

# Benefit Summary 2024-2025

Helping you make informed choices  
about your employee benefits.



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**IMPORTANT:** If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 27 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## Benefits Overview

**Park City School District** is proud to offer a comprehensive benefits package to eligible employees who work 20 hours per week or more. 30 hours for Instructional Assistant Positions and Preschool Teachers. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits and Park City School District provides other benefits at no cost to you. In addition, there are voluntary benefits with reasonable group rates that you can purchase through Park City School District payroll deductions.

### Benefits Offered

- » Medical
- » Dental
- » Vision
- » Flexible Spending Account (FSA)
- » Health Savings Account (HSA)
- » Life and Accidental Death & Dismemberment (AD&D)
- » Voluntary Life and Accidental Death and Dismemberment (AD&D)
- » Long-Term Disability
- » Accident Insurance
- » Critical Illness Insurance
- » Hospital Insurance

### Eligibility

You and your dependents are eligible for Park City School District benefits on the first of the month following date of hire.

Eligible dependents are your spouse, domestic partner, children under age 26, disabled dependents of any age. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days, and report the event in Employee Navigator.

### Qualifying Events

- » Loss of Dependent Coverage (including spousal coverage through employer)
- » Marriage
- » Divorce
- » Legal Separation
- » Birth of a Child
- » Adoption or Change in Custody
- » Death



## Medical Benefits

### Administered by PEHP

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way-especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Park City School District.

	Bronze Plan	
	Network Providers	Non-Network Providers
Lifetime Max	None	
Benefit Year Deductibles (Deductible does not include Copayments)	Individual \$600 Family \$1,200	Individual \$1,200 Family \$2,400
Benefit Year Coinsurance Out-of-Pocket Maximums (Includes deductible, coinsurance, and copays)	Individual \$4,500 Family \$6,750	Individual \$9,000 Family \$14,000
Office Visits-Primary Care (Exams or Consultations)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Office Visits-Prenatal All Covered Dependents	Plan pays 100%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Office Visits-Specialist (Exams or Consultations)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Wellness Care-Adult	Plan pays 100%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Wellness Care-Children	Plan pays 100%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision exam for children, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Including Women's Preventive Care Act. See Appendix in Plan Document.		
Chiropractic Services Limited to 40 visits	Deductible, then Plan pays 60%	No coverage
Diagnostic Services-Major	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Diagnostic Services-Minor	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Emergency Room Services (Copay waived if admitted)	\$250 copay then Plan pays 100%	\$250 copay then Plan pays 100% of <b>billed</b> amount
Emergency Room-All other covered services other than facility charges	Plan pays 100%	Plan pays 100% of <b>billed</b> amount
Hospital-Inpatient Services	\$300 copay, Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Hospital-Outpatient Services (not surgery)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Maternity-Prenatal Office Visits All Covered Dependents	Plan pays 100%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Maternity-Labs, X-rays, Ultrasounds and related covered services	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Maternity (including birthing center or mid-wife)	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Medical Supplies (Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Mental Health-Inpatient	\$300 copay, Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Mental Health-Outpatient	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Outpatient Therapy Physical limited to 40 visits per benefit year Speech and Occupational limited to 20 visits per benefit year	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Outpatient Surgery	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount

Bronze Plan		
	Network Providers	Non-Network Providers
Urgent Care Center and 24 Hours	\$50 copay, then Plan pays 100%.	\$100 copay, then Plan pays of <b>billed</b> amount
Vision Exam for Adults	Deductible, then Plan pays 60%	Deductible, then Plan pays 40% of <b>allowed</b> amount
Covered Prescription Drugs - OptumRx		
Customer Service: 800.334.8134	Generic-\$10	No benefits
	Brand Formulary-\$30	
	Brand / Non-formulary-\$50	
	Specialty-\$100	
90 Day Maintenance or Mail Order Drugs Customer Service: 800.334.8134 90-day supply	Generic-\$10	No benefits
	Brand Formulary-\$60	
	Brand / Non-formulary-\$150	

Some services require a pre-authorization. It is the employee's responsibility to confirm with the carrier and obtain any necessary pre-authorization.



