

State of Utah
Open Enrollment
2020-2021
April 27-June 12



Your To-Do Checklist

1 Medical Options

- STAR HSA Plan
- Traditional Plan
- Consumer Plus Plan
- Opt-Out*

2 Network Options

- Summit
- Advantage
- Preferred

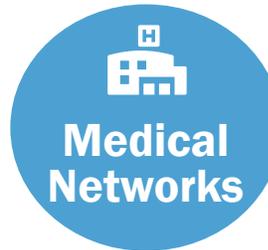
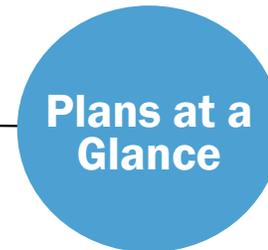
3 Dental Options

- Preferred
- Traditional
- Regence Expressions
- Basic HSA Dental
- Discount HSA Dental
- Opt-Out*

**Evidence of other coverage must be submitted to PEHP by June 12.*

Navigating This Guide

Click the icons below for detailed information about each topic



See other PEHP and State of Utah benefits at www.pehp.org/stateofutah/openenrollment



PROUDLY SERVING UTAH PUBLIC EMPLOYEES

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New this Year: 2020-21

One-Time Refund Payment



Employees enrolled in a medical plan during 2019-20 will get a refund check from PEHP by the first week of May. PEHP provides self-funded plans, so when costs are lower than expected we are able to give back money. The check you receive represents your portion of the \$25,460,000 in savings.

STAR HSA Plan

You pay a small premium, but the State of Utah gives it back in your HSA.

HSA Cash Conversion Option

You can convert up to 100% of the State HSA contribution in cash on the Consumer Plus Plan. Those on the STAR HSA Plan can still convert up to 50%. Your selection from last year will carryover unless you choose otherwise.

New Dental Plan Options

If you choose the STAR HSA or Consumer Plus plan, you can enroll in one of two new dental plans and get more money in your HSA.

Other Insurance Coverage?

If you have other insurance coverage, you can opt-out of medical and/or dental benefits and get cash added to your salary.

Proof of other coverage is required by June 12.

Intermountain Copays

Copays for Intermountain Healthcare doctors are now the same as other providers.

New Prescription Cost Tool



Find drug options for your health condition, compare prices at different pharmacies, and see if cash back is available for your medication.
[Learn more.](#)

Life Insurance Opportunity

During this open enrollment you can get up to \$200,000 of guaranteed issued life coverage. That means no examination and no questions for any new coverage up to \$200,000. You can also get coverage up to \$500,000, but any amount above \$200,000 would go through the usual underwriting process.

Need Help Deciding?

Send your questions to
openrollment@pehp.org



» PEHP specialist Taylor Hahn

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Medical Plans

Figures below based on Advantage & Summit networks. [See Preferred Network rates.](#)

Traditional

Your cost per paycheck	
Single	\$23.45
Double	\$48.35
Family	\$64.54

- » Copays for services
- » Low deductible
- » Eligible for FLEX\$, but not eligible for HSA

