

2025 Benefits Enrollment Guide

Effective: **January 1, 2025**



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	Gasye Church Washington County HR Generalist 435.301.7452 Gasye.church@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 https://90daysfromretirement.com/nfp/
Medical Plan	SelectHealth 800.538.5038 www.selecthealth.org
Prescription Plan	CVS Pharmacy 866.475.0056 www.caremark.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
Legal Shield	Orion Parker orionparker@legalshieldassociate.com 435.705.6379
Retirement	Utah Retirement Systems (URS) www.urs.org 435.673.6300

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



2025 Washington County Holidays

Holiday	Date*
New Year's Day	January 1, 2025
Martin Luther King, Jr. Birthday	January 20, 2025
President's Day	February 17, 2025
Memorial Day	May 26, 2025
Juneteenth	June 16, 2025 (observed)
Independence Day	July 4, 2025
Pioneer Day	July 24, 2025
Labor Day	September 1, 2025
Veteran's Day	November 11, 2025
Thanksgiving Day	November 27, 2025
Day after Thanksgiving	November 28, 2025
Christmas Eve - half day	December 24, 2025
Christmas Day	December 25, 2025
New Year's Eve - half day	December 31, 2025

*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:

2025 Washington County Holidays

Service	Number of Days
0.01 – 107.99 months	18 PTO days per year
108-203.99 months	24 PTO days per year
204 months and over	30 PTO days per year



Payroll Schedule

2025 Pay Periods		
Payroll	Date Range	Payday
1	December 21 thru January 3	January 10, 2025
2	January 4 thru January 17	January 24, 2025
3	January 18 thru January 31	February 07, 2025
4	February 01 thru February 14	February 21, 2025
5	February 15 thru February 28	March 07, 2025
6	March 01 thru March 14	March 21, 2025
7	March 15 thru March 28	April 04, 2025
8	March 29 thru April 11	April 18, 2025
9	April 12 thru April 25	May 02, 2025
10	April 26 thru May 09	May 16, 2025
11	May 10 thru May 23	May 30, 2025
12	May 24 thru June 06	June 13, 2025
13	June 07 thru June 20	June 27, 2025
14	June 21 thru July 04	July 11, 2025
15	July 05 thru July 18	July 25, 2025
16	July 19 thru August 01	August 08, 2025
17	August 02 thru August 15	August 22, 2025
18	August 16 thru August 29	September 05, 2025
19	August 30 thru September 12	September 19, 2025
20	September 13 thru September 26	October 03, 2025
21	September 27 thru October 10	October 17, 2025
22	October 11 thru October 24	October 31, 2025
23	October 25 thru November 07	November 14, 2025
24	November 08 thru November 21	November 28, 2025
25	November 22 thru December 05	December 12, 2025
26	December 06 thru December 19	December 26, 2025

*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 37	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 CVS Pharmacy**	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 Embedded	\$2,000 / \$4,000 Embedded
Out of Pocket Maximum		
Individual / Family	\$3,000 / \$6,000 Embedded	\$6,000 / \$12,000 Embedded
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 CVS Pharmacy Rx plan, and are not part of the SelectHealth medical plan

***Preauthorization may be required

SelectHealth - 1000 Medical Plan	Medical Cost	
	WELLNESS RATE Annual Physical Required Employee Cost Bi-Weekly (26)	NON-WELLNESS RATE Without Annual Physical Employee Cost Bi-Weekly (26)
Employee Only	\$98.03*	\$125.48*
Two-Party	\$171.28*	\$219.24*
Family	\$233.99*	\$299.51*

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 - 3300 HSA Qualified High Deductible Health Plan - SelectMed

	In-Network	Out-of-Network*
Preventive Care Services		
See list of covered preventive services on page 37	Covered 100%	Not Covered
Deductible	You Pay	You Pay
Employee Only / Family	\$3,300 / \$6,600 Embedded	\$6,600 / \$13,200 Embedded
Out of Pocket Maximum		
Employee Only / Family Includes Copays, Coinsurance & Deductibles	\$3,300 / \$6,600 Embedded	\$8,500 / \$17,000 Embedded
Office Visits	You Pay	You Pay
Primary Care Provider	Covered 100% AD	40% AD
Specialist Physician	Covered 100% AD	40% AD
Intermountain Connect Care	Covered 100% AD	N/A
Urgent Care	Covered 100% AD	40% AD
Prescriptions via CVS Pharmacy**	Tier 1 / Tier 2 / Tier 3	Tier 1 / Tier 2 / Tier 3
30 Day Supply: Retail	Covered 100% AD***	Not Covered
90 Day Supply: Mail Order or Retail	Covered 100% AD***	Not Covered
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 up to 20 visits per year	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

*** Check HSA Preventive Drug List for medications that are covered 100% before deductible

Embedded: If one person in a family hits the individual deductible and out-of-pocket limit in a calendar year, benefits will be paid for that individual at 100% for the remainder of the year.

SelectHealth - 3300 Medical Plan	Medical Cost	
	WELLNESS RATE Annual Physical Required Employee Cost Bi-Weekly (26)	NON-WELLNESS RATE Without Annual Physical Employee Cost Bi-Weekly (26)
Employee Only	\$55.01*	\$80.69*
Two-Party	\$96.10*	\$140.94*
Family	\$131.28*	\$192.55*

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.**

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 2025, the maximum annual contribution for single enrollee set by the IRS is \$4,300, and the maximum family contribution is \$8,550.** 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
2025 Maximum Contribution to HSA	\$4,300	\$8,550	\$8,550
Catch-up Contribution age 55 & older	\$1,000	\$1,000	\$1,000



Employer Contribution	
Coverage	Dollar for dollar match up to:
Employee Only	\$750 annually
Two-Party	\$1,000 annually
Family	\$1,500 annually

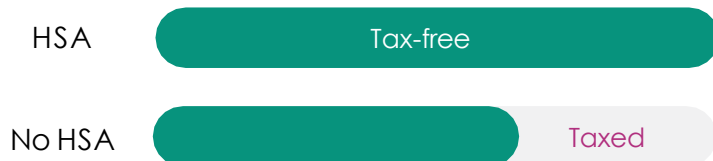
Health Savings Account

An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:¹ Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- ✓ No use-it-or-lose-it rule, HSAs rollover every
- ✓ Available tax-free investing, just like a 401(k)²
- ✓ Requires an eligible high-deductible health plan (HDHP)

Don't tax your money. Max your money.