	Silver Plan	
	Network Providers	Non-Network Providers
Lifetime Max	None	
Benefit Year Deductibles (Deductible does not include Copayments)	Individual \$900 Family \$1,800	Individual \$1,800 Family \$3,600
Benefit Year Coinsurance Out-of-Pocket Maximums (Includes deductible, coinsurance and copays)	Individual \$4,500 Family \$6,750	Individual \$9,000 Family \$14,000
Office Visits-Primary Care (Exams or Consultations)	Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Office Visits-Specialist (Exams or Consultations)	Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Wellness Care-Adult	Plan pays 100%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Wellness Care-Children	Plan pays 100%	Deductible, then Plan pays 50% of <b>allowed</b> amount
<b>Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision exam for children, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Including Women's Preventive Care Act. See Appendix in Plan Document.</b>		
Chiropractic Services Limited to 40 visits per benefit plan year.	Deductible, then Plan pays 70%	No coverage
Diagnostic Services-Basic labs/x-rays (related to office visit, LabCorp, etc.)	Deductible, then Plan pays 70%	Paid at network benefits
Diagnostic Services-Major	Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Diagnostic Services-Minor	Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Emergency Room Services (Copay waived if admitted)	\$250 copay then Plan pays 100%	\$250 copay then Plan pays 100% of <b>billed</b> amount
Emergency Room- All other covered services other than facility charges	Plan pays 100%	Plan pays 100% of <b>billed</b> amount
Hospital Inpatient	\$300 copay, Deductible, then plan pays 70%	Deductible, then plan pays 50% of <b>allowed</b> amount
Hospital Outpatient	Deductible, then plan pays 70%	Deductible, then plan pays 50% of <b>allowed</b> amount
Maternity-Prenatal Office Visits All Covered Dependents	Plan pays 100%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Maternity-Labs, X-rays, Ultrasounds and related covered services	Deductible, then Plan pays 70%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Maternity (including birthing center or mid-wife)	Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Medical Supplies (Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.	Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Mental Health-Inpatient	\$300 copay, Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Mental Health-Outpatient	Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Outpatient Therapy Physical limited to 40 visits per benefit year Speech and Occupational limited to 20 visits per benefit year.	Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Outpatient Surgery (performed in a physician's office)	Deductible, then Plan pays 70%	Deductible, then Plan pays 50% of <b>allowed</b> amount
Urgent Care Center and 24 Hours	\$50 copay, then Plan pays 100%.	\$100 copay, then Plan pays 100% of <b>billed</b> amount
Vision Exam for Adults	Deductible, then Plan pays 60%	Deductible, then Plan pays 50% of <b>allowed</b> amount
<b>Covered Prescription Drugs - OptumRx</b>		
Customer Service: 800.334.8134	Generic-\$10	No benefits
	Brand Formulary-\$30	
	Brand / Non-formulary-\$50	
	Specialty-\$100	
90-Day Maintenance or Mail Order Drugs Customer Service: 800.334.8134 90-day supply	Generic-\$10	No benefits
	Brand Formulary-\$60	
	Brand / Non-formulary-\$150	

Some services require a pre-authorization. It is the employee's responsibility to confirm with the carrier and obtain any necessary pre-authorization.

	Gold Plan	
	Network Providers	Non-Network Providers
Lifetime Max		None
Benefit Year Deductibles (Deductible does not include Copayments)	Individual \$800 Family \$1,600	Individual \$1,600 Family \$3,200
Benefit Year Coinsurance Out-of-Pocket Maximums (Includes deductible, coinsurance and copays)	Individual \$3,500 Family \$6,750	Individual \$7,000 Family \$14,000
Office Visits-Primary Care (Exams or Consultations) Copay is for office visit only	\$25 copay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Office Visits-Specialist (Exams or Consultations) Copay is for office visit only	\$50 copay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Wellness Care-Adult	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Wellness Care-Children	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision exam for children, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Including Women's Preventive Care Act. See Appendix in Plan Document.		
Chiropractic Services Limited to 40 visits per benefit plan year	\$50 copay, then Plan pays 100%	No coverage
Diagnostic Services-Basic labs/x-rays (related to office visit, LabCorp, etc.)	Deductible, then Plan pays 80%	Paid at network benefits
Diagnostic Services-Major	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Diagnostic Services-Minor	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Emergency Room Services (Copay waived if admitted)	\$250 copay then Plan pays 100%	\$250 copay then Plan pays 100% of <b>billed</b> amount
Hospital-Inpatient Services	\$300 copay, Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Hospital-Outpatient Services (not surgery)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Maternity-Prenatal Office Visits All Covered Dependents	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Maternity-Labs, X-rays, Ultrasounds and related covered services	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Maternity (including birthing center or mid-wife)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Medical Supplies (Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Mental Health-Inpatient	\$300 copay, Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Mental Health-Outpatient - Copay is for office visit only	\$25 copay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Outpatient Therapy Physical limited to 40 visits per benefit year Speech and Occupational limited to 20 visits per benefit year	\$50 copay then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Outpatient Surgery	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Outpatient Surgery (performed in a physician's office)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Urgent Care Center and 24 Hours - Copay is for office visit only	\$50 copay, then Plan pays 100%	\$100 copay, then Plan pays 100% of <b>billed</b> amount
Vision Exam for Adults	\$50 copay, then Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
<b>Covered Prescription Drugs - OptumRx</b>		
Customer Service: 800.334.8134	Generic-\$10	No benefits
	Brand Formulary-\$30	
	Brand / Non-formulary-\$50	
	Specialty-\$100	
90-Day Maintenance or Mail Order Drugs Customer Service: 800.334.8134 90-day supply	Generic-\$10	No benefits
	Brand Formulary-\$60	
	Brand / Non-formulary-\$150	

