

2024 Benefits Enrollment Guide

Effective: **January 1, 2024**



Benefit Program Information

Benefits Overview

Washington County offers a comprehensive benefits package to promote health and wellness along with financial security for both you and your family. The complete benefit package is briefly summarized in this enrollment guide. Please be sure to review it carefully so that you are able to elect the coverage that is most appropriate for your personal situation. If there is any discrepancy between the insurance carrier's certificate of coverage and this guide, the insurance carrier's certificate of coverage is the prevailing document.

For Information About:	Go to:
Your Benefits	Rikki Almaraz Washington County HR Generalist 435.986.3341 rikki.almaraz@washco.utah.gov
Customer Service Support	NFP Client Services 800.553.3903 NFPClientServices@nfp.com Katie Stack NFP Account Manager 435.668.3697 katie.stack@nfp.com
Medicare Support	Senior Benefits Insurance Services 801.523.6081 info@srbenco.com
Medical Plan	SelectHealth 800.538.5038 www.selecthealth.org
Prescription Plan	Express Scripts Pharmacy 800.282.2881 www.express-scripts.com
Supplemental Health Benefits: Accident, Hospital, Critical Illness	Eli Swenson Supplemental Health Benefits Specialist 385.352.9379 eli.swenson@nfp.com www.MetLife.com/mybenefits
Dental and Vision Plans	EMI Health 800.662.5850 www.emihealth.com
Health Savings Account & Flexible Spending Accounts	HealthEquity 866.346.5800 www.healthequity.com
Life and AD&D, Long-Term Disability, Voluntary Short-Term Disability, and Voluntary Life and AD&D	Equitable 866.274.9887 www.equitable.com
Employee Assistance Program (EAP)	Blomquist Hale 800.926.9619 www.blomquisthale.com

Benefit Program Information

Eligibility

Coverage begins for enrolled eligible employees on the first of the month following the date of hire, if hired on the first of the month coverage begins immediately.

To obtain benefits you must satisfy the following:

- You must be a full-time employee working 30 hours or more per week
- If eligible, you may enroll your spouse and dependent children on the offered benefit plans
- Dependent children are eligible if less than 26 years of age

Eligible Dependents

- Legally married spouse
- Children until they turn 26 regardless of student, marital, or employment status. This includes natural children, stepchildren, adopted children (or those placed for adoption), and children for whom you are legal guardian.

Open Enrollment

During open enrollment, you may enroll in or make changes to your benefit programs. Open enrollment is the only time that you may add or change benefits during the year unless you have a qualifying life event. Make sure that you understand the offerings and enroll yourself and your eligible dependents in the programs that you would like for the upcoming plan year.

Qualifying Changes

The following events allow you a **30-day** special enrollment period to complete and submit a change request to update your benefits outside of the open enrollment period:

- You get married, divorced or legally separated
- You add a child through birth, adoption or change in custody
- Your spouse or child dies
- Your spouse or child(ren) lose eligibility for coverage

The following events allow you a **60-day** special enrollment period to complete and submit a change request to update your benefits outside the open enrollment period:

- You, your spouse or child loses coverage under either a Medicaid plan under Title XIX or under a state child health plan (CHIP) under Title XXI of the Social Security Act due to a loss of eligibility for that program's coverage
- You, your spouse, or child becomes eligible for premium assistance with respect to the cost of coverage under our group health plan through either a Medicaid plan under Title XIX (such as Utah's Premium Partnership) or under a state child health plan (CHIP) under Title XXI of the Social Security Act (see enclosed disclosure)



Holiday Schedule



2024 Washington County Holidays	
Holiday	Date*
New Year's Day	January 1, 2024
Martin Luther King, Jr. Birthday	January 15, 2024
President's Day	February 19, 2024
Memorial Day	May 27, 2024
Juneteenth	June 17, 2024 (observed)
Independence Day	July 4, 2024
Pioneer Day	July 24, 2024
Labor Day	September 2, 2024
Veteran's Day	November 11, 2024
Thanksgiving Day	November 28, 2024
Day after Thanksgiving	November 29, 2024
Christmas Eve - half day	December 24, 2024
Christmas Day	December 25, 2024
New Year's Eve - half day	December 31, 2024

*When a holiday falls on a Saturday it is observed the preceding Friday. When it falls on a Sunday, it is observed the following Monday.

Personal Time Off

The County awards Personal Time Off (PTO) to all eligible employees. PTO is awarded according to the following schedule:

2024 Washington County Holidays	
Years of Service	Number of Days
1 to 8 Years	31 PTO Days Per Year <i>Includes 13 holidays, shown above</i>
9 to 16 years	37 PTO Days Per Year <i>Includes 13 holidays, shown above</i>
17 Years and Over	43 PTO Days Per Year <i>Includes 13 holidays, shown above</i>



Payroll Schedule

2024 Pay Periods		
Payroll	Date Range	Payday
1	December 23 thru January 5	January 12, 2024
2	January 6 thru January 19	January 26, 2024
3	January 20 thru February 02	February 09, 2024
4	February 03 thru February 16	February 23, 2024
5	February 17 thru March 01	March 08, 2024
6	March 02 thru March 15	March 22, 2024
7	March 16 thru March 29	April 05, 2024
8	March 30 thru April 12	April 19, 2024
9	April 13 thru April 26	May 03, 2024
10	April 27 thru May 10	May 17, 2024
11	May 11 thru May 24	May 31, 2024
12	May 25 thru June 07	June 14, 2024
13	June 08 thru June 21	June 28, 2024
14	June 22 thru July 05	July 12, 2024
15	July 06 thru July 19	July 26, 2024
16	July 20 thru August 02	August 09, 2024
17	August 03 thru August 16	August 23, 2024
18	August 17 thru August 30	September 06, 2024
19	August 31 thru September 13	September 20, 2024
20	September 14 thru September 27	October 04, 2024
21	September 28 thru October 11	October 18, 2024
22	October 12 thru October 25	November 01, 2024
23	October 26 thru November 08	November 15, 2024
24	November 09 thru November 22	November 29, 2024
25	November 23 thru December 06	December 13, 2024
26	December 07 thru December 20	December 27, 2024

*When a holiday falls on a Saturday it is observed the preceding Friday. When it falls on a Sunday, it is observed the following Monday.



SelectHealth - 1000 Traditional Plan - Med Network

	In-Network	Out-of-Network*
Preventive Care Services		
See list of covered preventive services on page 26	Covered 100%	Not Covered
Office Visits	You Pay	You Pay
Primary Care Provider	\$25	40% AD
Specialist Physician	\$30	40% AD
Intermountain Connect Care	Covered 100%	Not Applicable
Urgent Care	20%	40% AD
Prescriptions via <u>Express Scripts</u>**	Tier 1 / Tier 2 / Tier 3	
Prescription Out of Pocket Maximum	Individual: \$3,500 Family \$7,200	
30 Day Supply: Retail	\$0 / 20% / 40%	Not Covered
90 Day Supply: Mail Order or Retail	\$0 / 20% / 40%	
Deductible	You Pay	You Pay
Individual / Family	\$1,000 / \$2,000 <i>Embedded</i>	\$2,000 / \$4,000 <i>Embedded</i>
Out of Pocket Maximum		
Individual / Family	\$3,000 / \$6,000 <i>Embedded</i>	\$6,000 / \$12,000 <i>Embedded</i>
Includes Copays, Coinsurance & Deductibles		
Diagnostic Lab / X-Ray Services	You Pay	You Pay
Minor	Covered 100%	40% AD
Major	20% AD	40% AD
Hospital Services***	You Pay	You Pay
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Durable Medical Equipment***	20% AD	40% AD
Emergency Room	20% AD	
Mental Health Services***	You Pay	You Pay
Office Visits	\$25	40% AD
Inpatient / Outpatient	20% AD / 20%	40% AD
Chiropractic: 20 Visits Per Year	\$25	Not Covered

AD: After Deductible

*Member pays balance of billed charges above In-Network Rate. To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit <https://selecthealth.org/find-a-doctor>

** Prescription medications are covered by the **Express Scripts** Rx plan, and are not part of the SelectHealth medical plan

***Preauthorization may be required

SelectHealth - 1000 Medical Plan	Medical Cost	
	WELLNESS RATE	NON-WELLNESS RATE
	Annual Physical Required	Without Annual Physical
	Employee Cost Bi-Weekly (26)	Employee Cost Bi-Weekly (26)
Employee Only	\$63.22*	\$90.47*
Two-Party	\$110.09*	\$159.14*
Family	\$150.42*	\$209.28*

Wellness Rate

*Washington County makes a higher monthly contribution when you **receive an annual physical**. You are initially enrolled at the "Wellness Rate", to remain at this rate, **submit proof of service to HR within 60 days of the effective coverage date.**

SelectHealth - 3200 HSA Qualified High Deductible Health Plan - SelectMed

	In-Network	Out-of-Network*
Preventive Care Services		
<i>See list of covered preventive services on pages 8-9, & 26</i>	Covered 100%	Not Covered
Deductible	You Pay	You Pay
Employee Only / Family	\$3,200 / \$6,400	\$6,400 / \$12,800
Out of Pocket Maximum		
Employee Only / Family	\$3,200 / \$6,400	\$8,500 / \$17,000
<i>Includes Copays, Coinsurance & Deductibles</i>		
Office Visits	You Pay	You Pay
Primary Care Provider	Covered 100% AD	40% AD
Specialist Physician	Covered 100% AD	40% AD
Urgent Care	Covered 100% AD	40% AD
Diagnostic Lab / X-Ray Services	You Pay	You Pay
Minor	Covered 100% AD	40% AD
Major	Covered 100% AD	40% AD
Hospital Services**	You Pay	You Pay
Outpatient	Covered 100% AD	40% AD
Inpatient	Covered 100% AD	40% AD
Maternity	Covered 100% AD	40% AD
Durable Medical Equipment**	Covered 100% AD	40% AD
Emergency Room	Covered 100% AD	
Mental Health Services**	You Pay	You Pay
Office Visits	Covered 100% AD	40% AD
Inpatient / Outpatient	Covered 100% AD	40% AD
Chiropractic <i>up to 20 visits per year</i>	Covered 100% AD	Not Covered

AD: After Deductible; HDHP: High Deductible Health Plan

*Member pays balance of billed charges above In-Network Rate. To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit www.selecthealth.org

**Preauthorization may be required

SelectHealth - 3200 Medical Plan	Medical Cost	
	WELLNESS RATE <i>Annual Physical Required</i>	NON-WELLNESS RATE <i>Without Annual Physical</i>
	Employee Cost Bi-Weekly (26)	Employee Cost Bi-Weekly (26)
Employee Only	\$63.22	\$90.47
Two-Party	\$110.09	\$159.14
Family	\$150.42	\$209.28

Wellness Rate

*Washington County makes a higher monthly contribution when you **receive an annual physical**. You are initially enrolled at the "Wellness Rate", to remain at this rate, **submit proof of service to HR within 60 days of the effective coverage date.**

HSA Preventive Drug List - Covered 100%

2024 Consumer Directed Healthcare (CDH) Preventive Medications - Standard Plus Generics Only

This list provides examples of commonly prescribed preventive medications. It is not an all-inclusive list; but many examples of medications in each category are listed.

This list does not indicate coverage. Please check with your plan administrator and/or benefit information materials if you have questions on coverage. Your cost share will be determined by your plan's drug coverage and formulary plan.

Coverage prior to the deductible being met may not be provided for every strength or dosage form of a listed medication.

