2025

EMPLOYEE BENEFITS GUIDE

WASHINGTON COUNTY
UTAH

Washington County District

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Do you need help or have questions?

You can reach out to your insurance company or benefit provider using the contact numbers provided on page 4.

If your issues are still not resolved, please contact your IMA Employee Advocate.

At Washington County, we believe employees are the foundation of our success.

Washington County is pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. This enrollment guide is designed to help you understand the options available.

Who is eligible?

+ Full-time employees who actively work at least 30 hours per week;
+ Your legal spouse;
+ Your natural born children, current stepchildren, or legally adopted children up to age 26;
+ Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

When does coverage begin for New Hires?

Coverage begins on the first day of the month following your date of hire. If hired on the first of the month, coverage begins immediately. You must be actively at work for your coverage to become effective.

What do I need to consider for Open Enrollment?

When choosing your insurance coverage for 2025, review the benefit options available to you and make the elections that are right for you and your family.

+ Which medical plan will work best for you?
+ How much do you want to contribute to the health care account that works with your medical plan?
+ Do you need dental or vision coverage?
+ Do you need to cover eligible family members under your insurance benefits?
+ Do you want to purchase supplemental life or disability insurance?
+ Do you have upcoming life events to consider when selecting benefits, such as the birth of a new baby, a marriage, or a child going to college?
+ Who should be your beneficiary for life insurance and your Health Savings Account (HSA), if applicable?

Important reminder

In order to enroll in, modify, or waive benefits, you **must** log into Ignite. If you do not make changes during Open Enrollment, your next opportunity to make changes will be during next year's Open Enrollment period or with an IRS qualifying life event. For more details on IRS qualifying life events, visit healthcare.gov.

During your benefits enrollment period, you can add an eligible dependent to your coverage.

IMPORTANT NOTICE

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another **qualified life event occurs, you must notify HR within 30 days** of the date of change. For more information about who's eligible to be on your plans, see the Notices section of this guide.

online enrollment instructions

You must register before you can enroll in or make changes to your Employee Benefit elections and personal information.

Please follow the steps outlined here to register in Ignite, Washington County's online enrollment system. Once you have registered, you will be able to enroll in benefits or make changes to your existing benefits and personal information in the Ignite system.

ignite POWERED BY IMA

Step 1 Open your internet browser and navigate to ignitebenefits.com

Click on **New Registration** and enter your information.

Step 2 If you already have a **Username** and **Password** please select **Login** and skip ahead to **Step 4**.

Washington County's identifier is:
Washington County

Step 3 Follow the instructions to set up your **Username** and **Password**.

Please use secure password storage practices to safeguard your personal information.

Step 4 Now that you're registered and logged into the system, you can navigate to your **Profile**, **Benefits**, **Required Tasks** (benefits or HR related items that Washington County requires you to complete), and **Resources**.

useful contact information

Medical

SelectHealth
selecthealth.org (800) 538-5038

Pharmacy

CVS Pharmacy
caremark.com (866) 475-0056

Health Savings Account

HealthEquity
healthequity.com (866) 346-5800

Flexible Spending Account

HealthEquity
healthequity.com (866) 346-5800

Dental

EMI Health
emihealth.com (800) 662-5850

Vision

EMI Health
emihealth.com (800) 662-5850

Life & Disability Insurance

Equitable
equitable.com (866) 274-9887

Accident, Critical Illness and Hospital Indemnity

Metlife
mybenefits.metlife.com (866) 626-3705

Employee Assistance Program

Blomquist Hale
blomquisthale.com (800) 926-9619

Retirement

Utah Retirement Systems (URS)
urs.org (435) 673-6300

HR/Company Contact

Gasye Church (435) 301-7452
gasye.church@washco.utah.gov

IMA Insurance Group

Employee Advocate (801) 325-5058
washingtoncounty@imaadvocate.com

Do you have benefit questions?

Please contact the insurance company or benefit provider using the contact information on this page.

If the provider cannot resolve your issues, please contact your IMA Employee Advocate.

important medical insurance terms

What comes out of my pay?

Annual premium

The annual cost to purchase medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on the plan you choose and the number of people you cover.

What will I pay after I meet my deductible?

Coinsurance

After you meet the annual deductible, generally, you'll continue to pay the stated coinsurance percentage for in-network covered medical services until you meet the out-of-pocket maximum. The plan pays the rest.

What will I pay when my medical coverage starts?

Annual deductible

You won't pay for in-network preventive care defined by the U.S. Preventive Services Task Force, such as your annual checkup. Generally, for all other covered care, you'll pay the amount of your annual deductible before the plan starts to pay.

How much will I pay out of my own pocket?

Out-of-pocket maximum

This is the most you would pay for covered medical services in a calendar year. Once you meet it, the plan pays the full cost of additional covered care.

Will my doctor be in-network?

Provider network

You can confirm whether your doctor is in-network by going to the Select Health website, listed on page 4 of this benefit guide.

What is Washington County contributing?

