



EMPLOYEE BENEFITS GUIDE

2021-2022



**SALT LAKE CITY
SCHOOL DISTRICT**
Your Best Choice



This guide provides highlights of our benefits program. A complete description of your benefit plans can be found in the plan documents, Summary Plan Descriptions (SPD) and contracts. While every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of our employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy. We reserve the right to terminate or amend these employer-sponsored plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, covered spouses, beneficiaries, and dependents.

Contacts

Medical

PEHP Health & Benefits

Group #1235
(800) 765-7347
(801) 366-7555
www.pehp.org

Pharmacy

National Cooperative Rx

CVS/Caremark Network
Group #RX7977
PCN: ADV / Rx Bin:004336
(866) 818-6911
www.caremark.com

Health Savings Account

America First - HSA

(801) 827-2136
(800) 999-3961
www.americafirst.com

Dental

EMI Health

Group #592
(800) 662-5850
(801) 262-7476
www.emihealth.com

Vision

EMI Health

Group #592
(800) 662-5850
(801) 262-7476
www.emihealth.com

Flexible Spending Account

PEHP - FSA

Group #1235
(800) 753-7703
(801) 366-7503
www.pehp.org

Life and AD&D

Cigna

Group Life #FLX0964184
Vol. Life #FLX0964185
(800) 244-6224
www.mycigna.com

Disability - STD / LTD

Cigna

STD Group #SHD961447
LTD Group #LK0961110LTD
(800) 244-6224
www.mycigna.com

Employee Assistance Program (EAP)

Blomquist Hale

(801) 262-9619 or (800) 926-9619
www.blomquisthale.com

Critical Illness

Accident

Hospital Indemnity

Voya Financial

Lacey Smith, GBS
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Salt Lake City School District

Human Resources

Loretta Brazelton, HR Analyst

(801) 578-8371
loretta.brazelton@slcschools.org

Cheyenne Inman, HR Technician

(801) 578-8422
cheyenne.inman@slcschools.org

www.slcschools.org/departments/benefits

GBS Benefits

Open Enrollment & Claims Support

Denise House, Account Manager

(801) 842-0130
denise.house@gbsbenefits.com



Salt Lake City School District

September 1, 2021 - August 31, 2022

This Guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

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Important Information

Salt Lake City School District

Benefits Overview

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

1. **Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
2. **Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
3. **Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

Who Is Eligible?

If you are a full-time employee working 20 or more hours per week, coverage will begin on the first day of the month following 30 days of qualified employment.

You can also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include:

- Your legal spouse
- Your domestic partner
- Your natural, adopted or step-child(ren) to age 26 (*Note: Voluntary Life eligibility is separate.*)

How We Define Medical Benefits Eligibility

We are a large employer according to the Employer Shared Responsibility provisions of the ACA. The enrollment guidelines listed in this guide may vary if you are hired to work less than 30 hours per week (130 hours per month) or your hours worked drop below the threshold. Please contact us for our complete policy on Measurement Methods to determine full-time benefits eligibility status under the Employer Shared Responsibility.

When Do I Enroll?

You can enroll for coverage within 30 days of your date of hire, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event.

Benefits Overview

Making Changes During The Year

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualified life event.

Qualified life events include, but are not limited to:

- Change in your legal marital status
- Change in number of dependents
- A dependent no longer meets the eligibility requirements
- You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to fewer than 20 hours per week
- Your employment with Salt Lake City School District ends

Your dependent(s) coverage ends:

- When your coverage ends, or
- The last day of the month in which the dependent is no longer eligible



Important Information

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

Isn't health insurance all I need? Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings? The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

1. On the web: <https://www.goodrx.com/> Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

2. On your phone: Available in the App Store or Google Play. Or simply visit m.goodrx.com from your phone.

Please Note:

- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

Health Care Reform And You

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC and Uniform Glossary annually during open enrollment. Please contact HR should you need an additional copy.

Employee Navigator

Online Benefits Enrollment

Information Needed When Adding Dependents

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address (if separate from yours)

Step 1: Getting Started

- In your web browser type <https://gbsbenefits.employeenavigator.com> in the address bar.
- Username - If you have misplaced your credentials, reach out to HR.
- Reset Password - Employees can reset passwords on login screen.
- Click **“New User Registration”** (first time user)
- Create Your Account:
 - a) First Name
 - b) Last Name
 - c) Company Identifier **“SLCSchool”**
 - d) Last 4 Digits of SSN
 - e) Birth Date
- On the home screen (once logged in) look for **“Start Enrollment”**.