ASTHMA/COPD

arformoterol
albuterol HFA
albuterol nebulizer solution
albuterol oral
breyna
budesonide oral inhalation
cromolyn nebulizer solution
ipratropium/albuterol
nebulizer solution ipratropium
nebulizer solution
fluticasone/salmeterol
formoterol
levabuterol nebulizer solution
metaproterenol
montelukast
roflumilast
terbutaline oral
theophylline
tiotropium cap-inhaler
wixela inhub
zafirlukast
zileuton er

BONE DISEASE AND FRACTURES

alendronate
ibandronate oral
raloxifene
risedronate
risedronate dr
zoledronic acid 5mg

CAVITIES

periomed
sodium fluoride rinse, gel, cream,
paste, tabs and drops

COLONOSCOPY PREPARATION*

gavilyte-c
gavilyte-g
gavilyte-n
PEG-3350/electrolytes
sodium, potassium and
magnesium sulfates

DEPRESSION

citalopram
escitalopram
fluoxetine
fluoxetine dr
fluvoxamine
fluvoxamine er
paroxetine
paroxetine er
sertraline

DIABETES

acarbose
breyna
generic syringes, lancets and needles
glimepiride
glipizide
glipizide er
glipizide/metformin
glyburide
glyburide micronized
glyburide/metformin
metformin
metformin er
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
repaglinide/metformin
saxagliptin
saxagliptin/metformin

HEART DISEASE AND

STROKE BLOOD THINNERS

aspirin, 81 mg* & 325 mg
aspirin-dipyridamole er
clopidogrel
dabigatran
dipyridamole
jantoven
prasugrel
warfarin

CHOLESTEROL LOWERING

HMG-COA REDUCTASE INHIBITORS*

atorvastatin
fluvastatin
fluvastatin er
lovastatin
pravastatin
rosuvastatin
simvastatin

OTHER CHOLESTEROL LOWERING AGENTS

amlodipine/atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
ezetimibe
ezetimibe/simvastatin
fenofibrate
fenofibric acid
fenofibric acid dr
gemfibrozil
icosapent ethyl
niacin
niacin er
prevalite

2024 CDH Preventive Medications - Standard Plus Generics Only

HIGH BLOOD PRESSURE

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
perindopril
quinapril
ramipril
trandolapril

ACE INHIBITORS/DIURETIC COMBINATIONS

benazepril/hctz
captopril/hctz
enalapril/hctz
fosinopril/hctz
lisinopril/hctz
quinapril/hctz

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan
eprosartan
irbesartan
losartan
olmesartan
telmisartan
valsartan

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

candesartan/hctz
irbesartan/hctz
losartan/hctz
olmesartan/hctz
telmisartan/hctz
valsartan/hctz

BETA BLOCKERS

acebutolol
atenolol
betaxolol
bisoprolol
metoprolol succinate er
metoprolol tartrate
nadolol
nebivolol
pindolol
propranolol
propranolol er
timolol

BETA BLOCKER/DIURETIC COMBINATIONS

atenolol/chlorthalidone
bisoprolol/hctz
metoprolol/hctz
propranolol/hctz

CALCIUM CHANNEL BLOCKERS

amlodipine
cartia xt
diltiazem
diltiazem cd
diltiazem er
felodipine er
isradipine
matzim la
nicardipine
nifedipine
nifedipine er
nisoldipine er
tiadylt er
taztia xt
verapamil
verapamil er
verapamil er pm
verapamil sr

DIURETICS

chlorthalidone
hydrochlorothiazide
indapamide
metolazone

OTHER HIGH BLOOD PRESSURE COMBINATIONS

amlodipine/atorvastatin
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/olmesartan/hctz
amlodipine/telmisartan
amlodipine/valsartan
amlodipine/valsartan/hctz
trandolapril/verapamil er

MALARIA

atovaquone/proguanil
chloroquine
mefloquine
primaquine

MISC ANTIVIRALS

emtricitabine/tenofovir disoproxil fumarate (TDF) 200mg/300mg*

OBESITY

benzphetamine
diethylpropion
diethylpropion er
phendimetrazine
phendimetrazine er
phentermine

SMOKING-CESSATION*

bupropion sr 150mg
nicotine gum, lozenges and patches
varenicline

VITAMINS OR

MINERALS folic acid*
generic prenatal vitamins
generic pediatric multivitamins with fluoride*

*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%. In addition, there are some medications that are subject to ACA that are not on this list i.e. contraceptives and some breast cancer preventatives that maybe also covered by your plan at 100%.

Express Scripts manages your prescription benefit for your employer, plan sponsor, or health plan. For specific questions on coverage, please call the phone number on your member ID card or visit our website [express-scripts.com](https://www.express-scripts.com).

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Health Savings Account

What is a Health Savings Account (HSA)?

A qualified high deductible health plan with a Health Savings Account is an alternative to traditional health insurance plans. The HSA is a savings product that offers a different way for consumers to pay for their health care costs. HSAs enable you to pay for current qualified expenses and save for future medical and retiree health expenses on a tax-free basis.

You must be covered by a Qualified High Deductible Health Plan (QHDHP) to be able to contribute to an HSA. You own and control the money in your HSA. As your account balances grow, you may also decide what types of investments to make with your HSA money.

You and/or your employer may contribute to your HSA, up to the legal maximum. **In 2024, the maximum annual contribution for single enrollee set by the IRS is \$4,150, and the maximum family contribution is \$8,300.** A catch-up contribution, up to an additional \$1,000, is allowed for individuals who are 55 years or older. Please see the contribution chart below to determine the amount contributed to your HSA by your employer.

What you can do with your HSA

- Pay qualified health care expenses: Use the HealthEquity online PayChoice payment platform at www.MyHealthEquity.com to pay for qualified health care expenses. You can use your debit card, request a check by phone or online, or transfer funds online
- Save money for future medical expenses: You may not have significant health care expenses every year, but saving the maximum amount every year helps you build a sizeable savings for when you are faced with larger medical expenses
- Save for post-retirement expenses: Once you reach age 65, you can use your HSA funds to pay for anything you wish. Qualified medical expenses are still not taxed; any other expenses are subject to tax but not penalties

Your HSA is *your* money. Whatever you do not spend in a given year rolls over to the next. If you change jobs or retire, your HSA balance goes with you.

HSA Annual Limits			
	Employee Only Coverage	Two-Party Coverage	Family Coverage
2024 Maximum Contribution to HSA	\$4,150	\$8,300	\$8,300
Catch-up Contribution <i>age 55 & older</i>	\$1,000	\$1,000	\$1,000



Employer Contribution		
Coverage	Annual Total	Per Pay Period (26)
Employee Only	\$750	\$250 Front-Loaded and \$20 Per Pay Period
Two-Party	\$1,000	\$350 Front-Loaded and \$26 Per Pay Period
Family	\$1,500	\$500 Front-Loaded and \$40 Per Pay Period

Health Savings Account

An Health Savings Account (HSA) lets you put money away for future healthcare costs while saving on taxes. How? HSAs are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your paycheck, and your HSA can grow tax-free too.

- ☒ No 'use-it-or-lose-it,' keep your HSA forever
- ☒ Create a healthcare emergency safety net
- ☒ Invest¹ your HSA tax-free, like a 401(k)

Annual tax saving potential²

\$1,660	\$830
Family plan	Individual plan

2024 IRS Contribution Limits

\$8,300	\$4,150
Family plan	Individual plan

Members 55+ can contribute an extra \$1,000

Common qualified medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



**See how much
you can save**

HealthEquity.com/Learn/HSA

¹Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ²Estimated savings are based on an assumed combined federal and state income tax rate of 20%. Actual savings will depend on your taxable income and tax status. | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.

Supplemental Health Benefits

MetLife - Accident (Off Job) Plan Benefits

	Low Plan*	High Plan*
Accident Coverage	Off Job Only	Off Job Only
Accidental Death & Dismemberment (AD&D) <i>Accidental Death Common Carrier: Benefit is doubled</i>	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000	Employee: \$50,000 Spouse: \$25,000 Child: \$5,000
Catastrophic Loss <i>Percentage of AD&D Benefit (above) paid</i>	Quadriplegia: 100% Loss of: Speech, hearing (both ears): 100% Hemiplegia or Paraplegia: 50%	Quadriplegia: 100% Speech & hearing loss (both ears): 100% Hemiplegia or Paraplegia: 50%
Accident Emergency Room Treatment	\$150	\$200
Accident Follow-Up Visit (doctor)	\$25, up to 2 per accident; 6 per year	\$75, up to 2 per accident; 6 per year
Air Ambulance	\$500	\$1,500
Ambulance	\$100	\$200
Broken Tooth Emergency Dental Work	Crown: \$200 Extraction: \$100	Crown: \$400 Extraction: \$150
Burns 2nd Degree / 3rd Degree <i>Benefit determined by % of Surface Skin Burnt and degree of the burn</i>	Less than 10%: \$75 / \$2,000 10% up to 35%: \$1,000 / \$4,000 35% or more: \$3,000 / \$12,000	Less than 10%: \$100 / \$2,000 10% up to 35%: \$1,000 / \$4,000 35% or more: \$3,000 / \$12,000
Coma	\$7,500	\$12,500
Concussions	\$50	\$100
Dislocations	See schedule, \$100 to \$8,000	See schedule, \$200 to \$10,000
Epidural Pain Management	\$100, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$200	\$300
Fracture	See Schedule, \$200 to \$8,000	See Schedule, \$400 to \$10,000
Hospital Admission	\$750	\$1,250
Hospital Confinement	\$175 per day, up to 1 year	\$250 per day, up to 1 year
ICU Supplemental Admission <i>Paid in addition to Hospital Admission benefit</i>	\$750	\$1,250
ICU Supplemental Confinement <i>Paid in addition to Hospital Confinement benefit</i>	\$175 per day, up to 31 days	\$250 per day, up to 31 days
Initial Physician's Office or Urgent Care Visit	\$50	\$100
Joint Replacement: elbow, hip, knee, shoulder	\$1,500	\$3,500
Laceration	See schedule, \$50 to \$300	See schedule, \$75 to \$500
Organized Sports Adults & Children	25% increase to applicable Benefit	25% increase to applicable Benefit
Surgical Repair: cranial	\$1,500	\$2,000
Surgical Repair: knee - torn cartilage	\$750	\$1,500
Surgical Repair: ruptured disc	\$750	\$1,500
Surgical Repair: thoracic or abdominal pelvic cavity	\$1,000 Hernia: \$150	\$1,500 Hernia: \$200
Surgical Repair: torn tendon, ligament, or rotator cuff	1: \$500 2 or more: \$1,000	1: \$750 2 or more: \$1,500
Testing: MRI/MR, ultrasound, NCV, CT/CAT, EEG	\$150, up to 2 per accident	\$200, up to 2 per accident
Testing: X-ray	\$75	\$100
Therapy Service: physical, occupational, chiropractic	\$35, up to 10 per accident	\$50, up to 10 per accident

WELLNESS BENEFIT: Earn a \$150 benefit for completing approved screenings or procedures.

One benefit per plan, per year, per covered person. Refer to list following this summary for approved screenings.

*See plan summary for exclusions, limitations, and the number of times a benefit is paid per accident, per calendar year.

Accident Plan Cost

Coverage	Employee Cost per Pay Period (26)	
	Low Plan	High Plan
Employee Only	\$6.34	\$9.66
Employee + Spouse	\$11.07	\$16.49
Employee + Child(ren)	\$11.40	\$16.50
Employee + Family	\$16.13	\$23.34

Minimum of 5 employees must enroll for policy to be issued.

Supplemental Health Benefits

MetLife - Hospital Indemnity Plan

	Low Plan*	High Plan*
Hospital Admission Benefit (Inpatient)	\$1,000	\$1,500
ICU Supplemental Confinement Benefit <i>Paid concurrently with Admission Benefit when Covered Person is admitted to ICU</i>	\$1,000	\$1,500
Confinement Benefit** <i>Up to 31 Days per confinement</i>	\$100/day	\$100/day
ICU Supplemental Confinement Benefit <i>Paid concurrently with Confinement Benefit when Covered Person is admitted to ICU</i>	\$100/day	\$100/day
Confinement Benefit for Newborn Nursery Care*** <i>Up to 2 days per confinement</i>	\$50/day	\$50/day
WELLNESS BENEFIT: Earn a Wellness Benefit for completing approved wellness screenings or procedures. One benefit per plan, per year, per covered person. Refer to list following this summary for approved screenings.	\$100	\$150

*All benefits are payable once per year, per person.