Get \$20 tax savings for every \$100 you contribute.³



2025 HSA Contribution Limits



\$4,300

Individual plan



\$8,550

Family plan

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



**See how much
you can save.**

HealthEquity.com/Learn/HSA

¹HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²Investments 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. | ³Example for illustration only. Estimated savings are based on an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your taxable income and tax status. HealthEquity does not provide legal, tax or financial advice.



Spend tax-free.

There are thousands of HSA-qualified expenses. Here are just few:

- Medical
- Dental
- Vision
- Pharmacy
- Over-the-counter (OTC) medications
- Mental health services
- Lab fees

High Deductible Health Plan (HDHP) - Health Savings Account (HSA)

Generics Only Preventive Therapy Drug List

(10/01/24)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

emtricitabine/tenofovir disoproxil fumarate 200/300 mg

ANTICOAGULANTS/

ANTIPLATELETS

ANTICOAGULANTS

*dabigatran
enoxaparin
fondaparinux
warfarin
Jantoven*

PLATELET AGGREGATION INHIBITORS

*aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel*

Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.

ANTICONVULSANTS

*carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
methsuximide
oxcarbazepine
oxcarbazepine ext-rel
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol
Phenytek*

CARDIOVASCULAR CONDITIONS -

OTHER

ANTIARRHYTHMIC AGENTS

*amiodarone
disopyramide
dofetilide
flecainide \ddagger
propafenone
propafenone ext-rel
sotalol
sotalol AF
Pacerone*

ORAL ANTIANGINAL AGENTS

*isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate ext-rel*

Sublingual and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal

CORONARY ARTERY DISEASE

ANTIHYPERTENSIVES

*atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
icosapent ethyl
lovastatin
niacin ext-rel
pitavastatin
pravastatin
rosuvastatin
simvastatin
Niacor
Prevalite*

COMBINATION ANTIHYPERTENSIVES

*amlodipine/atorvastatin
ezetimibe/simvastatin*

DIABETES

ORAL DIABETES AGENTS

*acarbose
alogliptin
alogliptin/metformin*

*alogliptin/pioglitazone
dapagliflozin
dapagliflozin/metformin ext-rel
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
saxagliptin
saxagliptin/metformin ext-rel*

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

*amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
 \ddagger valsartan
valsartan/hydrochlorothiazide*

BETA-BLOCKERS AND COMBINATION AGENTS

*acebutolol
atenolol
atenolol/chlorthalidone*

Please note: This list represents branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
carvedilol phosphate ext-rel
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nebivolol
pindolol
propranolol
propranolol ext-rel
timolol maleate

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
levamlodipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Cartia XT
Dilt-XR
Matzim LA
Nifediac CC

DIURETICS

amiloride/hydrochlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren
amlodipine/olmesartan
amlodipine/telmisartan
*amlodipine/valsartan/
hydrochlorothiazide*
clonidine
clonidine transdermal
guanfacine
hydralazine
methyldopa
minoxidil
*olmesartan/amlodipine/
hydrochlorothiazide*

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
imipramine HCl
imipramine pamoate
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
vilazodone
Irenka

ANTIMANIC

lithium carbonate
lithium carbonate ext-rel

ANTIPSYCHOTICS

aripiprazole
asenapine
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
lurasidone
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

OBSESSIVE COMPULSIVE DISORDER

clomipramine
fluvoxamine
fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate
rалoxifene
risedronate
teriparatide
zoledronic acid 5 mg/100 mL

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
orlistat
phendimetrazine
phentermine

BOWEL PREPARATIONS

peg 3350/electrolytes
*sodium sulfate/potassium
sulfate/magnesium sulfate*
Gavilyte

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrilex
nicotine transdermal
varenicline

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

MISCELLANEOUS

cholecalciferol (D3)

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
budesonide/formoterol
cromolyn sodium nebulizer solution
fluticasone furoate/vilanterol
fluticasone propionate diskus
fluticasone propionate HFA
fluticasone/salmeterol
montelukast
zafirlukast
zileuton ext-rel
Breyna
Wixela Inhub

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Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

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106-29793A 100124

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine
primaquine

DENTAL CARIES PREVENTION

sodium fluoride

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
everolimus
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide

WOMEN'S HEALTH

ANTIESTROGENS

tamoxifen

AROMATASE INHIBITORS

anastrozole
exemestane
letrozole

CONTRACEPTIVES

CONTRACEPTIVES - ALL GENERIC PRESCRIPTION FORMULATIONS

Over-the-Counter (OTC) contraceptive and emergency contraceptive products require a prescription. Coverage may vary by plan.

