



Volunteer Emergency Medical Personnel

Effective July 1, 2025 – June 30, 2026

These benefits are only available during the time in which an individual and any qualified dependents are eligible for the EMS Volunteer Program. Long-Term Disability and Life & AD&D are available to all program participants at no cost. Medical and Dental Benefits are only available if affordable coverage is not available to you through your employer, your spouse's or, if you're under age 26, your parent's employer, or a government program or plan. A person covered under another medical or dental plan is not eligible for coverage under this program.

Volunteer Emergency Medical Personnel Benefits Summary

VOLUNTEER EMERGENCY MEDICAL PERSONNEL

Benefits Summary

Effective July 2025

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This Benefits Summary should be used in conjunction with the PEHP Master Policy. It contains information that only applies to PEHP subscribers who are employed by Volunteer Emergency Medical Personnel and their eligible dependents. Members of any other PEHP plan should refer to the applicable publications for their coverage.

It is important to familiarize yourself with the information provided in this Benefits Summary and the PEHP Master Policy to best utilize your medical plan. The Master Policy is available by calling PEHP. You may also view it at www.pehp.org.

This Benefits Summary is for informational purposes only and is intended to give a general overview of the benefits available under those sections of PEHP designated on the front cover. This Benefits Summary is not a legal document and does not create or address all of the benefits and/or rights and obligations of PEHP.

The PEHP Master Policy, which creates the rights and obligations of PEHP and its members, is available upon request from PEHP and online at www.pehp.org. All questions concerning rights and obligations regarding your PEHP plan should be directed to PEHP.

The information in this Benefits Summary is distributed on an "as is" basis, without warranty. While every precaution has been taken in the preparation of this Benefits Summary, PEHP shall not incur any liability due to loss, or damage caused or alleged to be caused, directly or indirectly by the information contained in this Benefits Summary.

The information in this Benefits Summary is intended as a service to members of PEHP. While this information may be copied and used for your personal benefit, it is not to be used for commercial gain.

The employers participating with PEHP are not agents of PEHP and do not have the authority to represent or bind PEHP.

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EMS Volunteer Insurance Coverage

EMS volunteers serving in rural areas are eligible for insurance benefits for themselves and their family members through a partnership of local agencies, the Utah Association of Counties, and the State of Utah.

Who's Eligible?

To be eligible, you must meet the following requirements:

- » Be licensed as an EMS provider
- » Provide EMS services for a rural agency or a city of less than 3,000 in Weber, Davis, or Utah County
- » Respond to 20% of calls over a rolling 12-month period
- » For Medical and Dental insurance, not have affordable coverage available through an employer, a spouse's or, if your'e under age 26, your parent's employer, or a government plan or program
- » Not be covered by another dental or medical plan while on EMS coverage

Coverage is provided through PEHP and offers:

- » Comprehensive medical coverage with access to all rural hospitals and a choice of different hospital networks along the Wasatch Front.
- » Dental coverage that includes preventive and basic services, major dental services and orthodontics.
- » No-cost \$50,000 life insurance and \$50,000 AD&D for volunteer, \$10,000 life insurance for spouse and dependents.
- » No-cost Long-Term Disability benefit that pays \$1,000 monthly for disability due to accidental injury, disease or illness arising from your volunteer service. (URS Post Retirees are ineligible for the LTD benefit pursuant to Title 49 Section 21)



Cost

Monthly cost for the 2025-2026 plan year:

<u>Medical</u>	<u>Dental</u>
Single: \$0	Single: \$0
Double: \$98.26	Double: \$4.52
Family: \$193.70	Family: \$13.17

How Can I Enroll?

Open enrollment is April 21-May 15, 2025. Coverage will be effective July 1, 2025. New EMS volunteers can enroll for coverage through their local agency within 30 days of starting service.

What if I am eligible for EMS coverage but not for Medical or Dental insurance?

You will still be eligible for Life and LTD coverage.

More Information

Contact your local EMS agency for additional information.



Welcome to PEHP

This Benefits Summary contains important information on how best to use PEHP's comprehensive benefits. Please contact the following PEHP departments or affiliates if you have questions.