Washington County contribution

Washington County pays a portion of your monthly premium to limit your monthly cost and provide you with affordable coverage options.

important info about medical coverage

Understanding your deductible

Your deductible is the amount you must pay for covered services before your insurance plan begins to pay for covered services. For example, if your plan has a $3,000 deductible, you'll pay the first $3,000 for covered services. You can meet the deductible with an all-at-once charge for an expensive service — such as an MRI or surgery — or with charges from several small services — such as doctor visits — where you pay a small copay. Keep in mind that copays don't usually count toward your deductible.

Embedded Deductible

An embedded deductible is where each family member has an individual deductible in addition to the overall family deductible. When a family member meets their individual deductible before the family deductible is reached, the insurance company will begin paying according to the plan's coverage for that member. If only one family member meets an individual deductible, the rest of the family still has to pay their deductibles until the family deductible is met.

Non-embedded Deductible

A non-embedded deductible is more straightforward than an embedded deductible. With a non-embedded deductible, there is only a family deductible. All family members' out-of-pocket expenses count toward the family deductible until it is met, and then they are all covered with the health plan's usual copays or coinsurance. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible. The non-embedded deductible is most common in high deductible health plans.

Coinsurance

Once you've met your deductible, you'll pay coinsurance for covered services. Coinsurance is the percentage of costs you're responsible for paying, which counts towards your out-of-pocket maximum.

Out-of-pocket maximum

The out-of-pocket maximum is the maximum amount that you'll pay out of pocket in a plan year. Once you've paid your deductible and paid coinsurance up to the out-of-pocket maximum — all covered services will be 100% paid for by the insurance carrier for the remainder of the plan year. When considering your medical plan options, consideration for the out-of-pocket maximum is essential.

Premiums

Premiums are the per pay period costs you pay to use your benefits — think of this like paying for a gym membership — you pay a fee to use the equipment. For insurance, you're paying a membership fee for discounted services and access to specific providers.

medical plan options

	SELECT HEALTH - $1,000 TRADITIONAL PLAN MED NETWORK		SELECT HEALTH - $3,300 HSA QUALIFIED HDHP MED NETWORK	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
Annual Deductible Jan 1 - Dec 31	You pay up to **$1,000** per individual **$1,000** per member / **$2,000** per family *Embedded*	You pay up to **$2,000** per individual **$2,000** per member / **$4,000** per family *Embedded*	You pay up to **$3,300** per individual **$3,300** per member / **$6,600** per family *Embedded*	You pay up to **$6,600** per individual **$6,600** per individual / **$13,200** per family *Embedded*
Coinsurance	You pay **20%** AD	You pay **40%** AD	You pay **0%** AD	You pay **40%** AD
Out-of-pocket Maximum Jan 1 - Dec 31	You pay no more than **$3,000** per individual **$3,000** per member / **$6,000** per family *Embedded*	No more than **$6,000** per individual **$6,000** per member / **$12,000** per family *Embedded*	No more than **$3,300** per individual **$3,300** per member / **$6,600** per family *Embedded*	No more than **$8,500** per individual **$8,500** per member / **$17,000** per family *Embedded*
Preventive Services	You pay **$0** according to government guidelines	Not covered	You pay **$0** according to government guidelines	Not covered
Office Visits Primary Care Specialist Chiropractic (20 visits / year)	 You pay **$25** copay You pay **$30** copay You pay **$25** copay	 You pay **40%** AD You pay **40%** AD Not Covered	 You pay **0%** AD You pay **0%** AD You pay **0%** AD	 You pay **40%** AD You pay **40%** AD You pay **40%** AD
Mental Health Services Office Visit Inpatient	 You pay **$25** copay You pay **20%** AD	 You pay **40%** AD You pay **40%** AD	 You pay **0%** AD You pay **0%** AD	 You pay **40%** AD You pay **40%** AD
Emergency Services Urgent Care Emergency Room	 You pay **20%** AD You pay **20%** AD	 You pay **40%** AD Covered as **In-Network**	 You pay **0%** AD You pay **0%** AD	 You pay **40%** AD Covered as **In-Network**
Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	 You pay **20%** AD You pay **20%** AD	 You pay **40%** AD You pay **40%** AD	 You pay **0%** AD You pay **0%** AD	 You pay **40%** AD You pay **40%** AD
Prescription Medication via CVS Pharmacy Retail (30-day supply) Mail Order (90-day supply)	**Generic / Preferred / Non-preferred / Specialty** $0 / 20% / 40%	 Not covered	**Generic / Preferred / Non-preferred / Specialty** Covered 100% AD***	 Not covered

AD: After Deductible

***** Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

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

Please see rates on rate page.

health care account options

Offset your out-of-pocket health care expenses by contributing pre-tax dollars to a health care account.

The Flexible Spending Account is administered by HealthEquity and the Health Savings Account is administered by HealthEquity.

Any contributions to these accounts that are made by Washington County for newly eligible employees are pro-rated based on your eligibility date.