PRENATAL VITAMINS

folic acid

PRENATAL VITAMINS - GENERIC PRODUCTS

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

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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>	Quadruplegia: 100% Loss of: Speech, hearing (both ears): 100% Hemiplegia or Paraplegia: 50%	Quadruplegia: 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

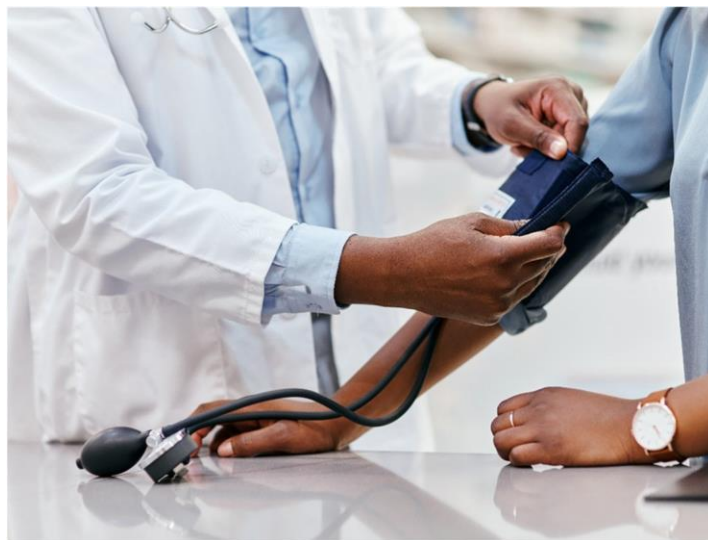
AGE REDUCTION: At age 70 and older, any benefit payable will be reduced by 50% (this does not apply to the Wellness Benefit)

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	100% of Benefit Amount	None
<i>bone marrow, heart, lung, pancreas, liver</i>		
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.

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 Adults	50% Discount Only	50% Discount Only	50% 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 Per Pay Period (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 \$3,300* 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, 2025, if you have remaining funds there is a 75-day grace period (up to March 15, 2026) 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

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	\$0.078	\$0.078
30-34	\$0.082	\$0.082
35-39	\$0.102	\$0.102
40-44	\$0.118	\$0.118
45-49	\$0.198	\$0.198
50-54	\$0.233	\$0.233
55-59	\$0.353	\$0.353
60+	\$0.576	\$0.576



Child(ren) Voluntary Life and AD&D Rates	
Monthly Rates by Coverage Amount	
\$10,000	\$1.34
\$20,000	\$2.68

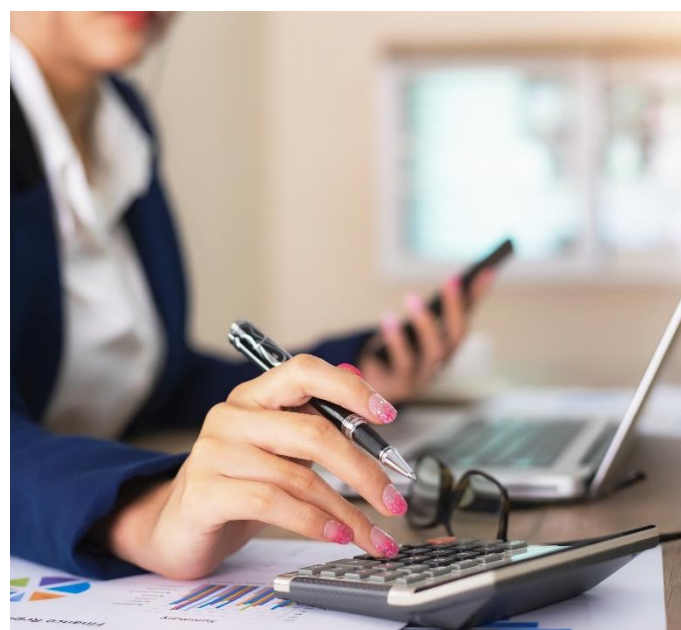
Voluntary Short-Term Disability

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









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- Grief or Loss
- Financial or Legal Problems
- Substance Abuse or Addictions
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- ☐ Been a victim of a data breach?
- ☐ Been concerned about security when using public Wi-Fi?
- ☐ Been afraid of having your or your family's identity stolen?
- ☐ Had unauthorized withdrawals from your bank account or credit cards?
- ☐ Had your social media accounts hacked?

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Moving Traffic Ticket Assistance with non-criminal, moving traffic matters when driving with a license and proper registration.

Document Review — Your provider law firm reviews personal documents (up to 15 pages each).

Letters And Phone Calls made on your behalf to help resolve consumer legal disputes.

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Discounted Legal Services — For legal matters that are not covered at 100%, get a 25% discount on the provider law firm's standard rate.

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Your Payroll Deduction

Monthly Rates

Individual Plan

\$21.95

LegalShield Plan

\$9.95

IDShield Plan

\$31.90

Dual Plan

Family Plan

\$21.95

LegalShield Plan

\$18.95

IDShield Plan

\$37.90

Dual Plan

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to its members through membership-based participation. Neither PPLSI nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan overview for specific state of residence for complete terms, coverage, amounts and conditions. IDShield is a product of Pre-Paid Legal Services, Inc. ("PPLSI") and provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and restoration services are available for eligible dependent children ages 18 to 26 who permanently reside in the same residence as the named member. Some of the services provided under the plan by third party providers are subject to change without notice. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

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www.shieldbenefits.com/washington



Retirement Information



2025 Investment Options

AND SAVINGS PLANS OVERVIEW

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

Utah Retirement Systems Savings Plans

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

1 Pick Your Plan.

401(k), 457(b) (subject to employer participation), **Traditional IRA**, and **Roth IRA**.

You can have more than one, for example, a 457(b) 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 contains 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 at right.

Learn More About Your Options.

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



Enroll in URS Savings Plans in a few quick steps.



Step 1:

Goto 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(b), Roth IRA, Traditional IRA

» May participate in multiple plans

Step 3:

Select Contribution Rate

Step 4:

Select Investment Options

» Target Date Fund
(See Pages 6 & 7.)

OR

» Among individual investment funds that total 100%
(See Pages 4 & 5.)