ON THE WEB

..... www.pehp.org

Create your personal account at www.pehp.org to review your claims history, get important information through our Message Center, see a comprehensive list of your coverages, find and compare providers in your network, access Healthy Utah rebate information, check your FLEX\$ account balance, and more.

CUSTOMER SERVICE/ HEALTH BENEFITS ADVISORS

..... 801-366-7555
..... or 800-765-7347

Weekdays from 8 a.m. to 5:30 p.m.

Have your PEHP ID or Social Security number on hand for faster service. Foreign language assistance available.

PREAUTHORIZATION

» Inpatient Hospital Preauthorization..... 801-366-7755
..... or 800-753-7754

PRESCRIPTION DRUG BENEFITS

» PEHP Pharmacy 801-366-7551
..... or 888-366-7551

SPECIALTY PHARMACY

» Accredo 800-501-7260

LONG-TERM DISABILITY

» PEHP LTD..... 801-366-7583
..... or 800-765-7347

LIFE & ACCIDENT

» PEHP Life and Accident..... 801-366-7495

WELLNESS AND CARE MANAGEMENT

» PEHP Healthy Utah 801-366-7300
..... or 855-366-7300
..... www.pehp.org/wellness

» PEHP Health Coaching 801-366-7300
..... or 855-366-7300

» PEHP WeeCare..... 801-366-7400
..... or 855-366-7400
..... www.pehp.org/weecare

» PEHP Care Management (Ask for Member Services Nurse)
..... 801-366-7555
..... or 800-765-7347

VALUE-ADDED BENEFITS

» PEHPplus..... www.pehp.org/pehpplus

ONLINE ENROLLMENT HELP LINE

..... 801-366-7410
..... or 800-753-7410

CLAIMS MAILING ADDRESS

PEHP

560 East 200 South

Salt Lake City, Utah 84102-2004

Find More at www.pehp.org

Connect Care

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 Intermountain Connect Care for fevers, ear infections, cold, flu, allergies, migraines, pinkeye, stomach pain, and much more. Available on all PEHP networks. [Learn More](#)

PEHP Cost Tools

Get the Most out of Your Healthcare Dollars » Find the best care at the best value using PEHP Cost Tools. You may even find cash back for eligible services. [Learn More](#)

Out-of-Network Benefits

Know Your Network » Some PEHP plans pay benefits for out-of-network providers. However, PEHP doesn't pay for any services from certain providers, regardless if you have an out-of network benefit. [Learn More](#)

Know Before You Go

Five Simple Steps » As healthcare gets costlier and more complex, carefully consider where and how you get care to maximize your PEHP benefits. "Know Before You Go" — that means taking a few simple steps beforehand to assure you get the right care, at the best value, and avoid the nasty surprise of an unnecessary large bill. [Learn More](#)

Find a Provider

Looking for a provider, clinic, or facility that is contracted with your plan? Visit the [PEHP Provider Directory](#) and log in to your PEHP account to search for providers by name, specialty, or location

Click [here](#) for a list of hospitals in your medical network.

Understanding In-Network Providers

It's important to understand the difference between in-network and out-of-network providers and how the In-Network Rate works to avoid unexpected charges.

In-Network Rate

Doctors and facilities contracted in your network — in-network providers — have agreed not to charge more than PEHP's In-Network Rate for specific services. Your benefits are often described as a percentage of the In-Network Rate. With in-network providers, you pay a predictable amount of the bill: the remaining percentage of the In-Network Rate. For example, if PEHP pays your benefit at 80% of In-Network Rate, your portion of the bill generally won't exceed 20% of the In-Network Rate.

Balance Billing

It's a different story with out-of-network providers. They may charge more than the In-Network Rate unless they have an agreement with you not to. These doctors and facilities, who aren't a part of your network, have no pricing agreement with PEHP. The portion of the benefit PEHP pays is based on what we would pay a n in-network provider. You'll be billed the full amount that the provider charges above the In-Network Rate. This is called "balance billing."

Understand that charges to you may be substantial if you see an out-of-network provider. Your plan generally pays a smaller percentage of the In-Network Rate, and you'll also be billed for any amount charged above the In-Network Rate.

Negotiate a Price

Don't get Balance Billed: Although non-contracted providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.