	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Who is eligible for this account?	This account **cannot** be paired with a High Deductible Health Plan. **You are not required** to be enrolled in a medical plan in order to be considered eligible for this account. This account **can only** be paired with a **Traditional PPO** Plan. Washington County offers the following **Traditional PPO** Plans: $1,000 TRADITIONAL PLAN	This account **cannot** be paired with a High Deductible Health Plan. You must be enrolled in a High Deductible Health Plan in order to be considered eligible for this account. Washington County offers the following **High Deductible Health Plans**: $3,300 HSA QUALIFIED HDHP
What would I use this account for?	Eligible health care expenses, including dental, vision and prescription medication.	To save for future health care expenses, but also to pay for eligible health care expenses, including dental, vision and prescription medication, now.
What is the maximum amount that Washington County and I combined can put in this account?	**$3,300** is the IRS pretax contribution limit	**$4,300** Employee-only coverage **$8,550** Family coverage If you'll be at least 55 years old in 2025, you can make an additional $1,000 catch-up contribution.
What does the company contribute?	Washington County does not contribute to this account	Dollar for dollar match up to: Employee Only $750 annually Two-Party $1,000 annually Family $1,500 annually
When are the funds available?	Your entire contribution amount is available at the **beginning of the year**.	Your contribution amount is available as it comes out of your paycheck **each pay period**.
What happens if I don't use the money during the year?	You have until March 15, 2026 to incur eligible expenses. Per IRS regulations, you to forfeit any money that remains in your account following March 31, 2026. Any unused funds upon termination will be forfeited unless you enroll in COBRA.	All unused funds will roll over to the next year. You can take HSA funds with you when you leave the company or retire. If you have more than **$2,000** in your HSA, you can invest it, and any growth is generally tax free.

IMPORTANT: You may have access to benefits such as Hospital Indemnity or Accident Insurance. Please note that this is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you are sick or hospitalized. You are still responsible for paying the cost of your care.

+ The payment you get is not based on the size of your bill.
+ There may be a limit on how much this policy will pay each year.
+ This policy is not a substitute for comprehensive health insurance.
+ Since this policy is not health insurance, it does not have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

+ Visit ***HealthCare.gov*** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health care options
+ There might be a limit on how much this policy will pay each year.

Questions about this policy?

+ For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Department."
+ If you have this policy through your job, or a family member's job, contact the employer.
+ There might be a limit on how much this policy will pay each year.

voluntary accident insurance

Accident Insurance - MetLife

MetLife's Accident Plan provides accident insurance protection for a wide range of covered benefits.

+ Guaranteed Issue
+ A wide range of covered benefits
+ Coverage for families
+ Wellness Screening benefit
+ Portable
+ Categories of Coverage
  - For injuries
  - For diagnosis and services
  - For loss

MetLife

Accident Plan Costs - per pay period (26)

	Low Plan	High Plan
Employee Only	$6.34	$9.66
Employee + Spouse	$11.07	$16.49
Employee + Children	$11.40	$16.50
Employee + Family	$16.13	$23.34

Submitting a Claim

By phone: 866-626-3705

Online: www.mybenefits.metlife.com

Accident (Off Job) Insurance Plan Design

	Low Plan	High Plan
Accidental Death & Dismemberment (AD&D) *Accidental Death Common Carrier: Benefit is doubled*	Employee:$10,000 Spouse: $5,000 Child: $5,000	Employee:$50,000 Spouse: $25,000 Child: $5,000
Catastrophic Loss *Percentage of AD&D Benefit (above) paid*	Quadriplegia: 100% Loss of: Speech, Hearing 100% Hemiplegia or Paraplegia: 50%	Quadriplegia: 100% Loss of: Speech, Hearing 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: $200|Extraction $100
Burns 2nd Degree/3rd Degree - *Benefit determined by % of surface skin burnt and degree of burn*	Less than 10%: $75 / $2,000 10% to 35%: $1,000 / $4,000 35% or more: $3,000 / $12.000	Less than 10%: $75 / $2,000 10% 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-$8,000	See Schedule, $200-$10,000
Epidural Pain Management	$100, 2 times per accident	$100, 2 times per accident
Eye Injury	$200	$300
Fracture	See Schedule, $200-$8,000	See Schedule, $400-$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 *Paid in addition to Hospital Admission benefit*	$750	$1,250
ICU Supplemental Confinement *Paid in addition to Hospital Confinement benefit*	$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-$300	See Schedule, $75-$500
Organized Sports Adults & Children	25% increase to applicable Benefit	25% increase to applicable Benefit
Surgical Repairs	$150 - $1,500	$200 - $2,000
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. Request a list of approved screenings.

voluntary hospital indemnity

Hospital Indemnity Insurance Plan - MetLife

Helps employees with out-of-pocket medical costs incurred with a hospital stay. MetLife's Hospital Indemnity plan provides flexible options that make it easy to meet cost and coverage goals. Employees with hospital stays of 10 days or more may receive additional Extended Hospitalization benefits.