Some services require a pre-authorization. It is the employee's responsibility to confirm with the carrier and obtain any necessary pre-authorization.

	QHDHP/HSA	
	Network Providers	Non-Network Providers
Lifetime Max	None	
Benefit Year Deductibles (Individual deductible will max at \$3,000 on family plan)	Individual \$1,700 Family \$3,400	Individual \$3,400 Family \$6,800
Benefit Year Coinsurance Out-of-Pocket Maximums (Includes deductible, copays and coinsurance)	Individual \$3,000 Family \$6,000	Individual \$6,000 Family \$12,000
Office Visits-Primary Care (Exams or Consultations)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Office Visits-Specialist (Exams or Consultations)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Wellness Care-Adult	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Wellness Care-Children	Plan pays 100%	Deductible, then Plan pays 60% of <b>allowed</b> amount
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Chiropractic Services Limited to 40 visits per benefit plan year	Deductible, then Plan pays 80%	No coverage
Diagnostic Services-Basic labs/x-rays (related to office visit, LabCorp, etc.)	Deductible, then Plan pays 80%	
Diagnostic Services-Major	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Diagnostic Services-Minor	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Emergency Room Services (Copay waived if admitted)	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of <b>billed</b> amount
Emergency Room Services Non Medical Emergency	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of <b>billed</b> amount
Hospital Inpatient	Deductible, then plan pays 80%	Deductible, then plan pays 60% of <b>allowed</b> amount
Hospital Outpatient	Deductible, then plan pays 80%	Deductible, then plan pays 60% of <b>allowed</b> amount
Maternity-Prenatal Office Visits All Covered Dependents	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Maternity-Labs, X-rays, Ultrasounds and related covered services	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Maternity (including birthing center or mid-wife)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Medical Supplies (Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Mental Health-Inpatient	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Mental Health-Outpatient	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Outpatient Therapy Physical limited to 40 visits per benefit year Speech and Occupational limited to 20 visits per benefit year	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Outpatient Surgery	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Outpatient Surgery (performed in a physician's office)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Urgent Care Center and 24 Hours	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
Vision Exam for Adults	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of <b>allowed</b> amount
<b>Covered Prescription Drugs - OptumRx</b>		
Customer Service: 800.334.8134	Deductible, then Plan pays 80%	No benefits
90 Day Maintenance or Mail Order Drugs Customer Service: 800.334.8134 90-day supply	Deductible, then Plan pays 80%	No benefits

Some services require a pre-authorization. It is the employee's responsibility to confirm with the carrier and obtain any necessary pre-authorization.



## Dental Benefits

Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Park City School District dental benefit plan.

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**
Preventive Benefits cleanings, sealants	100%	100%
Diagnostic Benefits Exams and x-rays	80%	80%
Basic Benefits Fillings	80%	80%
Major Benefits Crowns, inlays, onlays, cast restorations	50%	50%
Endodontics and Periodontics (root canals and gum treatments) Covered Under Basic	80%	80%
Oral Surgery Covered Under Basic	80%	80%
Annual Maximum Benefit Per person	\$2,000	\$2,000
Orthodontic Benefits dependent children only	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.



## Vision Benefits

Administered by EMI

Your EMI Vision Plan covers glasses and/or contacts. Eye exams are covered under the health insurance benefit.