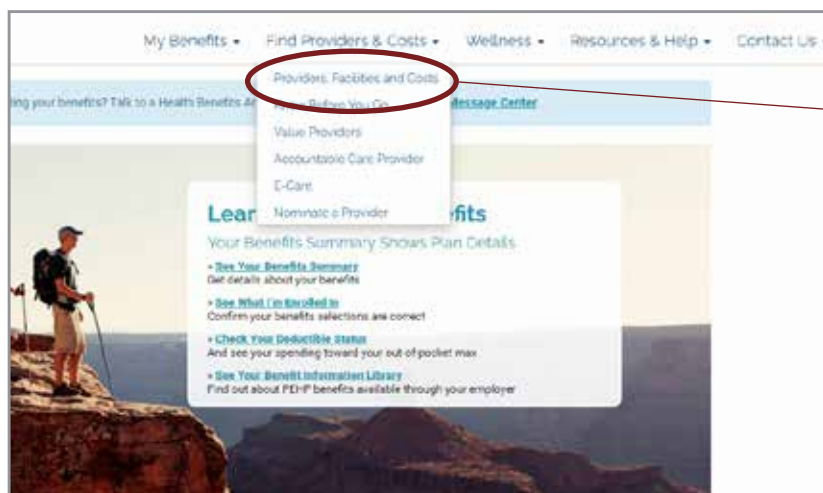
The amount you pay for charges above the In-Network Rate won't apply to your deductible or out-of-pocket maximum.

Consider Your Options

Carefully choose your network based on the group of medical providers you prefer or are more likely to see. See the Medical Networks comparison in this book or go to www.pehp.org and log in to your PEHP account to see which network includes your doctors.

Ask questions before you get medical care. Make sure every person and every facility involved is contracted in your network.

Although out-of-network providers are under no obligation to charge within the In-Network Rate, consider negotiating the price before you receive the service to avoid being balance billed.



Go to www.pehp.org, log into your PEHP account, and click on *Providers, Facilities and Costs* under the *Find Providers and Costs* menu to find a doctor or facility in your network.

Understanding Your Benefits Grid

DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Applies to Out-of-Pocket Maximum</i>	1	Single plans: \$250 Double/family plans: \$250 per person <i>One person cannot meet more than \$250</i>
Plan year Out-of-Pocket Maximum <i>Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum</i>	2	Single plans: \$3,000 Double/family plans: \$3,000 per person <i>One person cannot meet more than \$3,000</i>
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. Full list at www.pehp.org/preventiveservices</i>		No charge
PROFESSIONAL SERVICES		
PEHP e-Case	Medical: \$20 co-pay per visit	
PEHP Value Clinics	\$20 co-pay per visit	
Primary Care Visits Includes office, urgent, and telemedicine visits	University of Utah Medical Group: \$35 co-pay per visit 40% after deductible	
Specialist Visits Includes office, urgent, and telemedicine visits	University of Utah Medical Group: \$45 co-pay per visit 40% after deductible	
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	20% after deductible	40% after deductible
Diagnostic Tests, Labs, X-rays	\$35 co-pay per visit	\$35 co-pay per visit
Mental Health and Substance Abuse <i>In-person services required for substance abuse</i>	20% after deductible	40% after deductible
Prescription Services	University of Utah Medical Group: \$45 co-pay per visit 40% after deductible	
PRESCRIPTION DRUGS For drug tier info, see the Covered Drug List at www.pehp.org		
30-day Pharmacy (Prescription only)	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$25 minimum, no maximum co-pay Tier 3: 50% of discounted cost, \$50 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy (Prescription only)	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$50 minimum, no maximum co-pay Tier 3: 50% of discounted cost, \$100 minimum, no maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance

1 MEDICAL DEDUCTIBLE

The set dollar amount that you must pay for yourself and/or your family members before PEHP begins to pay for covered medical benefits. Some plans might also have a separate pharmacy deductible.

2 PLAN YEAR OUT-OF-POCKET MAXIMUM

The maximum dollar amount that you and/or your family pays each year for covered medical services in the form of copayments and coinsurance (and deductibles for STAR plans). Some plans might also have separate out-of-pocket maximums for mental health & substance abuse and for specialty drug charges.

