

Medical Plans: 2024-2025

Click button to View Medical plan video.



Jordan School District offers the following medical plans through PEHP:

	Value Plan (Summit and Advantage Networks Available)	
	Network	Non Network *
Deductible PPY	\$2,250 Individual / \$6,750 Family	\$4,500 Individual / \$13,500 Family
	If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum PPY (Includes Most Services)	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family
	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.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	60% / 40% AD
Office Visits		
Primary Care	\$35	60 / 40 AD
Preventive **	100% of MAF Covered	Not Covered
Specialist or Secondary Care Provider	\$45	60 / 40 AD
PEHP - Value Clinic	\$10	Not Covered
Intermountain Connect Care or On Demand Doctor Visit	\$10	Not Covered
Chiropractic	\$35 (20 Visits PPY)	Not Covered
Diagnostic Lab & X-Ray Services		
Minor - In Office (Per Test of \$350 or Less)	80 / 20	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	\$55	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	\$45	60 / 40 AD
• Psychiatrist	\$45	60 / 40 AD
Prescriptions (Generic Required)	Generic / Preferred / Non-Preferred / Specialty	
Pharmacy Deductible (Separate)	\$250 Per Individual	\$250 Per Individual
Pharmacy	\$15 APD / 25% APD / 35% APD / 35% APD	50 / 50 APD
Maintenance Drugs or Mail Order	\$30 APD / 25% APD / 35% APD / 35% APD	50 / 50 APD
90-Day Generic	\$30 APD	Not Covered

AD: After Deductible

APD: After Pharmacy Deductible

MAF: Maximum Allowable Fee

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.