

UTAH EHB BENCHMARK PLAN (2025-2027)

SUMMARY INFORMATION

Plan Type	State Employee Plan
Issuer Name	N/A
Product Name	N/A
Plan Name	Public Employees Health Program (PEHP) Utah Basic Plus Plan
Supplemented Categories (Supplementary Plan Type)	Habilitative and Rehabilitative Services

BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				
Specialist Visit	Yes	Covered	No				
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				
Hospice Services	Yes	Covered	Yes	6	Month(s) per 3 Years		Requires Pre-authorization and Medical Case Management.
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	No	Not Covered	No				
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	No	Not Covered	No				
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	Covered	Yes	30	Visit(s) per Benefit Period		
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No				
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				
Inpatient Physician and Surgical Services	Yes	Covered	No				
Bariatric Surgery	No	Not Covered	No			Obesity surgery, such as gastric bypass, lap-band surgery, etc., including any present and future complications, are not covered.	Surgery performed in conjunction with obesity Surgery requires pre-notification and pre-authorization.
Cosmetic Surgery	No	Not Covered	No			Any care, treatment or procedure performed primarily for cosmetic purposes is not covered.	Surgery that may be partially or wholly cosmetic requires written pre-authorization.
Skilled Nursing Facility	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Requires Pre-authorization and Medical Case Management.
Prenatal and Postnatal Care	Yes	Covered	No				
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				Requires Pre-authorization.
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				Requires Pre-authorization.
Generic Drugs	Yes	Covered	Yes	30	Item(s) per Month	Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the treatment of infertility.	

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Preferred Brand Drugs	Yes	Covered	Yes	30	Item(s) per Month	Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the treatment of infertility.	
Non-Preferred Brand Drugs	Yes	Covered	Yes	30	Item(s) per Month	Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the infertility treatment.	
Specialty Drugs	Yes	Covered	Yes	30	Item(s) per Month	Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the treatment of infertility.	
Outpatient Rehabilitation Services	Yes	Covered	Yes	20	Visit(s) per Benefit Period		Pre-authorization required only for home visits. Rehabilitation therapy will be defined as, "The treatment of disease, injury, developmental delay or other cause, by physical agents and methods to assist in the rehabilitation of normal physical bodily function, that is goal oriented and where the Member has the potential for functional improvement and ability to progress."
Habilitation Services	Yes	Covered	Yes	20	Visit(s) per Benefit Period		Pre-authorization required only for home visits. Adopt the habilitation therapy definition as, "Health care services that help a person keep, learn or improve skills and functioning for daily living which may include physical therapy, occupational therapy, and speech language pathology."
Chiropractic Care	No	Not Covered	No				
Durable Medical Equipment	Yes	Covered	No			Sleep Disorder equipment is not covered. TENS units, Neuromuscular stimulator, H-Wave electronic devices, Sympathetic therapy stimulators are not covered.	DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require Pre-authorization.
Hearing Aids	No	Not Covered	No				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				
Preventive Care/Screening/Immunization	Yes	Covered	No				
Routine Foot Care	No	Not Covered	No				
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				Services for weight loss or in conjunction with weight loss programs regardless of the medical indications except as allowed under the Affordable Care Act Preventive Services.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Routine Eye Exam for Children	Yes	Covered	Yes	1	Visit(s) per Benefit Period		
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Benefit Period		Lenses only.
Dental Check-Up for Children	Yes	Covered	Yes	2	Procedure(s) per Benefit Period		Routine cleaning, exams, x-rays and fluoride. Sealants once every five years.
Rehabilitative Speech Therapy	Yes	Covered	Yes	20	Visit(s) per Benefit Period		Pre-authorization required only for home visits.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	20	Visit(s) per Benefit Period		Pre-authorization required only for home visits.
Well Baby Visits and Care	Yes	Covered	No				Benefit should mirror preventive care/screening/immunization.
Laboratory Outpatient and Professional Services	Yes	Covered	No				
X-rays and Diagnostic Imaging	Yes	Covered	No				
Basic Dental Care - Child	Yes	Not Covered	No				
Orthodontia - Child	Yes	Not Covered	No				
Major Dental Care - Child	Yes	Not Covered	No				
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No				
Abortion for Which Public Funding is Prohibited	No	Covered	No				
Transplant	Yes	Covered	No				
Accidental Dental	No	Not Covered	No				
Dialysis	Yes	Covered	No				
Allergy Testing	Yes	Covered	No				Charges for office visits in connection with repetitive injections are not covered. Sublingual or colorimetric allergy testing.
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				Must be for the diagnosis of diabetes.
Prosthetic Devices	No	Not Covered	No				Refer to §31A-22-638.
Infusion Therapy	Yes	Covered	No				
Treatment for Temporomandibular Joint Disorders	No	Not Covered	No				
Nutritional Counseling	No	Not Covered	No				Not considered a separate benefit. Should be considered under the benefits outlined for diabetes education, anorexia, bulimia, or as allowed under the Affordable Care Act Preventive Services.
Reconstructive Surgery	Yes	Covered	No				Covers mastectomy in the treatment of cancer and reconstructive surgery after a mastectomy.

