



Insurance Update 2020

Open Enrollment for 2020

With the new year just around the corner, it's time to start thinking about your insurance options and choices for 2020. Davis School District's Insurance Open Enrollment period begins on Monday, October 28, 2019, and will continue through Friday, November 15, 2019. During this time period, you may use the District's online Open Enrollment system to select your insurance coverage, participate in the Flexible Benefit Plan, and donate to the Catastrophic Sick Leave Bank. The choices you make will become effective January 1, 2020 (with the exception of plans that require underwriting approval).

"2020 Insurance Benefits Guide" Available On-Line

The *2020 Insurance Benefits Guide* is a great source of information about your District insurance benefits and is available on the District's web-site. To view information about your insurance coverage options, benefit plan designs, and premium costs, as well as information about the Flexible Benefit Plan and Catastrophic Sick Leave Bank, go to www.davis.k12.ut.us/insurance and click on *2020 Insurance Benefits Guide*.

Complete the Open Enrollment Process through the District's "Encore" System

To select or confirm your coverage choices for 2020, you will need to complete the Open Enrollment process through Encore. This may be done anytime beginning Monday, October 28th, and continuing through Friday, November 15th.

To access Encore, go to the District's homepage (www.davis.k12.ut.us) and click on "Encore" under "Quick Links". You will then need to enter your Encore username and password. (If you don't have an Encore username and password, you may use the word ENROLLMENT for both.) Once you have logged into Encore, select:

Financials → Insurance → Open Enrollment Sign In Form

You will then be asked to enter your employee I.D. number, your birthdate, and the last four digits of your social security number. From that point, simply follow through the Open Enrollment process as directed on the screens.

You may access the Open Enrollment system as often as you would like during the Open Enrollment period. However, if you access the system more than once, you must re-enter your insurance selections. Remember, the last change you complete is the one that will be recorded and communicated as your enrollment choice. If you fail to complete the Open Enrollment process through Encore, your insurance coverage will remain the same for 2020 as it is in 2019. To participate in the Flexible Benefit Plan, you must make an election during Open Enrollment regardless of prior participation.

Health Insurance Information

Once again this year, district employees may choose from various health plan options. The District offers coverage through both Aetna and SelectHealth. Additionally, through either carrier, employees may choose either a traditional health plan option or a high deductible health plan option. Summary comparisons and premium schedules for the plans offered are included in this brochure.

Changes for 2020

As you are likely aware, the cost of health insurance continues to increase dramatically. In a continuing effort to maintain a comprehensive offering of benefits, while at the same time keeping premiums at an affordable level, the District and the employee associations were faced with some tough decisions and agreed on a few plan changes for 2020.

For the Aetna and SelectHealth “traditional” plans offered, the annual deductible will increase from \$2,000 to \$2,500 per individual and from \$4,000 to \$5,000 per family. Additionally, the annual out-of-pocket maximum will increase from \$2,500 to \$3,500 per individual and from \$5,000 to \$7,000 per family. For those employees on either of the “traditional” plans offered, the Emergency Room copayment will increase from \$200 to \$300.

For the Aetna and SelectHealth “high deductible health plans” offered, the annual deductible will increase from \$2,000 to \$2,500 for individual coverage, and from \$4,000 to \$5,000 for those with two-party or family coverage. The annual out-of-pocket maximum will increase from \$2,500 to \$3,500 for individual coverage, and from \$5,000 to \$7,000 for those with two-party or family coverage.

Employees enrolled in either of the high deductible health plans will continue to receive a monthly contribution from the District into a Health Savings Account. For 2020, that monthly contribution amount for full-time employees will increase from \$160 to \$180 for employees with family coverage; from \$125 to \$140 for employees with two-party coverage, and from \$65 to \$70 for employees with individual coverage.

“High Deductible Health Plan” Option

The high deductible health plans offered by the District have lower monthly premiums than the traditional health plans. For each of the high deductible health plans, there is an annual deductible (see new amounts indicated above) which must be satisfied before any benefits will be paid by the insurance company. This means that until the annual deductible is met, you would pay the entire cost of eligible medical expenses (i.e. doctor visits, prescriptions, diagnostic tests, surgeries, hospitalization, etc.) The amount you are billed is the discounted rate which has been negotiated with the health insurance company. (Please note, most preventive services are covered at 100% and are not subject to the deductible.)

Once you have satisfied the annual deductible, medical claims would then be paid according to the plan’s benefit schedule. (See plan summaries included in this brochure for co-payment and co-insurance amounts.) After you meet the out-of-pocket maximum (see new amounts indicated above), all eligible claims would be paid at 100%.