** If Admission Benefit is payable for Confinement, the Confinement Benefit will begin to be payable the day after Admission. If a covered person is confined again within 90 days for the same or related sickness/injury, we will treat the subsequent confinement as a continuation of the previous confinement

*** Payable for the period of newborn confinement for a newborn child who is not sick or injured

AGE REDUCTION: At age 70 and older, any benefit payable will be reduced by 50% (this does not apply to the Wellness Benefit)

EXCEPTIONS: Mental illness, alcoholism, and drug addiction treatments, and injury or illness resulting from drug misuse and driving under the influence, are not covered

The state of California requires residents to have an overlying medical plan to enroll in Voluntary Hospital Indemnity

Plan Highlights

- **Guaranteed issue; no medical questions**
- **No pre-existing conditions limitation**
- **Routine childbirth, complications of pregnancy and emergency Cesarean section are covered**
- **No waiting period for sickness, no elimination period for Routine Childbirth**
- No deductible
- Portable



Hospital Plan Cost

Coverage	Employee Cost per Pay Period (26)	
	Low Plan	High Plan
Employee Only	\$10.52	\$14.20
Employee + Spouse	\$22.18	\$29.97
Employee + Children	\$15.82	\$21.30
Employee + Family	\$27.43	\$37.07

Minimum of 5 employees must enroll for policy to be issued.

Supplemental Health Benefits

MetLife - Critical Illness Plan Benefits

	First Occurrence*	Second Occurrence*
Benign Brain Tumor	75% of Benefit Amount	None
Cancer Category		
Invasive Cancer	100% of Benefit Amount	50% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	None
Skin Cancer	5% of Benefit Amount, min. \$250	None
Childhood Disease Category		
Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes: Type 1, Down Syndrome, Sickle Cell Anemia, Spina Bifida	100% of Benefit Amount	None
Functional Loss Category		
Coma, Paralysis of 2 or more limbs, Loss of: speech, hearing, sight	100% of Benefit Amount	Coma: 100% of Initial Benefit All Others: None
Heart Attack Category		None
Heart Attack	100% of Benefit Amount	50% of Initial Benefit
Sudden Cardiac Arrest <i>payable upon death</i>	50% of Benefit Amount	None
Kidney Failure	100% of Benefit Amount	50% of Initial Benefit
Major Organ Transplant <i>bone marrow, heart, lung, pancreas, liver</i>	100% of Benefit Amount	None
Progressive Disease Category		None
Adrenal Hypofunction (Addison's Disease), Huntington's Disease, Multiple Sclerosis	25% of Benefit Amount	None
Alzheimer's Disease	50% of Benefit Amount	None
ALS, Muscular Dystrophy, Parkinson's Disease (advanced), Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke	100% of Benefit Amount	50% of Initial Benefit

WELLNESS BENEFIT: Earn \$150 benefit for completing approved wellness screenings or procedures.
One benefit per year, per covered person. Refer to list following this summary for approved screenings.

*Benefit payment issued in lump sum

Dependent Age Limit: Childbirth up to 26 years

Age Reduction: Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person is 70 or older.

Critical Illness Cost

Employee Cost Per Pay Period (26) by Guaranteed Issue Amount

Employee Age*	\$5,000		\$20,000		\$35,000		\$50,000	
	Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse
<30	\$0.95	\$0.95	\$3.78	\$3.78	\$6.62	\$6.62	\$9.46	\$9.46
30-39	\$2.05	\$2.05	\$8.22	\$8.22	\$14.38	\$14.38	\$20.54	\$20.54
40-49	\$3.85	\$3.85	\$15.42	\$15.42	\$26.98	\$26.98	\$38.54	\$38.54
50-59	\$7.75	\$7.75	\$31.02	\$31.02	\$54.28	\$54.28	\$77.54	\$77.54
60-69	\$13.71	\$13.71	\$54.83	\$54.83	\$95.95	\$95.95	\$137.08	\$137.08
70+	\$20.10	\$20.10	\$80.40	\$80.40	\$140.70	\$140.70	\$201.00	\$201.00

Children: Covered for 25% of Employee's elected amount at no additional cost
Minimum of 5 employees must enroll for policy to be issued

*Age-banded premium rates are based on the Employee's age at last birthday. Spouse's rate is calculated using Employee's age. Employee must be enrolled for spouse to be eligible. Rate will change on the policy anniversary date coinciding with, or next following, the Insured's age. Premium/Benefit is payable in US currency.

This outline is for plan comparison purposes only, refer to plan certificate(s) for additional information. Residents of ID, NH, and WA will be covered by a state specific certificate of insurance due to extraterritorial laws. For variations on Program Design, Benefits, Limitations & Exclusions contact MetLife. www.mybenefits.metlife.com

Supplemental Health Benefits

How to Earn Your Wellness Benefit

The Wellness Benefit is available once per plan, per year, per covered person.

To receive the Wellness Benefit, complete one of the procedures or screenings shown below:

- Routine health check-up exam
- Dental exam
- Eye exam
- Immunization
- Biopsies for cancer
- Blood chemistry panel
- Blood test to determine total cholesterol
- Blood test to determine triglycerides
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- Breast sonogram
- CA 15-3 blood test for breast cancer
- CA 125 blood test for ovarian cancer
- CEA blood test for colon cancer
- Carotid doppler
- Chest x-rays
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Coronavirus testing
- Digital rectal exam (DRE)
- Doppler screening for cancer or peripheral vascular disease
- Echocardiogram
- Electrocardiogram (EKG)
- Electroencephalogram (EEG)
- Endoscopy
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemocult stool specimen
- Hemoglobin A1C
- Human Papillomavirus (HPV) vaccination
- Lipid panel
- Mammogram
- Oral cancer screening
- Pap smears or thin prep pap test
- Prostate-specific antigen (PSA) test
- Serum cholesterol test of LDL and HDL levels
- Serum protein electrophoresis
- Skin cancer biopsy, screening, or skin exam
- Stress test on bicycle or treadmill
- Successful completion of smoking cessation program
- Tests for sexually transmitted infections (STIs)
- Thermography
- Two-hour post-load plasma glucose test
- Ultrasounds for cancer detection

How to Claim Your Wellness Benefit

After completing one of the screenings or procedures above visit www.MetLife.com/mybenefits, download the **MetLife Mobile App**, or call **800-438-6388**. For help with your claim or questions about the plan, please contact your Supplemental Health Benefits Specialist, Eli Swenson.

Eli Swenson
385.352.9379
eli.swenson@nfp.com

EMI Health - Choice Indemnity Dental Plan

	In-Network <i>Advantage Plus Network</i>	In-Network <i>Premier Network</i>	Out-of-Network*
Deductible: Individual / Family	None	\$50 / \$150	\$50 / \$150
Plan Pays			
Preventive Services**			
Routine Exams, Cleanings, Topical Fluoride, X-rays	Covered 100%	Covered 100%	Covered 100% up to R&C
Basic Services**			
Fillings, Oral Surgery, Endodontics, Periodontics, Sealants, Space Maintainers	80%	80% AD	80% AD up to R&C
Major Services**			
Crowns, Bridges, Dentures	50%	50% AD	50% AD up to R&C
Annual Maximum Per Person	\$2,000		\$1,500
Orthodontia**			
Children Ages 7-18	50%	50%	50%
Adults	Discount Only	Discount Only	No Discount
Orthodontic Lifetime Maximum		\$1,200	

R&C: Reasonable & Customary charge. Based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services, or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by EMI.

*You pay the difference between billed and allowed charges (R&C), if any. The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by an in-network provider. To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit <https://emihealth.com/ProviderSearch>

** Limitations or exclusions may apply based on age, frequency, and more. Please see plan summary for details.



Dental Cost

EMI Health - Choice Indemnity Dental Plan	Employee Cost Bi-Weekly (26)
Employee Only	\$3.75
Two-Party	\$6.25
Family	\$9.00

EMI Health - VSP Choice Plus Vision Plan

	In-Network	Out-of-Network Reimbursement*
Examinations	Once Every 12 Months	
Lenses or Contact Lenses	Once Every 12 Months	
Frames	Once Every 24 Months	
Exams		
WellVision Exam	\$10 Copay	Up to \$45
Additional Exams	\$20 Copay	Not Covered
Frames	\$130 Retail Allowance, or \$65 at Costco, Sam's Club or Walmart	Up to \$80
Lenses		
Single Vision	\$25 Copay	Up to \$30
Bifocal	\$25 Copay	Up to \$50
Trifocal	\$25 Copay	Up to \$65
Lenticular Lenses	\$25 Copay	Up to \$100
Lens Options		
Tint: Solid / Gradient	\$15 / \$17 Copay	
UV Coating	\$16 Copay	
Standard Scratch Resistance	\$17 Copay	
Standard Anti-Reflective	\$41 Copay	Not Covered
Photochromatic	\$75 Copay	Cost at Provider's Discretion
Polycarbonate: Adults	Single Vision: \$31 Multifocal: \$35	
Polycarbonate: Children under 18	Covered 100% with Lens Copay	
Standard Progressive <i>no-line</i>	Covered 100% with Lens Copay	
Premium Progressive	\$95-\$105 Copay	Up to \$50
Custom Progressive	\$150-\$175 Copay	<i>in lieu of Lined Bifocal</i>
Other Add-Ons and Services	Up to 25% Discount	No Discount
Contact Lenses <i>In Lieu of Glasses Lenses</i>	\$120 Retail Allowance	Up to \$105
Contact Lens Fit & Follow Up	15% Discount	No Discount
Additional Eyewear Purchases	Up to 20% Off Retail	No Discount
Lasik and PRK Vision Correction	Up to \$500 in Savings	No Discount

*You pay the difference between billed and allowed charges, if any. The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by an in-network provider. To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit <https://emihealth.com/ProviderSearch>

Vision Cost

This plan is included with the medical insurance plan

Flexible Spending Account

You have the option to participate in an employee benefit that may increase your spendable income and lower your taxes. With an FSA, contributions are deducted from your paycheck before state and federal taxes. By making these contributions with pre-tax dollars, you will reduce your taxable income **and take home a larger portion of your paycheck.**

Two Components of the Flexible Spending Account:

- 1. Flexible Spending Account (FSA)-Health Care Reimbursement (Including Dental and Vision):** Each year, you may set aside up to \$3,200* pre-tax dollars to pay for qualifying out-of-pocket medical, dental, vision, and some over the counter expenses. **A Limited Purpose Flexible Spending plan, associated with HSA participation can only be used for dental and vision expenses.**
- 2. Flexible Spending Account (FSA)-Dependent Care Reimbursement:** Each year, you may set aside up to \$5,000 pre-tax dollars (or \$2,500 if you are married and filing individually) to pay for eligible dependent care expenses. This may include child care, elder care or other eligible dependent care. Funds are available for reimbursement only as they are deducted from your paycheck.

There are two types of Flexible Spending Accounts Available:

Flexible Spending Account - To be used *without* HSA Account Participation

Limited Purpose Flexible Spending Account - To be used *with* HSA Account Participation

Facts You Should Know:

- Participation is voluntary
- Participation in the plan simply allows you to pay for qualified expenses with pre-tax dollars
- Flexible Spending Accounts are subject to the “use it or lose it” rule. Participants may forfeit any balance in the account(s) at the end of the plan year. After December 31, 2023, if you have remaining funds there is a 75 day grace period (up to March 15, 2024) to submit receipts dated before December 31st for reimbursement.
- Over-the-counter medications and other items are eligible without a prescription.