MetLife

Submitting a Claim

By phone: 866-626-3705

Online: www.mybenefits.metlife.com

Benefits under our Hospital Indemnity Plan

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

Hospital Indemnity Plan Benefits		
	Low Plan	**High Plan**
First Day Hospital Benefits	$1,000	$1,500
First Day ICU Benefits	$1,000	$1,500
Hospital Confinement Benefits	$100/day	$100/day
ICU Confinement Benefits	$100/day	$100/day
Newborn Nursery Confinement	$50/day	$50/day
Annual Wellness Screening Benefit	**$100**	**$150**

Hospital Indemnity Plan Costs - 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

voluntary critical illness

Critical Illness Insurance - MetLife

MetLife's Critical Illness insurance helps protect employees and their families from financial loss by providing a lump-sum benefit upon diagnosis of a covered condition. Here are some highlights:

+ If included in the sold plan, we will pay a benefit for covered conditions.
+ Cancer coverage may include invasive and non-invasive cancers as well as skin cancer.
+ For dependent children, we also offer a childhood conditions option.
+ You may also choose to include supplemental benefits.

MetLife

Submitting a Claim

By phone: 866-626-3705

Online: www.mybenefits.metlife.com

Critical Illness Insurance Plan Design & Rates		
Covered Conditions	**Initial Diagnosis**	**Recurrence**
Heart Attack	100%	50%
Stroke	100%	50%
Major Organ Transplant	100%	None
Benign Brain Tumor	75%	None
Kidney Failure	100%	50%
Invasive Cancer	100%	50%
Non-invasive Cancer	25%	None
Skin Cancer	5%	None
Severe Burn	100%	100%
Coma, Paralysis of 2 or more limbs	100%	100%
Complete Blindness/Loss of Speech/Loss of Hearing	100%	
Advanced Alzheimer's	50%	
ALS, Muscular Distrophy,Parkinson's, Lupus	100%	
Childhood Conditions (Down Syndrome/Cerebral Palsy/ Cystic Fibrosis/Cleft Lip/Type 1 Diabetes Mellitus/Spina Bifida)	100%	
Annual Wellness Screening Benefit per member	**$150**	

Critical Illness Insurance Rates per pay period (26)

	$5,000		$20,000		$35,000		$50,000	
Age	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

**Employee and Spouse premiums are based on employee's age at last birthday. Employee must be enrolled for Spouse and children to be eligible.*

Children: Covered for 25% of Employee's elected amount at no additional cost

dental plan option

EMI Health is the carrier for our dental plan.

Visit emihealth.com/providersearch to find a provider in the network.

Out-of-network coverage

A dentist who is "out-of-network" means the provider hasn't agreed to negotiated rates. The plan pays benefits based on the reasonable & customary charge for a particular service. If the out-of-network provider charges more, you'll be responsible for paying the amount that exceeds the reasonable & customary limit plus the applicable coinsurance and deductible.

	CHOICE INDEMNITY DENTAL PLAN		
	Advantage Plus Network	Premier Network	Out-of-Network *
Annual Deductible January - December	**None**	**$50** per individual **$150** per family	**$50** per individual **$150** per family
Annual Maximum January - December	**$2,000** per individual	**$1,500** per individual	**$1,500** per individual
Waiting Period	**None** for Preventive Services, Basic, Major, & Orthodontic Services		
Preventive Services Cleanings, routine exams, topical fluoride, and x-rays	Plan pays **100%** of covered services, No deductible	Plan pays **100%** of covered services, No deductible	Plan pays **100%** of **R&C**, AD, No deductible
Basic Services Fillings, oral surgery, sealants, endodontics, periodontics, and space maintainers	You pay **20%**	You pay **20%** AD	You pay **20%** of **R&C**, AD
Major Services Bridges, crowns, and dentures	You pay **50%**	You pay **50%** AD	You pay **50%** of **R&C**, AD
Orthodontic Services Children ages 7-18 adults	Plan pays up to **50%** Discount only	Plan pays up to **50%** Discount only	Plan pays up to **50%** Discount only
Orthodontic Lifetime Maximum	**$1,200** per individual		

AD: After Deductible

R&C: Reasonable & Customary

***** Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

EMPLOYEE COST PER PAY PERIOD (26)		
Employee (EE) Only	Two-Party	Family
$3.75	$6.25	$9.00

vision plan option

EMI is our vision carrier.

Visit EMIHealth.com to find a provider in the network.