In addition to benefitting from a lower monthly premium, employees who choose one of the high deductible health plan options receive monthly contributions from the District into a health savings account (HSA) that is administered through Health Equity. This HSA can be used to pay for qualified medical expenses. The new contribution amounts for 2020 are listed above. In addition to the monthly contribution from the District, employees can set up monthly pre-tax payroll deductions to make their own contributions to their HSA, or they can make direct contributions and write them off as a deduction on their federal and state tax returns.

Please note that in order to enroll in a high deductible health plan and be eligible to make or receive contributions into a health savings account, you may not be enrolled in other health insurance coverage that is not a qualified high deductible health plan, including Medicare.

To help you understand how the District's high deductible health plans and health savings accounts work, you may view a narrated presentation titled "HDHP/HSA Overview". To view this informative presentation, go to the District's insurance web page at www.davis.k12.ut.us/insurance and click on "High Deductible Health Plan Education Tools".

If you have questions about high deductible health plans and/or health savings accounts, please come to one of the "Question and Answer" sessions listed on the back of this brochure where representatives will be available to visit with you. Additionally, you can call Health Equity at 866-346-5800 or the District Insurance Office at 801-402-5200 for information.

"Employee Assistance Program"

Taking care of our mental health is as essential to your well-being as taking care of your physical health. Rewarding relationships at home and work, effective stress management skills, and learning to cope with life changes all improve your ability to live well. All insurance eligible employees of Davis School District now have access to "Live Well", an Employee Assistance Program (EAP). This benefit provides free counseling for life problems such as conflict with a family member or coworker, depression, anxiety, grief, addiction, and other causes of stress. The Live Well EAP offers free, confidential face-to-face counseling with no session limits. These services are available to employees, spouses, and dependent children. Information about this valuable program is available in the *2020 Insurance Benefits Guide* at www.davis.k12.ut.us/insurance.

Accidental Death & Dismemberment Insurance

A sudden accident can change everything! As of last year, employees may enroll in Accidental Death & Dismemberment (AD&D) Insurance through The Hartford. This coverage is separate from the Basic Life Insurance and Supplemental Life Insurance coverage already offered to employees. AD&D Insurance provides a high-benefit lump sum if you die as a result of a covered accident. It also pays partial benefits if you lose your sight, hearing, a limb, ability to speak, etc. in a covered accident. During open enrollment, you may elect up to \$500,000 in AD&D Insurance, in increments of \$10,000. Additionally, this coverage is "guaranteed issue", which means that no underwriting or evidence of insurability is required. The monthly cost of this coverage is \$.02 per \$1,000 of coverage. This means that \$500,000 coverage would cost only \$10.00 per month. For more information about AD&D Insurance, see the *2020 Insurance Benefits Guide* at www.davis.k12.ut.us/insurance.

Participation in the "Catastrophic Sick Leave Bank"

Because the Catastrophic Sick Leave Bank still has a substantial balance of hours remaining, employees who contributed to the bank during last year's Open Enrollment period do not need to contribute again this year in order to remain eligible for the program's benefits during 2020. (The district's Open Enrollment system in Encore will let you know if you contributed to the bank last year.) Employees who did not contribute a day of sick leave during Open Enrollment last year, but wish to participate in the Catastrophic Sick Leave Bank program during 2020, will need to contribute a day of sick leave to the bank prior to the end of the Open Enrollment period.

Charitable Giving

This year, each of us have the opportunity to make a difference through DSD online payroll deductions. When you log on to the Open Enrollment process in Encore, you will have the opportunity to participate in the district's Charitable Giving program. The Davis Education Foundation has over 74,000 reasons, each with a name and bright face, to ask for your support. Too often, we see students and classrooms in need and think to ourselves, "I wish there were something I could do." With DSD's Charitable Giving program, those wishes become reality. Small monthly donations to the Davis Education Foundation can make a big difference. The funds provide classroom grants for teachers and cover basic essentials like shoes and coats for our students. Select a monthly amount that works for you and start making a difference today.

Questions???



If you have questions or need information regarding Open Enrollment or your insurance benefits, please feel free to contact the District Insurance Office by phone at 801-402-5200 or by email at insurance@dsdmail.net.

Insurance information can also be accessed on the Insurance Office webpage at www.davis.k12.ut.us/insurance.