STAR HSA

Your cost per paycheck	
Single	\$4.52
Double	\$9.33
Family	\$12.87

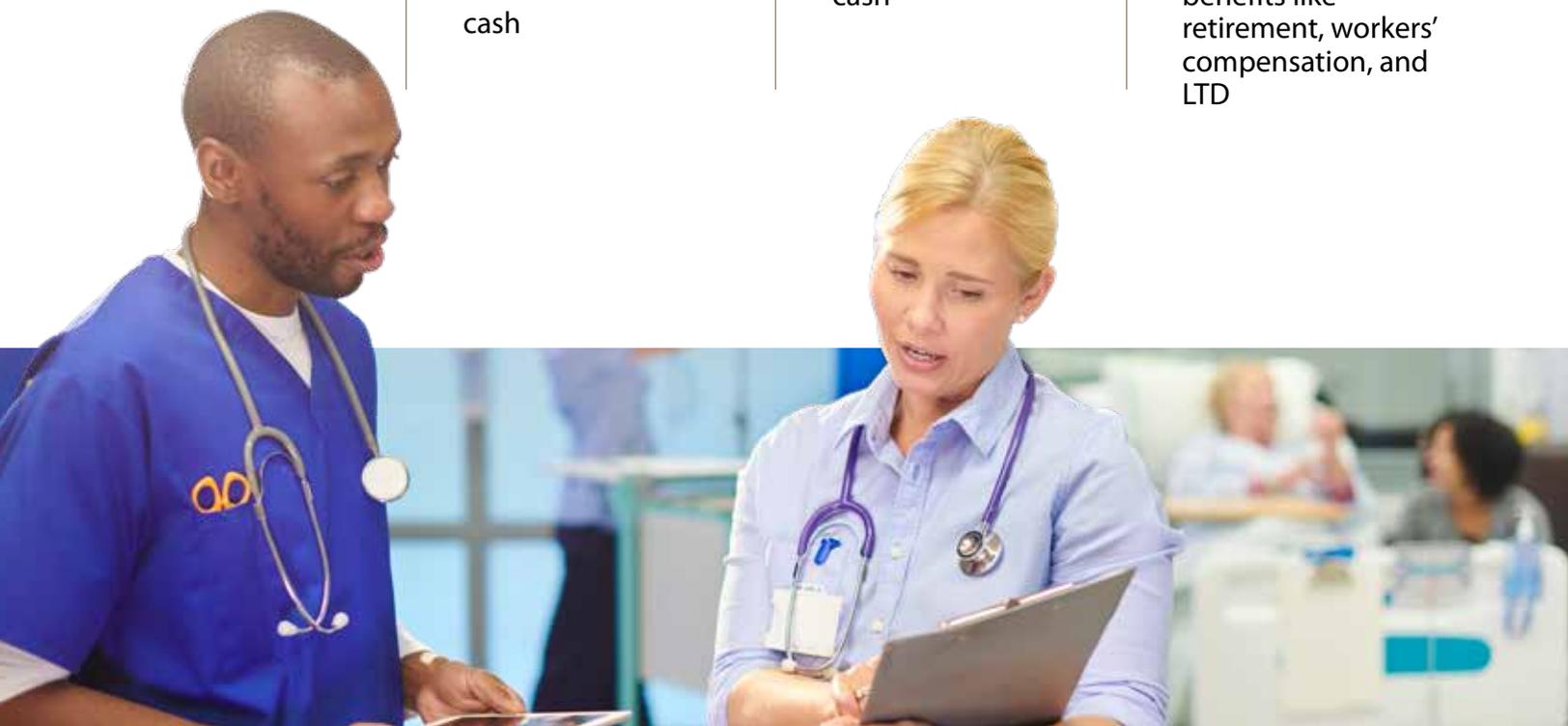
- » HSA State contribution amounts
 - › Single: \$909.22/year
 - › Double: \$1,826.76/year
 - › Family: \$1,918.54/year
- » You can convert 25% or 50% of State HSA contribution into cash

Consumer Plus

- » No cost to you per paycheck
- » Higher deductible
- » 70/30 coinsurance, less covered services and drugs
- » Higher HSA State contribution amounts
 - › Single: \$1,824.68/year
 - › Double/Family: \$3,649.62/year
- » You can convert 25%, 50%, 75% or 100% of State HSA contribution into cash

Opt-Out

- If you have other medical insurance coverage, you can opt-out of medical coverage in exchange for more money in each paycheck.
- » Single: \$76.92
 - » Double/Family: \$153.84
 - » You must provide evidence of other coverage to PEHP by June 12.
 - » Income is subject to tax and counts toward other benefits like retirement, workers' compensation, and LTD



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Plan Comparison

STAR HSA Plan

■ Single ■ Double ■ Family

Your Annual Cost

Single
\$117.52

Double
\$242.58

Family
\$334.62

State HSA Contribution 

Single
\$909.22

Double
\$1,826.76

Family
\$1,918.54

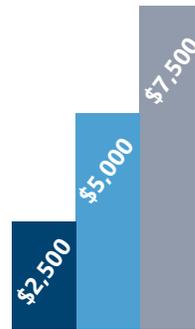
Medical Deductible

Medical & Pharmacy



Out-of-Pocket Maximum

Medical & Pharmacy



Plan Benefits

Pays covered benefits generally at 80% (using in-network providers, after deductible).