Step 2: Verify Your Personal and Dependent Information

- Personal Information - Validate all information is accurate.
- Dependent Information:
 - a) To update information, click **“Edit”**, upon completion click **“Save”**.
 - b) Select **“Add Dependent”** if you currently do not see them listed.
- Once all of your dependents have been added/updated, click **“Save & Continue”**.
- **Please Note:** If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

Step 3: Making Your Open Enrollment Elections

- Complete all benefits through each step of the enrollment process (enroll or waive).
- Click **“Save & Continue”** at the end of each benefit screen.

Step 4: Confirm Your Elections

- Upon completion, please verify everything in the “Enrollment Summary Screen”.
- Click “Click To Sign” to complete your open enrollment elections.



Medical

PEHP - Traditional Option 2

Medical

PEHP

Traditional Option 2 / PPO Plan Summit/Advantage Network

Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible - Plan Year <i>Applies to Out-of-Pocket Maximum</i>	\$1,500/Individual \$4,500/Family <i>One person cannot meet more than \$1,500</i>	\$3,000/Individual \$9,000/Family <i>One person cannot meet more than \$3,000</i>
Out-of-Pocket Maximum	\$4,500/Individual \$13,200/Family <i>One person cannot meet more than \$4,500</i>	\$9,000/Individual \$27,000/Family <i>One person cannot meet more than \$9,000</i>
Coinsurance	20% AD	40% AD
Office Visits		
Preventive	Covered at 100%	40% AD
Primary Care	\$25 copay	40% AD
Specialist/Secondary Provider	\$40 copay	40% AD
Teledoc	\$10 copay	Not Covered
<i>Chiropractic (Limited, 20 visits PPY)</i>	\$20 copay	Not Covered
Diagnostic Lab & X-Ray		
Minor <i>(In office)</i>	Covered at 100%	40% AD
Major	20% AD	40% AD
Hospital Services		
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Emergency Services		
Urgent Care	\$40 copay	40% AD
Emergency Room	\$200 AD	See Network Benefits
Ambulance	20% AD	See Network Benefits
Mental Health Services <i>(Blomquist Hale Referral REQUIRED to be covered through PEHP)</i>		
Inpatient & Outpatient	20% AD	40% AD
Outpatient - <i>Office</i>	\$25 copay	40% AD
Prescriptions <i>(Generic Required)</i>		
Pharmacy Deductible* <i>(Separate)</i>	\$150 Per Individual	Not Covered
Pharmacy		
Tier 1 / Tier 2*	\$15 / \$35 APD	Not Covered
Tier 3* / Tier 4*	\$50 APD / 30% APD	
Maintenance & Mail Order		
Tier 1 / Tier 2*	\$15 / \$70 APD	Not Covered
Tier 3* / Tier 4*	\$150 APD / NA	

AD = After Deductible

APD = After Pharmacy Deductible



Medical

PEHP - Star HSA
Qualified High Deductible Health Plan

Medical

PEHP

STAR HSA / Qualified High Deductible Health Plan Summit Network

Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible - Plan Year <i>Applies to Out-of-Pocket Maximum</i>	\$1,500/Individual \$3,000/Family <i>One person or combo can meet the \$3,000 double/family Ded.</i>	\$1,750/Individual \$3,500/Family <i>One person or combo can meet the \$3,500 double/family Ded.</i>
Out-of-Pocket Maximum	\$3,500/Individual \$7,000/Family <i>One person can only contribute \$3,500 toward the double/family max</i>	\$5,000/Individual \$10,000/Family <i>One person or combo can meet the \$10,000 double/family max</i>
Coinsurance	20% AD	40% AD
Office Visits		
Preventive	Covered at 100%	Not Covered
Primary Care	\$15 AD	40% AD
Specialist/Secondary Provider	\$25 AD	40% AD
Teledoc	\$10 AD	Not Covered
Chiropractic <i>(Limited, 20 visits PPY)</i>	Not Covered	Not Covered
Diagnostic Lab & X-Ray		
Minor <i>(In office)</i>	Covered at 100% AD	40% AD
Major	20% AD	40% AD
Hospital Services		
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Emergency Services		
Urgent Care	\$35 AD	40% AD
Emergency Room	\$75 AD	See Network Benefits
Ambulance	20% AD	See Network Benefits
Mental Health Services <i>(Blomquist Hale Referral REQUIRED to be covered through PEHP)</i>		
Inpatient & Outpatient	20% AD	40% AD
Outpatient - <i>Office</i>	\$15 AD	40% AD
Prescriptions <i>(Generic Required)</i>		
Preventive Maintenance		
Tier 1 / Tier 2*	\$7 copay / \$21 copay	Not Covered
Tier 3* / Tier 4*	\$42 copay / 30%	
Pharmacy		
Tier 1 / Tier 2*	\$7 AD / \$21 AD	Not Covered
Tier 3* / Tier 4*	\$42 AD / 30% AD	
Maintenance & Mail Order		
Tier 1 / Tier 2*	\$7 AD / \$42 AD	Not Covered
Tier 3* / Tier 4*	\$126 AD / NA	

AD = After Deductible

APD = After Pharmacy Deductible



Medical

PEHP - Traditional Option 1
(Available to employees hired before July 1, 2017)

Medical

PEHP

Traditional Option 1 / PPO Plan
Summit/Advantage Network

This plan is NOT available to employees hired on or after July 1, 2017.

Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible - Plan Year <i>Applies to Out-of-Pocket Maximum</i>	\$750/Individual \$2,250/Family <i>One person cannot meet more than \$750</i>	\$1,500/Individual \$4,500/Family <i>One person cannot meet more than \$1,500</i>
Out-of-Pocket Maximum	\$4,500/Individual \$13,200/Family <i>One person cannot meet more than \$4,500</i>	\$9,000/Individual \$27,000/Family <i>One person cannot meet more than \$9,000</i>
Coinsurance	20% AD	40% AD
Office Visits		
Preventive	Covered at 100%	Not Covered
Primary Care	\$30 copay	40% AD
Specialist/Secondary Provider	\$45 copay	40% AD
Teledoc	\$10 copay	Not Covered
Chiropractic <i>(Limited, 20 visits PPY)</i>	\$20 copay	Not Covered
Diagnostic Lab & X-Ray		
Minor <i>(In office)</i>	Covered at 100%	40% AD
Major	20% AD	40% AD
Hospital Services		
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Emergency Services		
Urgent Care	\$55 copay	40% AD
Emergency Room	\$300 AD	See Network Benefits
Ambulance	20% AD	See Network Benefits
Mental Health Services <i>(Blomquist Hale Referral REQUIRED to be covered through PEHP)</i>		
Inpatient & Outpatient	20% AD	40% AD
Outpatient - <i>Office</i>	\$30 copay	40% AD
Prescriptions <i>(Generic Required)</i>		
Pharmacy Deductible* <i>(Separate)</i>	\$100 Per Individual	Not Covered
Pharmacy		
Tier 1 / Tier 2*	\$15 / \$35 APD	Not Covered
Tier 3* / Tier 4*	\$50 APD / 30% APD	Not Covered
Maintenance & Mail Order		
Tier 1 / Tier 2*	\$15 / \$70 APD	Not Covered
Tier 3* / Tier 4*	\$150 APD / NA	Not Covered

AD = After Deductible

APD = After Pharmacy Deductible

Salt Lake City School District: 2021-2022

Employee Monthly PEHP Medical Premiums

The following rates are for full-time employees. If you are part-time, please contact Loretta Brazelton in the Human Resource Services Department for rates. Eligible employees who are covered under another group health insurance plan (through the employer of a parent or spouse, or through the military, etc.) may waive coverage under the District's medical plan and receive monthly Flexible Spending Account contribution from the district. You are eligible for up to \$2,000 per year prorated on a monthly basis. Employees will be required to show proof of other coverage. Employees waiving medical coverage may still be covered under the district dental plan.

Medical Plan Premiums - Classified Employees

	Traditional Option 2	Star HSA	Traditional Option 1
Employee Only	\$0.00	\$0.00	\$104.10
Employee + One	\$29.69	\$0.00	\$319.25
Family	\$83.73	\$6.75	\$534.04

Medical Plan Premiums - Certified Employees

	Traditional Option 2	Star HSA	Traditional Option 1
Employee Only	\$80.00	\$53.81	\$206.00
Employee + One	\$236.06	\$175.76	\$526.00
Family	\$393.69	\$316.71	\$844.00

Medical Plan Premiums - Administrators

	Traditional Option 2	Star HSA	Traditional Option 1
Employee Only	\$80.00	\$53.81	\$206.00
Employee + One	\$236.06	\$175.76	\$526.00
Family	\$393.69	\$316.71	\$844.00

Medical Plan Premiums - Exempt Employees

	Traditional Option 2	Star HSA	Traditional Option 1
Employee Only	\$8.88	\$0.00	\$134.88
Employee + One	\$94.47	\$34.16	\$384.40
Family	\$182.26	\$105.28	\$632.57



Telemedicine

Intermountain Connect Care

Telemedicine

Intermountain ConnectCare through On-Demand Video

Available on all PEHP Networks

Speak with a doctor 24 hours a day / 7 days a week / 365 days a year

With Intermountain Connect Care®, PEHP Summit Network and Advantage Network members can use their smartphone, tablet, or computer to get basic healthcare. Just log in and speak face-to-face with an Intermountain caregiver through on-demand video.

Mobile App

With a smartphone or tablet, you can access through the Connect Care mobile app. Use the app and start your visit in minutes.

Web

If you'd rather use a larger screen, you can access Connect Care using a video-capable computer at your home or office.