Traditional Health Plan Comparisons*

Benefits	SelectHealth Traditional Plan	Aetna Traditional Plan
Primary Care Physician Required	No	No
Specialist Referral Required	No	No
Deductible (PCY)**	\$2500 per Individual / \$5000 Family	\$2500 per Individual / \$5000 Family
Prescription Deductible	\$50 per individual; waived for Tier 1 drugs	\$50 per individual; waived for Tier 1 drugs
Out-of-Pocket Maximum (PCY)**	\$3500 per Individual / \$7000 Family	\$3500 per Individual / \$7000 Family
Annual/Lifetime Maximum	Unlimited	Unlimited
Pre-Existing Conditions	Covered	Covered
Prescriptions		
Prescription Drugs	\$15 / \$30 / \$50 / \$100	\$15 / \$30 / \$50
Mail Order Prescription	\$30 / \$60 / \$100 (90 day supply)	\$30 / \$60 / \$100 (90 day supply)
Physicians Services		
Primary Care Provider (PCP)	\$35 Copay per visit	\$35 Copay per visit
Secondary Care Provider (SCP)	\$45 Copay per visit	\$45 Copay per visit
After-Hours Care / Urgent Care	\$45 Copay at InstaCare/\$35 at KidsCare	\$45 Copay per visit
Maternity	80% Coverage after deductible	80% Coverage after deductible
Surgery	80% Coverage after deductible	80% Coverage after deductible
Anesthesiology/Pathology/Radiology	80% Coverage after deductible	80% Coverage after deductible
Physical Therapy	\$45 Copay per visit after deductible (Limit 20 visits per year)	\$45 Copay per visit (Limit 20 visits per year)
Chiropractic	Not Covered	\$45 Copay per visit (Limit 20 per year)
Preventative Health Services		
	Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact SelectHealth at (800) 538-5038	Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact Aetna at (866) 756-0376
Hospital Services		
Prior Authorization	Provider Responsibility	Provider Responsibility
Room & Board/Ancillary/Maternity	80% Coverage after deductible	80% Coverage after deductible
Outpatient Surgery	80% Coverage after deductible	80% Coverage after deductible
Major Diagnostic Test	80% Coverage after deductible	80% Coverage after deductible
Accidental/Emergency Care		
Emergency Room / Life Threatening	\$300 Copay	\$300 Copay
Ambulance/Paramedic Services	80% Coverage after deductible	80% Coverage after deductible
Mental Health Services & Alcohol & Substance Abuse		
Pre-Notification	Call 1-800-538-5038	Participating Provider Responsibility
Office Visit	\$35 Copay per visit	\$45 Copay per visit
Outpatient Services	80% Coverage	\$45 Copay per visit
Inpatient Services	80% Coverage after deductible	80% Coverage after deductible

*A Summary of Benefits and Coverage (SBC) for this plan can be found at www.davis.k12.ut.us/insurance.

**PCY means Per Calendar Year (January 1 through December 31)

This is an illustrative summary only and does not guarantee benefits. It is not meant to replace or fully interpret the contracts with the insurance carriers. Please refer to the specific contracts with the carriers for detailed explanation and coverage descriptions.

High Deductible Health Plan (HDHP) Comparisons*

Benefits

Primary Care Physician Required

Specialist Referral Required

Deductible (PCY)**

Out-of-Pocket Maximum (PCY)**

Annual/Lifetime Maximum

Pre-Existing Conditions

SelectHealth

High Deductible Health Plan

No

No

\$2500 for Individual coverage

\$5000 for 2 Party or Family coverage

\$3500 for Individual coverage

\$7000 for 2 Party or Family coverage

Unlimited

Covered

Aetna

High Deductible Health Plan

No

No

\$2500 for Individual coverage

\$5000 for 2 Party or Family coverage

\$3500 for Individual coverage

\$7000 for 2 Party or Family coverage

Unlimited

Covered

Prescriptions

Prescription Drugs

Mail Order Prescription (90 Day Supply)

\$7 / \$21 / \$42 / \$100-After deductible

\$7 / \$42 / \$126 -After deductible

\$7 / \$21 / \$42 After deductible

\$21 / \$63 / \$126 After deductible

Physicians Services

Primary Care Provider (PCP)

Secondary Care Provider (SCP)

After-Hours Care / Urgent Care

Maternity

Surgery

Anesthesiology/Pathology/Radiology

Physical Therapy

\$15 Copay after deductible

\$25 Copay after deductible

\$35 Copay after deductible

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

\$25 Copay after deductible

(Limit 20 visits per year)

Not Covered

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

(Limit 20 visits per year)