	VSP VISION PLAN - VSP CHOICE PLUS	
	In-Network	Out-of-Network
Routine Vision Exams	**$10** copay	Plan reimburses up to **$45**
Contacts Fitting & Evaluation	**15%** discount	No discount
Frequency		
Exams	**Once** per calendar year	
Contact Lenses	**Once** per calendar year	
Frames	**Once** every other calendar year	
Lenses	**Once** per calendar year	
Eyeglasses		
Single Vision Lenses [1]	**$25** copay	Plan reimburses up to **$30**
Lined Bifocal Lenses [1]	**$25** copay	Plan reimburses up to **$50**
Lined Trifocal Lenses [1]	**$25** copay	Plan reimburses up to **$65**
Frame Allowance	Plan provides a **$120** allowance [2]	Plan reimburses up to **$80**
Contact Lenses		
Prescription Medically Necessary	Plan provides a **$120** allowance	Plan reimburses up to **$105**
Prescription Elective (in lieu of eyeglasses)	Plan provides a **$120** allowance	Plan reimburses up to **$105**

EMPLOYEE COST PER PAY PERIOD (26)			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family

This plan is included with the medical insurance plan

[1] Limited to standard, uncoated plastic lenses.

[2] A **20%** discount is applied to additional pairs of glasses once initial benefits are used; $65 frame allowance at Costco, Sam's Club, and Walmart.

benefit rates

Medical Insurance Rates

Select Health - Traditional $1,000 - Med Network

EE COST PER PAY PERIOD (26)	EMPLOYEE (EE) ONLY	TWO PARTY	FAMILY
WELLNESS RATE	$98.03	$171.28	$233.99
NON-WELLNESS RATE	$125.48	$219.24	$299.51

Select Health - HSA $3,300 - Med Network

EE COST PER PAY PERIOD (26)	EMPLOYEE (EE) ONLY	TWO PARTY	FAMILY
WELLNESS RATE	$55.01	$96.10	$131.28
NON-WELLNESS RATE	$80.69	$140.94	$192.55

Dental Insurance Rates

EMI Health - Choice Indemnity Dental Plan

	EMPLOYEE (EE) ONLY	TWO PARTY	FAMILY
EE COST PER PAY PERIOD (26)	$3.75	$6.25	$9.00

Vision Insurance Rates

EMI Health - VSP Choice Plus Vision Plan

	EMPLOYEE (EE) ONLY	TWO PARTY	FAMILY
EE COST PER PAY PERIOD (26)	Premiums included in medical premiums.		

Health Care Account

HealthEquity - Health Savings Account

	EMPLOYEE (EE) ONLY	TWO PARTY	FAMILY
ER ANNUAL CONTRIBUTIONS	$750	$1,000	$1,500

Worksite Benefit Rates

Metlife

LOW PLAN / HIGH PLAN	EMPLOYEE (EE) ONLY	EE + SPOUSE/DP	EE + CHILD(REN)	EE + FAMILY
ACCIDENT PLAN (26 PAY PERIODS)	$6.34 / $9.66	$11.07 / $16.49	$11.40 / $16.50	$16.13 / $23.34
HOSPITAL INDEMNITY (26 PAY PERIODS)	$10.52 / $14.20	$22.18 / $29.97	$15.82 / $21.30	$27.43 / $37.07

Identity Theft & Legal

Legalshield

	EMPLOYEE (EE) ONLY	EE + FAMILY
LEGALSHIELD (MONTHLY RATES)	$21.95	$21.95
IDSHIELD (MONTHLY RATES)	$9.95	$18.95
DUAL (MONTHLY RATES)	$31.90	$37.90

This information is designed to help you choose a benefit plan for 2025 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.

critical illness rates

Voluntary Critical Illness

$5,000 - EE Cost per Pay Period (26)	
Age	Employee / Spouse Rates
< 30	$0.95
30 - 39	$2.05
40 - 49	$3.85
50 - 59	$7.75
60 - 69	$13.71
70+	$20.10

$20,000 - EE Cost per Pay Period (26)	
Age	Employee / Spouse Rates
< 30	$3.78
30 - 39	$8.22
40 - 49	$15.42
50 - 59	$31.02
60 - 69	$54.83
70+	$80.40

Voluntary Critical Illness

$35,000 - EE Cost per Pay Period (26)	
Age	Employee / Spouse Rates
< 30	$6.62
30 - 39	$14.38
40 - 49	$26.98
50 - 59	$54.28
60 - 69	$95.95
70+	$140.70

$50,000 - EE Cost per Pay Period (26)	
Age	Employee / Spouse Rates
< 30	$9.46
30 - 39	$20.54
40 - 49	$38.54
50 - 59	$77.54
60 - 69	$137.08
70+	$201.00

basic life insurance

Life insurance can provide income protection for you and your family.

Basic Life and Accidental Death & Dismemberment Insurance is provided through Equitable to help you protect yourself and your family against worst-case scenarios.

Basic Life Insurance

Wasatch County provides each employee with $50,000 of Life insurance as part of your core benefits. This coverage is completely free to employees — Washington County pays the premiums.

Benefits reduce by 35% at age 65 and an additional 50% at age 70.

Additionally, you have the option to convert your coverage if you retire, lose eligibility, or terminate your employment with Washington County.

Basic Accidental Death & Dismemberment (AD&D) Insurance

Washington County provides each employee with $50,000 of AD&D insurance as part of your core benefits. This coverage is completely free to employees — Washington County pays the premiums.

