

# Welcome to Open Enrollment 2022-23

## 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 2022-23 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 2022-23 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 1, 2022:** Open Enrollment period opens.

**April 12-26, 2022:** Renewal Kickoff Meetings for benefits managers, providing detailed information and Q&A opportunities on the upcoming renewal.

**May 27, 2022:** Benefits Selection Form deadline.

**June 3, 2022:** Open Enrollment period closes.

**July 1, 2022:** New plan year begins.

# Rate Sheet

Delta City



**LOCAL GOVERNMENTS RISK POOL: Rate Renewal July 1, 2022 to June 30, 2023**

## **CURRENT MEDICAL PLANS**

### **Advantage & Summit LGRP Traditional Option 2**

	Single	Double	Family
Current	\$702.24	\$1,453.64	\$1,966.28
New	\$742.98	\$1,537.96	\$2,080.32

Renewal: 5.8%

### **Advantage & Summit LGRP STAR HSA Option 3**

	Single	Double	Family
Current	\$579.24	\$1,199.02	\$1,621.88
New	\$612.84	\$1,268.58	\$1,715.94

Renewal: 5.8%

**Overall Medical Renewal: 5.8%**

## **CURRENT DENTAL PLAN**

### **Traditional Dental Care (No Waiting Period)**

	Single	Double	Family
Current	\$52.10	\$71.24	\$107.86
New	\$51.58	\$70.54	\$106.78

Renewal: -1.0%

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

WWW.PEHP.ORG

# Benefit Changes



## STAR HSA Option 5

### » STAR HSA Option 5 Embedded Maximum:

Effective January 1, 2022, the individual embedded maximum will increase from \$8,150 to \$8,700 to line up with the maximum allowed by Federal law.

N/A

## Gender Reassignment

PEHP can administer the gender reassignment surgical benefit on all plans effective July 1, 2022. 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.

## 50% Benefits

Beginning July 1, 2022, standard LGRP plans will see a change where benefits covered at 50% will be following regular benefits. Benefits changing include: breast reduction, blepharoplasty, TMJ non-surgical up to the lifetime max \$1,000, vein surgeries, and infertility treatment.

Those with customized plans who want to do the enhancement should contact their PEHP Client Services Representative.

## Ancillary Products

» Vision rates have increased by 9 cents on each plan. Find the updated vision rates and benefits in the online information section of this packet.

(Employee paid)

## Autism Benefit

Effective July 1, 2022, coverage of Autism will be included on all plans that do not currently have the benefit. For information about how the Autism benefit works click on the link below.

» [Find more details about the Autism Benefit](#)

# 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 \$50 to \$2,000.

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

## » Prescription Drug Pricing Tool

PEHP members can search by medication to find and compare costs. Members can access this tool when they log in to their PEHP account. Your search results will display a list of generic and brand name drugs with common costs for both home delivery and retail pharmacy options.

## » 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 at [here](#).

## » Pharmacy

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

## » Helping PEHP Members in Many Ways

We provide a variety of educational materials and support services, such as on-site presentations, to help members understand their benefits and make informed decisions about their healthcare. Outreach materials include:

- › PEHP Member Guide
- › Monthly member emails
- › Wellness Council support
- › [Videos](#) on a variety of topics
- › Informational posts on [Facebook](#), [Twitter](#), [Instagram](#), and [YouTube](#).
- › Targeted messages via PEHP Message Center
- › Informational sheets on a variety of topics

## » New HSA Contribution Limits for 2022

The 2022 contribution limit is \$3,650 for single plans and \$7,300 for double/family plans.

# 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 0.34% to 0.7% in additional premium. If you're interested let us know and we'll send you updated rates for 2022-23.