CO-PAY

A specific amount you pay directly to a provider when you receive covered services. This can be either a fixed dollar amount or a percentage of the PEHP In-Network Rate.

IN-NETWORK

In-network benefits apply when you receive covered services from in-network providers. You are responsible to pay the applicable copayment.

OUT-OF-NETWORK

If your plan allows the use of out-of-network providers, out-of-network benefits apply when you receive covered services. You are responsible to pay the applicable co-pay, plus the difference between the billed amount and PEHP's In-Network Rate.

IN-NETWORK RATE

The amount in-network providers have agreed to accept as payment in full. If you use an out-of-network provider, you will be responsible to pay your portion of the costs as well as the difference between what the provider bills and the In-Network Rate (balance billing). In this case, the allowed amount is based on our in-network rates for the same service.

For more definitions, please see the Master Policy.



Traditional Option 5

Summit & Advantage

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 <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$2,000 Double/family plans: \$2,000 per person, \$4,000 per family <i>One person cannot meet more than \$2,000</i>	
Plan year Out-of-Pocket Maximum <i>See Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$6,000 Double/family plans: \$6,000 per person, \$12,000 per family <i>One person cannot meet more than \$6,000</i>	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act <i>Annual physical exam, immunizations. See full list at www.pehp.org/preventiveservices</i>	No charge	40% after deductible
PEHP VALUE PROVIDERS		
PEHP Value Providers <i>Cash Back opportunities available. Visit www.pehp.org/valueproviders</i>	Starting at \$10 co-pay per visit	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits <i>Includes office surgeries, inpatient visits and ABA Therapy</i>	\$35 co-pay per visit	40% after deductible
Specialist Visits <i>Includes office surgeries and inpatient visits</i>	\$45 co-pay per visit	40% after deductible
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	\$45 co-pay per visit	\$45 co-pay per visit
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less</i>	No charge	40% after deductible
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350</i>	20% after deductible	40% after deductible
PRESCRIPTION DRUGS <i>For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$10 co-pay Tier 2: 25% of discounted cost, \$25 minimum / No maximum Tier 3: 50% of discounted cost, \$50 minimum / No maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$20 co-pay Tier 2: 25% of discounted cost, \$50 minimum / No maximum Tier 3: 50% of discounted cost, \$100 minimum / No maximum	Not covered

If brand name is selected when preferred generic is available, you pay the preferred generic co-payment and the difference in cost between the generic and brand-name medication. The difference in cost does not apply to the Deductible or Out-of-Pocket Maximum. Refer to the PEHP Preferred Drug List for coverage, as some preferred generic and brand-name medications may not be 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.

Volunteer Emergency Medical Personnel 2025-26 » Medical Benefits Grid » Traditional

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
SPECIALTY DRUGS <i>For Drug Tier info, see the Covered Drug List at www.pehp.org</i>		
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	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 <i>Up to 30-day supply</i>	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 <i>Up to 30-day supply</i>	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 Facility and Ambulatory Surgical Center	20% after deductible	40% after deductible
Urgent Care Facility	\$55 co-pay per visit	40% after deductible
Emergency Room <i>Emergencies only, as determined by PEHP If admitted, inpatient facility benefit will be applied</i>	\$225 co-pay after deductible per visit	\$225 co-pay after deductible per visit
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
Diagnostic Tests, Labs, X-rays – Minor <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	40% after deductible
Diagnostic Tests, Labs, X-rays – Major <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% after deductible	40% after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	40% after deductible
Physical and Occupational Therapy <i>Outpatient – Up to 20 combined visits per plan year.</i>	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 <i>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</i>	20% after deductible	40% after deductible
Skilled Nursing Facility and Residential Treatment <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible

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

Volunteer Emergency Medical Personnel 2025-26 » Dental Benefits Grid

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.

