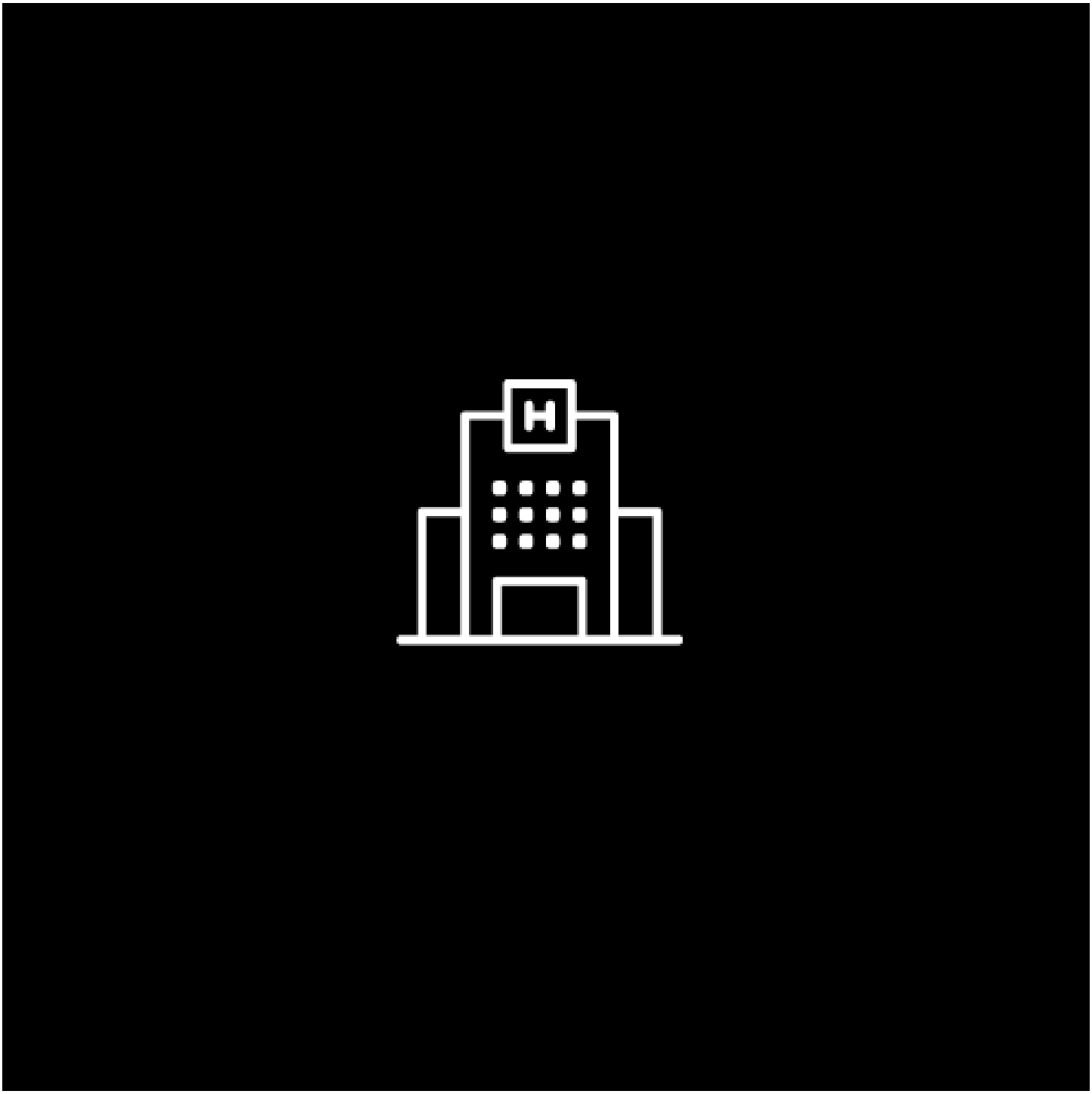
Step 4: Click "Create Account"

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

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





Supplemental Benefits

LifeLock

NortonLifeLock™

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

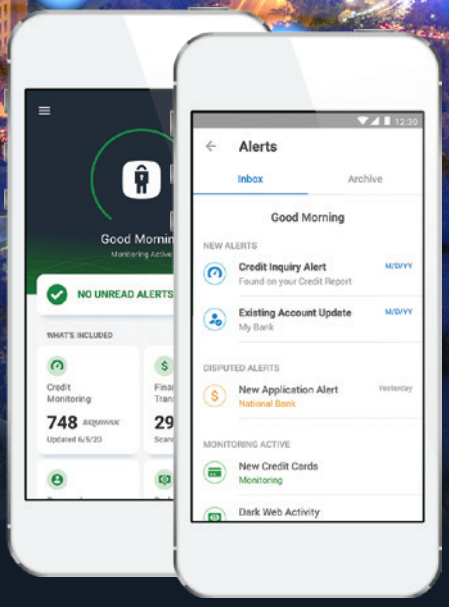
Get the all-in-one protection for your identity and devices.