Benefits reduce by 35% at age 65 and an additional 15% at age 70.

Additionally, you have the option to convert your coverage if you retire, lose eligibility, or terminate your employment with Washington County.

Are you a new hire?
When you first become eligible for our benefit programs, you must either enroll or waive coverage for Voluntary Life Insurance. If you do not enroll yourself and your dependents for coverage the first time you are eligible, and you wish to enroll during a subsequent enrollment period, you will have to provide proof of good health by filling out an Evidence of Insurability (EOI) form, which may include taking a physical examination, and you may be declined coverage. Future exams will be at your cost.

voluntary life insurance

Protect the life you are building.

Voluntary Life insurance gives you the opportunity to purchase the amount of life insurance you will need to protect your family's financial future — at affordable group rates. This is not a pre-tax benefit and the coverage is completely voluntary.

Voluntary Life and AD&D Insurance

Washington County offers Voluntary Life and AD&D for you and your dependents, which can be purchased through Equitable.

You may purchase additional life insurance coverage in increments of $10,000 up to $500,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount up to $300,000 without providing proof of good health — if you wish to elect an amount that is above $300,000, you will need download and complete the Evidence of Insurability (EOI) form.

If you leave the company, you can take this policy with you — portability information is available from human resources. Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.

Voluntary Dependent Life Insurance

You may purchase spouse coverage in increments of $5,000, not to exceed 100% of the employee elected amount, up to $500,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount for your spouse up to $50,000 without providing proof of good health — if you wish to elect an amount that is above $50,000, you will need download and complete the Evidence of Insurability (EOI) form.

Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.

Children’s insurance coverage is for unmarried dependent children from live birth to age 26, subject to eligibility requirements.

You may purchase $10,000 or $20,000 of children's coverage. Coverage is inclusive for all children. This means that if you have one child or many children, you pay one flat amount; however, each child is covered individually for the coverage amount.

disability insurance options

Disability insurance can help to replace a portion of your income when you are unable to work.

For many people, unplanned time away from work can make it difficult to manage household costs. If you are unable to work due to a covered injury, illness, or even childbirth, Disability Insurance can provide an ongoing benefit to help keep your finances stable.

Voluntary Short-term Disability (STD) Insurance

Benefits Begin: There is a waiting period before benefits are payable. Benefits begin on the 8th day of injury or illness.

Weekly Benefit: 60% of weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.

Maximum Benefit Period: Benefits are available for up to 12 weeks.

Maximum Weekly Benefit: $1,000

Pre-existing Condition Limits*: Coverage is excluded for disabilities that occurred during the 3 months prior to coverage beginning throughout the first 12 months of coverage.

This benefit is provided through Equitable and you pay 100% of the premium.

Long-term Disability (LTD) Insurance

Benefits Begin: There is a waiting period (elimination period) before benefits are payable. Benefits begin on the 91st day of disability.

Monthly Benefit: 60% of monthly earnings, not to exceed the plan's maximum monthly benefit amount, less other income sources.

Maximum Benefit Period: Social Security Normal Retirement Age

Maximum Monthly Benefit: $10,000

Pre-existing Condition Limits*: Coverage is excluded for disabilities that occurred during the 3 months prior to coverage beginning throughout the first 12 months of coverage.

This benefit is provided through Equitable and Washington County pays 100% of the premium.

*** Pre-existing Condition Limits:** Pre-existing conditions include bodily injury, sickness, mental illness, pregnancy, and substance abuse. Equitable reserves the right to review medical records up to 3 months prior to your effective date to evaluate pre-existing conditions upon filing a claim.

voluntary short-term disability and vol life insurance rates

Short-Term Disability Insurance Worksheet

Age	Employee 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

Voluntary Life and AD&D Insurance Worksheet

Age	Employee & Spouse monthly rate per $1,000
< 29	$0.078
30 - 34	$0.082
35 - 39	$0.102
40 - 44	$0.118
45 - 49	$0.198
50 - 54	$0.233
55 - 59	$0.353
60 +	$0.576

Child(ren) Rate: $1.34 for $10,000 of Coverage;
Child(ren) Rate: $2.68 for $20,000 of Coverage
(Regardless of Number of Children)

get support from the employee assistance program

The Blomquist Hale Employee Assistance Program provides direct, face-to-face guidance to address any problem.

Get help with:

+ Stress, anxiety, depression, grief, and loss
+ Personal and emotional challenges
+ Marital, relationship, and family counseling
+ Financial or legal difficulties
+ Substance abuse and other addictions
+ Senior care planning

Blomquist Hale
SOLUTIONS

Contact Blomquist Hale today

Text: (801) 383-0580 **I Call:** (800) 926-9619
Email: supportnow@blomquisthale.com

Brief, Solution-Focused Therapy

Licensed clinicians use a brief, solution-focused therapy model to resolve problems quickly. Using this approach, you learn to identify core issues and how to create and participate in a long-term solution.

Guaranteed Confidentiality

Blomquist Hale practices strict adherence to all professional, state and federal privacy guidelines. Confidentiality is guaranteed to all participants.

