Look inside for an overview of your benefits and what’s new for the 2016-17 plan year.
Changes and Reminders

**On-Demand Doctors**
See a doctor via mobile or web with discounted PEHP pricing through Amwell On-Demand Doctors. It’s available 24 hours a day, every day, and you don’t need an appointment. See Page 8.

**Know. Plan. Act.**
Take control of your health in three simple steps and earn cash rewards with PEHP Healthy Utah. Learn more at www.pehp.org/healthyutah

**Out-of-Network Dental**
If you use an out-of-network dentist, your benefit is 20% less and you may be subject to balance billing. See Page 7 for dental plan comparisons.

**Know Before You Go**
Get familiar with all the great PEHP online tools to help you understand your treatment options, see costs, choose a doctor, and navigate healthcare. Still need help? Give us a call at 801-366-7555. Learn more on Page 10.

**Traditional Rates 7.3% Higher**
Medical rates for the Traditional medical plan have increased 7.3% for 2016-17. The STAR Plan continues to have no employee premium. PEHP Dental rates remain the same as last plan year. See Page 3 for rates.

Information in this guide is for illustrative purposes only. See your Benefits Summary and Master Policy for complete details about your plan.
HEALTH INSURANCE PREMIUMS for Fiscal Year 2016-2017

The below illustrate premiums of the various health benefit options available to DSU benefit eligible employees. Plan summaries are available through the DSU Human Resources Office and on the DSU HR Employee Benefits webpage.

### PEHP Medical Insurance

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Employer Pay Period Premium</th>
<th>Employee Pay Period Premium</th>
<th>Employer Annual Premium or *ER HSA Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advantage/Summit Plan: Single</td>
<td>229.90</td>
<td>25.55</td>
<td>5,517.60</td>
</tr>
<tr>
<td>Advantage/Summit Plan: Double</td>
<td>474.01</td>
<td>52.67</td>
<td>11,376.24</td>
</tr>
<tr>
<td>Advantage/Summit Plan: Family</td>
<td>632.81</td>
<td>70.31</td>
<td>15,187.44</td>
</tr>
<tr>
<td>Preferred Plan: Single</td>
<td>229.90</td>
<td>106.29</td>
<td>5,517.60</td>
</tr>
<tr>
<td>Preferred Plan: Double</td>
<td>474.01</td>
<td>219.18</td>
<td>11,376.24</td>
</tr>
<tr>
<td>Preferred Plan: Family</td>
<td>632.81</td>
<td>292.56</td>
<td>15,187.44</td>
</tr>
<tr>
<td>STAR Advantage/Summit Plan: Single</td>
<td>196.81</td>
<td>0.00 (33.09*)</td>
<td>4,723.44</td>
</tr>
<tr>
<td>STAR Advantage/Summit Plan: Double</td>
<td>407.83</td>
<td>0.00 (66.18*)</td>
<td>9,787.92</td>
</tr>
<tr>
<td>STAR Advantage/Summit Plan: Family</td>
<td>566.63</td>
<td>0.00 (66.18*)</td>
<td>13,599.12</td>
</tr>
</tbody>
</table>

*For STAR High Deductible Medical Plan, employee pays $0.00 in actual premium; rather, an employer contribution of $33.09 or $66.18 is deposited each pay period into their Health Savings Account (depending on coverage level and HSA eligibility).

### PEHP Dental Insurance

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Employer Pay Period Premium</th>
<th>Employee Pay Period Premium</th>
<th>Employer Annual Premium</th>
<th>Employee Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Dental: Single</td>
<td>14.01</td>
<td>0.74</td>
<td>336.24</td>
<td>17.76</td>
</tr>
<tr>
<td>Preferred Dental: Double</td>
<td>26.01</td>
<td>1.37</td>
<td>624.24</td>
<td>32.88</td>
</tr>
<tr>
<td>Preferred Dental: Family</td>
<td>47.36</td>
<td>2.50</td>
<td>1,136.64</td>
<td>60.00</td>
</tr>
<tr>
<td>Traditional Dental: Single</td>
<td>14.01</td>
<td>1.94</td>
<td>336.24</td>
<td>46.56</td>
</tr>
<tr>
<td>Traditional Dental: Double</td>
<td>26.01</td>
<td>3.59</td>
<td>624.24</td>
<td>86.16</td>
</tr>
<tr>
<td>Traditional Dental: Family</td>
<td>47.36</td>
<td>6.55</td>
<td>1,136.64</td>
<td>157.20</td>
</tr>
</tbody>
</table>