## 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.

# 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

Requires pre-authorization and completion of pre-operative qualification requirements with PEHP including:

- › Covered members with either BMI > 40, or members with BMI >35 and two or more co-morbid conditions (including but not limited to arthritis, diabetes, hypertension, cancer, liver and GB disease, CV diseases, GE reflux disease, sleep apnea, asthma).
- › Male BMI < 55; female BMI < 60 – (Acceptable operative risk)
- › Covered member has been severely obese for at least five years, and metabolic causes have been ruled out or treated.
- › No previous bariatric surgery, and only one surgery per lifetime.
- › Participate in the PEHP Waist Aweigh (WA) Program for a minimum of 6 months, losing at least 3 BMI points in 6 months.
- › Be recommended for Bariatric Surgery by a member's primary care physician.
- › Complete independent psychological evaluation and refer to EAP/LAC as appropriate (pre-op and post-op).
- › No active substance abuse, pregnancy or lactating women.
- › No major mental disorders (schizophrenia, uncontrolled depression, active suicidal ideation, personality disorders) or eating disorders (binge eating, bulimia).

### Member Commitment

- › Demonstrate full commitment for the lifestyle change.

- › Demonstrate weight loss during the pre-surgery preparation period.
- › Encourage family members to be involved in the process (as applicable).
- › Complete a smoking cessation program (as applicable). Stop smoking at least 6 weeks 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.

<b>Virtual Meeting</b> <b>Tuesday, April 12, 11 a.m.</b> Hosted by Brian Alm <a href="#">Link to meeting</a>	<b>Virtual Meeting</b> <b>Wednesday, April 13, 10:30 a.m.</b> Hosted by Gabriel Woodruff-Pace <a href="#">Link to meeting</a>
<b>Virtual Meeting</b> <b>Wednesday, April 13, 2 p.m.</b> Hosted by Justin Seal <a href="#">Link to meeting</a>	<b>Virtual Meeting</b> <b>Thursday, April 14, 10 a.m.</b> Hosted by Rick Miyasaki <a href="#">Link to meeting</a>
<b>Virtual Meeting</b> <b>Wednesday, April 20, 10 a.m.</b> Hosted by Brooke Tuft <a href="#">Link to meeting</a>	<b>In-Person Meeting</b> <b>Tuesday, April 26, 10 a.m.</b> Hosted by Brooke Tuft. All reps will be available. URS/PEHP Offices URS Basement Conference Room 540 E. 200 S., Salt Lake City Registration required. Contact Brooke Tuft at 801-366-7440



# 2022-23 Benefit Selection Form



Please mark the benefit plan(s) your agency will offer to employees for the plan year starting July 1, 2022.

**This form must be filled out completely and returned to PEHP by May 27, 2022.**

Questions? Contact Brian Alm at 801-366-7796.

## YOUR CURRENT BENEFITS: Delta City Corporation

Medical: SUM2T, ADV2T, SSTAR3, ASTAR3

Dental: TDC

Vision: EYE-H, EYE-F

Pharmacy: A

Life/AD&D: NO

FLEX\$: NO

LTD: YES

Autism: NO

Legal Guardianship: YES

Domestic Partner: YES

My Wellness Tracker: NO

☐

### 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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"/>

## VISION BENEFITS (Please mark ✓)

EyeMed – PEHP Full/Plan H (EYE-H)	<input type="checkbox"/>
EyeMed – PEHP Eyewear Only/Plan F (EYE-F)	<input type="checkbox"/>
Opticare of Utah – 0-150/140C Exam & Hardware (OPT-FULL)	<input type="checkbox"/>
Opticare of Utah – 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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## ONLINE ENROLLMENT

The PEHP online enrollment portal will open within two business days of when we receive your Selection Form, and will close Friday, June 3, 2022.

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

### MARKETING USE ONLY

OE Start Date:

OE End Date:

Form Verified:

**Please return completed form by May 27, 2022**

Email: [brian.alm@pehp.org](mailto:brian.alm@pehp.org) | Fax: 801-245-7796

Mail: Brian Alm, 560 East, 200 South, Salt Lake City, UT 84102-2004

**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.)*

**EMPLOYEES ENROLLMENT ELIGIBILITY DATES****New Hire Start Date**

- ☐ 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: \_\_\_\_\_

**Termination End Date**

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

**COBRA ADMINISTRATION**

Who is the COBRA administrator for your group?

- ☐ PEHP
- ☐ Other: \_\_\_\_\_

**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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_