

# Welcome to Open Enrollment 2023-24

## Where to?

*This document contains the following information:*

- » **Renewal Rates**
- » **Benefits Changes and Reminders**
- » **Optional Benefits/ Medical Riders**
- » **Renewal Kickoff Meetings**
- » **Benefit Selection Form**

## Online Info

[Click here](#) to find details about the following:

- » *Medical benefits*
- » *Dental benefits*
- » *Pharmacy*
- » *Vision*
- » *PEHP FLEX\$*

**T**his file provides live links to important information about PEHP's medical and dental plans, pharmacy, ancillary products, and other healthcare benefits. It also includes your 2023-24 rates and benefit selection form.

Follow these five easy steps to enroll your agency:

- 1** Review the Renewal Timeline at the bottom of this page.
- 2** Review your agency's rates. (Page 2)
- 3** Review benefit and administrative changes and options. (Pages 3-6)
- 4** Sign up to attend a LGRP Renewal Kickoff Meeting (Page 7)
- 5** Review the 2023-24 Benefit Selection Form. You'll find your current benefit selections. If you wish to maintain your current benefits, just check the box at the top of the form, sign it and return it. (Pages 8-9)

## Renewal Timeline

**April 3, 2023:** Open Enrollment period opens.

**April 11-18, 2023:** Renewal Kickoff Meetings for benefits managers, providing detailed information and Q&A opportunities on the upcoming renewal.

**May 19, 2023:** Benefits Selection Form deadline.

**May 26, 2023:** Open Enrollment period closes.

**July 1, 2023:** New plan year begins.

# Rate Sheet



## Big Plains Water & Sewer Special Service District

**LOCAL GOVERNMENTS RISK POOL: Rate Renewal July 1, 2023 to June 30, 2024**

### CURRENT MEDICAL PLAN

#### Summit Exclusive LGRP STAR HSA Option 4

	Single	Double	Family
Current	\$474.64	\$982.50	\$1,328.98
New	\$496.00	\$1,026.72	\$1,388.80

Renewal: 4.5%

Rx Option	A	B	C	D	G
Decrement			Not Applicable		

**Overall Medical Renewal: 4.5%**

### CURRENT DENTAL PLAN

#### Premium Dental Care (No Waiting Period)

	Single	Double	Family
Current	\$56.16	\$76.78	\$116.22
New	\$56.16	\$76.78	\$116.22

Renewal: 0.0%

*Please talk to your PEHP Client Services representative about rates for alternative plan and network options.*

# Benefit Changes

## Mental Health Benefits

The federal government passed a bill (Consolidated Appropriations Act of 2023) that would no longer allow governmental plans to opt-out of federal mental health parity requirements for plans beginning on renewal.

PEHP plans are compliant with the exception of some out of network benefits. The out of network benefits have been adjusted to meet full compliance.

## Ancillary Products

- » FLEX\$ rates have increased slightly to \$2.81 for groups with medical and dental. For groups with just medical or dental the rate will be \$3.08.
- » PEHP recently completed an RFP on the vision plans and Opticare and Eyemed will continue to be vision vendors for the LGRP. You can find the updated vision rates and benefits in the online information section of this packet.

## STAR HSA Option 1 Deductibles

Effective July 1, 2023 the single deductible will increase from \$1,400 to \$1,500 and the family deductible will increase from \$2,800 to \$3,000 to match the IRS minimums.

# Benefit Reminders

## » **Cash Back Opportunities**

Our data shows that most of your employees are missing out on cash back. Before they get any imaging or services like colonoscopies done, they should call PEHP to enroll in cash back. Rebates range from **\$25 to \$2,000**.

Learn more about how cash back works here: <https://www.pehp.org/save>.

## » **Double Cash Back**

We double the amount of cash back paid when there is not a low-cost facility in the region. This applies to employees and their families living in the following counties:

Carbon	Milford
Cache	Millard
Daggett	Paiute
Duchesne	San Juan
Emery	San Pete
Garfield	Sevier
Grand	Uintah
Kane	Wayne

The amount of cash back depends on network and facility and needs to be set up by PEHP before the procedure. So it's important for members to contact PEHP prior to service. Cash back is paid out on 160 codes, but here are five opportunities to give you an idea:

- › Colonoscopy - up to \$200
- › Hip replacement - up to \$4,000
- › Maternity stay - up to \$500
- › MRIs and CT scans - up to \$250
- › Some surgeries - up to \$1,000

## » **Medicare Supplement**

As a reminder, all PEHP plans are creditable and anyone who has ever been covered by PEHP is eligible to sign up.