	In-Network	Out-of-Network
VSP Choice Plus		
Network	VSP Choice Plus	
Eye Exam	No eye examination benefit	
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Co-pay	Up to \$30
Lined Bifocal	\$10 Co-pay	Up to \$50
Lined Trifocal	\$10 Co-pay	Up to \$65
<b>Lens Options</b>		
Progressive (Standard plastic no-line)	\$0 copay	Up to \$50
Premium Progressive Options	up to \$105 Co-pay	Up to \$50
Custom Progressive Options	up to \$175 Co-pay	Up to \$50
Polycarbonate for Adults	up to \$35 Co-pay	N/A
Polycarbonate for Children (under 18)	\$0 copay	
<b>Coatings</b>		
Scratch Resistant Coating	\$17 Co-pay	N/A
Ultra Violet protection	\$16 Co-pay	
Other Options A/R, edge polish, tints, mirrors, etc.	Up to 25% discount	
<b>Frames</b>		
Allowance Based on Retail Pricing	\$210 Allowance at any VSP doctor	Up to \$90
<b>Additional Eyewear</b>		
**Additional Pairs of Glasses Throughout the Year	Up to 20% Off Retail	N/A
<b>Contacts</b>		
Contact benefits is in lieu of lens and frame benefit. Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting and evaluation services, excluding materials.	\$210 allowance	Up to \$195
<b>Frequency</b>		
Lenses, Frames, or Contacts	Every 12 months	Every 12 months
<b>Refractive Surgery</b>		
***LASIK	Up to \$500 in Savings	Not Covered



\*\*20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.

\*\*\* Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3

### VSP Choice

Awesome coverage and easy to use benefits

1. Choose a VSP network Provider
2. Give your EMI Health ID number
3. VSP does the rest!  
No claim forms.  
No paperwork.  
It's that easy!



### Choice Network

- Costco
- Visionworks
- And more

**Plan includes hardware only**

## Flexible Spending Accounts (FSAs)

### Administered by National Benefits Services

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit	\$3,200
Dependent Care Spending Limit	\$5,000

**NBS** is the **administrator** of two individual Flexible Spending Accounts—one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

### Here's How an FSA Works

1. You decide the annual amount (up to \$3,200 for FSA and \$5,000 DCAP) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare / elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the NBS Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.



## Understanding a Health Savings Account (HSA)

Administered by National Benefit Services, LLC

### What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an account that can be funded by you with pre-tax dollars, by your employer, or both. The HSA helps pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and in some cases, health insurance premiums.

### Who is eligible for a Health Savings Account?

Anyone who satisfies all of the following:

- » Covered by a High Deductible Health Plan (HDHP);
- » Employee cannot be covered under another medical plan;
- » Not enrolled in Medicare A or Medicare B benefits; and,
- » Not eligible to be claimed on another person's tax return.

### What is a deductible?

It is a set dollar amount, determined by your plan that you must pay out-of-pocket or from your HSA account, before insurance coverage for medical expenses can begin.

### What is the difference between an HSA and Flexible Savings Account (FSA)?

- » An HSA can roll-over unused funds from year to year, indefinitely.
- » FSA contribution limits are lower than for HSAs.

### When do I use my HSA?

After visiting a physician, facility, or pharmacy, request that they submit your claim to your Medical Carrier for payment. You should make sure that your provider has your most up-to-date insurance information. Once the claim has been processed, any out-of-pocket expenses will be billed. At this time you may choose the following options:

- » Use your HSA debit card to pay for any out-of-pocket expenses.
- » You may choose to write a personal check, receiving reimbursement at a later date.
- » You can choose to save your HSA dollars for future medical expenses.

You should always ask that your claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You should keep these records for at least four years.

### How much can be contributed to an HSA?

As noted by federal law, the Annual Contribution limits are:

Type of Coverage	2024 Maximum Annual Contribution
Individual	\$4,150
Family	\$8,300
Catch-up Contribution (Over age 55)	\$1,000 individual/family

### Does my Employer Contribute to the HSA?

Park City School District provides a generous contribution to your HSA when you are enrolled in the HDHP. 50% of this contribution will be deposited in September. The remaining 50% will be deposited in January.

Type of Coverage	2024-2025 Annual Contribution*
Individual	\$1,150
Family	\$2,300

\*Prorated by FTE.