Direct Care - No Set Session Limits

There is no set limit on the number of sessions provided. However, cases which require care beyond the scope of the EAP are referred to appropriate community providers.

Simple 24/7 Accessibility

EAP Counselors are available during regular and extended hours, and Crisis Line support is available 24/7. Simply call the office nearest you to set up an appointment, no paperwork or approval is needed.

No Copay Required

Services are offered to all associates and their eligible dependents. The cost of EAP services provided by Blomquist Hale are free, with no copayment, deductible, or insurance approval required.

additional protections for you and your family

Affordable legal access for all and comprehensive privacy protection.

LegalShield

LegalShield gives you the ability to talk to an attorney on any personal legal matter without worrying about high hourly costs. With the protection of LegalShield, you can live your life worry free.

+ Legal Advice on personal legal issues
+ Letters/calls made on your behalf
+ Contracts and documents reviewed (up to 15 pages)
+ Residential Loan Document Assistance
+ Attorneys prepare your will, your living will and your health care Power of Attorney
+ Moving Traffic Violations (available 15 days after enrollment)
+ Trial Defense including pre-trial and trial
+ Uncontested divorce, separation, adoption and/or name change representation (available 90 days after enrollment)
+ IRS Audit Assistance
+ 25% preferred Member Discount (Bankruptcy, Criminal Charges, other matters, etc.)
+ 24/7 Emergency Access for covered situations

ID Shield

IDShield offers protection beyond identity theft with complete privacy and reputation management services to help keep your online identity and personal information private.

+ Consultation on best practices for identity management
+ Monitoring of your identity from every angle, not just Social Security number, credit cards and bank accounts
+ Online dashboard monitoring, updating daily, let's you see right away if there are changes to your profile
+ If any change in your status occurs, you receive an email update. If a consumer spots suspicious or fraudulent activity, they can contact a private investigator immediately and begin restoring their identity to its pre-theft status
+ Our IDShield app keeps you connected. Download it and have an identity-theft expert at your fingertips

LegalShield ONLY Per Month		LegalShield AND IDShield Per Month		IDShield ONLY Per Month	
Employee Only	**Family**	**Employee Only**	**Family**	**Employee Only**	**Family**
$21.95	$21.95	$31.90	$37.90	$9.95	$18.95

For additional information visit: www.shieldbenefits.com/washington

PTO and holidays

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

Service - months	Number of PTO days
0.01 - 107.99	18 days per year
108 - 203.99	24 days per year
204+	30 days per year

2025 Holiday Schedule

Holiday	Date*
New Years Day	January 1, 2025
Martin Luther King, Jr. Day	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 Years Eve - half day	December 31, 2025

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

your employee advocate is here for you

IMA has a dedicated employee advocacy team that will work with you and your providers to ensure that each party gets their questions answered and problems resolved.

For pharmacy issues, contact Leslie Ballard
(636) 779-5534
leslieballard@vpsrx.com
For all other issues, contact Rachel White
(385) 341-2254
washingtoncounty@imaadvocate.com

Our Employee Advocates can:

- Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- Explain network access and payment process for in and out-of-network providers
- Work with providers to file paperwork if claims have been denied due to lack of required authorization
- Clarify the total and out-of-pocket cost for services provided
- Assist with referrals and prior authorizations
- Help with all levels of appeals
- Ensure services are being coordinated when multiple doctors or coverages are involved
- Help gain access to care and services
- Define preventive care and associated guidelines
- Assist in finding a specialist for a condition or diagnosis
- Explain benefit plan details and coverage provisions

general participation guidelines and notices

Washington County recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefits program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

Who is eligible?

+ Full-time employees who actively work at least 30 hours per week;
+ Your legal spouse;
+ Your natural born children, current stepchildren, or legally adopted children up to age 26;
+ Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

General definitions

Special enrollment rights (other than open enrollment)
There will be an Open Enrollment period each year. During this Open Enrollment period you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during Open Enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year (see below). If you have a qualifying change of status, the change must be submitted to your local HR/Payroll Representative within 30 days of the event, with supporting documentation. The coverage effective date will be retroactive to the qualifying change of status event date.

A qualifying change of status occurs for the following:

+ You get married, legally separated, or divorced;
+ You add a dependent child through birth, adoption, or change in custody;
+ Your parent/spouse or child dies which affects your coverage;
+ Your work schedule permanently changes i.e., permanent reduction of hours;
+ You or a dependent enroll in the Exchange during the Exchange Open Enrollment;
+ Your parent/spouse begins or terminates employment which affects benefit coverage;
+ Your parent/spouse loses health coverage through his/her employer, which affects your coverage;
+ You receive a qualified medical child support order (QMCSO);
+ Your parent/spouse's Open Enrollment may be considered a qualifying change of status.