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[1§] 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.

[1] 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

LifeLock with Norton | Benefit Essential

Employee Only (18+ Years Old)	$7.99
Employee + Family[A]	$15.98

[A] 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 Veri ication Monitoring†,**	●
	• Telecom & Cable Applications for New Service	●
	• Payday - Online Lending Alerts†	●
	• Credit Alerts & Social Security Alerts†	●
	LifeLock Identity mobile app (Android™ & iOS)** Downloading the app does not provide protection until enrollment has been completed.	●
	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∂ 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.	●
	U.S.-based Identity Restoration Specialists	●
	24/7 Live Member Support	●
	Million Dollar Protection™ Package††† • Stolen Funds Reimbursement • Personal Expense Compensation • Coverage for Lawyers and Experts	*Up to $1 Million each*
	Credit Application Alerts[2]**	*One-Bureau*[1]
	Credit Monitoring[1]**	*One-Bureau*[1]
	Annual Credit Reports & Credit Scores[1]** 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.	
	• Identity Lock [1, 5]	●
	Monthly Credit Score Tracking[1]** 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.	
NORTON DEVICE SECURITY	Secures PCs, Mac & mobile devices**	*Up to 3 devices* *(Family gets 6 devices)*
	Online Threat Protection**	●
	Password Manager**	●
	Parental Control[4 ▽]	●
	Smart Firewall**	●
	Cloud Backup[3]**	*10 GB*
ONLINE PRIVACY	Secure VPN**	●
	Privacy Monitor	●
	SafeCam[3]**	●

[1] 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.

[2] 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.

[3] 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).

[4] 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 and selecting Parental Control via any browser.

[5] 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.

† 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.

††† 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.

* Does not include monitoring of chats or direct messages.

** These features are not enabled upon enrollment. Member must take action to activate this protection.

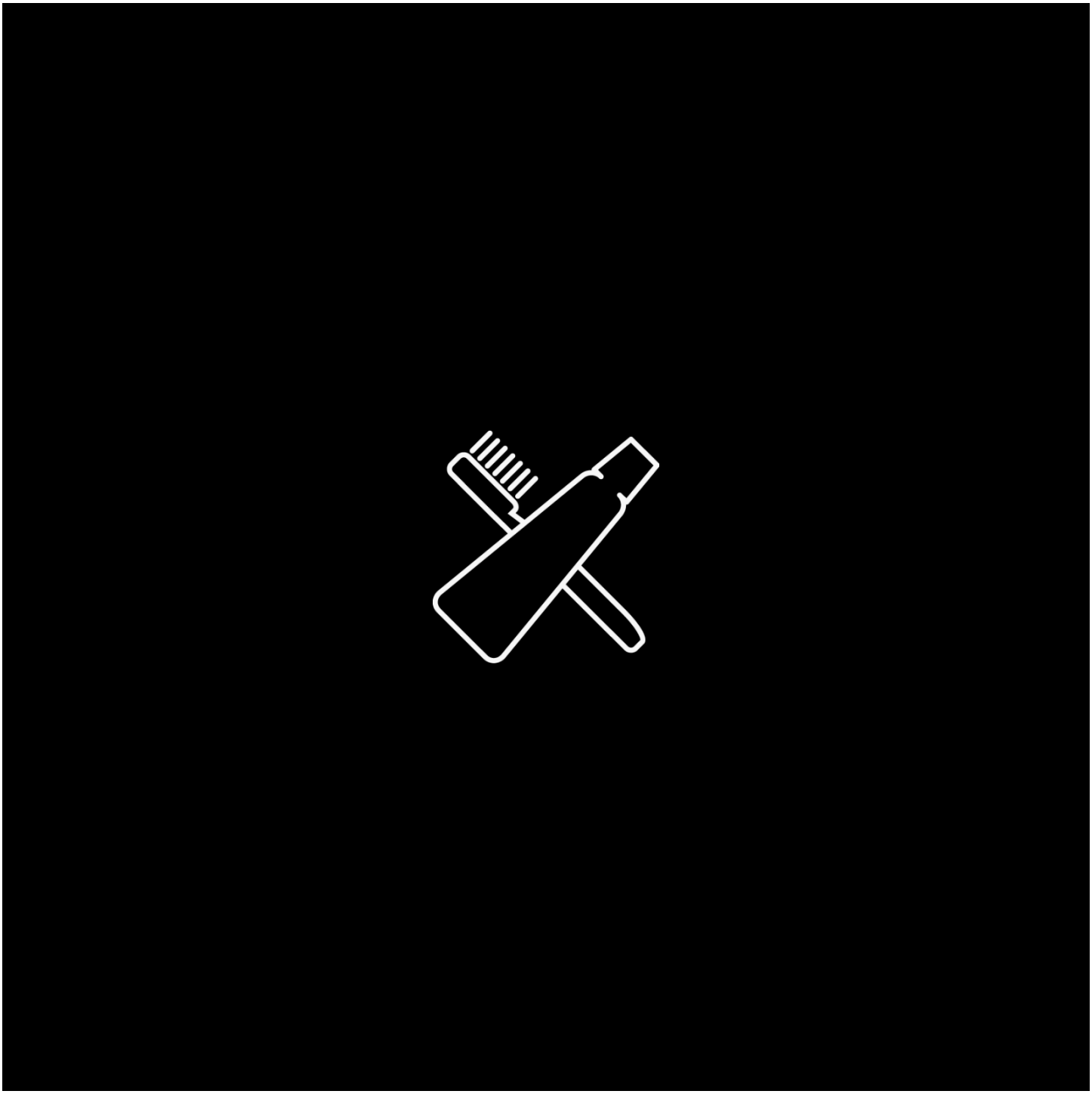
▽ Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device – Windows PC, Mac, iOS and Android – via our mobile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