Example of Savings Using a Flexible Spending Account

	Without Flexible Spending	With Flexible Spending
Gross Income	\$40,000	\$40,000
Pre-Tax Expenses for Health/Dependent Care	\$0	\$2,500
Taxable Income	\$40,000	\$37,500
Less Taxes	\$10,279	\$9,563
After-Tax Expenses for Health	\$2,500	\$0
Spendable Income	\$27,221	\$27,938
Your Savings With Flexible Spending		\$716

*Contribution limits are determined by the IRS and are subject to change each year. This outline is for plan comparison purposes only. Refer to plan certificate(s) for additional details.

Life and Disability

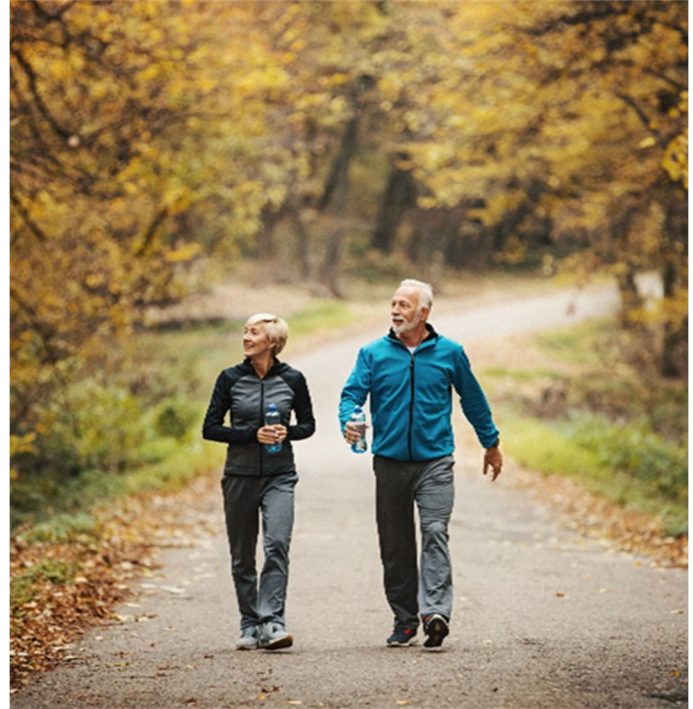
Equitable - Basic Life and AD&D

Employee Life Benefit \$50,000

Employee AD&D Matches Basic Life Benefit

Benefit Age Reduction Reduces to 65% of the original benefit amount at age 65, and 50% at age 70

AD&D: Accidental Death & Dismemberment



Equitable - Long-Term Disability

Elimination Period 90 days

Benefit Percentage 60% of Pre-Disability Earnings

Maximum Monthly Benefit \$10,000

Benefit Duration Social Security Normal Retirement Age

Definition of Disability 2 years - own occupation

Pre-Existing Condition Limitations*
Including Mental Illness, Substance Abuse 3/12

* This limitation applies to conditions for which an employee receives medical services within three months prior to the effective date of coverage, or a condition caused by, or contributed to by, a pre-existing condition. No benefits are payable for a disability resulting from such condition until the employee has been covered for 12 consecutive months.

Employer Contribution

Your employer pays the full cost for basic life and accidental death and dismemberment (AD&D), and long-term disability (LTD) benefits for all employees.

Employee Cost

\$0.00

Voluntary Life and AD&D

In addition to the basic life insurance provided by your employer, you have the option to buy supplemental life insurance. **To view total rates, or to purchase this plan, please log in to your Bswift enrollment portal.**

Equitable -Voluntary Life and AD&D

Employee

Benefit Amount*	Up to \$500,000, in \$10,000 increments
Guarantee Issue Amount	\$300,000
Benefit Age Reduction	Reduces to 65% of the original benefit amount at age 65, and 50% at age 70
Late Entrants <i>other than at hire</i>	Subject to Evidence of Insurability (EOI)

Spouse

Benefit Amount*	Up to \$500,000, in \$5,000 increments Not to exceed 100% of Employee's voluntary benefit amount
Guarantee Issue Amount	\$50,000
Benefit Age Reduction <i>Based on age of the Employee</i>	Reduces to 65% of the original benefit amount at age 65, and 50% at age 70
Late Entrants <i>Other than at Employee's hire</i>	Subject to Evidence of Insurability (EOI)

Child(ren)

Dependent Children up to Age 26	\$10,000 or \$20,000
---------------------------------	----------------------

*Basic life benefits illustrated on previous page do not count toward the maximum benefit amounts for voluntary life.

Voluntary Life and AD&D Rates

Monthly Rates Per \$1,000 of Coverage

Age Band	Employee	Spouse
< 29	\$0.048	\$0.048
30-34	\$0.052	\$0.052
35-39	\$0.072	\$0.072
40-44	\$0.088	\$0.088
45-49	\$0.168	\$0.168
50-54	\$0.203	\$0.203
55-59	\$0.323	\$0.323
60+	\$0.546	\$0.546



Child(ren) Voluntary Life and AD&D Rates

Monthly Rates by Coverage Amount

\$10,000	\$1.04
\$20,000	\$2.08

Voluntary Short-Term Disability

In addition to the long-term disability insurance provided by your employer, you have the option to buy short-term disability insurance. **To view total rates, or to purchase this plan, please log in to your Bswift enrollment portal.**

Equitable - Short-Term Disability	
Benefit Percentage	60% of Weekly Pre-Disability Earnings
Maximum Weekly Benefit	\$1,000
Benefit Duration	Up to 12 Weeks
Benefit Waiting Period	7 Days Accident 7 Days Sickness
Pre-Existing Condition Limitations*	3/12

* This limitation applies to conditions for which an employee receives medical services within three months prior to the effective date of coverage, or a condition caused by, or contributed to by, a pre-existing condition. No benefits are payable for a disability resulting from such condition until the employee has been covered for 12 consecutive months.

Voluntary Short-Term Disability Rates	
Age Band	Rate per \$10 of Weekly Benefit
<29	\$0.324
30-34	\$0.312
35-39	\$0.294
40-44	\$0.282
45-49	\$0.300
50-54	\$0.348
55-59	\$0.426
60-64	\$0.516
65+	\$0.588









WHEN LIFE GETS CHALLENGING

We Can Help

The Blomquist Hale Solutions Program provides direct, **face-to-face** guidance to address virtually any stressful life situation or problem. Not to mention there is absolutely **no cost** to you. Meeting with our team is simple. Call to schedule an appointment today. **(800) 926-9619**

Count On:

-  24/7 Crisis Service
-  100% Confidential
-  Professional, Friendly Team
-  Convenient Locations
-  Extended Hours
-  No Co-pay Required

WE CAN HELP WITH

- Marital & Family Counseling 
- Stress, Anxiety or Depression 
- Personal & Emotional Challenges 
- Grief or Loss 
- Financial or Legal Problems 
- Substance Abuse or Addictions 
- Senior Care Planning 

SUPPORT NOW: Talk with a Licensed Therapist Instantly

We recognize that none of us are immune to the stresses that life brings. It is important to have the opportunity to discuss the things that are on your mind with a licensed professional. Through the Blomquist Hale Support Now program, employees instantly connect with a licensed therapist via **phone, text, email** or **video**. No appointment is necessary. To connect, simply contact us during typical business hours: Monday – Friday, 9:00 a.m. – 5:00 p.m.

 **Text:**
801.383.0580

 **Call:**
801.262.9619

 **Email:**
supportnow@blomquisthale.com

Blomquist Hale
SOLUTIONS



Log In

Username

Password

[Reset Password](#) [Log In >](#)

Welcome!

Welcome to the Washington County BSwift site! If you have any problems while logging in, please contact your HR department.

First Time Login Information

Your username will be the first letter of your first name followed by your full last name, all lowercase, with no spaces.

Your password will be the last four digits of your Social Security Number.

When you login you will be prompted to enter a new password.

Log In

You can login directly to your online enrollment site by using the web address <https://washcoutah.bswift.com>. You will be directed to your company's login screen, similar to the picture on the left. **Instructions for your Username and Password will be in the bottom right hand corner of your login webpage.** Please contact your HR Department or NFP, at 1.801.224.9600 or 1.800.553.3903 if you have any problems logging in.

Get Started

Once you are logged in, you will be directed to your Home Page, similar to the picture on the right. Click the **Start Your Enrollment** button to begin your enrollment.

Welcome to your Enrollment!

Enrollment Deadline **12/15/2020**

Your Status **Not Started**

[Start Your Enrollment](#)

Featured Documents

[Benefit Enrollment Guide](#)

Enrollment 4 Steps

You must complete all four steps in order for your enrollment to be saved!

STEP 1: VERIFY PERSONAL & FAMILY INFORMATION

You will be required to verify and update your personal and family information.

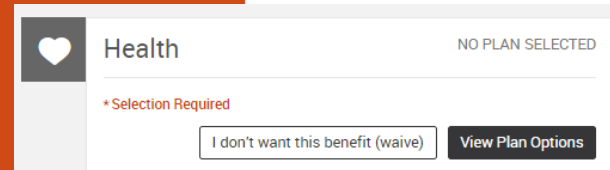
- 1 Your Info
 - Employee Info
 - Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

[Continue](#)

STEP 2: Select Your Benefits

You will see a page listing all the plan types. Select your benefit by type by clicking on the View Plan Options button in each plan type box. Make sure to click on the family members at the top that you would like to be covered for each plan.

To make a selection, click on the “View Plan Options” link to view and sign up for a plan. If you are not interested in a particular benefit, click on the “I don’t want this benefit (waive)” option. Once you have enrolled in or waived a plan you will see the green “Completed” checkmark below the plan panel. Continue making selections for each plan type. If you wish, you may go back and edit a completed benefit by clicking View Plan Options again. When you are satisfied with your benefit elections, click Continue at the right of the page to be taken to the beneficiary designation page. **In order for your elections to be saved, please be sure to complete the last step: Final Confirmation.**



STEP 3: Confirm And Save Your Elections!

When you are finished reviewing your elections, read the agreement text for each benefit type, and then check the “I have finished my enrollment and agree to the statement(s) above” checkbox and click the **Complete Enrollment** button on the right.

Almost Finished!



Please Review All of Your Selections

Once you have completed your review, click the “Complete Enrollment” button at the right side of the page.

Complete Enrollment

STEP 4 : Complete Your Enrollment

When you reach the **Confirmation Statement**, you have completed your enrollment and your elections will be saved. You may select “View” to review your selections, or you may elect to **Print** or **Email** yourself a copy of this statement by utilizing the printer or email icons on the page.



Your enrollment is complete!

 You may make changes to your elections until: **September 18, 2021**

You have completed Special your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

 VIEW

 EMAIL

 PRINT



Additional Information

Preventive Care

Did you know?

Your plan covers many preventive procedures, services, and screenings at no out-of-pocket cost to you.

What does that mean for you?

Preventive health care is anything from immunizations to colonoscopies. These services give you a chance to detect and/or prevent a potential illness or disease at a stage when it is likely to be the most manageable. With 100% coverage¹, you can get the preventive care you need to live the healthiest life possible!

What's covered?

Visit selecthealth.org/wellness/preventive-care to view our list² of common preventive services. To verify if a service is considered preventive, call Member Services at **800-538-5038**.