Or

You have a 60-day special election period for the following:

+ You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
+ You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

When does coverage begin for new hires?
Coverage begins on the 1st day of the month following your date of hire. If hired on the first of the month coverage begins immediately. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 30 days from your date of hire. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

When coverage ends
Medical, dental, and vision terminates on the last day of the month that you are employed with Washington County. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

+ Your employment with Washington County ends;
+ The group policy ends;
+ You are no longer eligible under the plan;
+ Your death;
+ You retire;
+ You enter the armed forces of any country on a full-time basis.

Dependent eligibility verification notice
Washington County reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the ***"Who is eligible"*** section.

general participation guidelines and notices

Important notice
The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, vision, life and AD&D, voluntary life, voluntary short-term disability (STD), voluntary long-term disability (LTD), Health Savings Account (HSA), and Flexible Spending Accounts (FSA).

Washington County may choose to communicate certain plan documents and benefits information electronically to participants. You may obtain copies of these documents, upon written request, from Human Resources.

Summary of benefits coverage
As a result of the Affordable Care Act (the health care reform law) all health insurance issuers are required to provide a Summary of Benefits Coverage (SBC). The SBC has a uniform glossary of terms commonly used in health insurance coverage and also uses a new, standardized plan comparison tool called "coverage examples," similar to the Nutrition Facts label required for packaged foods.

The coverage examples will illustrate sample medical situations and describe how much coverage the plan would provide. The SBC will be posted on the employee website. If you would like a paper copy of this summary, please contact HR.

Waiving coverage
If you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive coverage.

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other coverage, you may be able to enroll yourself and/or your dependents in this plan in the future, providing that you request enrollment within 30 days after your other coverage ends and can provide supporting documentation.

Medical coverage assistance options

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 healthcare.gov.

If you or dependents are already enrolled in Medicaid or CHIP, 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 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 askebsa.dol.gov or call 1-866-444-EBSA (3272).

Health Insurance Marketplace
healthcare.gov
1 (800) 318-2596

general participation guidelines and notices

ACA notices about eligibility and coverage periods

+ Washington County has adopted a 12 month "initial measurement period" and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/start date for each new employee in these categories. The administrative period for such new part-time, variable hour, or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.
+ You are being offered the opportunity to enroll yourself and your dependents (if any) in Washington County's health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.
+ If you "waive" or "decline" coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
+ If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Washington County's cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.

Women's health and cancer rights act enrollment notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

+ All stages of reconstruction of the breast on which the mastectomy was performed;
+ Surgery and reconstruction of the other breast to produce a symmetrical appearance;
+ Prostheses; and
+ Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and Health Maintenance Organizations (HMOs) may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery.

If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission.

Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your delivery or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

Privacy policy

Summary of privacy practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed in the administration of your claims, and of certain rights you have.

Our pledge regarding medical information

The company is committed to protecting your personal health information. As required by law, we:

1. make sure that any medical information that identifies you is kept private;
2. provide you with rights with respect to your medical information;
3. give you a notice of our legal duties and privacy practices; and
4. follow all privacy practices and procedures currently in effect.

How the company may use and disclose medical information about you

Any use and disclosure of your medical information requires your written authorization. Your personal health information may be used and disclosed without your permission to facilitate your medical treatment, for payment of any medical treatments, and for any other health care operation. Your personal health information may be disclosed without your permission as allowed or required by law. You cannot be retaliated against if you refuse to sign an authorization or revoke an authorization you had previously given.

general participation guidelines and notices

Your rights regarding your medical information
You have the right to inspect and copy your medical information, request corrections of your medical information and to obtain an accounting of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communication about your medical information be made in different ways or at different locations.

Michelle's Law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to medically necessary leave of absence from school.

Genetic Information Nondiscrimination Act (GINA)

Under this federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

Mandatory insurer reporting law

This law took effect 1/1/2009 and is part of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). Under this federal law, providers of group health plans are required to report certain information to the Secretary of Health and Human Services to determine Medicare entitlement. As such, employees are required to provide social security numbers for all dependents enrolled in the medical plan. You will be asked to enter social security numbers for all dependents you cover on your medical plan.

Patient Protection and Affordable Care Act (ACA)

Pursuant to the Patient Protection and Affordable Care Act (ACA) and its applicable regulations, Washington County offers eligible employees affordable, minimum essential health care coverage that meets minimum value. This guide and the enrollment forms are your offer of coverage. If you decline or waive this coverage, you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.

CMS Part D Notice of Creditable or Non-Creditable Coverage

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

+ A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
+ The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
+ When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
+ The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Washington County has determined all available plan options to be considered Creditable Coverage.

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at ***https://www.shiphelp.org.***

Remember: If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

These are only summaries. Full statements are available from Human Resources.

notes

MORE THAN JUST **INSURANCE**

Based in North America, IMA Financial Group, Inc. is an integrated financial services company focused on protecting the assets of its widely varied client base through insurance, risk management, employee benefits and wealth management solutions. As an employee-owned company, IMA's 2,000-plus associates are empowered to provide customized solutions for their clients' unique needs.

IMACORP.COM/SALTLAKECITY