Step 5:

Designate Your Beneficiaries

» List your primary and contingent beneficiaries

URS Savings Plan Comparison

	Lower tax bill now!		Tax-deferred growth!	Tax-free growth!
	401(k) Tax deferred Pay income tax when withdrawn	457(b) 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	Subject to employer participation and employment status	Subject to employer participation and employment status	Deductibility subject to earned income and other limitations; see IRA Guidebook	Subject to earned income and other limitations; see IRA Guidebook
Payroll deduction (if allowed by employer)	✓	✓	✓	✓
Rollovers/Transfers	✓	✓	✓	✓
Personal deposits			✓	✓
Withdrawals (Vested balances only)	» Separation from service » Age 59½ if still employed » Hardship » Qualified birth or adoption	» Separation from service » Age 59½ if still employed » Emergency » Qualified birth or adoption	» 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: (For additional exceptions see IRS Publication 575 and IRS Publication 590-B)	» 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
Annual Contribution Limits	2024 \$23,000*	\$23,000**	\$7,000**	\$7,000**
With Age 50+ Catch-Up Provision	2024 \$30,500*	\$30,500*	\$8,000**	\$8,000**
Loan Provision	Yes (Limitations apply to Tier 2 employer required contributions)	Yes	No	No
Special 457(b) Catch-Up Provision	*The three years prior to the year you qualify to retire, your limit on 457(b) contributions is double the standard limit (depending on past contributions). This is called the special catch-up. Note: You cannot use the 457(b) age 50+ catch-up the same year as the special catch-up.			

*The 401(k) and 457(b) annual contribution limits are applied separately. You can contribute up to the maximum into each plan.

**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.

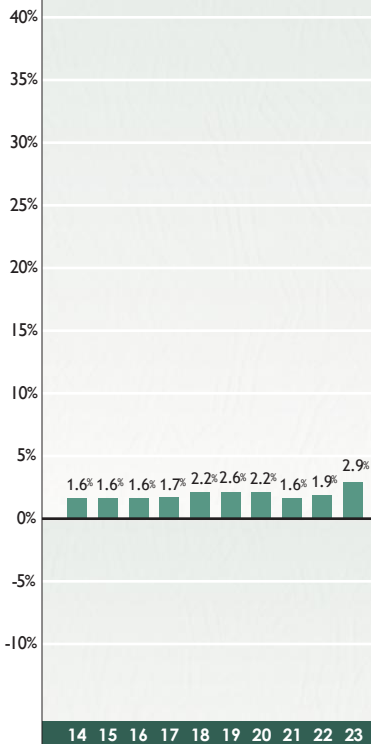
Investment Manager:
T. Rowe Price

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

Annualized Returns for
Periods Ended Dec. 31, 2023*

1 Year	3 Years	5 Years	10 Years	15 Years
2.85%	2.10%	2.21%	1.97%	1.99%

Annual Returns for
Periods Ended December 31



Bond Fund

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

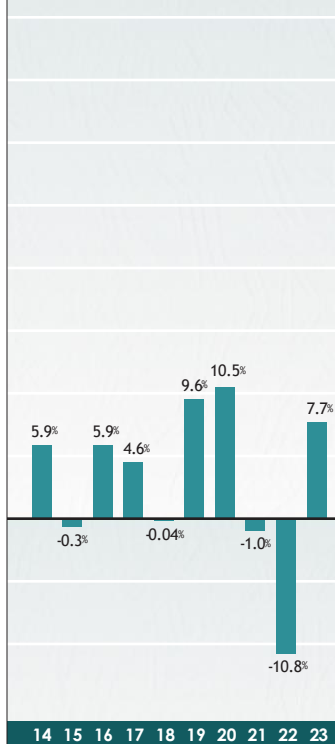
Investment Manager:
Dodge & Cox

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

Annualized Returns for
Periods Ended Dec. 31, 2023*

1 Year	3 Years	5 Years	10 Years	15 Years
7.73%	-1.65%	2.87%	3.02%	4.43%

Annual Returns for
Periods Ended December 31



Balanced Fund

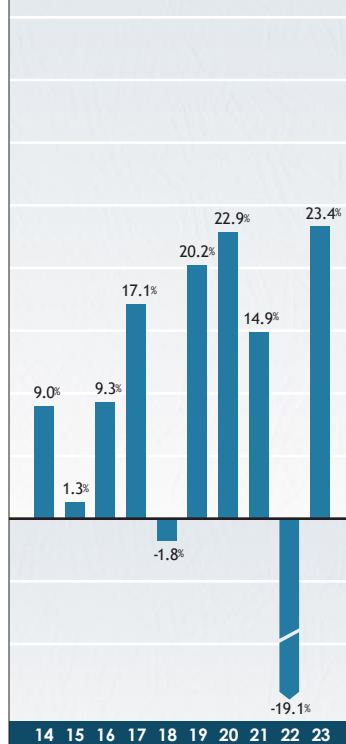
Invests in a portfolio of about 60% stocks and 40% bonds. This fund is considered less risky than most stock investments, but has higher risk than most fixed income investments.

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

Annualized Returns for
Periods Ended Dec. 31, 2023*

1 Year	3 Years	5 Years	10 Years	15 Years
23.42%	4.70%	11.13%	8.94%	10.95%

Annual Returns for
Periods Ended December 31



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.