### Voluntary Vision Insurance

<table>
<thead>
<tr>
<th>Type of Coverage**</th>
<th>Employee Pay Period Premium</th>
<th>Type of Coverage**</th>
<th>Employee Pay Period Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EyeMed Full Coverage: Single</td>
<td>3.77</td>
<td>OptiCare Full Coverage: Single</td>
<td>4.16</td>
</tr>
<tr>
<td>EyeMed Full Coverage: Double</td>
<td>6.17</td>
<td>OptiCare Full Coverage: Double</td>
<td>6.63</td>
</tr>
<tr>
<td>EyeMed Eyewear Coverage: Double</td>
<td>5.18</td>
<td>OptiCare Eyewear Coverage: Double</td>
<td>4.85</td>
</tr>
</tbody>
</table>

**Vision plans premiums are paid 100% by the employee; plan types include full coverage or eyewear only.
### Medical Plans

<table>
<thead>
<tr>
<th>MEDICAL PLAN</th>
<th>The STAR Plan (HSA-qualified)</th>
<th>Traditional (non-HSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>Start by paying medical bills with an HSA containing money your employer puts in. You can also put money in yourself, tax-free. You pay no premium for The STAR Plan (Summit and Advantage), so you’ll have extra money to save in your HSA. This plan pays benefits when you reach your deductible. Covers preventive care services at 100%. All spending goes to the out-of-pocket maximum, protecting you from large bills.</td>
<td>This plan has multiple co-pays and deductibles and is NOT eligible for an HSA. It pays benefits sooner with a lower deductible, but you’ll pay significantly more in premium. Pays many preventive care services at 100%, but not as many as The STAR Plan covers.</td>
</tr>
<tr>
<td><strong>Your Rates</strong></td>
<td><strong>Advantage and Summit</strong> (not available with Preferred Network): $0</td>
<td><strong>Advantage and Summit</strong>: Single: $25.55 Double: $52.67 Family: $70.31</td>
</tr>
<tr>
<td><strong>Employer Contribution Per Pay Period to Your HSA</strong></td>
<td>Single: $33.09 Double and Family: $66.18</td>
<td>Not applicable (not an HSA-qualified plan by federal standards)</td>
</tr>
<tr>
<td><strong>Medical Deductible</strong></td>
<td>$1,500 single plan $3,000 double or family plan</td>
<td>$350 per individual $700 per family plan</td>
</tr>
<tr>
<td><strong>Pharmacy Deductible</strong></td>
<td>Pharmacy expenses apply to the medical deductible</td>
<td>Pharmacy expenses do not have a deductible</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td>Pays covered benefits generally at 80% (using in-network providers, after deductible). Most preventive care covered at 100% (using in-network providers). Includes expanded list of preventive services.</td>
<td>Pays covered benefits generally at 80% (using in-network providers, after deductible). Most preventive care (using in-network providers) covered at 100%.</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Medical and Pharmacy: $2,500 single plan $5,000 double plan $7,500 family plan</td>
<td>Medical and Pharmacy: $3,000 per individual $6,000 per double plan $9,000 per family plan</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>No special eligibility requirements for the plan. However, you must meet certain requirements to open an HSA and to contribute or receive contributions to it. See Page 5.</td>
<td>No special eligibility requirements.</td>
</tr>
</tbody>
</table>

» [See Full STAR Plan Benefit Grids](#)  
» [See Full Traditional Plan Benefit Grids](#)
Am I Eligible for an HSA?

To be eligible for a health savings account (HSA), the following things must apply:

» You’re not covered by a general-purpose flex account (FSA) or HRA or the balance is $0 before you open an HSA

» You’re not covered by another health plan (unless it’s another HSA-qualified plan)

» You’re not covered by Medicare or TRICARE

» You’re not a dependent of another taxpayer

Contributing to Your HSA

In addition to your employer’s money, you can contribute to your HSA much like you would a 401(k). You decide how many pre-FICA dollars you want withheld from each paycheck at www.pehp.org. Earnings grow tax-free in funds you choose.

Limits for 2016 calendar year (you and your employer combined):

$3,350 / individual
$6,750 / family

Adult Children and HSAs

Use your HSA to pay for qualified health expenses for you and your dependents. However, be sure to note, if your dependent doesn’t qualify as a tax deduction (i.e., can’t be claimed as a dependent on your tax return), that dependent’s expenses are ineligible for your HSA.