Your Visit

Most visits take less than ten minutes. Your clinician will review your history, answer questions, diagnose, treat, and even prescribe medication.

Coverage

For details, call PEHP customer service at 800-765-7347, or visit us at www.pehp.org

Get Started

Download the app on Android or iOS or visit intermountainconnectcare.org to register for free.

PEHPValue Providers

Traditional Plans: \$10 office visit co-pay

The Star Plan: 25% Discount on In-network provider rates

Salt Lake City

Health Clinics of Utah
168 North 1950 West, *Ste. 201*
801-715-3500

Midtown Clinic

230 South 500 East, *Suite 510*
801-320-5660

RC Willey Employee Clinic

2301 South 300 West
801-464-7900

WesTech Wellness Center

3605 South West Temple
801-506-0000

North Salt Lake

Orbit Employee Clinic
845 Overland St.
801-951-5888

FJM Clinic

31 North Redwood Rd, *Suite 2*
801-624-1634

Clearfield

Futura Onsite Clinic
11 H Street
801-774-3265

Layton

Onsite Care at Davis Hospital
1580 West Antelope Dr.,
Suite 110
801-807-7699

Ogden

Health Clinics of Utah
2540 Washington Blvd.,
Ste. 122
801-395-6499

FJM Clinic

1104 Country Hills Dr.,
Ste. 110
801-624-1633

Provo

Health Clinics of Utah
150 East Center St.,
Ste. 1100
801-374-7011

Orem

Blendtec Health and
Wellness Clinic
1206 South 1680 West
801-225-1281

Lehi

OnSite Care at
Mountain Point Medical
3000 Triumph Blvd,
Ste. 320
801-753-4600



Pharmacy Savings

CRX International Member Rx Plan

Pharmacy Savings

CRX International Member Rx Plan - 100% Company Paid

CRX International is a mobile solution that puts the tools to control Rx spending to all employees.

Advantages of CRX International Include

1. Free Rx Savings

- Manage Prescriptions
- Search for the lowest price
- Save money instantly

2. Free Supplemental Benefit

- Average individual can save \$750+ per year

3. No Surprises

- Access real-time plan-based information at any time

With CRX International - know out-of-pocket costs in real-time

Save money by seeing your personalized out-of-pocket expense for a drug being prescribed, right at the point of care. Prices & hours can vary by pharmacy. CRX International can help you save time & money by having your e-script sent to the best option.

Be alerted to insurance restrictions.

Increase adherence by knowing if step therapy or prior authorization is required before you try to fill a script. Not all drugs are covered by your insurance. Identify restrictions & check out-of-pocket costs during your appointment.

Save Instantly.

Redeem Rx coupons & discounts instantly as well as see local pharmacy pricing. Even if you have insurance, CRX International finds all coupons and discounts for you, and instantly applies the savings. To redeem, just share the offer screen with your pharmacist.

FREE: No costs to employees

SAVINGS: Employees save money by being in the know. No enrollment windows, no restrictions.

For Additional Information or to Register

Go to www.CRXInternational.com and click on the "Register" link on the top right-hand side of the page. Enter a username and password, click to accept the terms of use, and hit the **register button**. You will be taken to the home page and can choose to be walked through Account Setup by clicking on "Let's Begin". It is recommended that you complete each of the following tabs: Profile Info, Medication, Pharmacies, and Insurance in order to get the most out of the website. Upon completion, there will be a Drug Savings Card available for you to print.

Once you are registered, you can begin searching for your medication with the "Search" feature at the top of the page. Be sure to enter your city and state in order to get accurate price information. If you have entered in your insurance information, it will validate the lowest price against your insurance and let you know which is the least expensive option. If you have entered in a pharmacy, it will list your pharmacy at the top of the search results, and the lowest priced pharmacy next. Simply click on the offer you would like to redeem, and you can select "Print Offer", "Email Offer", or "Text Offer". This simple process is all that's required of you.

You can also download the CRX International app at the Play Store (Android) or the App Store (iPhone).

Phone: (866) 488-7874 **FAX:** (866) 215-7874 **Mail:** CRX International, PO Box 44650, Detroit, MI 48244



Health Savings Account

America First

Health Savings Account

America First

A Health Savings Account (HSA) paired with our qualified high deductible health plan helps you and your family plan, save and pay for qualified health care expenses. An HSA empowers you to build savings for health care expenses in a tax advantaged account.

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are similar to retirement accounts in that they rollover year-to-year, they are portable when you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

Who Is Eligible?

You must be enrolled in our qualified high deductible health plan and meet the following requirements:

- Have no other health insurance coverage except what's permitted by the IRS
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan. Examples of qualified health care expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor's office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams.