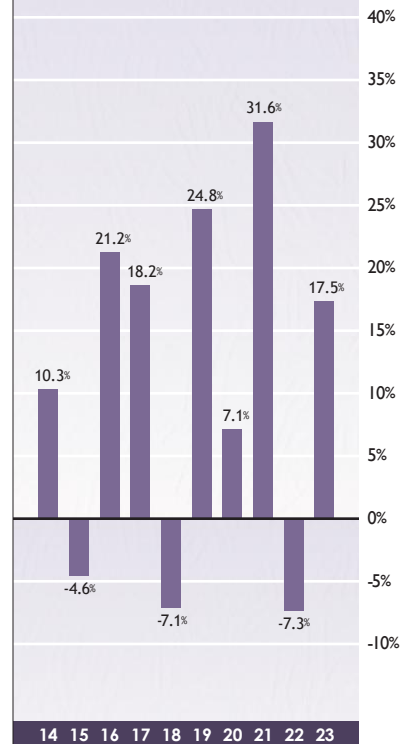
Investment Manager:
Dodge & Cox

Sample of Portfolio Securities
Occidental Petroleum Corp.
Alphabet, Inc.
Wells Fargo & Co.
Sanofi
The Charles Schwab Corp.

Annualized Returns for
Periods Ended Dec. 31, 2023*

1 Year	3 Years	5 Years	10 Years	15 Years
17.46%	12.76%	13.88%	10.38%	13.34%

Annual Returns for
Periods Ended December 31



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.
Microsoft Corp.
Alphabet, Inc.
Amazon.com, Inc.
NVIDIA Corp.

Annualized Returns for
Periods Ended Dec. 31, 2023*

1 Year	3 Years	5 Years	10 Years	15 Years
26.38%	8.83%	15.36%	11.61%	13.60%

Annual Returns for
Periods Ended December 31



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 Manager:
Jennison Associates, LLC

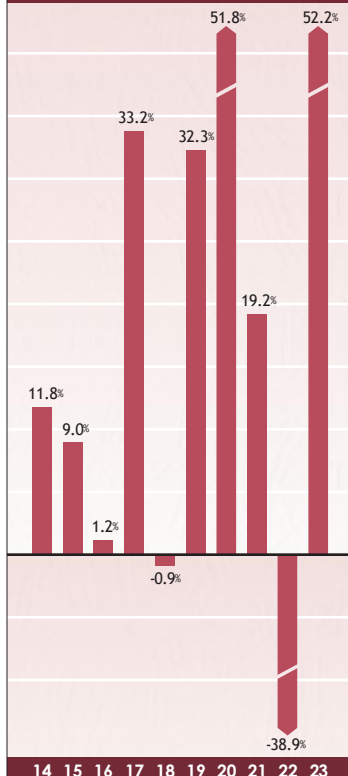
Sample of Portfolio Securities

NVIDIA Corp.
Microsoft Corp.
Amazon.com, Inc.
Alphabet, Inc.
Apple, Inc.

Annualized Returns for
Periods Ended Dec. 31, 2023*

1 Year	3 Years	5 Years	10 Years	15 Years
52.19%	3.48%	17.34%	13.72%	15.61%

Annual Returns for
Periods Ended December 31



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.

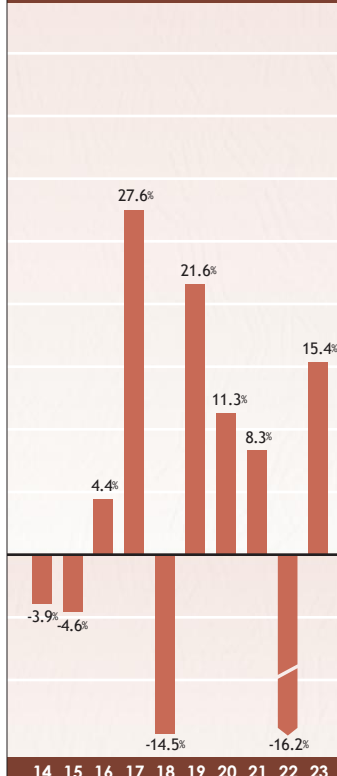
Investment Manager:
Northern Trust Global Investments

Sample of Portfolio Securities
Taiwan Semiconductor (China)
Nestle S.A. (Switzerland)
Novo Nordisk A/S (Denmark)
Tencent Holdings Ltd. (China)
ASML Holding N.V. (Netherlands)

Annualized Returns for
Periods Ended Dec. 31, 2023*

1 Year	3 Years	5 Years	10 Years	15 Years
15.35%	1.53%	7.21%	3.99%	6.11%

Annual Returns for
Periods Ended December 31



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.

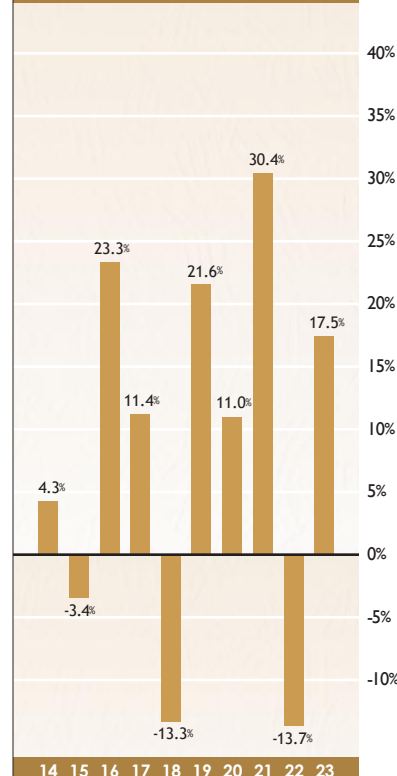
Investment Manager:
Dimensional Fund Advisors

Sample of Portfolio Securities
Simpson Manufacturing Co., Inc.
Comfort Systems USA, Inc.
UFP Industries, Inc.
Fabrinet
Saia, Inc.

