



Insurance Update 2023

Open Enrollment for 2023

As we approach the end of 2022, it's time to start thinking about your insurance options and choices for 2023. Davis School District's Insurance Open Enrollment period begins on Monday, October 31, 2022, and will continue through Friday, November 18, 2022. During this time period, you may use the District's online Open Enrollment system to select your insurance coverage, participate in the Flexible Spending Plan, and donate to the Catastrophic Sick Leave Bank. The choices you make will become effective January 1, 2023 (with the exception of plans that require underwriting approval).

"2023 Insurance Benefits Guide" Available Online

The *2023 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 Spending Plan and Catastrophic Sick Leave Bank, go to www.davis.k12.ut.us/insurance and click on *2023 Insurance Benefits Guide*.

Complete the Open Enrollment Process through "Encore"

To select or confirm your coverage choices for 2023, you will need to complete the Open Enrollment process through Encore. This may be done anytime beginning Monday, October 31st, and continuing through Friday, November 18th.

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 2023.

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 2023 as it is in 2022. To participate in the Flexible Spending Plan for 2023, you must make an election during Open Enrollment regardless of prior participation.

Health Insurance Information

Davis School District is happy to announce that for the first time in many years there will be no premium increase for the District's health insurance for the upcoming year. This means that your monthly health insurance premium cost will not change in 2023. This good news is due, in part, to the savings our health insurance plans have experienced as a result of switching to Navitus for the administration of our pharmacy benefits.

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 *2023 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 offered, 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 2023, 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 webpage at www.davis.k12.ut.us/insurance and click on “*High Deductible Health Plan Education Tools*”.

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 to use the Navitus information included on the back of your Aetna or SelectHealth ID card.

Life Insurance Protection

If something were to happen to you and you were no longer around to provide for your loved ones, would they have the resources necessary to care for themselves? Life insurance is a means of helping to assure that they will be protected financially in case of your loss.

Did you know that as an insurance eligible employee, the District offers you Basic Life Insurance through The Hartford in an amount equal to one times your annual salary? This coverage is provided by the District and offered at no cost to you. Additionally, you can purchase Supplemental Life Insurance through The Hartford for yourself in increments of \$10,000. The maximum amount you can purchase cannot exceed \$500,000. You can also apply for Supplemental Life Insurance for your spouse in increments of \$10,000, up to a maximum of \$200,000.

Special Enrollment Opportunity for Supplemental Life Insurance

This year, The Hartford is offering a one-time “*guaranteed issue*” opportunity for Davis School District employees to add Supplemental Life Insurance coverage, or increase the amount of their current coverage, without going through the normal underwriting process. Specifically, employees may add or increase the amount of their Supplemental Life Insurance up to a maximum of \$500,000 coverage without providing evidence of good health or answering any medical questions. Employees may also add or increase the amount of spouse Supplemental Life Insurance up to \$50,000 without medical underwriting. Don’t miss out on this opportunity to safeguard your loved ones by helping assure that they will be protected financially in the case of your loss.

Life Insurance Beneficiary Designation

For both your Basic and Supplemental Life Insurance, you designate who the beneficiary will be in the event of your death. (For spouse Supplemental Life Insurance, the employee is the beneficiary.) Open Enrollment is a great opportunity for you to check your beneficiary designation to make sure that the current designation on record is consistent with your desire. It also allows you the opportunity to make sure that we have accurate contact information in the event that it becomes necessary for us to contact your beneficiary. Even if you don’t intend to make changes in your insurance choices, it is a good idea to go through the Open Enrollment process to verify that all of your beneficiary information is accurate.

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 challenges 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 counseling for life problems such as conflict with a family member or coworker, depression, anxiety, grief, addiction, or other causes of stress. These counseling services are free, confidential, and are available in-person or remotely. These services are available to employees, spouses, and dependent children ages 2-26. Crisis response help is available by phone 24 hours a day, 7 days a week at 1-800-832-7733. Information about this valuable benefit is available in the *2023 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 have contributed to the bank anytime since Open Enrollment in November of 2018 do not need to contribute again this year in order to remain eligible for the program’s benefits during 2023. (The district’s Open Enrollment system in Encore will let you know if you contributed to the bank during any of the previous four years.) Employees who have not contributed a day of sick leave during any of the four previous years but wish to be eligible to participate in the Catastrophic Sick Leave Bank program during 2023 will need to contribute a day of sick leave to the bank prior to the end of the Open Enrollment period. In order to contribute to the bank, you will need to access the Open Enrollment system in Encore. Additional information about the Catastrophic Sick Leave Bank program is available in the *2023 Insurance Benefits Guide*.

2023 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

Tiers 1-3	\$15 / \$30 / \$50	\$15 / \$30 / \$50
Specialty	\$100	\$100

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 (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.

2023 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
Specialty	\$100 After Deductible	\$100 After Deductible
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, 2023 through December 31, 2023

ELIGIBLE HOURS PER WEEK	Grandfathered Employees Only -----▶							
	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	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								
	22.79	11.39	12.91	13.67	14.43	15.19	15.95	16.71

*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	.05
30-39	.04	.07
40-49	.06	.10
50-59	.09	.15
60 and over	.12	.18

Sample Premium Calculation: Yearly base salary (\$50,947) divide by 52 weeks = \$980; weekly salary \$980 x 66.6667% of benefit = \$653.33 (round to nearest \$10) = \$650 divide by 10 = \$65 x .15 (rate) = \$9.75 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

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.

District Insurance Office staff is also scheduling one-on-one meetings via Teams during Open Enrollment if you would like to schedule a specific time to visit with a staff member for answers to your insurance related questions. These meetings will be held Tuesday, November 8th, Thursday, November 10th, and Monday, November 14th from 3:00 to 6:00 p.m. If you would like to schedule a Teams meeting during one of these times, please call 801-402-5200.

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