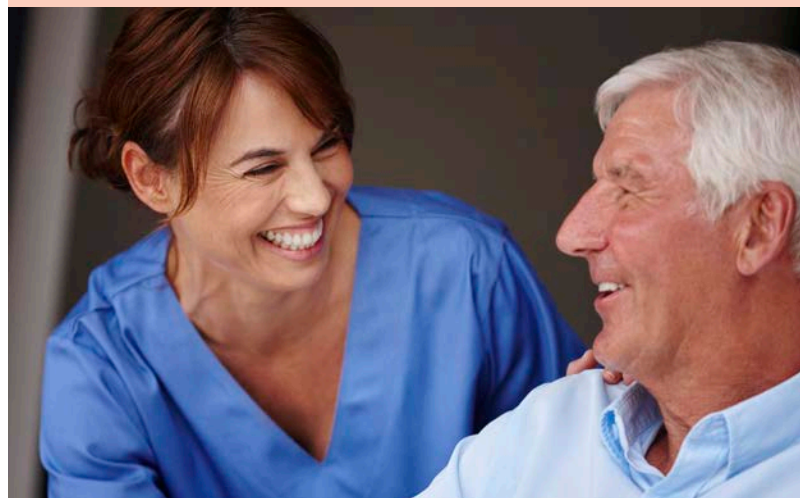
1 For services to be covered as preventive, your doctor must submit claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copays, coinsurance, or deductibles may apply.

2 This list may not include all the preventive care available to you for no out-of-pocket cost. This information is subject to change at any time and additional limitations may apply.



Questions?

Visit selecthealth.org/wellness/preventive-care or call Member Services at **800-538-5038**.



SelectHealth Med® Network

If you live or work anywhere in Utah, SelectHealth Med is a good choice. It includes all Intermountain Healthcare facilities, clinics, and doctors, as well as key specialty facilities such as Primary Children's Hospital, the Huntsman Cancer Hospital, and Moran Eye Center. SelectHealth Med includes 42 hospitals and over 800 clinics and other facilities with nearly 12,200 providers, including specialists you can see without a referral.

Enrolled dependents who live outside of your service area (maybe they're going to college or living with another family member) can receive in-network benefits for covered services no matter where they live in the U.S. To qualify for this coverage, submit a Dependent Address Change form, which can be found at selecthealth.org/forms.

Wondering whether your current doctor is part of the SelectHealth Med network? To find out, visit selecthealth.org/findadoctor. Remember to filter your results by choosing SelectHealth Med from the network drop-down menu.



PRIMARY CARE PROVIDERS

A Primary Care Provider (PCP) sees patients for common medical problems, performs routine exams, and helps prevent or treat illness. You can trust a PCP to know your health history and help you find other doctors when you need them. If your PCP allows virtual (video) visits, you may pay less for these visits based on your benefits. Check out the "Primary Care Provider (PCP) Virtual Visits" benefit on your Member Payment Summary (MPS) to see how much you will pay.

SPECIALISTS

When you need more than your PCP, our network of quality specialists and surgeons can help.

HOSPITALS AND LOCAL CLINICS

Our facilities span Utah, offering great care and services. Think heart care, cancer treatment, transplant services, women and newborns, and much more—you name it, they can treat it.

INTERMOUNTAIN INSTACARE

What's open late and costs less than the ER? Our InstaCare and KidsCare clinics. If you need urgent care, these are great options.

INTERMOUNTAIN CONNECT CARE

Visit a provider 24/7 via live online video. Many plans cover this service at no or low out-of-pocket cost to you. Check your ID card or member materials for coverage information.

MENTAL HEALTH

You have coverage through thousands of in-network mental health providers. With your benefits, there is no reason to neglect any mental health issue. If you need help, we have you covered.

EMERGENCY CARE ANYWHERE

For emergencies go to the nearest emergency room or hospital and you'll be covered whether in the U.S. or abroad.

On the Move

Outside of your service area

In-network benefits apply when you receive services for urgent or emergency conditions, no matter where you are.

Save money when traveling

To reduce your medical out-of-pocket expenses while traveling, using the UnitedHealthcare Options PPO network may save you money for urgent and emergency care.

To find UnitedHealthcare Options PPO network providers or facilities, call Member Services at **800-538-5038** or visit selecthealth.org/findadoctor and select "UnitedHealthcare Options PPO" from the network drop down.

Outside of the country

If you are traveling outside of the country and need urgent or emergency care, visit the nearest doctor or hospital. You may need to pay for the treatment at the time of service. If you do, keep your receipt and submit it along with a *Claim Reimbursement Form*, which can be found on selecthealth.org/forms.

Out-of-area dependents

Enrolled dependents who live outside of your service area (maybe they're going to college or living with another family member) can receive in-network benefits for covered services. To qualify for this coverage, you need to submit a Dependent Address Change form, which can be found at selecthealth.org/forms. Questions? Call Member Services at **800-538-5038**.





Virtual Care

An opportunity to save money

Many services that are performed over video may cost you less than visits done inside a traditional clinic.

Intermountain Health® patient portal and app

Self-schedule or learn more about virtual visits* for:

- Urgent care
- Primary care
- Mental health
- Nutritional support
- Lactation support
- Physical therapy



The portal and app even have an E-Visit option where you can get care via secure online chat!

** Services available through the Intermountain Health patient portal and app may vary by state*

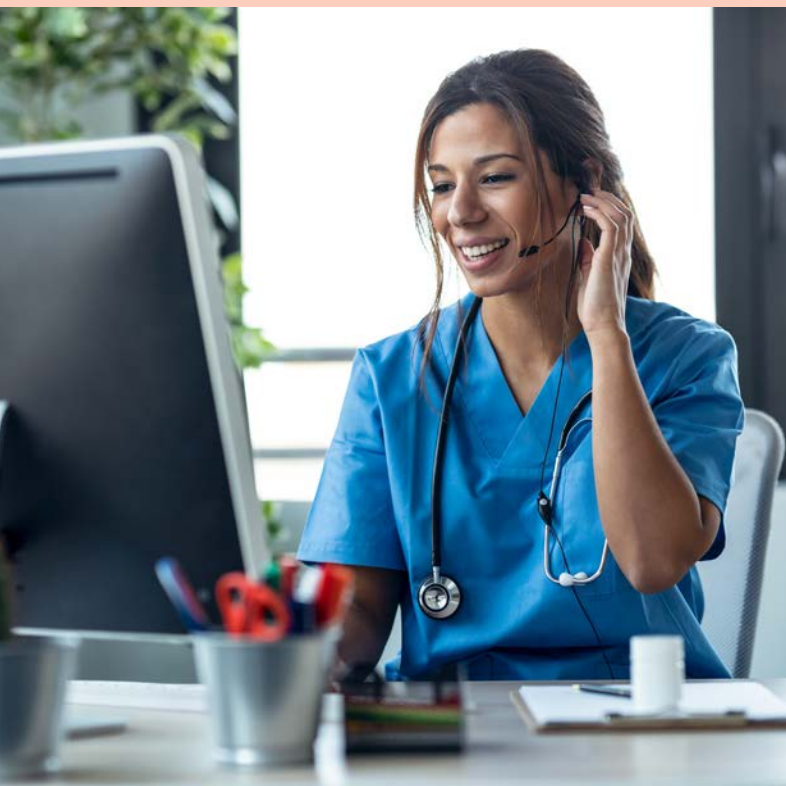
Other virtual care options

For virtual care outside of the Intermountain Health virtual clinic, your in-network doctor's office may use various apps or websites for virtual visits. No matter what video platform you and your doctor use, you have covered benefits for virtual care from in-network providers.



Get started

Download the Intermountain Health app or visit intermountain.com/patientportal.



Digital Tools

You're just a few steps away from having access to the digital tools you'll need for a seamless experience. We'll show you how easy it is.

Start here.

1. Download the Select Health app

- Activate your member account
- View and download your digital ID cards
- View your spending totals, claims, and plan details
- Find in-network doctors and facilities
- Get cost estimates of many healthcare services
- Access Rx Savings Solutions and save money on medications
- Talk to Member Services through our secure chat feature
- Go paperless!

2. Download the Intermountain Health® app

- Schedule appointments with your doctors (virtual visits too!)
- View appointment summaries and test results
- Access your health records
- Manage your medications
- Pay medical bills directly



Need help?

Visit selecthealth.org/resources/digital-tools or call **800-538-5038**.





Tips to Keep Healthcare Costs Low

TIP 1

Get care in the right place.

Save that trip to the emergency room for true emergencies and choose the most appropriate in-network option for your healthcare needs. If you're not sure where to go, visit selecthealth.org/find-care.

TIP 2

Try virtual care.

Video visits can often meet your healthcare needs as effectively as in-person care, but at a lower cost. Remember: No matter what video platform you and your doctor use, you have covered benefits for virtual care from in-network providers. Call Member Services at **800-538-5038** for your plan-specific details.

TIP 3

Use imaging centers or ambulatory surgical centers (ASCs).

MRIs, CT scans, and out-patient surgeries can be done at imaging centers and ASCs where the prices are often lower than a hospital. To find these centers, visit tellicaimaging.com, intermountainhealthcare.org/surgerycenters, or search for providers on the UnitedHealthcare Options PPO network.

TIP 4

Take advantage of our pharmacy resources.

Use generic drugs, if possible. Talk to your doctor and pharmacist about options for using generic drugs - they can help you get effective medication at the best price.

TIP 5

Get preventive care and stay healthy.

Preventive services are covered 100% by most plans when you use in-network providers. Use preventive care to stay healthy and spend less on healthcare. Visit selecthealth.org/wellness/preventive-care to see what preventive services are available.

TIP 6

Manage your chronic illness.

The Care Management team can help coordinate your care and find the best way to meet your needs. Call **800-442-5305**.

Staying healthy

Regular scheduled care

Scheduled care keeps you in shape and can help detect and correct any issues that may occur. Here are a few regular care resources.

Primary care providers

A Primary Care Provider (PCP) treats patients for common medical problems and illness. You can trust a PCP to know your history, provide preventive care, and help you find necessary specialists. To find an in-network doctor, visit selecthealth.org/find-a-doctor.

Specialists

When you need more than your PCP, our network of specialists and surgeons can help—and there are thousands to choose from.

Local clinics

Intermountain Health community and contracted clinics are in your area, so you never have to drive far to get the care you need. Plus, some clinics have extended hours!

Wellness

Our wellness programs and activities are designed to help you maintain a healthy lifestyle.

The Weigh to Health® program

This is a one-year Diabetes Prevention Program for adults who want to lose weight. It includes 23 required sessions with a registered dietitian to set, review, and personalize your plan.

- Track your food and activity each week
- Build up your activity levels
- Work towards losing 5–7% total body weight

To get started, visit intermountainhealthcare.org/weighttohealth or call 801-507-2400.



Wellness rewards programs

We want to give you up to \$240 per person or up to \$580 per family, per year just for being active!* Choose from one of our Wellness Rewards program options and receive reward amounts monthly.

- Gym Membership Reward
- Physical Activity Reward
- Tai Chi
- Yoga
- Acupuncture

For detailed Program Terms and Conditions and more information on how these options work, visit selecthealth.org/getfit or call us at 800-538-5038.

*Rewards received may be considered income and subject to tax.



YOUR HSA CAN PAY

Your HSA isn't just for doctor visits and prescriptions. You can also use your HSA to cover a host of other qualified medical expenses.¹

Questions? We're here for you 24/7.
866.346.5800 | my.HealthEquity.com

TOP TEN WAYS TO USE YOUR HSA:

- 1 Prescription contact lenses and eyeglasses
- 2 Hearing aids
- 3 Diabetes supplies
- 4 Dental services
- 5 Lab tests
- 6 Psychiatric care
- 7 Breast pumps
- 8 Ambulance rides
- 9 Wheelchairs and walkers
- 10 Acupuncture (with statement of medical necessity from your healthcare provider)



PRO TIP:

You can now use your HSA to pay for over-the-counter medicines and menstrual care products.

Some expenses are eligible only with a prescription or letter of medical necessity:

- Activity tracker
- Acne treatment
- Genetic testing
- Certain home exercise equipment
- Massage therapy
- Air purifier
- Fertility treatment

See the full list: HealthEquity.com/QME

¹It is the member's responsibility to ensure eligibility requirements as well as if they are eligible for the expenses submitted. HealthEquity does not provide legal, tax, or financial advice. Always consult a professional when making life-changing decisions.