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	19
Analgesics	Opioid Analgesics, Long acting	7
Analgesics	Opioid Analgesics, Short-acting	20
Anesthetics	Local Anesthetics	2
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	3
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence	4
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	0
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	1
Antibacterials	Aminoglycosides	3
Antibacterials	Antibacterials, Other	11
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Carbapenems	0
Antibacterials	Macrolides	3
Antibacterials	Quinolones	4
Antibacterials	Sulfonamides	2
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	5
Anticonvulsants	Calcium Channel Modifying Agents	2
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Modulating Agents	7
Anticonvulsants	Sodium Channel Agents	4
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	5
Antidepressants	Monoamine Oxidase Inhibitors	2
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	11
Antidepressants	Tricyclics	11
Antiemetics	Antiemetics, Other	6
Antiemetics	Emetogenic Therapy Adjuncts	3
Antifungals	No USP Class	11
Antigout Agents	No USP Class	4

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	0
Antimigraine Agents	Ergot Alkaloids	2
Antimigraine Agents	Prophylactic	4
Antimigraine Agents	Serotonin (5-HT) Receptor Agonist	5
Antimyasthenic Agents	Parasympathomimetics	1
Antimycobacterials	Antimycobacterials, Other	1
Antimycobacterials	Antituberculars	4
Antineoplastics	Alkylating Agents	2
Antineoplastics	Antiandrogens	4
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	2
Antineoplastics	Antimetabolites	3
Antineoplastics	Antineoplastics, Other	3
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	1
Antineoplastics	Molecular Target Inhibitors	10
Antineoplastics	Monoclonal Antibody/Antibody-Drug Conjugates	0
Antineoplastics	Retinoids	2
Antineoplastics	Treatment Adjuncts	2
Antiparasitics	Anthelmintics	1
Antiparasitics	Antiprotozoals	8
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	4
Antiparkinson Agents	Dopamine Agonists	3
Antiparkinson Agents	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	3
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	1
Antipsychotics	1st Generation/Typical	10
Antipsychotics	2nd Generation/Atypical	6
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	1
Antivirals	Anti-hepatitis B (HBV) Agents	4
Antivirals	Anti-hepatitis C (HCV) Agents	2
Antivirals	Antiherpetic Agents	3