∂ 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.

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Dental

PEHP

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

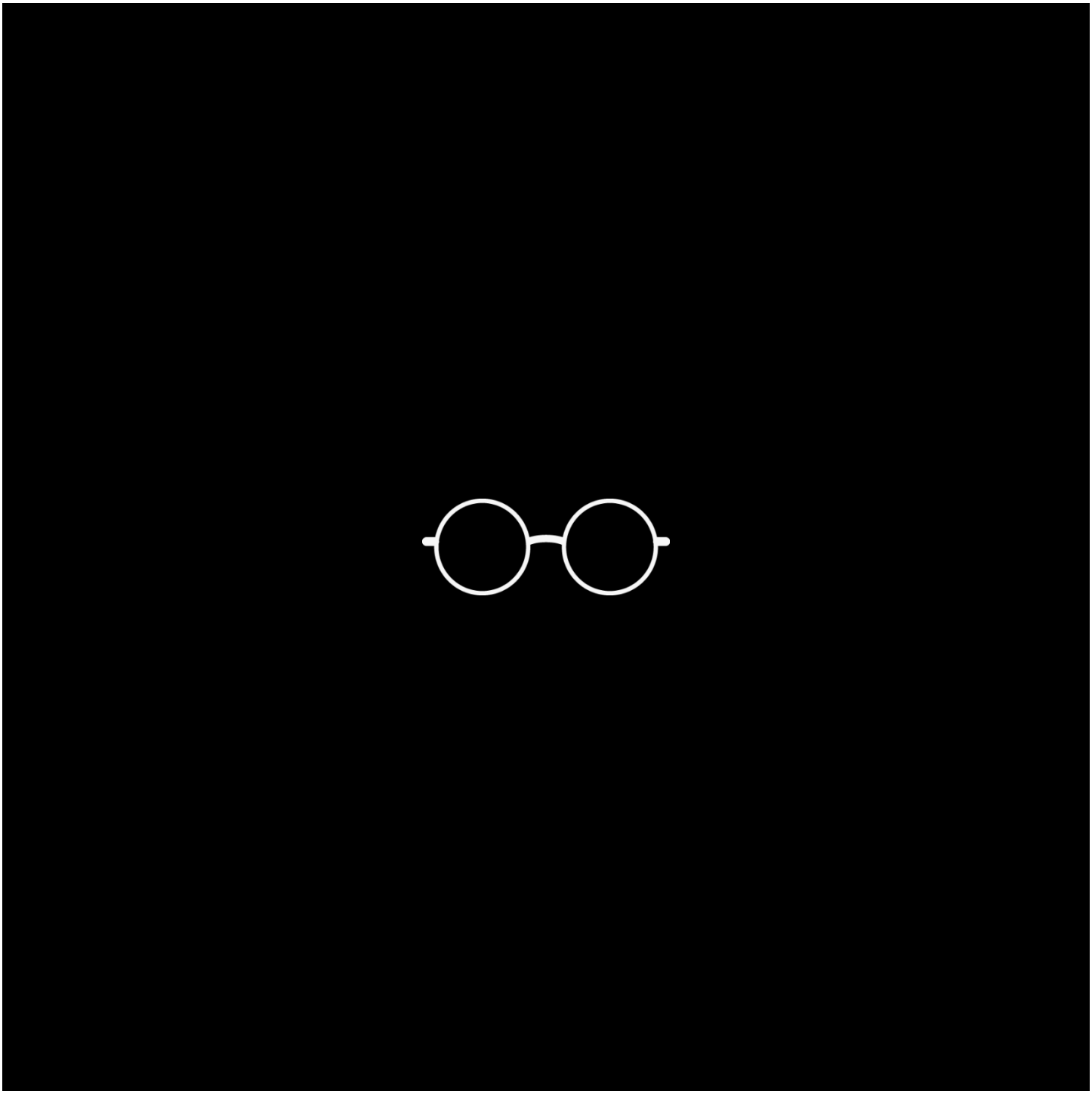
***** = After Deductible

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

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

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



Vision

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** to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$10 copay	Up to $30
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-Up – Standard	Up to $40	Not covered
Fit and Follow-Up – Premium	10% off retail price	Not covered
FRAME		
Frame	$0 copay; 20% off balance over $100 allowance	Up to $50
STANDARD PLASTIC LENSES		
