



DSD Insurance Update 2021

Open Enrollment for 2021

As we approach the end of 2020, it's time to start thinking about your insurance options and choices for 2021. Davis School District's Insurance Open Enrollment period begins on Monday, November 2, 2020, and will continue through Friday, November 20, 2020. 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, 2021 (with the exception of plans that require underwriting approval).

"2021 Insurance Benefits Guide" Available Online

The *2021 Insurance Benefits Guide* is a great source of information about your District insurance benefits and is available on the District's website. 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 *2021 Insurance Benefits Guide*.

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

To select or confirm your coverage choices for 2021, you will need to complete the Open Enrollment process through Encore. This may be done anytime beginning Monday, November 2nd, and continuing through Friday, November 20th.

To access the Open Enrollment system, log on to Encore and search for "*Open Enrollment*". By clicking on "*Open Enrollment*", you will be able to access all of your Open Enrollment options and either confirm or make changes to your insurance choices for 2021.

You may access the Open Enrollment system as often as you would like during the Open Enrollment period. If you access the system more than once, 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 2021 as it is in 2020. To participate in the Flexible Benefit Plan for 2021, 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. Additional information about both Aetna and SelectHealth is also available in the *2021 Insurance Benefits Guide*.

Health Plan Changes for 2021

In an effort to continue to offer a comprehensive offering of benefits, while at the same time keeping premiums at an affordable level, the District and the employee associations agreed to make a few minor plan changes to the traditional health plans for the 2021 plan year.

For 2021, office visit copayments for those selecting traditional health plan coverage will increase by \$5 per visit. This means that copayments for visits to primary care providers will increase from \$35 to \$40. Copayments for specialist providers and urgent care will increase from \$45 to \$50.

Additionally, the annual pharmacy deductible for those with traditional health plan coverage will increase from \$50 to \$100. This means that when having prescriptions filled, covered members will have to pay the first \$100 of prescription costs each year before the plan pays its normal benefit. Please note that generics and other prescriptions found on Tier 1 for each plan are exempt and not subject to the deductible.

Another change that will become effective January 1, 2021, is that Navitus Health Solutions will become the pharmacy benefit manager for the District's health insurance plans. Navitus will manage and administer the prescription drug benefits for both the Aetna and SelectHealth insurance plans offered by the District. For the most part, employees won't see much change from their end. Most employees will continue to be able to use the same pharmacies they've been using. The new insurance cards you receive from your health insurance carrier will have the Navitus information that your pharmacist will need to fill your prescriptions. Employees will have access to a Navitus member portal and the Navitus app. These tools can help you make the most of your prescription benefit by allowing you to view and manage your medications, locate nearby pharmacies, use a cost comparison tool, and have access to other educational resources to help you manage your health and pharmacy needs.

More information about the change to Navitus Health Solutions as our pharmacy benefit manager will be coming to you as we get closer to the new year. Starting January 1st, you can contact the Navitus Customer Care Team 24 hours a day, 7 days a week if you have questions about your pharmacy needs. They can be reached at 844-268-9789. Their knowledgeable team can help answer your pharmacy benefit questions and advise you on issues regarding your medications.

"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 (\$2,500 if you have individual coverage, and \$5,000 if you have 2-party or family coverage) 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 (\$3,500 for individual coverage and \$7,000 for 2-party or family coverage), 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. For 2021, the monthly HSA contribution from the District for full-time employees will be \$180 for family coverage, \$140 for 2-party coverage, and \$70 for individual coverage. 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".

"Davis Moves" Wellness Program

Davis Moves is the wellness program for Davis School District employees. The goal of Davis Moves is to provide a means for District employees to become more aware of their own health and health risks, to improve the overall health of District employees, and to reduce insurance and healthcare costs. Participation in Davis Moves can help employees live fuller, happier lives.

Additionally, employees who participate in Davis Moves have the opportunity to earn a \$20/month discount on their health insurance premium. For more information about Davis Moves and to find out how you can earn the \$20/month discount on your monthly insurance premium, go to www.davis.k12.ut.us and click on "Davis Moves" under the "Employees" tab.

Employee Assistance Program

Taking care of your 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 Intermountain EAP (Employee Assistance Program). 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 Intermountain 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 *2021 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 either of the two previous years' Open Enrollment periods do not need to contribute again this year in order to remain eligible for the program's benefits during 2021. (The district's Open Enrollment system in Encore will let you know if you contributed to the bank during either of the two previous years.) Employees who did not contribute a day of sick leave during either of the two previous years but wish to be eligible to participate in the Catastrophic Sick Leave Bank program during 2021 will need to contribute a day of sick leave to the bank prior to the end of the Open Enrollment period.

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.

2021 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	\$100 per individual; waived for Tier 1	\$100 per individual; waived for Tier 1
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 (Tiers 1-3)	\$15 / \$30 / \$50	\$15 / \$30 / \$50
Physicians Services		
Primary Care Provider (PCP)	\$40 Copay per visit	\$40 Copay per visit
Secondary Care Provider (SCP)	\$50 Copay per visit	\$50 Copay per visit
After-Hours Care / Urgent Care	\$50 Copay at InstaCare/\$40 at KidsCare	\$50 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	\$50 Copay per visit after deductible (Limit 20 visits per year)	\$50 Copay per visit (Limit 20 visits per year)
Chiropractic	Not Covered	\$50 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	\$40 Copay per visit	\$40 Copay per visit
Outpatient Services	80% Coverage	\$50 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.