CATEGORY	CLASS	SUBMISSION COUNT
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	4
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	5
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	14
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors (PI)	7
Antivirals	Anti-influenza Agents	2
Antivirals	Antiviral, Coronavirus Agents	0
Anxiolytics	Anxiolytics, Other	4
Anxiolytics	Benzodiazepines	8
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	6
Bipolar Agents	Mood Stabilizers	4
Blood Glucose Regulators	Antidiabetic Agents	10
Blood Glucose Regulators	Glycemic Agents	0
Blood Glucose Regulators	Insulins	6
Blood Products and Modifiers	Anticoagulants	3
Blood Products and Modifiers	Blood Products and Modifiers, Other	2
Blood Products and Modifiers	Hemostasis Agents	2
Blood Products and Modifiers	Platelet Modifying Agents	7
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	3
Cardiovascular Agents	Angiotensin II Receptor Antagonists	6
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	13
Cardiovascular Agents	Beta-adrenergic Blocking Agents	11
Cardiovascular Agents	Calcium Channel Blocking Agents, Dihydropyridines	7
Cardiovascular Agents	Calcium Channel Blocking Agents, Nondihydropyridines	2
Cardiovascular Agents	Cardiovascular Agents, Other	3
Cardiovascular Agents	Diuretics, Loop	3
Cardiovascular Agents	Diuretics, Potassium-sparing	1
Cardiovascular Agents	Diuretics, Thiazide	5
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2

CATEGORY	CLASS	SUBMISSION COUNT
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	5
Cardiovascular Agents	Dyslipidemics, Other	4
Cardiovascular Agents	Mineralocorticoid Receptor Antagonists	2
Cardiovascular Agents	Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)	0
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	2
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	4
Central Nervous System Agents	Central Nervous System, Other	11
Central Nervous System Agents	Fibromyalgia Agents	2
Central Nervous System Agents	Multiple Sclerosis Agents	3
Dental and Oral Agents	No USP Class	7
Dermatological Agents	Acne and Rosacea Agents	8
Dermatological Agents	Dermatitis and Pruritus Agents	17
Dermatological Agents	Dermatological Agents, Other	10
Dermatological Agents	Pediculicides/Scabicides	4
Dermatological Agents	Topical Anti-infectives	8
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral Replacement	3
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral/Metal Modifiers	0
Electrolytes/ Minerals/ Metals/ Vitamins	Phosphate Binders	3
Electrolytes/ Minerals/ Metals/ Vitamins	Potassium Binders	1
Electrolytes/ Minerals/ Metals/ Vitamins	Vitamins	1
Gastrointestinal Agents	Anti-Constipation Agents	1
Gastrointestinal Agents	Anti-Diarrheal Agents	2
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	3
Gastrointestinal Agents	Gastrointestinal Agents, Other	4
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	3
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	5
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	No USP Class	3
Genitourinary Agents	Antispasmodics, Urinary	4
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	5
Genitourinary Agents	Genitourinary Agents, Other	2

CATEGORY	CLASS	SUBMISSION COUNT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	8
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	No USP Class	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	11
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	15
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	No USP Class	2
Hormonal Agents, Suppressant (Adrenal or Pituitary)	No USP Class	3
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema Agents	0
Immunological Agents	Immunoglobulins	0
Immunological Agents	Immunological Agents, Other	2
Immunological Agents	Immunostimulants	0
Immunological Agents	Immunosuppressants	11
Inflammatory Bowel Disease Agents	Aminosalicylates	3
Inflammatory Bowel Disease Agents	Glucocorticoids	6
Metabolic Bone Disease Agents	No USP Class	10
Ophthalmic Agents	Ophthalmic Agents, Other	2
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	3
Ophthalmic Agents	Ophthalmic Anti-Infectives	10
Ophthalmic Agents	Ophthalmic Anti-inflammatories	7
Ophthalmic Agents	Ophthalmic Beta-Adrenergic Blocking Agents	4
Ophthalmic Agents	Ophthalmic Intraocular Pressure Lowering Agents, Other	6
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	3
Otic Agents	No USP Class	6
Respiratory Tract/ Pulmonary Agents	Antihistamines	10
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	2
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	2

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	6
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	1
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	3
Respiratory Tract/ Pulmonary Agents	Pulmonary Fibrosis Agents	0
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	3
Skeletal Muscle Relaxants	No USP Class	9
Sleep Disorder Agents	Sleep Promoting Agents	8
Sleep Disorder Agents	Wakefulness Promoting Agents	1