How to submit an Accident, Hospital Indemnity, or Critical Illness claim



Submitting an Accident, Hospital Indemnity or Critical Illness claim doesn't have to be challenging. Below you'll find the information and tools you need to make the process as smooth as possible.

How to submit an Accident, Hospital Indemnity or Critical Illness claim online

Submitting a claim is as simple as 1-2-3:



1
Visit mybenefits.metlife.com or download the **MetLife Mobile App** to view your certificate of insurance and to initiate your claim* or call 866-626-3705 to obtain a claim form*.



2
Answer some questions about your claim and upload your medical documentation to support your claim. The whole process takes just minutes!



3
Visit **MyBenefits** or your **MetLife Mobile App** frequently to check claim status, letters and benefit payments.

*For Critical Illness claims, a Physician Statement, which is available on **MyBenefits**, needs to be completed by your physician.



Benefits of registering to process claims online:

- Faster processing time
- Less paper waste
- Claims can be submitted 7 days a week

MyBenefits: easy online claim submission

Once registered, you can log in to:

- Submit a claim and upload medical documentation
- See claim status, history, and payments
- Set up direct deposit of benefits
- Read correspondence from MetLife
- Download claim forms
- View your certificate of insurance and designate beneficiaries

MetLife Mobile App

Employees can also submit and access claim information on-the-go. Our mobile app has the same features as the MyBenefits web portal — employees can register and submit claims online, view claim status, letters and benefit payments.



[Download the MetLife app from the iTunes App Store or Google Play](#)



Emergency Travel Assistance Program

SUPPORT BEFORE, DURING AND AFTER TRAVEL

Congratulations! You and your dependents now have access to the Emergency Travel Assistance Program provided by AXA Assistance USA, Inc. This program offers you a broad range of worldwide travel, emergency medical transportation and concierge services 24 hours a day, 365 days a year. With one simple phone call to our response center, you will be connected to a global network of providers to assist you when you are away from home.



(855) 327-1476

Within the United States

(312) 356-5980

Outside the United States.

CALL AXA ASSISTANCE IF YOU REQUIRE:

- Medical and Dental Referrals
- Emergency Medical Evacuation or Repatriation
- Hospital Admission and Critical Care Monitoring
- Return of Mortal Remains
- Dispatch of Prescription Medication
- Lost Document and Luggage Assistance
- Emergency Cash and Bail Assistance
- ID Theft Assistance
- General Travel Information
- Concierge



MEDICAL ASSISTANCE SERVICES¹



EMERGENCY MEDICAL TRANSPORTATION

- Emergency Medical Evacuation
- Medical Repatriation
- Return of Mortal Remains
- Transportation of Travel Companion
- Transportation of Family Member to Accompany Patient
- Escort of Dependent Children

MEDICAL ASSISTANCE

- Medical and Dental Referrals
- Coordination of Hospital Admission
- Critical Care Monitoring
- Dispatch of Physician
- Dispatch of Prescription Medication

Services must be authorized and arranged by AXA Assistance USA, Inc. No reimbursements will be accepted.

CONCIERGE SERVICES



Make your life simpler and easier. Concierge services are designed to fulfill various travel and entertainment requests, including restaurant and entertainment recommendations and reservations, airfare and car rental, personal shoppers and much more.

INTERNATIONAL MEDICAL TELECONSULTATION²



24/7 Medical Care at Your Fingertips

With the International Medical Teleconsultation service, you and your family can receive virtual U.S. medical care when traveling abroad, outside the United States and Canada.

For minor ailments and conditions, U.S. licensed medical practitioners provide medical advice, treatment options, assistance with prescription refills and provider referrals, through your smartphone, tablet or the web.

TRAVEL ASSISTANCE SERVICES¹



TRAVEL ASSISTANCE SERVICES

- Lost Document and Luggage Assistance
- Emergency Cash/Bail Assistance
- Emergency Message Transmission
- Legal Referrals
- General Travel Information

TRAVEL WEB PORTAL

Our web portal, WebCorp, offers travel information at your fingertips. Information available includes practical travel information, medical and security alerts, and our global medical provider search tool to help you before, during and after your trip.

Login Today

Visit www.axausglobalassist.com

Username: globalassist@axa.us.com

Password: [AXA123](#)

IDENTITY THEFT

You also have access to Identity Theft assistance while at home or traveling.

This service provides:

- Awareness and Education: Providing you with a guide on identity theft.
- Recovery and Resolution: Guidance in taking the necessary steps if your identity is compromised.

JUST A PHONE CALL AWAY

**AXA Assistance USA services can be accessed worldwide
24 hours a day, 7 days a week, 365 days a year.**

Within the United States
1 (855) 327-1476

Outside the United States
+1 (312) 356-5980

1 Emergency Medical Transportation & Travel Assistance Services When traveling 100 miles or more away from home for up to 120 days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc. Vehicle return service is applicable upon activation of medical emergency transportation.

Services must be authorized and arranged by AXA Assistance USA, Inc. No reimbursements will be accepted.

All additional costs would be the responsibility of the member. Services will be provided as permitted under applicable law.

Services will not be provided or available for any loss or injury that is caused by, or a result of:

- Mental nervous condition or diagnosis, unless hospitalized
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)
- Travel to any country subject to U.S. trade or economic sanctions

No reimbursements for out-of-pocket expenses will be accepted.

2 International Medical Teleconsultation is not an emergency medical response program. In the event of a medical emergency, members should contact their local emergency medical service. Teleconsultation services may not be appropriate for all medical conditions. **Carefully review our Terms of Service available by calling 1-312-356-5980.** Services are available for limited, non-urgent, non-life threatening medical conditions. Services, including assistance with prescriptions, will be provided as permitted under applicable law. Teleconsultation services are provided by HAA Preferred Partners, LLC, an AXA Assistance company.

Travel Assistance services are considered non-insurance services and are provided by AXA Assistance USA, Inc. AXA Assistance USA Inc. is affiliated with AXA Equitable Life Insurance Company (AXA Equitable) (NY, NY) and MONY Life Insurance Company of America (AZ stock company, admin. office: Jersey City, NJ) (MONY America). Certain benefits provided under the Travel Assistance Program are underwritten by a licensed third-party insurance company. The Travel Assistance Program and services provided are separate and apart from the insurance provided by AXA Equitable and MONY America. Not available in New York. Please review the Terms and Conditions of the Travel Assistance Program for more information.

PROGRAM TERMS AND CONDITIONS

AXA Assistance USA, Inc. Emergency Travel Assistance Services Program is subject to the following terms, conditions and exclusions. PLEASE READ CAREFULLY:

The AXA Assistance USA Emergency Travel Assistance Program is available for those persons eligible for services under this Emergency Travel Assistance Services Program who are employed by a participating organization at the time Emergency Travel Assistance Services are requested and for whom payment is up-to-date. Emergency Travel Assistance Services are available when the eligible person is traveling more than 100 miles away from his or her permanent place of residence or primary residence in the country of permanent assignment and the trip exceeds 120 days.

Expenses unrelated to Emergency Transportation Services, such as hotel, restaurant, taxi expenses or reimbursement for baggage loss while traveling, are not covered.

AXA Assistance USA will not pay for Emergency Transportation Services expenses or Emergency Travel Assistance Services relating to the sickness, injuries or losses of an eligible person:

1. due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;
2. due to the eligible person's mental or nervous condition, unless hospitalized;
3. if traveling against the advice of a physician; or
4. if traveling for medical treatment.

Expenses related to Emergency Transportation Services are covered in whole or in part through an insurance policy issued by a third-party insurance company. AXA Assistance USA facilitates the delivery of Emergency Transportation Services and facilitates payment through the third-party insurance company. In connection with those insured Emergency Transportation Services, AXA Assistance USA shall be subrogated to the rights and causes of action of the person for whom Emergency Transportation Services are rendered against said insurance policy or other insurance plans.

The Emergency Travel Assistance Services do not apply to the extent that trade or economic sanctions or regulations prohibit AXA Assistance USA and/or the third-party insurance company from providing assistance or insurance, including, but not limited to, the payment of claims.

Emergency Travel Assistance Services are provided or arranged by AXA Assistance USA. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide the Emergency Travel Assistance Services. AXA Assistance USA will, however, make all reasonable efforts to provide Emergency Travel Assistance Services and help the eligible person resolve his/her emergency situation.

TREATMENT MUST BE AUTHORIZED AND ARRANGED BY AXA ASSISTANCE USA'S DESIGNATED PERSONNEL TO BE ELIGIBLE FOR BENEFITS UNDER THIS PROGRAM. ALL SERVICES MUST BE PROVIDED AND ARRANGED BY AXA ASSISTANCE USA. NO CLAIMS FOR REIMBURSEMENT WILL BE ACCEPTED. ALL EMERGENCY TRANSPORTATION EXPENSES PROVIDED HEREUNDER MUST BE BY THE MOST DIRECT AND ECONOMICAL ROUTE POSSIBLE.

AXA Assistance USA is not responsible and cannot be held liable, for any malpractice performed by a local physician or attorney, who is not an employee of AXA Assistance USA, loss or damage to the eligible person's vehicle during the return of the vehicle, or loss or damage to any personal belongings.

Legal actions arising hereunder shall be barred unless written notice thereof is received by AXA Assistance USA within 1 year from the date of event giving rise to such legal action. A waiver of liability may be required if evacuation is not deemed by AXA Assistance USA's medical director to be in the best interest of the eligible person. A copy of the waiver is available for review.

There may be circumstances under which AXA Assistance USA reasonably believes that a sick or injured person is an eligible person but cannot verify participation after making inquiries. If, after making reasonable efforts within 72 hours from the time it is notified and AXA Assistance USA is unable to validate the sick or injured person is eligible for Emergency Travel Assistance Services, AXA Assistance USA shall not be responsible for providing services or be responsible for any costs related to emergency medical transportation. In addition, AXA Assistance USA shall not be responsible for or accept any expenses or liabilities related to the care of the sick or injured person or expenses or liabilities that may result from emergency transportation being denied or delayed, including, but not limited to, the death or further injury of the sick or injured person requesting assistance.

Although AXA Assistance USA is affiliated with AXA Equitable Life Insurance Company and MONY Life Insurance Company of America, Emergency Travel Assistance Services are not part of the group insurance coverage underwritten by AXA Equitable Life Insurance Company or MONY Life Insurance Company of America. AXA Assistance USA is solely responsible for furnishing the Emergency Travel Assistance Services and neither AXA Equitable Life Insurance Company nor MONY Life Insurance Company of America shall be responsible or liable for any acts or omissions by AXA Assistance USA or its agents, employees or representatives in connection with the Emergency Travel Assistance Services or performance under these Terms and Conditions.

AXA Assistance USA, Inc. is an Illinois corporation and part of the AXA Group companies. For any questions or comments about AXA Assistance USA, Inc. or its services, please contact AXA Assistance USA, Inc. at info@axa-assistance.us.

"AXA" is the brand name of AXA Equitable Financial Services, LLC and its family of companies, including AXA Equitable Life Insurance Company (AXA Equitable) (NY, NY); MONY Life Insurance Company of America (AZ stock company, admin. office: Jersey City, NJ) (MONY America); and AXA Distributors, LLC. All group insurance products are issued either by AXA Equitable or MONY America, which have sole responsibility for their insurance and claims-paying obligations. Some products are not available in all states.

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1290 Avenue of the Americas, New York, NY 10104, (212) 554-1234

GE-2419938 (2/19) (Exp. 2/21)

G405655
Cat. #157254 (2/19)





Your employer contributes an amount equal to **10%** of your salary into one of two retirement options.