### How is an HSA used to pay for Medical Care?

1. Employee and/or employer funds HSA account.
2. Employee seeks medical services.
3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.
4. Employee can pay the remaining amount with a debit card or check from their HSA account.
5. This process is repeated until the out-of-pocket maximums are reached, after which the employee generally should be covered for almost all in-network eligible expenses.

## Life and Accidental Death & Dismemberment Insurance

Insured by USABLE

### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Park City School District. The company provides basic life insurance of 1 times your annual earnings, rounded to the nearest \$1,000 to a maximum of \$150,000, at no cost to you, by Park City School District.

Park City School District also provides, at no cost to you, Spouse Basic Life Insurance, in an amount equal to \$2,000. (Not to exceed 50% of Employee's Basic Life Insurance.) Child Life is an amount of \$2,000. Child(ren) must be unmarried and are covered from live birth to 26 years old.

### Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Park City School District provides AD&D coverage of 1 times your annual earnings, rounded to the nearest \$1,000 to a maximum of \$150,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above by Park City School District.

## Voluntary Life and AD&D Insurance

Insured by USABLE

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000, and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible as a new hire.

**Employee-** Up to 5 times annual earnings in increments of \$10,000; \$500,000 maximum amount

**Spouse-** Up to \$100,000 in increments of \$5,000 not to exceed 50% of employee benefit

**Children-** \$10,000 in increments of \$1,000

Subject to Underwriting.

## Long-Term Disability Insurance

Insured by USABLE

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset-your ability to earn an income. Park City School District provides Long-Term Disability insurance (LTD) coverage for you.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 66.67% of your monthly earnings, up to \$10,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to age 65 or your Social Security Normal Retirement Age or for as long as you remain disabled, whichever is sooner.



## Accident Insurance

Administered by Chubb



### WHEN YOU NEED IT MOST

Chubb Accident provides coverage if you are accidentally injured and need treatment, whether you go to a physician's office, urgent care center, emergency room or use telemedicine services. There are no restrictions on how your money can be used.

### HERE'S HOW IT WORKS

Chubb Accident pays cash benefits directly to you regardless of any other coverage you have. Benefits are designed to cover health plan gaps for out-of-pocket expenses like deductibles, copays, and coinsurance. Let Chubb Accident help take care of your bills so you can take care of yourself and your family.

### ELIGIBILITY

#### Employee

- Actively employed working at least 17.5 hours per week
- Ages 18 and older

#### Spouse

- Ages 18 and older
- Includes domestic and civil union partners

#### Dependent children/grandchildren

- Ages 0 through 26
- No student status required

### ACCIDENT INSURANCE BENEFITS INCLUDE

#### First Accident

- Pays you \$100 soon after you report your first claim for covered benefits. If you get injured, we can begin processing your claim right over the phone so you can get cash fast.

#### Sports Package

- Playing sports can lead to injuries and unwelcome expenses. We'll increase your benefit 25%, up to \$1,000 per person per year, for injuries resulting from participating in organized sports.

#### Telemedicine Services Benefit

- With this benefit, you will no longer need to leave your home for a doctor's visit. We'll pay you a \$50 benefit if you receive consultation with a physician for a covered accident via audio or video communication.

#### Rehabilitation Package

- We pay cash benefits for daily confinement and recovery. Whether you're released to a Rehabilitation Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition. We'll even pay for a residence/vehicle modification and therapy, including physical, occupational and speech.

#### Wellness Benefit

- Be proactive with your health with preventive care. This benefit pays you \$75 for undergoing a covered health screening test.

CHUBB

# SCHEDULE OF BENEFITS

## NON-OCCUPATIONAL COVERAGE

### INITIAL CARE

Ambulance	
<i>Ground</i> . . . . .	\$200
<i>Air</i> . . . . .	\$1,500
Emergency Room . . . . .	\$250
Initial Doctor's Office Visit . . . . .	\$100
Telemedicine Services Benefit . . . . .	\$50
Urgent Care . . . . .	\$250
Emergency Dental	
<i>Crown</i> . . . . .	\$300
<i>Extraction</i> . . . . .	\$75
<i>Dentures</i> . . . . .	\$300
<i>Implants</i> . . . . .	\$300