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
LENS OPTIONS		
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
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
CONTACT LENSES		
Contacts – Conventional	$0 copay; 15% off balance over $120 allowance	Up to $96
Contacts – Disposable	$0 copay; 100% off balance over $120 allowance	Up to $96
Contacts – Medically Necessary	$0 copay; paid in full	Up to $200
OTHER		
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1.877.203.0675	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

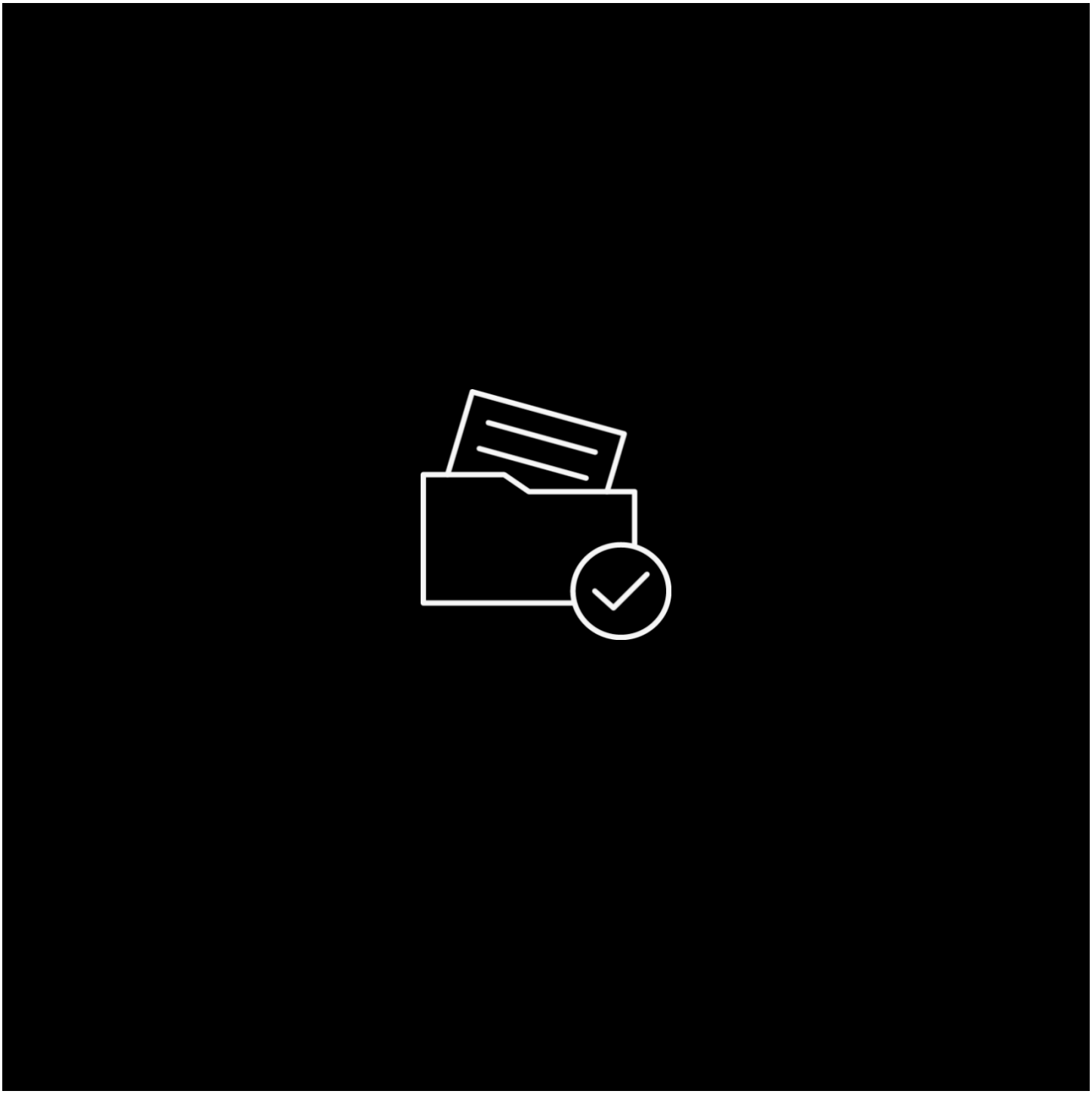
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every plan year	Once every plan year
Frames	Once every plan year	Once every plan year
Lenses	Once every plan year	Once every plan year
Contact Lenses	Once every plan year	Once every plan year