80% Coverage after deductible
(Limit 20 visits per year)

Preventative Health Services

Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact SelectHealth at (800) 538-5038

Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact Aetna at (866) 756-0376

Hospital Services

Prior Authorization

Room & Board/Ancillary/Maternity

Outpatient Surgery

Major Diagnostic Test

Provider Responsibility

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

Provider Responsibility

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

Accidental/Emergency Care

Emergency Room / Life Threatening

Ambulance/Paramedic Services

\$75 Copay after deductible

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

Mental Health Services & Alcohol & Substance Abuse

Pre-Notification

Office Visit

Outpatient Services

Inpatient Services

Call 1-800-538-5038

\$15 Copay after deductible

80% Coverage after deductible

80% Coverage after deductible

Participating Provider Responsibility

80% Coverage after deductible

80% Coverage after deductible

80% Coverage after deductible

*A Summary of Benefits and Coverage (SBC) for each of these plans can be found at www.davis.k12.ut.us/insurance.

**PCY means Per Calendar Year (January 1 through December 31)

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ACTIVE EMPLOYEE PREMIUM SCHEDULES

January 1, 2020 through December 31, 2020

Based on 12 checks*

ELIGIBLE HOURS PER WEEK		35 +		32.5 +		30 +		27.5 +		25 +		22.5 +		20 +	
PLANS and COVERAGES	Monthly Premium Total	District Monthly Cost	Employee Monthly Cost	District Monthly Cost	Employee Monthly Cost	District Monthly Cost	Employee Monthly Cost	District Monthly Cost	Employee Monthly Cost	District Monthly Cost	Employee Monthly Cost	District Monthly Cost	Employee Monthly Cost	District Monthly Cost	Employee Monthly Cost
HEALTH PLANS															
AETNA (Traditional)															
Employee + 2 or more	1,779.60	1,532.66	246.94	1,328.31	451.29	1,226.13	553.47	1,123.95	655.65	1,021.77	757.83	919.60	860.00	817.42	962.18
Employee + 1	1,321.00	1,156.61	164.39	1,002.40	318.60	925.29	395.71	848.18	472.82	771.07	549.93	693.97	627.03	616.86	704.14
Employee Only	611.60	574.90	36.70	498.25	113.35	459.92	151.68	421.59	190.01	383.27	228.33	344.94	266.66	306.61	304.99
SELECTHEALTH (Traditional)															
Employee + 2 or more	1,794.00	1,545.03	248.97	1,339.03	454.97	1,236.02	557.98	1,133.02	660.98	1,030.02	763.98	927.02	866.98	824.02	969.98
Employee + 1	1,331.30	1,165.62	165.68	1,010.20	321.10	932.50	398.80	854.79	476.51	777.08	554.22	699.37	631.93	621.66	709.64
Employee Only	616.30	579.32	36.98	502.08	114.22	463.46	152.84	424.83	191.47	386.21	230.09	347.59	268.71	308.97	307.33
AETNA (High Deductible)															
Employee + 2 or more	1,558.70	1,342.42	216.28	1,163.43	395.27	1,073.94	484.76	984.44	574.26	894.95	663.75	805.45	753.25	715.96	842.74
Employee + 1	1,157.00	1,013.03	143.97	877.96	279.04	810.42	346.58	742.89	414.11	675.35	481.65	607.82	549.18	540.28	616.72
Employee Only	535.70	503.56	32.14	436.42	99.28	402.85	132.85	369.28	166.42	335.71	199.99	302.14	233.56	268.57	267.13
SELECTHEALTH (High Deductible)															
Employee + 2 or more	1,573.80	1,355.40	218.40	1,174.68	399.12	1,084.32	489.48	993.96	579.84	903.60	670.20	813.24	760.56	722.88	850.92
Employee + 1	1,167.90	1,022.56	145.34	886.22	281.68	818.05	349.85	749.88	418.02	681.71	486.19	613.54	554.36	545.37	622.53
Employee Only	540.70	508.26	32.44	440.49	100.21	406.61	134.09	372.72	167.98	338.84	201.86	304.96	235.74	271.07	269.63
DENTAL PLANS															
DELTA BASIC PPO															
Employee + 2 or more	88.19	79.09	9.10	68.54	19.65	63.27	24.92	58.00	30.19	52.73	35.46	47.45	40.74	42.18	46.01
Employee + 1	59.93	57.69	2.24	50.00	9.93	46.15	13.78	42.31	17.62	38.46	21.47	34.61	25.32	30.77	29.16
Employee Only	29.97	29.97	0.00	25.97	4.00	23.98	5.99	21.98	7.99	19.98	9.99	17.98	11.99	15.98	13.99
DELTA PREMIER + PPO															
Employee + 2 or more	118.32	79.09	39.23	68.54	49.78	63.27	55.05	58.00	60.32	52.73	65.59	47.45	70.87	42.18	76.14
Employee + 1	75.52	57.69	17.83	50.00	25.52	46.15	29.37	42.31	33.21	38.46	37.06	34.61	40.91	30.77	44.75
Employee Only	44.28	42.07	2.21	36.46	7.82	33.66	10.62	30.85	13.43	28.05	16.23	25.24	19.04	22.44	21.84
LONG TERM DISABILITY															
UNUM															
	20.17	10.09	10.08	8.74	11.43	8.07	12.10	7.40	12.77	6.73	13.44	6.05	14.12	5.38	14.79