For example, adult children up to 26 may be eligible dependents on their parents’ medical plan. However, if they’re self-supporting and don’t qualify as a tax dependent, they can’t use funds from their parents’ HSA. Single adult children who have coverage under their parents’ STAR Plan can open their own HSAs and contribute up to the yearly family maximum.

This is an excellent opportunity to set up your adult child with his or her HSA as a tax-free gift. You don’t get to deduct the contribution, but your child can receive it tax-free.

How and when can I change the amount I deduct from my paycheck into my HSA?

Make changes at any time. Simply log in to PEHP for Members at www.pehp.org, and select “HSA Election” in the “my Money” menu. PEHP will process this change for the pay period following the requested change.
Summit

IASIS, MountainStar, and University of Utah Health Care providers and facilities. You can also see Advantage providers on the Summit network, but your benefits will pay less.

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital
- Brigham City Community Hospital

Cache County
- Logan Regional Hospital

Carbon County
- Castleview Hospital

Davis County
- Lakeview Hospital
- Davis Hospital

Duchesne County
- Uintah Basin Medical Center

Garfield County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Valley View Medical Center

Juab County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Medical Center
- Fillmore Community Hospital

Salt Lake County
- Huntsman Cancer Hospital
- Jordan Valley Hospital

Salt Lake County (cont.)
- Lone Peak Hospital
- Pioneer Valley Hospital
- Primary Children’s Medical Center
- Riverton Children’s Unit
- St. Mark’s 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 Medical Center

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Utah County
- Mountain View Hospital
- Timpanogos Regional Hospital
- Mountain Point Medical (opens soon)

Wasatch County
- Heber Valley Medical Center

Washington County
- Dixie Regional Medical Center

Weber County
- Ogden Regional Medical Center

Advantage

Intermountain Healthcare (IHC) providers and facilities. You can also see Summit providers on the Advantage network, but your benefits will pay less.

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital

Cache County
- Logan Regional Hospital

Carbon County
- Castleview Hospital

Davis County
- Davis Hospital

Duchesne County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Valley View Medical Center

Juab County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Medical Center
- Fillmore Community Hospital

Salt Lake County
- Alta View Hospital
- Intermountain Medical Center

Salt Lake County (cont.)
- The Orthopedic Specialty Hospital (TOSH)
- LDS Hospital
- Primary Children’s Medical Center
- Riverton Hospital

San Juan County
- Blue Mountain Hospital
- San Juan Hospital

Sanpete County
- Gunnison Valley Hospital
- Sanpete Valley Hospital

Sevier County
- Sevier Valley Medical Center

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Utah County
- American Fork Hospital
- Orem Community Hospital
- Utah Valley Regional Medical Center

Wasatch County
- Heber Valley Medical Center

Washington County
- Dixie Regional Medical Center

Weber County
- McKay-Dee Hospital

Preferred

Consists of all providers and facilities in both the Summit and Advantage networks. Not available on The STAR Plan.

» Learn More About Your Network
Dental Comparison

<table>
<thead>
<tr>
<th>DENTAL PLAN</th>
<th>PEHP Preferred Choice</th>
<th>PEHP Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>This PEHP plan shares the same dental network as Traditional. It has a small deductible that doesn't apply to preventive services. Pays 80% of in-network rate for X-rays and cleanings.</td>
<td>This PEHP plan shares the same dental network as Preferred Choice. It has no deductible. Pays 100% of in-network rate for X-rays and cleanings.</td>
</tr>
</tbody>
</table>
| **Your Rates**   | Single: $0.74  
Double: $1.37  
Family: $2.50 | Single: $1.94  
Double: $3.59  
Family: $6.55 |
| **Deductible**   | $25 per member up to $75 per family | Not Applicable |
| **Maximum Benefit** | Maximum yearly benefit of $1,500 per member | Maximum yearly benefit of $1,500 per member |
| **Networks**     | Share the same provider network.                                                       |                                                                                  |
| **New this year:** If you use an out-of-network dentist, your benefit will be 20% less and you may be balance billed. Balance billing happens when an out-of-network provider charges more than the in-network rate. |                                                                                  |

**See Full Dental Grids**

PEHP Value Clinics » 10% discount on what you would normally pay an in-network provider; see Page 13.

Waiting Period » There is a waiting period of six months from the effective date of coverage for orthodontic, implant, and prosthodontic benefits, unless you've had previous, continuous coverage. 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.
Amwell On-Demand Doctors

A Faster, Easier Way to See a Doctor  »  See a doctor via mobile or web. It’s available 24 hours a day, every day, and you don’t need an appointment. Use Amwell for fevers, ear infections, cold, flu, allergies, migraines, pinkeye, stomach pain, and much more.