Annualized Returns for
Periods Ended Dec. 31, 2023*

1 Year	3 Years	5 Years	10 Years	15 Years
17.51%	9.78%	12.28%	7.91%	12.87%

Annual Returns for
Periods Ended December 31



**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.

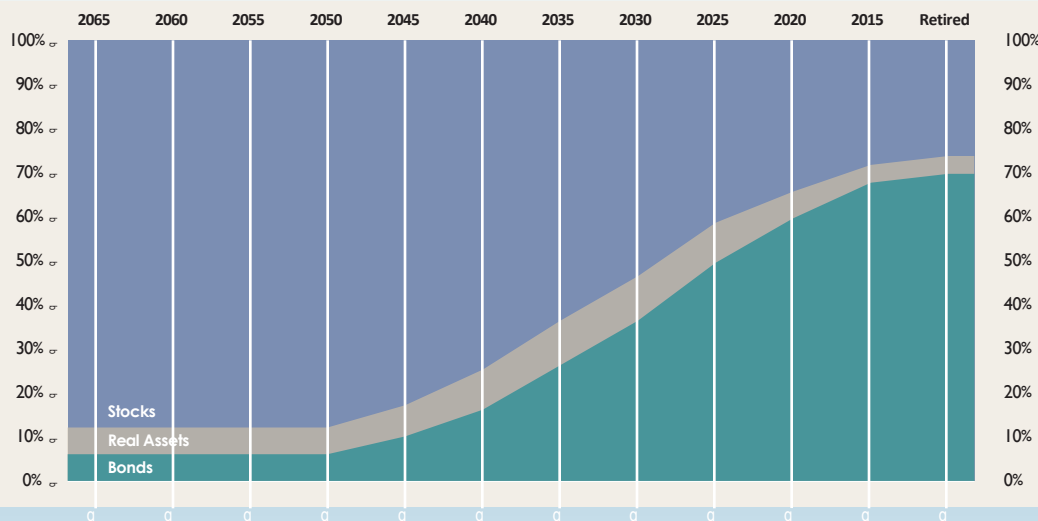
Consider the Target Date Fund with the date closest to when you will start withdrawing funds for retirement. For example: If you're a younger employee and plan to leave the workforce and begin withdrawals around the year 2055, consider the Target Date 2055 Fund. If you're further along in your career and will begin utilizing your account close to the year 2030, consider the Target Date 2030 Fund.

Target Date Funds Asset Allocation

The asset allocation chart below shows the current breakdown of each Target Date Fund. Some of the asset classes are made up of the URS individual investment options (URS Income Fund, URS Bond Fund, URS Large Cap Stock Index Fund, URS International Fund, URS Small Cap Stock Fund) while others are exclusive to Target Date Funds (International Bonds, Global Inflation-Linked Bonds, Private Real Estate).

Target Date Funds Asset Allocation

Asset Classes		Target Date 2065	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 Retired
Stocks	URS Large Cap Stock Index	42.0%	42.0%	42.0%	42.0%	40.0%	36.0%	34.0%	32.0%	27.0%	25.0%	22.0%	20.0%
	URS International	35.0%	35.0%	35.0%	35.0%	33.0%	30.0%	24.0%	17.0%	12.0%	8.0%	6.0%	6.0%
	URS Small Cap Stock	11.0%	11.0%	11.0%	11.0%	10.0%	9.0%	6.0%	5.0%	3.0%	2.0%	1.0%	1.0%
Real Assets	Private Real Estate	6.0%	6.0%	6.0%	6.0%	7.0%	9.0%	10.0%	10.0%	9.0%	6.0%	4.0%	4.0%
Bonds	URS Income	—	—	—	—	—	—	—	3.0%	8.0%	10.0%	11.0%	11.0%
	URS Bond	4.0%	4.0%	4.0%	4.0%	6.0%	10.0%	15.0%	18.0%	22.0%	27.0%	30.0%	31.0%
	International Bonds	2.0%	2.0%	2.0%	2.0%	4.0%	6.0%	10.0%	11.0%	12.0%	13.0%	15.0%	16.0%
	Global Inflation-Linked Bonds	—	—	—	—	—	—	1.0%	4.0%	7.0%	9.0%	11.0%	11.0%



Annual Returns for Period Ended December 31, 2019	— *	23.78%	23.78%	23.78%	23.78%	23.35%	21.74%	19.76%	16.58%	14.28%	12.03%	10.35%
2020	— *	16.18%	16.18%	16.18%	16.17%	15.39%	13.15%	13.43%	10.58%	9.74%	8.78%	8.42%
2021	18.69%	18.69%	18.69%	18.69%	18.31%	17.32%	15.98%	14.57%	12.37%	9.85%	8.69%	7.43%
2022	-15.67%	-15.67%	-15.67%	-15.67%	-15.50%	-14.77%	-13.93%	-12.74%	-11.07%	-10.56%	-9.97%	-9.73%
2023	18.45%	18.45%	18.45%	18.45%	17.76%	16.49%	15.21%	13.99%	12.37%	11.65%	11.28%	10.64%
3-Year Annualized	5.84%	5.84%	5.84%	5.84%	5.59%	5.21%	4.77%	4.45%	3.94%	3.13%	2.88%	2.37%
5-Year Annualized	N/A*	11.26%	11.26%	11.26%	11.10%	10.64%	9.64%	9.13%	7.68%	6.59%	5.82%	5.12%

Target Date: 2065 2060 2055 2050 2045 2040 2035 2030 2025 2020 2015 Retired

* Fund inception: Jan. 1, 2021. Additional returns will be added as they become available.



Stocks:

■ **URS Large Cap Stock Index Fund:** See Page 5.

■ **URS International Fund:** See Page 5.

■ **URS Small Cap Stock:** See Page 5.

Real Assets:

■ **Private Real Estate** is a fund of funds that allows investors to gain exposure to portfolios of direct real estate investments. The fund will invest primarily in existing private real estate funds, publicly traded real estate securities, and other real estate related investments. These portfolios are comprised of institutional quality commercial real estate across a broad range of real estate asset types.

