PEHP / Medallus Participation Overview

The PEHP / Medallus Primary Care Program gives you unlimited access to high-quality primary and urgent care at Medallus clinics across the Wasatch Front. Most locations are open 7 days a week from 9am–8pm, making it easy to be seen when it fits your schedule. Whether you need same-day care, a physical, ongoing management of a chronic condition, or help with an unexpected illness, Medallus makes healthcare simple, convenient, and affordable.

What the Program Includes

- **Unlimited primary and urgent care visits**
  - Visits for everyday illnesses, injuries, chronic conditions, and general wellness.
- **On-site labs, x-rays, and procedures included**
  - No additional cost to members for services performed in-house.

Traditional PEHP vs. High Deductible Health Plans (HDHP)

Traditional PEHP Plans	***HDHP (Including STAR)***
• Participation is **at no cost to you**. • PEHP pays Medallus directly for your PEHP/Medallus Primary Care program. • Your PCP designation applies immediately.	• You may participate while on an HDHP. • Before meeting your deductible, you pay: o **$38/month per adult** o **$22/month per child** • These payments count toward your deductible. • After your deductible is met, **PEHP pays your PEHP/Medallus Primary Care program.**

The following sections outline important program details and responsibilities to ensure you understand how the PEHP / Medallus partnership works.

1. Primary Care Provider (PCP) Designation

By participating in this program:

- You are designating **Medallus as your Primary Care Provider**.
- PEHP pays Medallus monthly on your behalf based on this designation.
- You agree to utilize Medallus clinics for your primary care needs while enrolled.

If you wish to visit another Primary Care provider:

- You must **cancel your Medallus participation at least 30 days before** your scheduled outside PCP visit.
- If you visit an outside PCP without canceling in advance, you may be responsible for the full cost of that visit.

Important Note for HDHP Members

- Before meeting your deductible:
  You **may continue to see an outside PCP** and use your PEHP insurance at your discretion.

After meeting your deductible:

- PEHP begins paying Medallus, Medallus becomes your designated PCP, and Section 1 applies in full.

2. Durable Medical Equipment (DME)
Medallus does offer DME in-house, but DME is **not included** in the PEHP / Medallus Program.
When DME is provided:

- Medallus will bill **PEHP insurance** for the DME.
- PEHP will process DME based on your health insurance benefits coverage and apply any contractual adjustments, including deductible/coinsurance.
- Any remaining balance becomes your responsibility according to your PEHP plan.
- Medallus follows all PEHP guidelines for DME billing and coverage.

3. Outside Laboratory Services (Quest Diagnostics)
While many labs are done in-house, some must be sent out:

- These tests are processed by **Quest Diagnostics**, who bills **PEHP** directly.
- Whether PEHP covers the full cost depends on your plan and deductible/coinsurance.
- Patient is responsible for any remaining balance billed by Quest.
- Medallus does not control Quest's pricing.

4. Insurance Eligibility & Coverage Changes
To remain enrolled in the PEHP / Medallus program:

- Your **PEHP coverage must remain active**.
- If your PEHP plan changes, ends, or switches (HDHP ↔ Traditional), **you must notify Medallus immediately**.
- Any services received **after your PEHP coverage ends** will become your financial responsibility.
- It is your responsibility to communicate and/or coordinate other coverages to ensure accurate billing.

Member Acknowledgment
By enrolling in the PEHP / Medallus program, you understand and agree that:

- Medallus is your designated Primary Care Provider while enrolled
- HDHP rules apply only if you are on an HDHP plan
- DME is provided in-house but **not included** and billed to PEHP
- Outside labs sent to Quest are billed to PEHP and may include patient balances
- You must notify Medallus immediately of any changes to your PEHP eligibility
- You will be financially responsible for services provided without active PEHP coverage or without proper cancellation

PEHP Member Name: _____ D.O.B: _____

Signature: _____ Date: _____