If You’re on a Traditional Plan
Each on-demand doctor consultation costs only a $10 co-pay.

If You’re on The STAR Plan
Each on-demand doctor consultation costs only $40 before you meet your deductible. After your deductible is met, you pay only a $10 co-pay. As a limited offer, until May 31, 2016, Amwell consultations will cost only $10! Just enter PEHP10 at the payment menu to get that price.

To Get PEHP’s Lower Pricing
1. Go to the Amwell website or download the app (available at iTunes and Google Play).
2. Choose “PEHP” as your health insurance.
3. Enter your subscriber ID. Find it on your benefits card. Or log in to PEHP for Members and go to “See What I’m Enrolled In” in the “my Benefits” menu.
4. Find the service key field and enter “PEHP” if you’re on the Traditional Plan or “PEHPSTAR” if you’re on The STAR Plan.

Limited-Time Special for The STAR Plan:
Until May 31, 2016, Amwell consultations cost only $10! Just enter PEHP10 at the payment menu. During the special offer period your deductible isn’t automatically credited the $10 co-pay. If you want to apply the co-pay toward your limits, fill out and return this form. You can be credited anytime during the plan year.
PEHP for Members

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

**Benefits**
- Find and Select a Provider
- See Your Claims
- See Spending Toward Limits
- Access Plan Information

**Money**
- See Treatment Costs
- See Facility Costs
- See Medication Costs
- Change HSA Contributions

**Health**
- Find Treatment Options
- Healthy Utah Testing
- Get Health Snapshot
- See Treatment Tips

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

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

Find PEHP for Members at www.pehp.org. To create your online personal account, you’ll need your PEHP ID number and your Social Security number. Find your PEHP ID number on your benefits card or your EOBS. Or call PEHP at 801-366-7555 or 800-765-7347.
Know Before You Go

Tools Help You Choose a Doctor and Understand Your Treatment »
Don’t leave your family’s health and finances to chance! PEHP gives you tools and information to be an informed healthcare consumer. Go to PEHP for Members and know before you go!

Step 1 » Use the Treatment Advisor to learn more about your condition and treatment options, and learn questions to ask your doctor.

Step 2 » Use the Treatment Cost Calculator to estimate the cost of your treatment and compare cost differences among providers.

Step 3 » Determine if PEHP Value Options, including Amwell On-Demand Doctors and PEHP Value Clinics, can treat your condition or provide a starting point.

Step 4 » Use PEHP’s Find and Select a Provider to understand potential coverage pitfalls for a particular treatment or provider type, including the need for preauthorization and specific services that may be excluded.

Step 5 » Use PEHP’s Find and Select a Provider to find a doctor in your network, read about other PEHP members’ experiences with him or her, and see notes about any relevant practice patterns or other situations of which you should be aware.

Step 6 » If you still need help figuring out what to do next, call PEHP at 801-366-7555 or 800-765-7347.

Find these innovative tools at PEHP for Members at www.pehp.org. Look for them under these menus.
Tell-a-Friend, Win Prizes!

Enter to Win Gift Cards Worth Up to $400 » PEHP members have access to outstanding tools and resources to find healthcare value and pursue better health. Help us get the word out to your friends and co-workers and enter to win awesome prizes!

It’s Easy to Enter
Just talk to other PEHP members about any of the topics at right. Then fill out the form at www.pehp.org/tellafriend to enter in monthly drawings for gift cards, including quarterly $400 Visa gift card giveaways.

Enter up to five times a month — up to three entries for each time you talk to a PEHP member and up to two entries for each Facebook or Twitter post about these topics.

What to Talk About
Tell a Friend about these PEHP tools and resources...
» PEHP Cost & Quality Tools
» PEHP Value Options
» PEHP Wellness Programs
» Medical Cost-Saving Tips
» PEHP Life & Accident
» PEHP Healthy Utah
» The STAR Plan/HSAs
» Provider Reviews
» PEHP Treatment Advisor

Not sure what to say? Go to www.pehp.org/tellafriend for ideas!

#pehptellafriend

Get started today at www.pehp.org/tellafriend.
Fill out the online form telling us how many friends you talked to and how many posts you shared on Facebook or Twitter. Enter up to five times a month — up to three entries for each time you talk to a PEHP member and up to two entries for each Facebook or Twitter post about these topics.