Employers need to disclose to CMS that prescription drug coverage is creditable annually no later than 60 days from the beginning of a plan year (contract year, renewal year). Do so [here](#).

## » **Pharmacy**

PEHP's [Covered Drug List](#) is modified periodically with changes based on recommendations from PEHP's Pharmacy and Therapeutics Committee.

## » **New HSA Contribution Limits for 2023**

The 2023 contribution limit is \$3,850 for single plans and \$7,750 for double/family plans. HSA catch-up contributions (age 55 & older) is \$1,000.

# Optional Benefits/Medical Riders

## STAR HSA Plan Preventive Drug Coverage

- » Employers can provide medication coverage for employees on the STAR HSA Plan before they meet their deductible. This benefit covers certain preventive medications at regular benefits prior to deductible. [See the complete list of covered drugs](#). The cost to add this benefit varies by plan, but ranges from 0.35% to 0.7% in additional premium. If you're interested let us know and we'll send you updated rates for 2023.

## Domestic Partner

- » The Domestic Partner benefit is limited to those in a committed relationship. There is no additional cost/charge added to the premium for the benefit. The cost to you is the added cost in premium, going from a single party to a two party. The claims experience would be factored into future renewals.

If you offer this benefit, you will be required to check eligibility, use the PEHP affidavit, maintain records, and impute income as necessary. Contact your PEHP Representative to get a copy of the affidavit and for questions about this benefit.

## Legal Guardianship Provision

- » Employers have the option to allow children under guardianship to remain covered by PEHP between ages 19-26 like natural born children. In order to continue enrollment, the guardian child must have been enrolled on the employer's coverage prior to being 18 years of age and otherwise have met the qualifications for coverage as a guardian child. PEHP will notify employers on the monthly bill if a guardian child over the age of 19 has enrolled with PEHP.

There is no additional cost to add this provision. However, if a child under guardianship does not qualify as a tax dependent under federal law, the employer may need to impute income to the employee. Employers and employees should consult their tax advisors about any tax consequences.

Make the selection on the benefits selection form to add this provision.

## Gender Reassignment Surgery

- » PEHP can administer the gender reassignment surgical benefit on all plans. You may choose to opt-out of this benefit by checking the "gender reassignment surgery opt-out" box in the benefit rider section of the renewal form. **If this box is not checked PEHP will include this benefit in your plan.**

The cost impact of this benefit is low when spread among the risk pool with low utilization expected.

# Optional Benefits/Medical Riders

## Bariatric Surgery

Groups with over 100 subscribers can elect to cover bariatric surgery. Pricing is available upon request. Below is the outline of the Member Eligibility Criteria and a summary of the benefit. If you are interested in adding this benefit, please talk to your Client Services Representative for more information.

### Member Eligibility Criteria

This benefit is for subscriber and spouse only.

1. Age of at least 18 years;
2. BMI > 40; or
3. BMI > 35 with ANY of the following severe comorbidities:
  - › Clinically significant obstructive sleep apnea; or
  - › Obesity Hypoventilation Syndrome; or
  - › Coronary heart disease; or
  - › Obesity causes incapacitating pain and limitation of motion of any weight-bearing joint or the lumbosacral spine documented by physical exam in association with radiologic findings showing degenerative osteoarthritis; or
  - › Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite optimal medical management.
  - › Type 2 diabetes mellitus; or
  - › Pseudotumor cerebri; or
  - › Compensated NASH or cryptogenic cirrhosis.
4. Covered member has been severely obese for at least five years, and metabolic causes have been ruled out or treated.
5. No previous bariatric surgery.

### Member Commitment

Requires Pre-Authorization and completion of pre-operative qualification requirements:

1. Participate in the PEHP Health Coaching for a minimum of 6 months, losing 3 BMI points in 6 months,

2. Be recommended for Bariatric Surgery Pilot Program by your PCP.
3. Complete independent psychological evaluation and refer to EAP/LAC as appropriate (pre-op and post-op).
4. 1-month of tobacco abstinence, which includes refraining from cigarette usage, e-cigarette usage, or vaping; and vaping of any other substances, for the month prior to surgery.