Preferred Dental Care – O10

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Deductible Does not apply to diagnostic or preventive services	None	None
Annual Benefit Max	\$1,500 per person	\$1,500 per person
DIAGNOSTIC	YOU PAY	YOU PAY
Periodic Oral Examinations	\$0	20% of In-Network Rate
X-rays	20% of In-Network Rate	40% of In-Network Rate
PREVENTIVE		
Cleanings and Fluoride Solutions	20% of In-Network Rate	40% of In-Network Rate
Sealants Permanent molars only through age 17	20% of In-Network Rate	40% 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

Note: Six month waiting period applies to prosthodontic, implant, and orthodontics benefits unless you show PEHP you were covered by a qualified dental insurance plan for at least six consecutive months before joining PEHP dental.

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 6-month Waiting Period		
Maximum Lifetime Benefit per Member	\$1,000 – Does not apply to the Annual Benefit Maximum	
Eligible Appliances and Procedures	50% of eligible fees to plan maximum	

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 a PEHP-sponsored dental plan. Learn more in the Dental Master Policy.

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

Additional No-Cost PEHP Benefits

This is a brief summary of additional benefits PEHP offers to participating EMS volunteers at no-cost to you.

Term Life and AD&D

PEHP provides a Term Life policy as well as an Accidental Death & Dismemberment policy. Coverage includes:

- » \$50,000 Term Life coverage
- » \$50,000 AD&D coverage
- » \$10,000 Spouse Life Coverage
- » \$10,000 Dependent Life Coverage

Long-Term Disability

PEHP Long Term Disability may provide a monthly benefit of \$1,000 if disabled due to a physical injury resulting from external force or violence while performing your volunteer duties. The benefit is available if you are unable to perform your regular job due to objective medical impairment. This benefit is administered pursuant to Title 49, Section 21 of Utah Code and PEHP policy.

If you find yourself facing a disability from your volunteer service that is impacting your ability to perform your regular job, contact us to apply for LTD benefits. You must apply for LTD benefits within 6 months from your EMS volunteer injury that prevents you from working.



Wellness and Value-Added Benefits

PEHP Healthy Utah

PEHP Healthy Utah is an employee health promotion program aimed at enhancing the well-being of members by increasing awareness of health risks and providing support in making health-related lifestyle changes. PEHP Healthy Utah offers a variety of programs, services, cash incentives, and resources to help members get and stay well.

Subscribers and their spouses are eligible to attend one Healthy Utah biometric screening each plan year. PEHP Healthy Utah is offered at the discretion of the employer.

FOR MORE INFORMATION

PEHP Healthy Utah

801-366-7300 or 855-366-7300

» Email: healthyutah@pehp.org

» Web: www.pehp.org/wellness

PEHP WeeCare

PEHP WeeCare is a pregnancy and postpartum program to support and inform PEHP members. Our goal is to help expectant mothers have the healthiest and safest pregnancy possible. All PEHP members are eligible to participate.

Members may enroll at any time during the pregnancy to participate in PEHP WeeCare and receive a rebate from PEHP. If you enroll postpartum you can still participate; however, you will not be eligible for the rebate. See the WeeCare brochure and/or rebate form for detailed instructions and how to qualify for rebates.

FOR MORE INFORMATION

PEHP WeeCare

P.O. Box 3503

Salt Lake City, Utah 84110-3503

801-366-7400 | 855-366-7400

» E-mail: weecare@pehp.org

» Web: www.pehp.org/wellness

**FICA tax may be withheld from all wellness rebates. This will slightly lower any amount you receive. PEHP will mail additional tax information to you after you receive your rebate. Consult your tax advisor if you have any questions.*

Healthy Utah Biometric Screenings

Complete a biometric screening (cholesterol, blood glucose, body composition, and blood pressure) at a Healthy Utah session or your annual preventive doctor office visit to earn rebates. Rebates may not apply to all plans. [Learn more.](#)

PEHP Health Coaching

This lifestyle behavior change program provides education, support, and accountability to help you succeed in meeting your health and weight management goals. Available to members, spouses and dependents age 6 and older.

FOR MORE INFORMATION

PEHP Health Coaching

801-366-7300 | 855-366-7300

» E-mail: healthcoaching@pehp.org

» Web: www.pehp.org/wellness

PEHP Plus

PEHPplus provides savings of up to 60 percent on a wide assortment of healthy lifestyle products and services, such as eyewear, gyms, Lasik, and hearing. We're frequently adding new discounts.

» Web: www.pehp.org/pehpplus