Traditional Plan

Your Annual Cost

Single
\$609.70

Double
\$1,257.10

Family
\$1,678.04

State HSA Contribution 

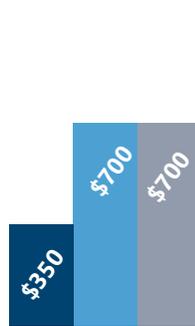
Single
\$0

Double
\$0

Family
\$0

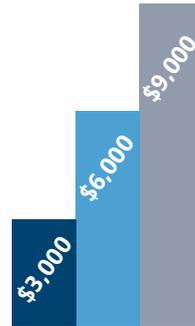
Medical Deductible

Medical & Pharmacy



Out-of-Pocket Maximum*

Medical & Pharmacy



Plan Benefits

Pays covered benefits generally at 80% (using in-network providers, after deductible).

*Deductible does not apply to Out-of-Pocket Maximum.

Special Note

If you enroll in Traditional Plan this year, you can't switch to the Consumer Plus Plan next open enrollment. You'll have to enroll in the STAR HSA Plan first before you can switch to the Consumer Plus Plan.

Figures above based on Advantage & Summit networks. [See Preferred Network rates.](#)

COMPARE CONSUMER PLUS PLAN

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Plan Comparison

Consumer Plus Plan

■ Single ■ Double ■ Family

Your Annual Cost

Single
\$0

Double
\$0

Family
\$0

State HSA Contribution 

Single
\$1,824.68

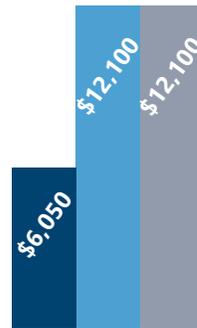
Double
\$3,649.62

Family
\$3,649.62

Medical Deductible
Medical & Pharmacy



Out-of-Pocket Maximum
Medical & Pharmacy



Plan Benefits

Covers fewer services, generally at 70% (using in-network providers, after deductible).

Special Note

If you enroll in Consumer Plus Plan this year, you can't switch to the Traditional Plan next open enrollment. You'll have to enroll in the STAR HSA Plan first before you can switch to the Traditional Plan.

Figures above based on Advantage & Summit networks. [See Preferred Network rates.](#)

COMPARE STAR AND TRADITIONAL PLANS



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Plans at a Glance

STAR HSA Plan

- » This plan provides an 8% higher benefit than the Traditional Plan, even with the small premium.
- » You get money in an HSA for health-related expenses to offset a higher deductible. HSA funds carry over from year-to-year and grow tax-free. You never forfeit what you don't spend.
- » If you're not eligible for an HSA, you can still receive the contribution amount in a State-funded HRA account.
- » It covers more preventive services paid at 100% compared to other plans, including chronic medications like diabetes. **See a list of medications on page 19 of the Covered Drug List at www.pehp.org/pharmacy.**

Traditional Plan

- » You pay 8% of the premium from your paycheck and don't receive HSA contributions.
- » It has a lower deductible and gives you predictable costs through fixed co-pays.
- » Each family member has their own deductible and out-of-pocket maximum.
- » Deductible does not apply to out-of-pocket maximum.

Consumer Plus Plan

- » Essential benefit plan with catastrophic coverage.
- » Similar to the STAR HSA Plan with a higher deductible, lower coinsurance, but fewer covered benefits and medications. See the [Benefits Summary](#) and [Consumer Plus Covered Drug List](#) for what is covered.
- » Your employer puts more money into an HSA or HRA for health-related expenses than the STAR HSA Plan to offset a higher deductible.
- » You can participate in wellness programs, including Healthy Utah testing sessions; however, you're **not** eligible for rebates.

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Dental Plans

Preferred Choice

Your cost per paycheck	
Single	\$1.32
Double	\$2.45
Family	\$4.45

- » Small deductible that doesn't apply to preventive services
- » Pays 80% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » \$1,500 annual limit per member

Traditional

Your cost per paycheck	
Single	\$2.39
Double	\$4.42
Family	\$8.07

- » No deductible
- » Pays 100% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » \$1,500 annual limit per member

Regence Expressions

» Plan administered by Regence of Utah

Your cost per paycheck	
Single	\$9.49
Double	\$16.69
Family	\$29.60

- » No deductible
- » Pays 100% of in-network rate for X-rays and cleanings
- » Covers cleanings, preventive services, orthodontics, major services, etc.
- » \$1,500 annual limit per member

SEE MORE DENTAL OPTIONS

IMPORTANT INFORMATION

PREFERRED CHOICE & TRADITIONAL ONLY

Waiting Period » If you have been without dental coverage for more than 63 days, there is a waiting period of six months from the effective date of coverage for orthodontic, implant, and prosthodontic benefits. Learn more in the [Dental Master Policy](#).