How Much Can I Contribute To An HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2021. These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

<u>Employer HSA Contributions</u>	
IRS HSA Contribution Limits for 2021	
Employee Only	\$3,600
Employee + One	\$7,200
Family	\$7,200

At age 55, an additional \$1,000 contribution is allowed annually

Health Savings Account

America First

Qualified Health Care Expenses

You can use money in your HSA to pay for any qualified health care expenses you, your legal spouse and your tax dependents incur, even if they are not covered on your plan. Qualified health care expenses are designated by the IRS (Publication 502). They include medical, dental, vision and prescription expenses not covered by the insurance carrier.

Qualified expenses include, but are not limited to:

- Acupuncture
- Alcoholism (rehab)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs
- Birth control pills/prescription contraceptives
- Body scans
- Post-mastectomy breast reconstruction surgery
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed)
- Nursing home medical care
- Nursing services
- Optometrist
- Lasik surgery
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment for the hearing-impaired
- Therapy
- Transplants
- Weight-loss program (prescribed)
- Wheelchairs
- Wigs (prescribed)

Non-qualified expenses include any expenses incurred before you establish your HSA. Other non-qualified expenses include, but are not limited to:

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral Expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums*
- Medicines and drugs from other countries
- Non-prescription drugs (other than insulin)
- Teeth whitening

The following insurance premiums may be reimbursed from your HSA:

- COBRA premiums
- Health insurance premiums while receiving unemployment benefits
- Qualified long-term care premiums
- Medicare premiums (Parts A, B, C, etc.)

Important

Any funds you withdraw for non-qualified expenses will be taxed at your income tax rate plus a 20% tax penalty if you're under age 65. After age 65, you pay taxes but no penalty.

Documentation is Key

An HSA can be used for a wide range of health care services within the limits established by law. Be sure you understand what expenses are HSA qualified and be able to produce receipts for those items or services that you purchase with your HSA. You must keep records sufficient to show that:

- The distributions were exclusively to pay or reimburse qualified medical expenses,
- The qualified expenses had not been previously paid or reimbursed from another source, and
- The qualified expense had not been taken as an itemized deduction in any year.

Do not send these records with your tax return. Keep them with your tax records.



Dental

EMI Health

Dental

EMI Health

Choice PPO

Plan Features	Advantage Plus In-network You Pay	Premier In-network You Pay	Out-of-Network You Pay
Deductible	NO DEDUCTIBLE		
Annual Dental Max	\$2,000 Per Individual	\$1,000 Per Individual	
Preventive & Diagnostic Services (Exams, Cleanings, Fluoride, X-Rays)	Covered 100%	20%	20% of FS or R&C
Basic Services (Fillings, Non-Surgical Extractions)	20%	20%	20% of FS or R&C
Major Services (Bridges, Crowns & Oral Surgery)	50%	50%	50% of FS or R&C
Endodontic & Periodontic	Covered Under Basic Services		
Lifetime Orthodontia Max	\$750 Per Child		
Class IV - Orthodontics (Dependents to Age 19)	50%	50%	50% of FS or R&C
Specialists	Pays the same as General Dentists		

Salt Lake City School District pays 100% if full-time.
Part-time is prorated based on FTE. See Human Resources for complete details.

- Waiting Period for Preventive Services
- No Waiting Period for Basic Services
- 12 Month Waiting period for Major Serviced and Orthodontia if Failure to Enroll at First Enrollment Opportunity.

FS = Network Fee Schedule
R&C = Reasonable & Customary Fees



Vision

EMI Health



Vision

EMI Health

Voluntary Vision Plan VSP Plus 10-60

Plan Features	In-network You Pay	Out-of-network Plan Reimburses You
Well Vision Exam (once every 12 months)	\$10 Copay	Up to \$65
Frames (one every 12 months)	Amount over \$160 Allowance at any VSP doctor or \$90 at COSTCO, Sam's Club or Walmart	Up to \$80
Lenses (one every 12 months)		
Single Vision	\$10 Copay	Up to \$30
Bifocal	\$10 Copay	Up to \$50
Trifocal	\$10 Copay	Up to \$65
Lenticular	\$10 Copay	Up to \$100
Progressive	Cost varies by option chosen	N/A
Contact Lenses (one every 12 months)		
Elective	Amount over \$160 Allowance	Up to \$145
LASIK Refractive Surgery		
Elective	Up to \$500 in Savings	Not Covered

Vision Premiums

Total Premium Per Month

Employee Only	\$8.40
Two Party	\$16.30
Family	\$25.80



Flexible Spending Account

PEHP Flex

Flexible Spending Account

PEHP FLEX\$

A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

How It Works

Each plan year you designate an annual election to be deposited into your health care and/or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pre-tax basis. For health care expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement.