Investment Manager: PGIM Real Estate

Bonds:

■ **URS Income Fund:** See Page 4.

■ **URS Bond Fund:** See Page 4.

■ **International Bonds** are used to diversify the bond investments within the Target Date Funds. An international bond is a bond issued outside of the United States by a government or non-U.S. corporation.

Investment Manager: Insight North America LLC

Sample of Portfolio: International Asset-Backed Securities
International Corporate Bonds
International Government Bonds

■ **Global Inflation-Linked Bonds** are debt instruments, primarily issued by governments of developed market countries, created to protect investors from the effects of inflation. An example of inflation-linked bonds are TIPS (Treasury Inflation-Protected Securities), which are issued by the U.S. Government and are designed to reduce the risk of inflation by indexing the principal of the bond to an inflation rate.

Investment Manager: BlackRock Financial Management, Inc.

Sample of Portfolio: TIPS (Treasury Inflation-Protected Securities)
Index-Linked Government Bonds — UK
Index-Linked Government Bonds — Germany

Low Annual Fees

These fees are deducted from earnings prior to posting and do not appear as separate items on your statement. Thoroughly investigate all fees before you invest in any program.

Fund	Annual Investment Fees*	Annual Administrative Fees*	Total Annual Fees*
Income Fund	0.20%	0.10%	0.30%
Bond Fund	0.10%	0.10%	0.20%
Balanced Fund	0.24%	0.10%	0.34%
Large Cap Value Fund	0.41%	0.10%	0.51%
Large Cap Index Fund	0.02%	0.10%	0.12%
Large Cap Growth Fund	0.24%	0.10%	0.34%
International Fund	0.05%	0.10%	0.15%
Small Cap Stock Fund	0.27%	0.10%	0.37%
Target Date 2065	0.10%	0.10%	0.20%
Target Date 2060	0.10%	0.10%	0.20%
Target Date 2055	0.10%	0.10%	0.20%
Target Date 2050	0.10%	0.10%	0.20%
Target Date 2045	0.11%	0.10%	0.21%
Target Date 2040	0.13%	0.10%	0.23%
Target Date 2035	0.14%	0.10%	0.24%
Target Date 2030	0.15%	0.10%	0.25%
Target Date 2025	0.15%	0.10%	0.25%
Target Date 2020	0.14%	0.10%	0.24%
Target Date 2015	0.13%	0.10%	0.23%
Target Date Retired	0.13%	0.10%	0.23%
Tier 2 Nonvested	0.14%	0.10%	0.24%

*For up-to-date investment and administrative fees, see Rates of Return and Fees at www.urs.org.

Note: Information regarding these and other special service fees can be found in the **Summary Plan Descriptions**.





charles SCHWAB

PCRA

Self-Directed Brokerage Account

The Schwab Personal Choice Retirement Account® (PCRA) is a self-directed brokerage account available through URS.

If you're an experienced investor looking for specific investments, this brokerage account with Charles Schwab & Co. offers access to thousands of different types of investments. This option is generally not advised for new accounts as it has minimum account balance requirements and additional risks.

Invest in:

- » More than 8,500 mutual funds from over 630 well known fund families (excluding URS Savings Plans core funds)
- » Any stock listed on the major U.S. exchanges, including over-the-counter stocks, and foreign securities
- » Bonds and other fixed income investments
- » Money market and brokered CDs
- » Exchange traded funds (ETFs)

For more information about PCRA enrollment, requirements, and costs, see the *Charles Schwab PCRA Self Directed Brokerage Account* brochure at www.urs.org in the *Publications* section. Or contact the Savings Plans Department for a copy.

Maintain Your Account

Periodically review your account to make sure it is still in line with your goals. Here are a few questions to ask yourself when reviewing your account:

- » Has my timeline to retirement changed?
- » Are my investments still appropriate for my age and risk tolerance?
- » Have I had a major life event (marriage, divorce, career change, change in income)?
- » Can I afford to contribute more to my retirement?

Make changes to your investments or personal contributions at myURS at www.urs.org or by submitting a Contribution and Investment Change Agreement.

Trading Policy

You may submit one transfer request (whether electronically, by fax, mail, or hand delivered) for your vested core fund balances every seven days. This applies separately — the 401(k), 457(b), Roth IRA, and Traditional IRA each constitutes a separate plan. If you transfer any or all of your current accounts more often than once every 30 days, you will be charged a 2% fee on amounts transferred. Each transfer, after being processed, will start a new 30-day period. The fees generated by this policy are used to reduce the administrative expenses for all plan participants. Changes to the investment allocation of future deposits and future contribution amounts are allowed as often as daily.

Transfer Policy

Investment changes received at URS before the close of the New York Stock Exchange (NYSE), generally 2 p.m. Mountain Time, are transferred using that evening's closing market values. Requests received after the close of the NYSE are transferred using the next business day's closing market values. On days of unusually heavy transfer activity, computer system failure or other unforeseen circumstances, URS reserves the right to process transfers using the next available business day's closing market values. Changing your future investment allocation or your contribution amounts are allowed as often as daily. Transfers to or from a PCRA are allowed once every seven calendar days. PCRA transfers must be requested at www.urs.org.

Points to Remember

This publication is intended to provide general information and does not constitute legal, tax, financial or investment advice and should not be construed as such or relied upon for those purposes. Nothing herein should be construed to establish, amend, enlarge, reduce, or otherwise affect any benefits, rights, responsibilities, or privileges. If there is a conflict between any applicable law, rule, regulation, plan provision, or contract and the contents of this publication, the law, rule, regulation, plan provision, or contract shall prevail. URS investment funds are not FDIC insured, not deposits or obligations of, or guaranteed by, any financial institution; and are not guaranteed by URS or any government agency. Past performance of the funds does not guarantee future results. URS regularly evaluates the funds and may change investment managers and Target Date Fund allocations as needed. The funds may utilize transactions involving securities lending in order to generate additional income. Although risk of loss from securities lending is low, securities lending is not without risk.