Missing Tooth Exclusion » Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with PEHP. Learn more in the [Dental Master Policy](#).



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Dental Plans (continued)

Basic HSA Dental

NEW!

- » Must be on STAR HSA or Consumer Plus medical plan
- » No cost to you per paycheck
- » Small deductible that doesn't apply to preventive services
- » Pays 20% of in-network rate for X-rays and cleanings
- » Covers ONLY cleanings, preventive services, cavities (no orthodontics)
- » \$500 annual limit per member
- » Annual HSA State contribution amounts
 - › Single: \$75
 - › Double: \$140
 - › Family: \$255
- » If you choose this plan, you're not eligible to enroll in Preferred Choice, Traditional or Regence Expressions for 3 years

Discount HSA Dental

NEW!

- » Must be on STAR HSA or Consumer Plus medical plan
- » No cost to you per paycheck
- » Access to discounts, no insurance coverage
- » Annual HSA State contribution amounts
 - › Single: \$235
 - › Double: \$430
 - › Family: \$785
- » If you choose this plan, you're not eligible to enroll in Preferred Choice, Traditional or Regence Expressions for 3 years

Opt-Out

- If you have other dental insurance coverage, you can opt-out of dental coverage in exchange for more money each paycheck.
- » Single: \$3.84
 - » Double: \$7.69
 - » Family: \$15.38
 - » You must provide evidence of other coverage to PEHP by June 12
 - » Income is subject to tax and counts toward other benefits like retirement, workers' compensation, and LTD

SEE MORE DENTAL OPTIONS

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Medical Networks

PEHP Advantage

37 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

Network consists of predominantly Intermountain Healthcare (IHC) providers and facilities.

Beaver County

Beaver Valley Hospital
Millford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital

Cache County

Logan Regional Hospital

Carbon County

Castleview Hospital

Davis County

Davis Hospital
Intermountain Layton Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Alta View Hospital
Intermountain Medical Center
The Orthopedic Specialty Hospital (TOSH)
LDS Hospital

Salt Lake County (cont)

Primary Children's Medical Center
Riverton Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

McKay-Dee Hospital

Out-of-State – Colorado

St. Mary's Hospital – Grand Junction
Southwest Memorial Hospital – Cortez

PEHP Summit

42 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

Network consists of predominantly Steward Health, MountainStar, and University of Utah hospitals & clinics providers and facilities.

Beaver County

Beaver Valley Hospital
Millford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Cache Valley Hospital

Carbon County

Castleview Hospital

Davis County

Davis Hospital
Lakeview Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Huntsman Cancer Hospital
Jordan Valley Hospital
Jordan Valley Hospital - West
Lone Peak Hospital

Salt Lake County (cont)

Primary Children's Medical Center
Riverton Children's Unit
St. Marks Hospital
Salt Lake Regional Medical Center
University of Utah Hospital
University Orthopaedic Center

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

Mountain View Hospital
Timpanogos Regional Hospital
Mountain Point Medical Center

Wasatch County

Heber Valley Medical Center

Washington County

Dixie Regional Medical Center

Weber County

Ogden Regional Medical Center

Out-of-State – Colorado

St. Mary's Hospital – Grand Junction
Southwest Memorial Hospital – Cortez

PEHP Preferred

52 PARTICIPATING HOSPITALS, 12,000+ PARTICIPATING PROVIDERS

Network consists of providers and facilities in both the Advantage and Summit networks.

Non-Covered Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit.

[See a list of Non-Covered Providers.](#)

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Need Vision Coverage?

Several Ways to Address Your Vision Needs » You get vision exams through your medical plan and shop for frames and lenses using pre-tax dollars. Or buy a vision plan to cover the bulk of vision costs. Do the math to see what's best for you. Here's a summary.

With the STAR HSA Plan

Did you know that members on the STAR HSA Plan get one annual vision exam covered at 100% before deductible? If you're on The STAR HSA plan, take advantage of this great benefit to get a prescription from your optometrist for lenses. Then shop around and use HSA dollars to pay for lenses and frames tax-free.

With the Traditional Plan

A vision exam costs only a \$35 co-pay for an optometrist. Once you get your prescription, shop for the best deal on frames and lenses. Use FLEX\$ money to pay for the eyewear with pre-tax dollars.