Things To Consider

- **YOU MUST ENROLL IN FLEX\$ OR WAIVE COVERAGE EACH PLAN YEAR.**
- Be conservative when estimating your annual election amount. The IRS has a strict "use it or lose it" rule. You will forfeit any funds left in your account after the end of the plan year.
- Your 2021 contributions must be used for expenses you incur 9/1/21 - 8/31/22.
- The health care and dependent care FSA's are two separate accounts and funds cannot be transferred between accounts.
- You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.

FSA Reimbursement Options

To receive reimbursement from your FSA, you can submit a claim online, complete a paper claim form or use your FSA debit card. It is important to save your receipts. PEHP may ask you to provide a copy to substantiate a claim.

<u>FSA Account Options</u>		
	Health Care FSA	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$2,750	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Rx, Dental, & Vision Deductibles, Coinsurance, and Copays	Cost of childcare for children under age 13 so you and your spouse can go to work or look for work

PEHP FLEX\$

(800) 753-7703

(801) 366-7503

www.pehp.org



Life and AD&D

Cigna

Life and AD&D

Cigna Basic Life, AD&D - 100% Company Paid

Life Insurance and Accidental Death & Dismemberment (AD&D) benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

Basic Life Insurance and Accidental Death and Dismemberment (AD&D)

Salt Lake City School District provides all eligible employees with a basic group life insurance and accidental death and dismemberment coverage at no cost to you. Coverage amounts are determined by your contract level and includes waiver of premium coverage.

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

Administrative & Comprehensive Exempt Contract Employees Only

Plan Features

Basic Life And AD&D

Employee Life Insurance	1 times base salary Up to a \$120,000 Maximum + \$50,000 for a combined Maximum of \$170,000
AD&D - Employee Only	\$50,000
Seatbelt Benefit - Employee Only (Benefit paid if death occurred in auto accident while properly wearing a seatbelt)	Seatbelt - 10% of Principal Sum Subject to \$12,000 Max. Airbag - 5% of Principal Sum Subject to \$6,000 Max.
Spouse Life Insurance	\$2,000
Child(ren) Life Insurance (live birth to age 26)	\$2,000

Classified and Certified Contract Package Only

Plan Features

Basic Life And AD&D

Employee Life Insurance	1 times base salary rounded to the highest thousand or \$20,000 whichever is highest
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Voluntary Life and AD&D

Cigna Voluntary Life, AD&D - 100% Employee Paid

Optional Life Insurance and AD&D

You also have the option to purchase additional life insurance coverage for yourself, your spouse, domestic partner and your unmarried, dependent children to age 19, or up to age 26 if they are a full-time student primarily supported by you. However, you may only elect coverage for your dependents if you elected additional coverage for yourself. Coverage is available to eligible employees covered under the basic Group Term Life Insurance provided by Salt Lake City School District. You pay for the cost of additional coverage through payroll deductions on a post-tax basis.

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

Plan Features	Voluntary Life	Voluntary AD&D
Voluntary Supplemental Life Benefit Amount Employee	Lesser of 5 times salary up to \$500,000 in \$10,000 increments	Lesser of 5 times salary or \$500,000 in \$10,000 increments
Spouse	Up to \$150,000 in \$10,000 increments	\$250,000 in \$5,000 increments
Child(ren)	\$500 (birth-6 mo.) \$10,000 in \$5,000 increments	\$10,000
Guaranteed Issue	\$200,000 Employee \$20,000 Spouse \$500 / \$10,000 Child(ren)	

Voluntary Life Worksheet

Term Life Coverage Rates

Rates shown are your monthly deduction.

Age Band	Employee Per \$10,000	Spouse Per \$5,000	Child Per \$1,000
- 24	\$0.700	\$0.350	\$0.200
25 - 29	\$0.700	\$0.350	
30 - 34	\$0.700	\$0.350	
35 - 39	\$0.800	\$0.400	<i>Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have</i>
40 - 44	\$1.200	\$0.600	
45 - 49	\$1.700	\$0.850	
50 - 54	\$2.800	\$1.400	
55 - 59	\$4.500	\$2.250	
60 - 64	\$6.800	\$3.400	
65 - 69	\$11.600	\$5.800	
70 - 74	\$22.000	Spouse coverage ends at age 70	
75 - 79	\$41.600		
80 - 84	\$77.600		
85 +	\$143.100		

AD&D Coverage Rates

	AD&D Cost Per	Monthly Rate
Employee	\$1,000	\$0.020
Spouse	\$1,000	\$0.030
Child	\$1,000	\$0.032

Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary / effective date

Term Life Calculation

Coverage Amount	Increment	Rate	Monthly Cost
Employee _____	÷ 10,000 =	_____ =	\$ _____
Spouse _____	÷ 5,000 =	_____ =	\$ _____
Child(ren) _____	÷ 1,000 =	_____ =	\$ _____

AD&D Calculation

Coverage Amount	Increment	Rate	Monthly Cost
Employee _____	÷ 1,000 =	_____ =	\$ _____
Spouse _____	÷ 1,000 =	_____ =	\$ _____
Child(ren) _____	÷ 1,000 =	_____ =	\$ _____



Disability

Cigna

Disability

Cigna

Disability insurance benefits replace a portion of your income if you are unable to work for a period of time due to a qualified off-the-job injury or illness.