Savings Plans Department
PO Box 1590, Salt Lake City, UT 84110-1590

Salt Lake City Office
560 East 200 South, Suite 200
Salt Lake City, UT 84102-2021
801-366-7720 • 800-688-401k

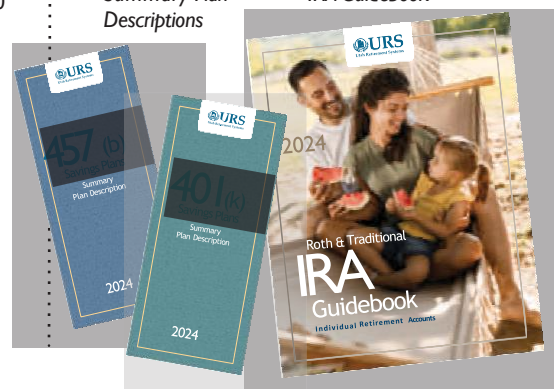
Southern Utah Branch Office
20 North Main Street, Suite 206
St. George, UT 84770
435-673-6300 • 800-950-4877

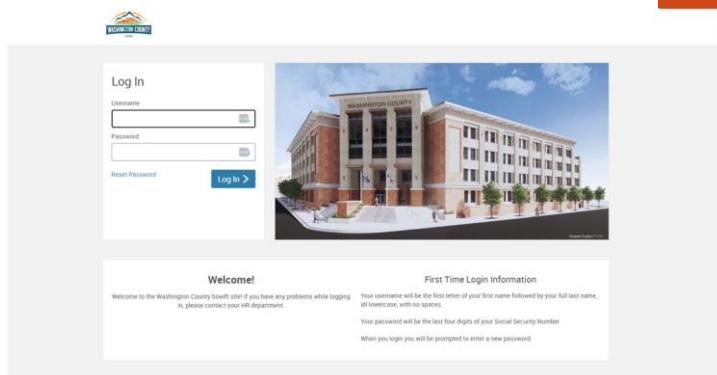
www.urs.org

To Learn More

Find these publications at www.urs.org.

401(k) and 457(b) Summary Plan Descriptions
Roth & Traditional IRA Guidebook





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.



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*

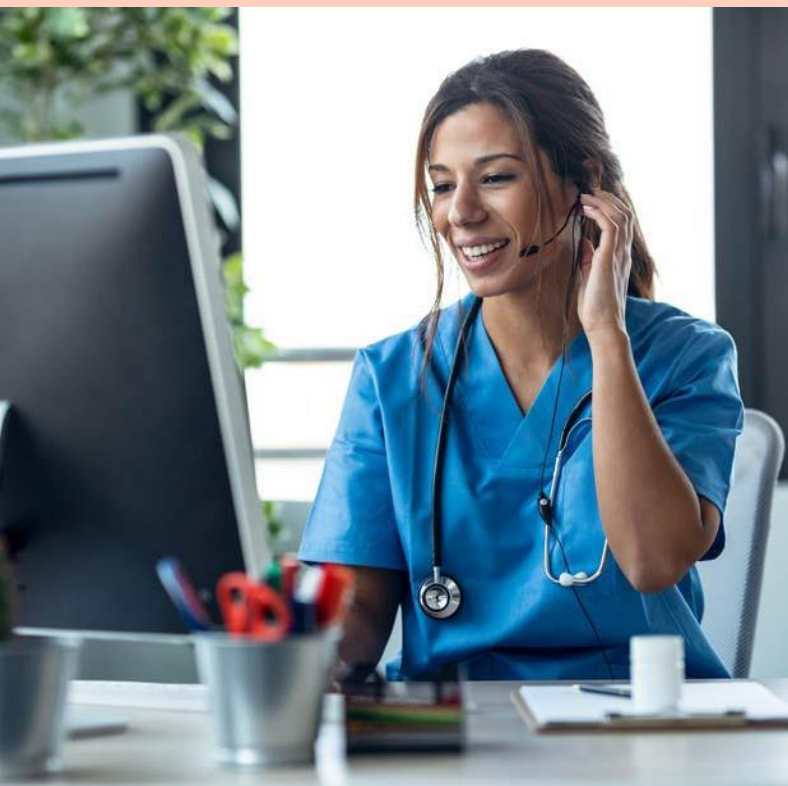
Other virtual care options

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](https://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**.



Intermountain Connect Care®

What's Connect Care?

Get primary care, mental health care, physical therapy, nutritional and lactation support, and 24/7 urgent care from home with virtual doctor visits at no or low out-of-pocket cost to you. The typical wait time for urgent care is under 10 minutes, and you can save an average of \$400 per visit compared with the emergency room* (ER).

**For emergencies, call 911 or go to the ER.*

Commonly treated conditions:

- Stuffy and runny nose
- Allergies
- Sore throat
- Eye infections
- Cough
- Painful urination
- Lower back pain
- Joint pain or strains
- Minor skin problems

Other virtual care options

For virtual care outside of Connect Care, 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 Connect Care app or visit intermountainhealthcare.org/connectcare.





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:



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*.



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



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

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

Cat. #157254 (2/19)



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

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
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus 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	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

Required Notices | CHIP

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

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 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 Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ 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 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ 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 Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx 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 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 Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>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</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Required Notices | CHIP

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

NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	NEW HAMPSHIRE – Medicaid 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 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	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – 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)	RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	VIRGINIA – Medicaid and CHIP Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	WEST VIRGINIA – Medicaid and CHIP Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269



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

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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)





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.

Coinsurance – 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.

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