- 1) **Hybrid Retirement System** » Combines a pension and 401(k).
- 2) **Defined Contribution Plan** » The full amount goes into a 401(k).

» Tier 2 Hybrid Retirement System

What is the **Tier 2 Hybrid** Benefit?

$$\text{Number of Years of Service} \times 1.5\% \times \text{Average 5 Highest Years' Salary} = \text{Basic Yearly Pension Benefit}$$

Example	
Years of service	→ 35 Years
x	-----
1.5%	→ 52.5%
x	-----
Average salary (Average of 5 highest years)	→ \$40,000
=	-----
Benefit	→ \$21,000 / year \$1,750 / month

Cost-of-Living Adjustment (COLA)

You'll get a cost-of-living adjustment (COLA) on the anniversary of your retirement date, equal to the rate of inflation, based on the consumer price index. This increase is a simple COLA limited to an annual maximum of 2.5%.

When Can I Retire?

- » **65** with at least **4** years of service
- » **62** with at least **10** years of service*
- » **60** with at least **20** years of service*
- » **Any age** with at least **35** years of service

Early Age Reduction

* If you have **fewer than 35 years of service** and retire **before age 65**, your benefit is reduced.

Age	Reduction
64	9.85%
63	18.59%
62	26.35%
61	33.27%
60	39.95%

(Back)

Tier 2 Basics » Public Employees

You have two retirement benefit options. The Tier 2 Hybrid Retirement System combines a pension and 401(k) plan. The Tier 2 Defined Contribution Plan is 401(k) only. *The comparison below applies only to the Public Employees Tier 2 Retirement System.* The basic comparison for the Public Safety and Firefighter Tier 2 Retirement System is on Pages 6 & 7.

Hybrid Retirement System

- » Your employer contributes an amount equal to 10% of your salary between both plans (pension and 401(k)).
- » Pension contributions are based on the yearly pension contribution rate. For example, the 2019-20 year rate is 8.97%. The difference between 10% and the pension contribution rate (8.97%) is contributed to your 401(k) (1.03%). If the pension contribution rate ever exceeds 10%, you must pay the additional amount above 10%.
- » You'll get up to a 2.5% annual cost-of-living adjustment (COLA) on your retirement payments, based on the consumer price index.
- » Pension and employer contributions to your 401(k) are vested after four years.
- » You may choose to contribute additional funds into the defined contribution plans, and your contributions are immediately vested. *For additional information, please see the Savings Plans section.*

Defined Contribution (DC) Plan

- » Your employer contributes an amount equal to 10% of your salary to a 401(k) plan.
- » Employer contributions to your 401(k) are vested after four years. *For additional information, please see the vesting section.*
- » The amount of money you have throughout retirement depends on investment performance and personal withdrawals.
- » You may choose to contribute additional funds into the defined contribution plans, and your contributions are immediately vested. *For additional information, please see the Savings Plans section.*

Continued, next page

Utah Retirement Systems Savings Plans

401(k) and 457 Plans • Roth and Traditional IRAs

1 Pick Your Plan.
401(k), 457, Traditional IRA, and Roth IRA (may be subject to employer participation).

You can have more than one, for example, a 457 and a Roth IRA. See plan comparison on Page 3.

2 Pick Your Investments.
Target Date Funds offer a one-fund approach to investing, giving you a diversified portfolio through a single investment option. Each fund is comprised of a different mix of investment types that gradually adjust over time. They automatically reallocate more conservatively as you age and enter retirement. See Pages 6 and 7.

Individual investment options let you design your own diversified portfolio. See Pages 4 and 5.

Personal Choice Retirement Account (PCRA) is for experienced investors looking for specific investments. See Page 8.

3 Enroll.
Everything you need is available at www.urs.org. Instructions are below.

Learn More About Your Options

We offer a number of live education opportunities throughout the year, including webinars, seminars, and individual retirement planning. Go to www.urs.org and click the "Education" tab at the top of the page to see ways we can help you become a confident investor.



Enroll in URS Savings Plans in a few quick steps.

Step 1:
Go to www.urs.org
» Log in to myURS. Follow the prompts to set up an account if you don't already have one.

Step 2:
Select Your Savings Plan
» 401(k), 457, Roth or Traditional IRA
» May participate in multiple plans
» Select plan and click "Enroll"

Step 3:
Select Contribution Rate
Step 4:
Select Investment Options

» Target Date Fund (see Pages 6 & 7)
OR
» Among individual investment options that total 100% (see Pages 4 & 5)

Step 5:
Designate Your Beneficiaries
» List your primary and contingent beneficiaries
» You may list a trust as beneficiary

URS Savings Plans Comparison

	Lower tax bill now!		Tax-deferred growth!	Tax-free growth!
	401(k) Tax deferred Pay income tax when withdrawn	457 Tax deferred Pay income tax when withdrawn	Traditional IRA May be tax deductible Pay income tax when withdrawn	Roth IRA After tax deposits Tax-free withdrawals***
Deposits				
Eligibility	401(k) subject to employer participation and employment status	457 subject to employer participation and employment status	IRA deductibility subject to earned income and other limitations; see IRA Guidebook	Roth subject to earned income and other limitations; see IRA Guidebook
Payroll deduction (if allowed by employer)	✓	✓	✓	✓
Rollovers/Transfers	✓	✓	✓	✓
Personal deposits			✓	✓
Withdrawals (Vested balances only)	» Retirement » Termination » Age 59½ if still employed » Hardship (Personal contribution only)	» Retirement » Termination » Age 70½ if still employed » Unforeseeable emergency	» Any time	» Any time
Early Withdrawal Penalty Tax	Yes – 10% early withdrawal penalty tax if withdrawn before age 59½	No penalty tax	Yes – if withdrawn before age 59½	Contributions: No Earnings: Yes – if withdrawn before age 59½
Exceptions:	» You work into the calendar year you turn age 55 (age 50 if you separate from service as a qualified public safety employee) » Payout based on life expectancy » Disability		» First home » Higher education » Payout based on life expectancy » Disability	» First home » Higher education » Payout based on life expectancy » Disability (For additional exceptions see IRS publication 590.)
Annual Contribution Limits	2018 \$18,500	\$18,500*	\$5,500**	\$5,500**
With Age 50+ Catch-Up Provision	2018 \$24,500	\$24,500	\$6,500**	\$6,500**
Loan Provision	Yes (Limitations apply to Tier 2 employer required contributions)	Yes	No	No
Special 457 Catch-Up Provision	*The three years prior to the year you qualify to retire, your limit on 457 contributions is double the standard limit (depending on past contributions). This is called the special catch-up. Note: You cannot use the 457 age 50+ catch-up the same year as the special catch-up.			

**The IRA annual contribution limit represents the amount you can contribute, in total, across all of your Roth and Traditional IRAs, including those that you hold with other financial institutions.

***Roth contributions can be withdrawn, at any time, without taxes. Earnings can be withdrawn without taxes if you are over age 59½ and you have had a Roth IRA for at least five years.

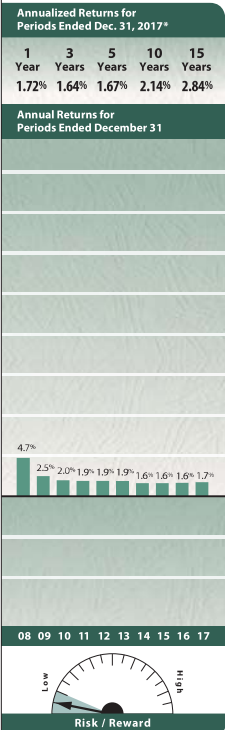
Individual Investment Options

Income Fund

A stable value option and the most conservative investment choice. About 95% of its assets are invested in investment grade bonds that are “wrapped” with book value contracts. The contracts are financial agreements from creditworthy banks and insurance companies, protecting against changes in interest rates and smoothing returns over the duration of the portfolio.

Investment Manager: Ameriprise

Sample of Portfolio
Book Value Contracts
Government Bonds
Short-Term Investments

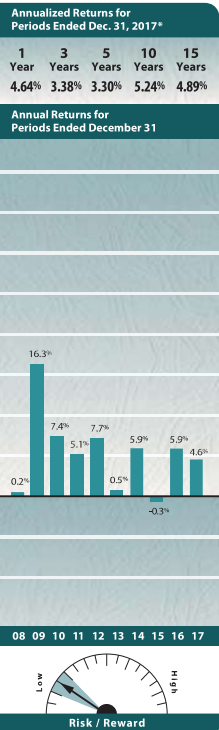


Bond Fund

Generally contains investment grade and government bonds issued in the United States and denominated in U.S. dollars.

Investment Manager: Dodge & Cox

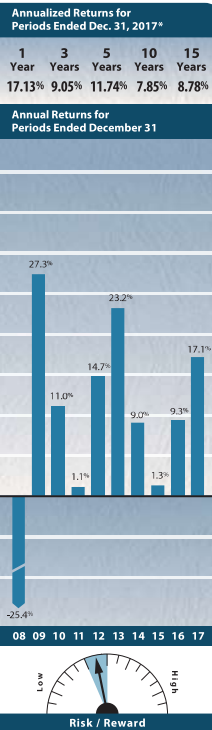
Sample of Portfolio
Asset-Backed Securities
Corporate Bonds
U.S. Treasury and Gov't. Related



Balanced Fund

Invests in a portfolio of about 60% stocks and 40% bonds. This fund is considered less risky than most stock investments, but has higher risk than most fixed income investments.

Portfolio Structure
40% Bond Fund
30% Large Cap Growth Fund
30% Large Cap Value Fund

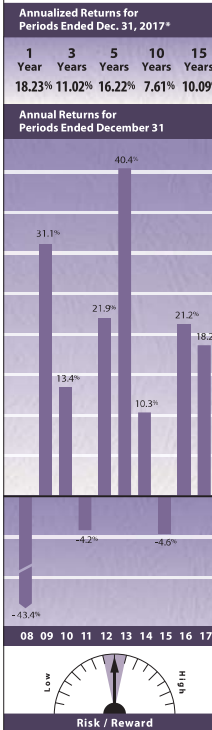


Large Cap Stock Value Fund

Invests in a diversified portfolio of common stocks that appear undervalued by the stock market, but have a favorable outlook for long-term growth.

Investment Manager: Dodge & Cox

Sample of Portfolio Securities
Bank of America Corp.
Charles Schwab Corp.
Wells Fargo & Co.
Capital One Financial Corp.
Charter Communications, Inc.

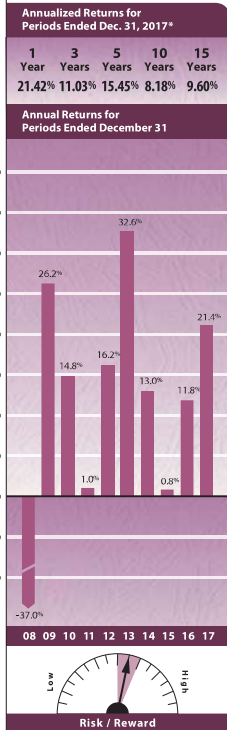


Large Cap Stock Index Fund

Invests in stocks included in the Russell 1000 Index**. The Russell 1000 Index is constructed as a broad and impartial measure of the large cap stock sector.

Investment Manager: Utah Retirement Systems

Sample of Portfolio Securities
Apple, Inc.
Alphabet, Inc.
Microsoft Corp.
Facebook, Inc.
Amazon.com, Inc.

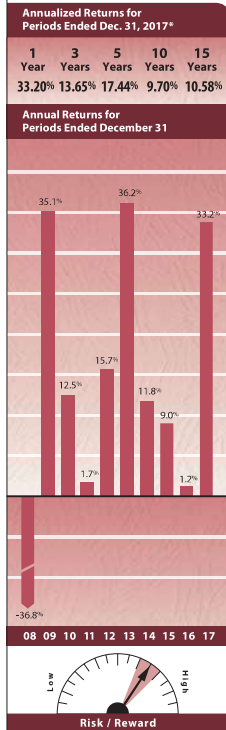


Large Cap Stock Growth Fund

Emphasizes capital appreciation and seeks to identify companies with future relative earnings strength at a reasonable valuation. The portfolio is actively managed to react quickly to changing company fundamentals and prevailing market forces.