District Paid Short-term Disability

Short-term disability provides a source of income should your qualified disability keep you from working for more than a week. Available to Administrative and Exempt employees.

Voluntary Long-term Disability

Certified Staff (Teacher) Long-term disability provides an ongoing source of income if your disability is prolonged. Once you have worked 15 years with the District, you can apply for the district to pay the premiums.

District Paid Long-term Disability

The District pays for Long-term disability for Administrators, Classified & Comprehensive Exempt Staff. Long-term disability provides an ongoing source of income if your disability is prolonged.

Definition of Disability

The definition of disability is used to determine an employee's eligibility for benefits. An individual's physical or mental inability to perform the major duties of his/her occupation because of illness or injury.

Plan Features	Short-term Disability	Long-term Disability
Benefit Amount	70% of monthly salary	66.67% of monthly salary
Maximum Benefit	No Maximum	\$10,000 monthly
Benefit Waiting Period	Depends on sick & personal leave hours applied first. <i>See Carrier Summary</i>	180 days
Maximum Benefit Duration	120 days	Social Security Normal Retirement Age
Own Occupation	24 months	24 months

Voluntary Long-term Disability Rates

Annual Salary	Monthly Cost	Annual Salary	Bi-weekly Cost
\$20,000	\$5.00	\$75,000	\$18.75
\$30,000	\$7.50	\$100,000	\$25.00
\$40,000	\$10.00	Maximum Covered Salary of \$200,000	\$50.00
\$50,000	\$12.50		



Employee Assistance Program

Blomquist Hale

Employee Assistance Program (EAP)

Blomquist Hale - 100% District Paid

What is an Employee Assistance Program (EAP)

The District provides this short-term, confidential counseling for you and anyone living in your home at no cost to you.

- All services are free and accessible 24 hours a day, 365 days a year
- The EAP is your resource for everyday issues as well as the unexpected such as

› Life Changes	› Finances	› Birth / Adoption	› Eating Disorders
› Stress / Anxiety	› Family Conflicts	› Elder Care / Grief	› Legal Advice
› Depression	› Job pressure	› Drugs / Alcohol	› And More!

Is it Confidential?

Yes, all discussions between you and the EAP counselor are confidential. Personal information is never shared with anyone (including Salt Lake City School District) at any time without your direct knowledge and approval. Exceptions are made only in cases governed by law to protect individuals threatened by violence.

Employee Assistance Program counselors are experienced, caring professionals who hold a Master's degree in counseling or a related field. They are certified or licensed by the appropriate state agency.

Counselors use a solution-focused therapy model and teach you how to resolve your unique problem while providing caring support along the way.

The entire cost of EAP services is covered in a monthly fee paid by Salt Lake City School District. All EAP services are free to you with no co-pay or deductible required.

Face to face, video therapy, and phone appointments are available with no specific session limits.

Mental Health & Drug/Alcohol Treatment

The Employee Assistance Program (EAP) through Blomquist Hale Employee Assistance coordinates all mental health and drug / alcohol treatment services for all of the Plans. To receive such benefits under the health plan, the Covered Person must obtain pre-authorization through an EAP counselor before seeking such counseling, by calling 801-262-9619 or 800-926-9619.

How do I make an appointment?

Setting up an appointment is as simple as calling the office. You will be offered an appointment that works with your schedule. Crisis appointments are available daily. No paperwork or approval is needed and there is no charge. Counselors are available around the clock for emergency and crisis situations.

Seeking help early minimizes the chances of problems escalating and requiring more extensive services. Often, a few visits with a counselor are all you need to gain perspective and regain a sense of control over your life.

CALL: (801) 262-9619 or (800) 926-9619 or VISIT: www.blomquisthale.com



Worksite Voluntary

Voya Financial

Voluntary Accident

Voya

Group Accident Insurance (off-the-job)

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

With Voya Group Accident Insurance, you can have peace of mind knowing -

- Coverage is guaranteed issue
- Benefits are paid directly to you unless assigned to someone else.
- Benefits are paid in addition to any other coverage.