*Employees who receive 10 checks a year rather than 12 will prepay a portion of the annual premium. Therefore, the monthly amount deducted from an employee's paycheck will exceed the Employee Monthly Cost amount.

**Employees enrolled in District health insurance will also be subject to a monthly wellness premium in the amount of \$6.25.

NOTE: Premiums listed for less than 30 hours per work week are applicable to employees who meet the eligibility criteria requirements of an employment start date and insurance eligibility date of June 30, 2004, or earlier.

Monthly District Health Savings Account (HSA) Contribution for Employees electing High Deductible Health Plan (HDHP) coverage.

30 or more hours per week

Less than 30 hours per week

Family coverage \$180.00 per month
 2-party coverage \$140.00 per month
 Individual coverage \$ 70.00 per month

\$ 90.00 per month
 \$ 70.00 per month
 \$ 35.00 per month

SHORT-TERM DISABILITY RATES



Premium Rates per \$10 of Base Salary

Age	Male	Female
29 and under	.03	.06
30-39	.05	.08
40-49	.07	.13
50-59	.10	.18
60 and over	.14	.21

Sample Premium Calculation: Yearly base salary (\$26,696) divide by 52 weeks = \$513; weekly salary \$513 x 66.6667% of benefit = \$342.00 (round to nearest \$10) = \$340 divide by 10 = \$34 x .18 (rate) = \$6.12 monthly premium.



SUPPLEMENTAL LIFE RATES

Monthly Rates per \$1,000 of Coverage

Attained Age	Employee & Spouse Rates
34 and under	\$.06
35 to 39	.09
40 to 44	.11
45 to 49	.17
50 to 54	.23
55 to 59	.39
60 to 64	.47
65 to 69	.76
70 to 74	1.43
75 to 79	2.49

Child(ren)	Coverage for \$ 5,000	\$.78
	Coverage for \$10,000	1.56

Calculate your total monthly premium here

	Desired No. of Thousands		Premium per \$1,000		Total Premium
Employee	_____	X	_____	=	_____
Spouse	_____	X	_____	=	_____
Child(ren)	\$5,000 (.78)	or	\$10,000 (\$1.56)	=	_____
Total Monthly Premium				=	_____

(Employee's who receive 10 checks a year rather than 12 will prepay a portion of the annual premium)



ACCIDENTAL DEATH & DISMEMBERMENT

Monthly Rate \$.02 per \$1,000 of Coverage

Calculate your total monthly premium here

Desired No. of Thousands		Total Monthly Premium
_____	X \$.02	= _____
(up to 500)		

(Employee's who receive 10 checks a year rather than 12 will prepay a portion of the annual premium)

VISION MONTHLY RATES



Employee Only	\$ 4.11
Employee + 1	\$ 7.97
Employee + 2 or more	\$10.46

"Question and Answer" Sessions

If you would like more information about your insurance coverage options for 2020, or about the Flexible Benefit Plan and Catastrophic Sick Leave Bank, district staff and insurance company representatives will be available to visit with you and answer your questions from 3:00 p.m. to 7:00 p.m. as follows:



Monday October 28th
Legacy Event Center
151 S 1100 W
Farmington, Utah
(Davis County Fairgrounds)

Wednesday November 6th
Clearfield High School
931 S 1000 E
Clearfield, Utah

Tuesday November 12th
Viewmont High School
120 W 1000 N
Bountiful, Utah

Flu Shots

In conjunction with the "Question and Answer" sessions listed above, Aetna and SelectHealth will be available to offer free flu shots to District insured employees and their dependents (age 18 and older).