Funding Through Opticare

You get your choice of two plans. One covers eyewear only while the other includes an eye exam. You may get a discount on frames from the sticker price.

Your cost per paycheck

Opticare Full		Opticare, Eyewear Only	
Single	\$3.94	Single	\$3.06
Double	\$6.11	Double	\$4.58
Family	\$8.74	Family	\$6.42

Funding Through EyeMed

You get your choice of two plans. One covers eyewear only while the other includes an eye exam. You may get a discount on frames from the sticker price.

Your cost per paycheck

EyeMed Full		EyeMed, Eyewear Only	
Single	\$3.33	Single	\$2.88
Double	\$5.43	Double	\$4.56
Family	\$7.52	Family	\$6.24

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Biweekly Medical Rates

	Employer (biweekly)	Biweekly Employer HSA Contribution	Employee (What you pay, biweekly)	Total biweekly cost of plan
STAR HSA Plan (Summit or Advantage Network)				
Single	\$220.95	\$34.97 *	\$4.52	\$260.44
Double	\$457.42	\$70.26 *	\$9.33	\$537.01
Family	\$630.64	\$73.79 *	\$12.87	\$717.30
STAR HSA Plan (Preferred Network)				
Single	\$220.95	\$34.97 *	\$74.47	\$330.39
Double	\$457.42	\$70.26 *	\$154.26	\$681.94
Family	\$630.64	\$73.79 *	\$213.67	\$918.10
Traditional Plan (Summit or Advantage Network)				
Single	\$260.91	N/A	\$23.45	\$284.36
Double	\$537.95	N/A	\$48.35	\$586.30
Family	\$718.16	N/A	\$64.54	\$782.70
Traditional Plan (Preferred Network)				
Single	\$255.92	N/A	\$118.31	\$374.23
Double	\$527.68	N/A	\$243.97	\$771.65
Family	\$704.43	N/A	\$325.69	\$1,030.12
Consumer Plus Plan (Summit or Advantage Network)				
Single	\$185.74	\$70.18 *	0	\$255.92
Double	\$387.31	\$140.37*	0	\$527.68
Family	\$564.06	\$140.37*	0	\$704.43
Consumer Plus Plan (Preferred Network)				
Single	\$185.75	\$70.18 *	\$55.71	\$311.63
Double	\$387.31	\$140.37*	\$116.41	\$644.09
Family	\$564.07	\$140.37*	\$172.29	\$876.72

* Each half of your employer HSA contribution will be deposited twice per plan year.
 1. Expect the first semiannual contribution to be deposited by the end of July.
 2. Expect the second semiannual contribution to be deposited by the end of January.

Biweekly Dental Rates

	Employer (biweekly)	Biweekly Employer HSA Contribution	Employee (What you pay, biweekly)	Total biweekly cost of plan
PEHP Preferred Choice				
Single	\$11.85	N/A	\$1.32	\$13.17
Double	\$22.01	N/A	\$2.45	\$24.46
Family	\$40.07	N/A	\$4.45	\$44.52
PEHP Traditional				
Single	\$11.85	N/A	\$2.39	\$14.24
Double	\$22.01	N/A	\$4.42	\$26.43
Family	\$40.07	N/A	\$8.07	\$48.14
Basic HSA Dental				
Single	\$8.98	\$2.87	\$0.00	\$11.85
Double	\$16.65	\$5.36	\$0.00	\$22.01
Family	\$30.29	\$9.78	\$0.00	\$40.07
Discount HSA Dental				
Single	\$0.53	\$9.01	\$0.00	\$9.54
Double	\$0.98	\$16.49	\$0.00	\$17.47
Family	\$1.79	\$30.11	\$0.00	\$31.90
Regence Expressions				
Single	\$11.85	N/A	\$9.49	\$21.34
Double	\$22.01	N/A	\$16.69	\$38.70
Family	\$40.07	N/A	\$29.60	\$69.67

Biweekly Vision Rates

	Employee	Employee	
EyeMed Full		Opticare Full	
Single	\$3.33	Single	\$3.94
Double	\$5.43	Double	\$6.11
Family	\$7.52	Family	\$8.74
EyeMed, Eyewear Only		Opticare, Eyewear Only	
Single	\$2.88	Single	\$3.06
Double	\$4.56	Double	\$4.58
Family	\$6.24	Family	\$6.42