

Medical Plans: 2024-2025

Click button to View Medical plan video.



Jordan School District offers the following medical plans through PEHP:

	STAR - QHDHP (Summit and Advantage Networks Available)	
	Network	Non Network *
	\$2,000 Individual / \$4,000 Family	\$4,000 Individual / \$8,000 Family
Deductible PPY	If more than one person in a family is covered under the policy, the Single deductible does NOT apply. Instead, the Family Deductible applies and no medical expenses will be paid by the plan (other than covered preventive care) until the Family Deductible is met.	
	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family
Out of Pocket Maximum PPY (Includes Most Services)	If any family member reaches the Individual Out of Pocket Maximum, then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the Family Out of Pocket Maximum, then the out of pocket maximum is satisfied for the entire family.	If more than one person in a family is covered under the policy, the Single Out of Pocket Maximum does NOT apply. Instead, the Family Out of Pocket Maximum applies and you will pay the applicable co-pay or coinsurance (other than covered preventive care) until the Family Out of Pocket Maximum is met.
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	60% / 40% AD
Office Visits		
Primary Care	80 / 20 AD	60 / 40 AD
Preventive **	Covered 100%	Not Covered
Specialist or Secondary Care Provider	80 / 20 AD	60 / 40 AD
PEHP - Value Clinic	80 / 20 AD	Not Covered
Intermountain Connect Care or On Demand Doctor Visit	\$69; then \$10 AD (IHC) / \$49; then \$10 AD (U of U)	Not Covered
Chiropractic	80 / 20 AD (20 Visits PPY)	Not Covered
Diagnostic Lab & X-Ray Services		
Minor - In Office (Per Test of \$350 or Less)	80 / 20 AD	60 / 40 AD
Major	80 / 20 AD	60 / 40 AD
Hospital Services		
Outpatient	80 / 20 AD	60 / 40 AD
Inpatient	80 / 20 AD	60 / 40 AD
Maternity	80 / 20 AD	60 / 40 AD
Emergency Services		
Urgent Care	80 / 20 AD	60 / 40 AD
Emergency Room	80 / 20 AD	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	60 / 40 AD
Outpatient	80 / 20 AD	60 / 40 AD
Physician Office Visits		
• Psychologist, Clinical Social Worker, and APRN	80 / 20 AD	60 / 40 AD
• Psychiatrist	80 / 20 AD	60 / 40 AD
Prescriptions (Generic Required)		
Pharmacy	80 / 20 AD	50 / 50 AD
Maintenance Drugs or Mail Order	80 / 20 AD	50 / 50 AD

AD: After Deductible

PPY: Per Plan Year

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided PEHP materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply, please refer to your provided PEHP materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Jordan Insurance Services Office or at www.pehp.org.