2021 High Deductible Health Plan (HDHP) Comparisons*

Benefits

	SelectHealth High Deductible Health Plan	Aetna High Deductible Health Plan
Primary Care Physician Required	No	No
Specialist Referral Required	No	No
Deductible (PCY)**	\$2500 for Individual coverage \$5000 for 2 Party or Family coverage	\$2500 for Individual coverage \$5000 for 2 Party or Family coverage
Out-of-Pocket Maximum (PCY)**	\$3500 for Individual coverage \$7000 for 2 Party or Family coverage	\$3500 for Individual coverage \$7000 for 2 Party or Family coverage
Annual/Lifetime Maximum	Unlimited	Unlimited
Pre-Existing Conditions	Covered	Covered

Prescriptions

Prescription Drugs (Tiers 1-3)	\$7 / \$21 / \$42 After deductible	\$7 / \$21 / \$42 After deductible
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Physicians Services

Primary Care Provider (PCP)	\$15 Copay after deductible	80% Coverage after deductible
Secondary Care Provider (SCP)	\$25 Copay after deductible	80% Coverage after deductible
After-Hours Care / Urgent Care	\$35 Copay after deductible	80% Coverage after deductible
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	\$25 Copay after deductible (Limit 20 visits per year)	80% Coverage after deductible (Limit 20 visits per year)
Chiropractic	Not Covered	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

	Provider Responsibility	Provider Responsibility
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	\$75 Copay after deductible	80% Coverage after deductible
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	\$15 Copay after deductible	80% Coverage after deductible
Outpatient Services	80% Coverage after deductible	80% Coverage after deductible
Inpatient Services	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)

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.

ACTIVE EMPLOYEE PREMIUM SCHEDULES

Based on 12 Checks*

January 1, 2021 through December 31, 2021

ELIGIBLE HOURS PER WEEK	35+	32.5+	30+	27.5+	25+	22.5+	20+	
PLANS AND COVERAGES	Monthly Premium Total	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	
HEALTH PLANS								
Premiums for employees who meet the Davis Moves wellness program incentive requirements will be reduced by \$20 per month.								
AETNA (Traditional)								
Employee + 2 or More	1,895.10	282.97	500.59	609.40	718.20	827.01	935.82	1,044.63
Employee + 1	1,406.70	195.06	359.28	441.39	523.50	605.61	687.72	769.83
Employee Only	651.20	59.07	140.69	181.50	222.30	263.11	303.92	344.73
SELECTHEALTH (Traditional)								
Employee + 2 or More	1,910.30	285.10	504.46	614.14	723.82	833.50	943.18	1,052.86
Employee + 1	1,417.60	196.41	361.90	444.65	527.39	610.14	692.89	775.63
Employee Only	656.30	59.38	141.64	182.76	223.89	265.02	306.15	347.28
AETNA (High Deductible)								
Employee + 2 or More	1,683.40	253.58	446.89	543.54	640.20	736.85	833.51	930.16
Employee + 1	1,249.60	175.50	321.38	394.32	467.26	540.20	613.14	686.08
Employee Only	578.60	54.72	127.24	163.50	199.75	236.01	272.27	308.53
SELECTHEALTH (High Deductible)								
Employee + 2 or More	1,699.70	255.87	451.05	548.64	646.22	743.81	841.40	938.99
Employee + 1	1,261.30	176.95	324.20	397.82	471.44	545.07	618.69	692.31
Employee Only	584.00	55.04	128.23	164.83	201.43	238.03	274.62	311.22
DENTAL PLANS								
DELTA BASIC PPO								
Employee + 2 or More	88.19	9.10	19.65	24.92	30.19	35.46	40.74	46.01
Employee + 1	59.93	2.24	9.93	13.78	17.62	21.47	25.32	29.16
Employee Only	29.97	0.00	4.00	5.99	7.99	9.99	11.99	13.99
DELTA PREMIER + PPO								
Employee + 2 or More	118.32	39.23	49.78	55.05	60.32	65.59	70.87	76.14
Employee + 1	75.52	17.83	25.52	29.37	33.21	37.06	40.91	44.75
Employee Only	44.28	2.21	7.82	10.62	13.43	16.23	19.04	21.84
LONG TERM DISABILITY								
UNUM								
	20.27	10.13	11.48	12.16	12.83	13.51	14.19	14.86

*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 above Employee Monthly Cost amount.

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	\$90.00 per month
2-Party Coverage	\$140.00 per month	\$70.00 per month
Individual Coverage	\$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 3909
40 to 4411
45 to 4917
50 to 5423
55 to 5939
60 to 6447
65 to 6976
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 about Open Enrollment?”

Due to COVID-19 precautions, the District will not hold in-person Open Enrollment question & answer sessions this year. However, if you have questions or need information to help you make your insurance choices, please feel free to contact the District Insurance Office by phone at 801-402-5200 or by email at insurance@dsdmail.net. Additionally, you can contact our various insurance providers directly for specific plan information. Contact information for each insurance provider is included in the *2021 Insurance Benefits Guide* which can be found at www.davis.k12.ut.us/insurance.