### Benefit Summary

Only gastric sleeve or gastric bypass procedures will be authorized.

Only procedures performed at a facility and practice that are certified at the Comprehensive Level by the MBSAQIP (Metabolic and Bariatric Surgery Accreditation Quality Improvement Program) will be authorized.

Providers and facilities are available on all PEHP networks.

## myWellness Tracker

- » **myWellness Tracker** is a wellness tool offered by PEHP designed to help employees and spouses create healthy habits. Employees can choose from a variety of challenges, track their progress, and earn points for completing activities.
- » **Cash Incentives**  
At the end of the plan year PEHP will send checks to those who have reached reward levels. Participants can earn \$50 per level up to \$150. FICA tax will be withheld from payments. The cash rewards for this program are in addition to all other rebates earned through Healthy Utah, PEHP Wellness improvement rebates, WeeCare, and Health Coaching.
- » **Cost**  
The cost to add this program is 0.2% of premium. This covers the PEPM fee paid to WellRight as well as the anticipated rewards that will be paid out.

[Find more details about myWellness Tracker](#)



# Renewal Kickoff Meetings

## Who Should Attend?

Personnel responsible for Medical, Dental, Vision, Life, & Retirement Benefits

- » PEHP Medical Networks
- » STAR HSA Plans
- » Healthy Utah
- » FLEX\$
- » Pharmacy
- » Medical
- » Dental
- » Vision
- » Life/AD&D Insurance
- » Online Enrollment
- » Health Savings Accounts
- » Healthcare Reform
- » Find & Compare Costs Tool

Regional meetings are scheduled, however you are welcome to attend any meeting that works for your schedule. Contact your Client Services Representative for questions, or to attend a meeting.

<p><b>Tuesday, April 11, 9-11 a.m.</b>            Hosted by Brooke Tuft            URS/PEHP Offices            URS Basement Conference Room            540 E. 200 S., Salt Lake City            Registration required.  <a href="#">Link to meeting</a></p>	<p><b>Wednesday, April 12, 9-11 a.m.</b>            Hosted by Gabriel Woodruff-Pace            North Logan City Library            475 East 2500 North, North Logan            Registration required.</p>
<p><b>Wednesday, April 12, 10 a.m.-Noon</b>            Hosted by Brian Alm            Central Utah Water Conservancy District Offices            1426 E 750 N, Building #2, Orem            Registration required.</p>	<p><b>Thursday, April 13, 10 a.m.-Noon</b>            Hosted by Justin Seal            Washington City Rec Center Party Room            350 Community Center Drive, Washington            Registration required.</p>
<p><b>Tuesday, April 18, 10 a.m.-Noon</b>            Hosted by Rick Miyasaki            Vernal City Hall Community Room            374 East Main Street, Vernal            Registration required.</p>	

**Contact your PEHP Representative to attend a meeting in your area.**



# 2023-24 Benefit Selection Form



Please mark the benefit plan(s) your agency will offer to employees for the plan year starting July 1, 2023.

**This form must be filled out completely and returned to PEHP by May 19, 2023.**

Questions? Contact Justin Seal at 801-366-7775.

## YOUR CURRENT BENEFITS: Big Plains Water & Sewer SSD

Medical: SSTAR4	Life/AD&D: YES	Domestic Partner: NO
Dental: PDC	FLEX\$: NO	My Wellness Tracker: NO
Vision: EYE-H	LTD: NO	
Pharmacy: C	Legal Guardianship: YES	

**NO CHANGES:**  
Check this box if you wish to maintain current benefits. You must fill out the ACA Reporting section, if applicable.

## MEDICAL BENEFITS: Summit Exclusive (SX), Summit (S), Advantage Exclusive (AX), Advantage (A), Preferred (P) & Capital (C) Networks (Please mark ✓)

	Option 1	Option 2	Option 3	Option 4	Option 5
Traditional – In- & Out-of-Network Providers	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C
Traditional – In-Network Providers only	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C
STAR HSA (In- & Out-of-Network Providers)*	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C	<input checked="" type="checkbox"/> SX <input type="checkbox"/> S <input type="checkbox"/> AX <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> C

\*If offering a STAR HSA plan, please list your Health Savings Account (HSA) vendor:  Health Equity  Other: \_\_\_\_\_