Plan Features	Low Plan	High Plan
Accident Physician Treatment	\$75	\$100
X-ray	\$60	\$90
Ambulance	\$300 ground \$1,250 air	\$400 ground \$2,000 air
ER/Urgent Care Service	\$200	\$250
Dislocation Benefit	Up to \$7,700	Up to \$10,000
Fracture Benefit	Up to \$6,000	Up to \$12,000
Child Organized Sports Rider	Pays additional 25% up to \$1,000	
Hospital Confinement/Daily Benefit	\$1,125 admission \$250 daily	\$1,750 admission \$275 daily
Accident Follow-Up Visits	\$75	\$100
Lacerations	Up to \$400	Up to \$750
Eye Injury	Up to \$275	Up to \$400
Wellness Benefit	\$75 for employee and spouse. Children 50% of Employees amount (Max of \$150 total)	

Group Accident Monthly Premiums

	Low Plan	High Plan
Employee Only	\$8.91	\$13.77
Employee & Spouse	\$12.74	\$19.69
Employee & Child(ren)	\$17.00	\$26.27
Family	\$20.83	\$32.19

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*

Voluntary Critical Illness

Voya

Group Critical Illness Insurance

Critical Illness insurance provides a lump sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis.

With Voya Group Critical Illness Insurance, you can have peace of mind knowing you're covered in the event of:

- Heart Attack
- Cancer
- Stroke
- Major Organ Transplant
- Coronary Artery Bypass 25%
- Carcinoma in Situ 25%
- Type 1 Diabetes
- Severe Burns
- Transient Ischemic Attacks 10%
- Ruptured or Dissecting Aneurysm
- Abdominal Aortic Aneurysm 10%
- Thoracic Aortic Aneurysm 10%
- Open Heart Surgery for Valve replacement/repair 10%
- Transcatheter Heart Valve replacement/repair 10%
- Coronary angioplasty 10%
- Implantable Cardioverter Defibrillator 25%
- Pacemaker placement 10%
- Benign Brain Tumor
- Skin Cancer 10%
- Bone Marrow Transplant 25%
- Stem Cell Transplant 25%
- Permanent Paralysis
- Loss of Sight, Hearing or Speech
- Coma
- MS 50%
- ALS 50%
- Parkinson's Disease 25%
- Advanced dementia (Alzheimer's) 25%
- Infectious Disease 25%

**All conditions above are covered at 100% of the benefit amount unless noted with a separate % amount.*

Plan Features	Employee	Spouse	Dependent
Coverage	\$10,000 or \$20,000	50% Employee Benefit	50% Employee Benefit
Guarantee Issue	\$20,000	\$10,000	\$10,000
Pre-Existing	None	None	None
Wellness Benefit <i>Must complete a health screening</i>	\$50	\$50	50% of Employees amount (Max of \$100 total)

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*

Worksite Voluntary Benefits

Voya

Critical Illness Coverage Rates- Attained Age

Employee Coverage Uni-Tobacco Monthly Rates			Spouse Coverage Uni-Tobacco Monthly Rates		
Age	\$10,000	\$20,000	Age	\$5,000	\$10,000
<30	\$2.70	\$5.40	<30	\$1.35	\$2.70
30-39	\$4.40	\$8.80	30-39	\$2.20	\$4.40
40-49	\$9.30	\$18.60	40-49	\$4.65	\$9.30
50-59	\$15.30	\$30.60	50-59	\$7.65	\$15.30
60-64	\$23.40	\$46.80	60-64	\$11.70	\$23.40
65-69	\$23.40	\$46.80	65-69	\$11.70	\$23.40
70+	\$31.10	\$62.20	70+	\$15.55	\$31.10

**Child coverage included in
Employee rate above*



Voluntary Hospital

Voya

Group Hospital Indemnity Insurance

An overnight stay in the hospital is expensive, and there may be additional costs unrelated to your stay such as having a baby or missing work. Hospital Confinement coverage pays a cash benefit when you are admitted for an overnight stay. You can use the monies to pay for medical bills not covered by insurance, or in any way you see fit.

With Voya Group Hospital Indemnity Insurance, you can have peace of mind knowing:

Benefits from a Hospital Indemnity plan can be used to assist you in paying deductibles, coinsurance, out-of-network costs, daily living expenses, etc.

Benefits are paid regardless of other coverage and this plan is compatible with Health Savings Accounts.

Benefits Include:

Guarantee Issue	Yes
Pre-Existing	None
Maternity Waiting Period	None
First Day Hospital Confinement	\$1,000/ 1 per insured per year
Daily Hospital Benefit <i>Up to 31 Days</i>	\$100 per day
Intensive Care <i>Up to 31 days</i>	\$200 per day
Rehabilitation Unit <i>Up to 31 days</i>	\$50 per day

Hospital Indemnity Monthly Premiums

Employee Only	\$14.75
Employee & Spouse	\$26.85
Employee & Child(ren)	\$24.04
Family	\$36.14

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*



This guide was created for the employees of Salt Lake City School District
by GBS Benefits.