



DSD Insurance Update 2022

Open Enrollment for 2022

With the new year just around the corner, it's time to start thinking about your insurance options and choices for 2022. Davis School District's Insurance Open Enrollment period begins on Monday, November 1, 2021, and will continue through Friday, November 19, 2021. During this time period, you may use the District's online Open Enrollment system to select your insurance coverage, enroll in the Flexible Benefit Plan, and donate to the Catastrophic Sick Leave Bank. The choices you make will become effective January 1, 2022 (with the exception of plans that require underwriting approval).

"2022 Insurance Benefits Guide" Available Online

The *2022 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 *2022 Insurance Benefits Guide*.

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

To make any changes to your coverage choices for 2022, you will need to complete the Open Enrollment process through Encore. This may be done anytime beginning Monday, November 1st, and continuing through Friday, November 19th.

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, review your current coverage, and make any changes to your insurance choices for 2022.

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 processed as your enrollment choice. **If you fail to complete the Open Enrollment process through Encore, your insurance coverage will remain the same for 2022 as it is in 2021.** To participate in the Flexible Benefit Plan for 2022, 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 *2022 Insurance Benefits Guide*.

“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 2022, 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 any 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 webpage at www.davis.k12.ut.us/insurance and click on “*High Deductible Health Plan Education Tools*”.

Zero Copayment for Virtual Office Visits

When you or a family member feel sick or are injured, you may not need to leave home to get the care you need. You may be able to grab your smartphone or computer and talk with a doctor in minutes instead of scheduling an appointment at your doctor’s office or visiting an urgent care facility. Employees enrolled in one of the District’s Aetna plans have access to *Teladoc*, while those enrolled in one of the SelectHealth plans have access to *Connect Care*.

Through both *Teladoc* and *Connect Care*, you can get set up a virtual appointment 24/7 with one of their U.S. board certified and licensed healthcare providers to be diagnosed, treated, and prescribed medication if necessary. These providers can help you with everyday, non-emergency healthcare issues such as sore throat, eye infections, allergies, flu symptoms, and much more. These services don’t replace your primary care doctor but can be used when it’s not convenient to get to your doctor or it’s outside of regular office hours.

Beginning January 1, 2022, Davis School District employees on the Aetna traditional or SelectHealth traditional health plans will have zero copayment when using *Teladoc* or *Connect Care*. For employees on either of the high deductible health plans, there will be zero copayment when using *Teladoc* or *Connect Care* after the annual deductible has been met.

In order to take advantage of this convenient option and start saving, you'll need to register with *Teladoc* or *Connect Care*, depending on which healthcare coverage you have. For specific information on these services and registration instructions, go to www.davis.ut.us/insurance and click on *Aetna Teladoc* or *SelectHealth Connect Care*.

Pharmacy Benefits Administered through Navitus

Be sure to remember that the pharmacy benefits for the District's Aetna and SelectHealth insurance plans are now administered through Navitus. When having prescriptions filled, your pharmacy will need the Navitus information included on the back of your Aetna or SelectHealth ID card.

Accidental Death and Dismemberment Coverage

A sudden accident can change everything! If you haven't done so already, consider enrolling in Accidental Death & Dismemberment (AD&D) Insurance through The Hartford. This coverage is separate from the Basic Life Insurance and Supplemental Life Insurance coverage offered to District 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 in coverage costs only \$10 per month! For more information about this AD&D coverage, see the *2022 Insurance Benefits Guide*.

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 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 *2022 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 any of the three previous years' Open Enrollment periods do not need to contribute again this year in order to remain eligible for the program's benefits during 2022. (The district's Open Enrollment system in Encore will let you know if you contributed to the bank during any of the three previous years.) Employees who did not contribute a day of sick leave during any of the three previous years but wish to be eligible to participate in the Catastrophic Sick Leave Bank program during 2022 will need to contribute a day of sick leave to the bank prior to the end of the Open Enrollment period. Additional information about the Catastrophic Sick Leave Bank program is available in the *2022 Insurance Benefits Guide*.

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.

2022 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 drugs	\$100 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 (Tiers 1-3)	\$15 / \$30 / \$50	\$15 / \$30 / \$50
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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
Virtual Visit (Connect Care or Teladoc)	Connect Care - 100% Coverage	Teladoc - 100% Coverage
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	\$50 Copay per visit
	(Limit 20 visits per year)	(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.

2022 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
Virtual Visit (Connect Care or Teladoc)	Connect Care - 100% Coverage after deductible	Teladoc - 100% 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

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, 2022 through December 31, 2022

ELIGIBLE HOURS PER WEEK	35+	32.5+	30+	27.5+	25+	22.5+	20+	
<i>Grandfathered Employees Only</i> ----->								
PLANS AND COVERAGES	Monthly Premium Total	Employee Monthly Cost	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	1,933.00	288.23	510.20	621.18	732.17	843.15	954.14	1,065.12
Employee + 1	1,434.80	198.56	366.06	449.81	533.56	617.31	701.06	784.81
Employee Only	664.20	59.85	143.10	184.72	226.34	267.97	309.59	351.21
SELECTHEALTH (Traditional)								
Employee + 2 or More	1,948.50	290.40	514.15	626.02	737.89	849.77	961.64	1,073.51
Employee + 1	1,446.00	199.95	368.76	453.16	537.56	621.97	706.37	790.77
Employee Only	669.40	60.16	144.06	186.01	227.96	269.91	311.86	353.81
AETNA (High Deductible)								
Employee + 2 or More	1,717.10	258.25	455.43	554.02	652.61	751.20	849.79	948.38
Employee + 1	1,274.60	178.60	327.40	401.80	476.20	550.60	625.00	699.40
Employee Only	590.20	55.41	129.38	166.37	203.35	240.34	277.33	314.31
SELECTHEALTH (High Deductible)								
Employee + 2 or More	1,733.70	260.58	459.66	559.20	658.75	758.29	857.83	957.37
Employee + 1	1,286.50	180.08	330.27	405.36	480.46	555.55	630.65	705.74
Employee Only	595.70	55.74	130.40	167.73	205.06	242.39	279.72	317.05
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								
	21.93	10.96	12.42	13.15	13.89	14.62	15.35	16.08

*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		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 2022, or about the Flexible Spending 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 November 8th
Woods Cross High School
600 W 2200 S
Woods Cross, Utah

Thursday November 11th
Northridge High School
2430 N Hill Field Road
Layton, Utah



Flu Shots

In conjunction with the “Question and Answer” sessions listed above, Aetna and SelectHealth will be available to offer flu shots to District insured employees and their dependents.