(Plan allows member to receive either contacts and frame, or frames and lens services)

PREMIUMS - monthly

Subscriber only	$7.36
Subscriber + 1	$11.50
Subscriber + family	$15.82

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. 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; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. 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 the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. 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.



Additional Benefits

GoodRx/GBS Advocacy/ TruHearing

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 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, 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.

Hearing Health

TruHearing

Don't miss out on the moments that matter most.

Untreated hearing loss has major impacts on your personal and professional life, no matter your age. It's time to revitalize life's most important moments with better hearing and it's easier to get started than you may think. Comprehensive hearing exam: $0

Improve your life with hearing aids.

- Reduce feelings of loneliness and isolation
- Strengthen relationships with loved ones
- Enhance productivity and collaboration

Save thousands on hearing aids

You, your friends, and your family have access to highly discounted prices on top brands Signia® and Widex®. We're able to bring you even better value on the latest tech with our TruHearing® brand models.

Brand	Technology Tier	Average Retail Price	Fixed TruHearing Price
Signia, Widex	Value	$1,435	$599
Signia, Widex	Basic	$1,705	$899
Signia, Widex	Standard	$2,065	$1,099
Signia, Widex	Advanced	$2,745	$1,499
Signia, Widex	Premium	$3,250	$1,899
TruHearing	Advanced	$2,720	$1,149
TruHearing	Premium	$3,250	$1,449

Your hearing aid purchase includes:

- Risk-free 60-day trial period
- 1 year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full 3-year manufacturer warranty

TruHearing makes the treatment process simple, confidential, and seamless in five easy steps. A dedicated TruHearing Consultant provides assistance throughout the entire treatment process.

1. **Call: We book the appointment**
2. **Visit: Hearing care provider performs an exam**
3. **Order: Hearing care provider orders selected hearing ads**
4. **Fitting: Hearing care provider ensures proper fit**
5. **Follow-up: In-office care**

To get started, call TruHearing 1-888-776-3887
or visit truhearing.com/gbsbenefits

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:

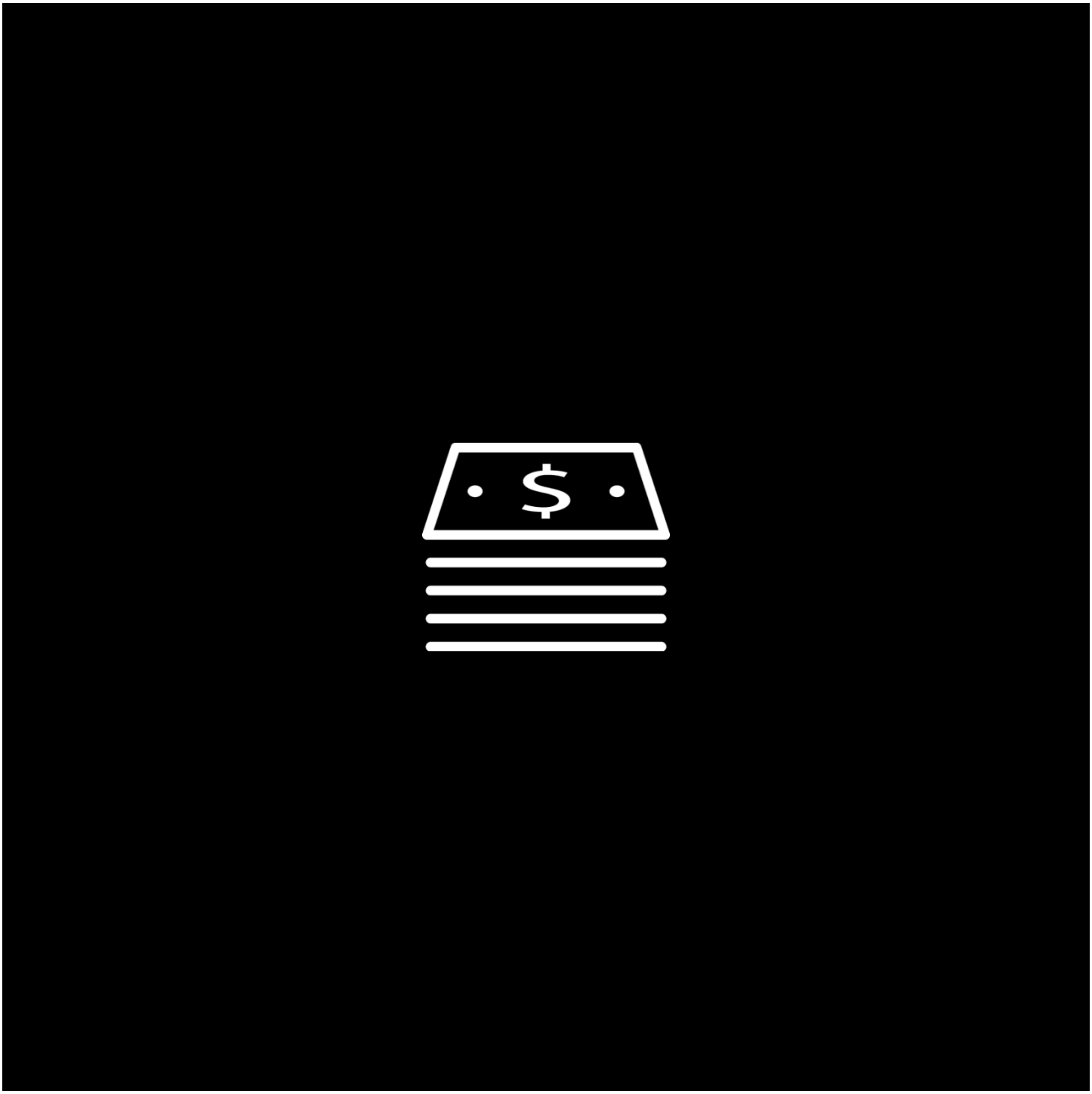
- **Works with you to resolve claims concerns**
- **Assists in reaching out to providers and insurance companies**
- **Helps with finding in network doctors**
- **Answers to benefit questions**
- **Provides guidance on making the most of your plan benefits**



advocacy@gbsbenefits.com

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GBS
A Leavitt Group Company



Premiums

Premiums

January 1, 2027 – December 31, 2027

Medical

PEHP

Summit Exclusive $500 Deductible				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Employee	$696.80	$696.80	$0.00	$0.00
Employee + 1	$1,442.34	$1,442.34	$0.00	$0.00
Family	$1,951.00	$1,951.00	$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	$34.82	$0.00	$34.82	$16.07
Employee + 1	$69.52	$0.00	$69.52	$32.09
Family	$108.26	$0.00	$108.26	$49.97

Voluntary PEHP Dental Premier				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Employee	$44.28	$0.00	$44.28	$20.44
Employee + 1	$88.40	$0.00	$88.40	$40.80
Family	$137.70	$0.00	$137.70	$63.55

Vision

PEHP

Voluntary PEHP EyeMed Network				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Employee	$7.36	$0.00	$7.36	$3.40
Employee + 1	$11.50	$0.00	$11.50	$5.31
Family	$15.82	$0.00	$15.82	$7.30

Notes



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