Investment Managers: Jennison Associates, LLC

Sample of Portfolio Securities
Alphabet, Inc.
Facebook, Inc.
Apple, Inc.
Amazon.com, Inc.
MasterCard, Inc.

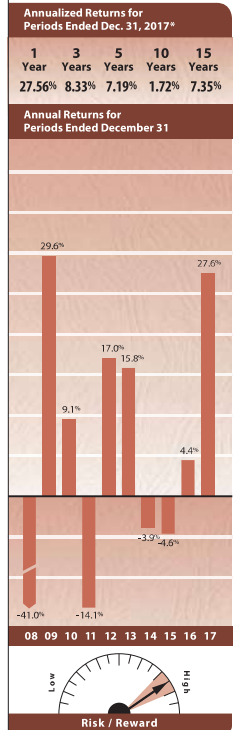


International Fund

Tracks the performance of the MSCI All Country World Index – ex. U.S. – Investable Market Index (ACWI ex. U.S. IMI) as closely as possible. The index is designed as a measure of the global stock market performance of developed and emerging markets that excludes the United States.

Investment Manager: Northern Trust Global Investments

Sample of Portfolio Securities
Nestle SA (Switzerland)
Tencent Holdings (China)
Samsung Electronics Co. (S. Korea)
HSBC Holdings PLC (UK)
Alibaba Group Holding LTD (China)

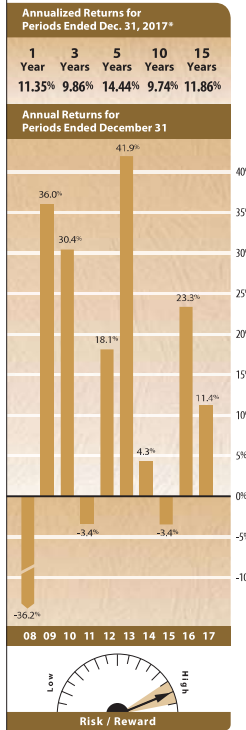


Small Cap Stock Fund

Invests in a broad cross-section of U.S. small companies whose size (market capitalization) falls within the smallest 10% of companies listed on the New York Stock Exchange and NASDAQ National Market System.

Investment Manager: Dimensional Fund Advisors

Sample of Portfolio Securities
Knight-Swift Transportation Holdings
Cathay General Bancorp
Sanderson Farms, Inc.
Sterling Bancorp, Inc.
Terex Corp.



*For up-to-date rates of return, please see Rates of Return and Annual Fees at www.urs.org.

**Russell Investment Group is the source and owner of the trademarks, service marks, and copyrights related to the Russell Indexes. Russell® is a trademark of Russell Investment Group.

URS Target Date Funds

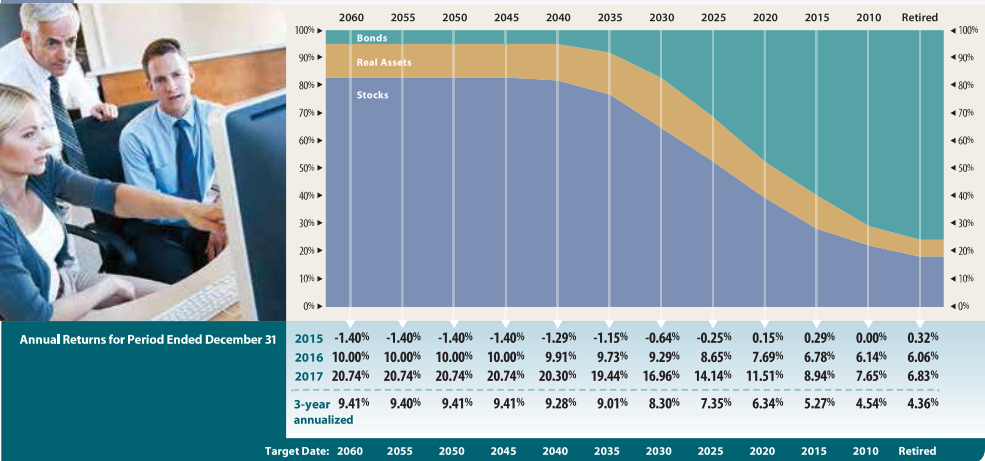
Diversified Portfolio

URS Target Date Funds provide a diversified retirement portfolio through a single investment option. These funds gradually adjust throughout your career and into retirement. The investment mix — which includes stocks, bonds, and real assets — gradually and automatically shifts toward more conservative investments as you age and enter retirement.

Consider the Target Date Fund with the date closest to when you will start withdrawing funds for retirement. For example: if you're a younger employee and you plan to leave the workforce and begin withdrawals around the year 2055, consider the Target Date 2055 Fund. If you're further along in your career and will begin utilizing your account close to the year 2020, consider the Target Date 2020 Fund.

Target Date Funds Asset Allocation

Asset Classes		Target Date 2060	Target Date 2055	Target Date 2050	Target Date 2045	Target Date 2040	Target Date 2035	Target Date 2030	Target Date 2025	Target Date 2020	Target Date 2015	Target Date 2010	Target Date Retired
Bonds	URS Income	—	—	—	—	—	—	3.0%	8.0%	13.0%	18.0%	23.0%	25.0%
	URS Bond	3.0%	3.0%	3.0%	3.0%	4.0%	7.0%	11.0%	16.0%	18.0%	21.0%	20.0%	20.0%
	International Bonds	2.0%	2.0%	2.0%	2.0%	3.0%	4.0%	7.0%	9.0%	10.0%	10.0%	10.0%	10.0%
	Global Inflation-Linked Bonds	—	—	—	—	—	—	1.0%	5.0%	10.0%	15.0%	20.0%	20.0%
Real Assets	U.S. Real Estate Investment Trusts	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	2.0%	—	—	—	—
	Commodities	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.0%	3.0%	3.0%	3.0%	3.0%
	Private Real Estate	4.0%	4.0%	4.0%	4.0%	5.0%	8.0%	10.0%	10.0%	10.0%	7.0%	3.0%	3.0%
Stocks	URS Large Cap Stock Value	10.0%	10.0%	10.0%	10.0%	8.5%	6.0%	4.0%	2.0%	—	—	—	—
	URS Large Cap Stock Index	20.0%	20.0%	20.0%	20.0%	21.0%	23.0%	24.0%	24.0%	23.0%	18.0%	16.0%	14.0%
	URS Large Cap Stock Growth	10.0%	10.0%	10.0%	10.0%	8.5%	6.0%	4.0%	2.0%	—	—	—	—
	URS International	33.0%	33.0%	33.0%	33.0%	32.0%	29.0%	22.0%	15.0%	10.0%	6.0%	4.0%	4.0%
	URS Small Cap Stock	10.0%	10.0%	10.0%	10.0%	10.0%	9.0%	6.0%	4.0%	3.0%	2.0%	1.0%	1.0%





Washington County Mental Health Parity Exemption Notice 2023

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. Washington County has elected to exempt the Washington County Employee Benefit Plan from parity in the application of certain limits to mental health benefits of the following requirements:

Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from these Federal requirements will be in effect for the 2024 plan year beginning January 1, 2024 and ending December 31, 2024. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. If you have any questions, please contact Washington County HR Business Partner, Dave Buckingham, at 435-652-5821 or via email at Dave.Buckingham@washco.utah.gov.



Required Notices and Federal Mandates

Required Notices | CHIP

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**. If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 15, 2021. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers
for Medicare & Medicaid Services www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

Required Notices | CHIP

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/</p> <p>Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus</p> <p>CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</p> <p>Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</p> <p>Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/</p> <p>Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/</p> <p>Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: http://dhs.iowa.gov/Hawki</p> <p>Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/</p> <p>Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx</p> <p>Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp</p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US</p> <p>Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofl/applications-forms</p> <p>Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa</p> <p>Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>

Required Notices | CHIP

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

Required Notices | CHIP

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services	Medicaid Website: https://medicaid.utah.gov/
Phone: 1-800-440-0493	CHIP Website: http://health.utah.gov/chip
	Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
Phone: 1-800-250-8427	https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
	Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/	Website: https://dhhr.wv.gov/bms/
Phone: 1-800-562-3022	http://mywvhipp.com/
	Medicaid Phone: 304-558-1700
	CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-362-3002	Phone: 1-800-251-1269

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



Required Notices

Women's Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator, whose contact information can be found on page two of this guide, for more information.



Glossary of Terms

Dependent Verification Services (DVS) – Service used to verify dependent proof of relationship when adding dependents to benefit plans.

Beneficiary – A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

- **Primary Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
- **Contingent Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

Charges – The term “charges” means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

Coinurance – The percentage of charges for covered expenses that an insured person is required to pay under the plan (separate from copayments)

Deductible – The amount of money you must pay each year to cover eligible expenses before your insurance policy starts paying.

Dependents – Dependents are your:

- Lawful spouse through a marriage that is lawfully recognized.
- Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children.
- Domestic partnership (if covered)

Proof of relationship documentation may be required in order to add dependents to your plan(s). Employees will receive request for documentation.

The definition of qualifying dependents may vary by carrier and plan type. If there is any discrepancy, the insurance carrier's certificate of coverage is the prevailing document.

Emergency Services – Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts, and broken bones.

The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital, or the final diagnosis – whichever reasonably indicated an emergency medical condition – will be the basis for the determination of coverage provided such symptoms reasonably indicate an emergency.

Evidence of Insurability (EOI) – Proof that you are insurable based on the requirements of the insurance carrier. For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.

Explanation of Benefits – The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs are your responsibility.

Health Reimbursement Account (HRA) – The Health Reimbursement Account (HRA) is an employer-funded account that reimburses you for eligible out-of-pocket medical expenses. The HRA is only available to employees who are enrolled in the HRA Plan.

In-Network – The term “in-network” refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

Emergency Care – That meets the definition of “emergency services” and is authorized as such by either the PCP or the review organization is considered in-network.

Out-of-Network – The term “out-of-network” refers to care that does not qualify as in-network.

Maximum Out of Pocket – The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Medically Necessary/Medical Necessity – Required to diagnose or treat an illness, injury, disease, or its symptoms; in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site, and duration; not primarily for the convenience of the patient, physician, or other health care provider; and rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Participating Provider – A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

Post-Tax – An option to have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

Pre-Tax – An option to have the payment to your benefits deducted from your gross pay before your taxes have been withheld. Therefore, your tax contributions will be calculated based on a lesser amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a lesser amount.

Primary Care Dentist (PCD) – The term “Primary Care Dentist” means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

Primary Care Physician (PCP) – The term “Primary Care Physician” means a physician who (a) qualifies as a participating provider in general practice, obstetrics/gynecology, internal medicine, family practice, or pediatrics; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any of your insured dependents.

Proof of Relationship Documentation – Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years' tax returns, court orders, and/or divorce decrees showing your or your spouse's responsibility for the dependent.

About NFP

NFP is a leading insurance broker and consultant that provides employee benefits, property and casualty, retirement and individual private client solutions through our licensed subsidiaries and affiliates. Our expertise is matched by our commitment to each client's goals and is enhanced by our investments in innovative technologies in the insurance brokerage and consulting space.

NFP has more than 5,600 employees and global capabilities. Our expansive reach gives us access to highly rated insurers, vendors and financial institutions in the industry, while our locally based employees tailor each solution to meet our clients' needs. We've become one of the largest insurance brokerage, consulting and wealth management firms by building enduring relationships with our clients and helping them realize their goals.

For more information, visit www.nfp.com.