## PHARMACY BENEFITS (Please mark ✓)

OPTION A <input type="checkbox"/>	OPTION C <input type="checkbox"/>	OPTION G <input type="checkbox"/>
OPTION B <input type="checkbox"/>	OPTION D <input type="checkbox"/>	
STAR HSA EXPANDED PREVENTIVE COVERAGE (Optional. See Page 5 for details.) <input type="checkbox"/>		

## DENTAL BENEFITS (Please mark ✓)

Preferred Dental Care (With waiting period) 5-year Missing Tooth Waiting Period / 6-month Orthodontic & Prosthodontic	(PFD-W)	<input type="checkbox"/>
Preferred Dental Care (No waiting period)	(PFD)	<input type="checkbox"/>
Traditional Dental Care (No waiting period)	(TDC)	<input type="checkbox"/>
Premium Dental Care (No waiting period)	(PDC)	<input type="checkbox"/>
Essential Dental Care (No waiting period)	(EDC)	<input type="checkbox"/>

## ONLINE ENROLLMENT

The PEHP online enrollment portal will open within two business days of when we receive your Selection Form, and will close Friday, May 26, 2023.

See page 2 of form for ACA Reporting and Agency Information sections

### MARKETING USE ONLY

OE Start Date: <input type="text"/>	OE End Date: <input type="text"/>	Form Verified: <input type="text"/>
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## VISION BENEFITS (Please mark ✓)

EyeMed – PEHP Full (EYE-H)	<input type="checkbox"/>
EyeMed – PEHP Eyewear Only (EYE-F)	<input type="checkbox"/>
Opticare Vision Services 0-10-150/140C Exam and Hardware (OPT-FULL)	<input type="checkbox"/>
Opticare Vision Services 10-150/140C Hardware Only (OPT-EYE)	<input type="checkbox"/>

## ANCILLARY PRODUCTS (Please mark ✓)

PEHP FLEXIBLE SPENDING ACCOUNT (FLEX\$)	ROLLOVER <input type="checkbox"/>	GRACE PERIOD <input type="checkbox"/>
PEHP GROUP TERM LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PLANS <input type="checkbox"/>		
LONG-TERM DISABILITY (LTD) <input type="checkbox"/>		

## OTHER BENEFITS/MEDICAL RIDERS (Please mark ✓)

LEGAL GUARDIANSHIP	<input type="checkbox"/>
DOMESTIC PARTNER	<input type="checkbox"/>
myWELLNESS TRACKER	<input type="checkbox"/>
BARIATRIC SURGERY (for groups over 100 subscribers)	<input type="checkbox"/>

## BENEFIT OPT-OUT

GENDER REASSIGNMENT SURGERY OPT-OUT (May be legal risk if excluded)	<input type="checkbox"/>
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**Please return completed form by May 19, 2023**

Email: [justin.seal@pehp.org](mailto:justin.seal@pehp.org) | Fax: 801-245-7745

Mail: Justin Seal, 165 North 100 East, St. George, Utah 84770



ACA GROUP REPORTING

You **only** need to complete this if you are an applicable large employer (50+ full-time employees) and have elected to have PEHP do your IRS ACA reporting.

New Hire Waiting Period:

- Date of Hire
Month after Date of Hire
30 days after Date of Hire
60 days after Date of Hire
90 days after Date of Hire
Other (Can't be more than 90 days)
Please define: \_\_\_\_\_

Affordability:

What is the premium cost share percentage for a single coverage, 30-hour-per-week employee? [ ] %

If different, what is the cost share for a 40-hour-per-week employee: [ ] %

Is there any other premium share that applies to full-time (30+ hours per week) employees not listed above? (i.e. administrators, classifieds, teachers)
[ ] Yes, \_\_\_\_\_% [ ] No

What is the lowest annual salary for a full-time employee? \$ \_\_\_\_\_
(If this doesn't meet affordability standards, we may contact you for more information.)

AGENCY INFORMATION

I certify that all the information on this form is true and correct. All other terms and conditions of the Employer Health Insurance Agreement and Dental Agreement shall remain in effect.

AGENCY NAME

TOTAL NUMBER OF EMPLOYEES (INCLUDING NON-BENEFITED)

CONTACT PERSON

TITLE

EMAIL ADDRESS

SIGNATURE

PHONE NUMBER

DATE / /