### HOSPITAL AND REHABILITATION

Hospital Admission . . . . .	\$1,750
ICU Admission . . . . .	\$3,500
Hospital Confinement . . . . .	\$275
<i>Per day, up to 365 days</i>	
ICU Confinement . . . . .	\$450
<i>Per day, up to 30 days</i>	
Rehabilitation Confinement . . . . .	\$135
<i>Per day, up to 30 days</i>	
Recovery . . . . .	\$50
<i>Per day, up to seven days</i>	

### FOLLOW-UP CARE & TREATMENT

Abdominal, Cranial, & Thoracic Surgery . . . . .	\$1,500
Hernia Surgery . . . . .	\$200
Appliances . . . . .	\$100
Blood, Plasma, Platelets . . . . .	\$300
Chiropractic Care . . . . .	\$25
<i>Per visit, up to three visits; maximum six visits per year</i>	
Follow-up Treatment . . . . .	\$100
<i>Per visit, up to two visits</i>	
Lodging . . . . .	\$125
<i>For treatment 100 miles or more away;</i>	
<i>per night, up to 30 nights</i>	
Major Diagnostic Exam (CT, MRI, etc.) . . . . .	\$150
Medical Supplies . . . . .	\$15
Medicine . . . . .	\$15
Organ Loss . . . . .	\$1,000
Outpatient Surgery Facility . . . . .	\$25
Physical, Occupational, or Speech Therapy . . . . .	\$60
<i>Per visit, up to 10 visits</i>	
Prosthetics . . . . .	\$1,000
Tendon, Ligament or Rotator Cuff Surgery . . . . .	\$500
Transportation . . . . .	\$500
<i>For treatment 100 miles or more away; per trip, up to</i>	
<i>three trips</i>	
X-ray . . . . .	\$30

### INJURIES

Burns	
2nd/3rd Degree, up to . . . . .	\$1,000-\$10,000
Skin Graft . . . . .	25% of the burn benefit
Coma . . . . .	\$10,000
Dislocations, up to . . . . .	\$10,000
Ear Injury . . . . .	\$250
Eye Injury . . . . .	\$250
Fractures, up to . . . . .	\$12,000
Herniated Disc . . . . .	\$500
Knee Cartilage — Torn . . . . .	\$500
Lacerations . . . . .	\$30-\$750
Loss of Hands, Feet or Sight, up to . . . . .	\$14,000
Loss of Fingers or Toes, up to . . . . .	\$1,500
Paralysis	
Two limbs . . . . .	\$7,500
Four limbs . . . . .	\$10,000
Traumatic Brain Injury . . . . .	\$200

### Additional Benefits

Accidental Death	
Employee . . . . .	\$25,000
Spouse . . . . .	\$25,000
Children . . . . .	\$10,000
Catastrophic Accident	
Employee . . . . .	\$25,000
Spouse . . . . .	\$25,000
Children . . . . .	\$10,000
<i>On or after age 70</i> . . . . .	50%
First Accident (Once per policy) . . . . .	\$100
Family Care . . . . .	\$25
<i>For each child in a child care center:</i>	
<i>Per day, up to 30 days</i>	
Post-Traumatic Stress Disorder . . . . .	\$50
<i>Per visit, up to six visits</i>	
Residence/Vehicle Modification . . . . .	\$750
Sports Package Benefit	
<i>Increases total benefit by 25% when accident is due to</i>	
<i>participation in organized sports. Up to \$1,000 per</i>	
<i>person per year.</i>	
Wellness . . . . .	\$75
<i>Once per person, per year; 30-day waiting period</i>	

## Critical Illness Insurance

Administered by Chubb

# CHUBB CRITICAL ILLNESS



### WHY HEALTH INSURANCE MAY NOT BE ENOUGH

When a critical illness happens your health insurance plan may cover some of your medical and hospital costs, but not everything. You and your family need extra protection that closes the financial gap and helps you manage expenses, such as:

- Out-of-Pocket Medical Costs—deductibles, copays, coinsurance, prescriptions, and medical travel
- Everyday Costs—rent or mortgage payments, credit card debit, car payments, household necessities, and savings for college & retirement
- Recovery Costs—loss of family income, rehabilitation, and childcare or parent care

### HERE'S HOW IT WORKS

When you are diagnosed with a covered condition after the certificate effective date, submit your claim and we'll send you a check. It's that simple. You can use your money however you choose.

### ELIGIBILITY

#### Employee

- Actively employed working at least 17.5 hours per week
- Ages 18 and older

#### Spouse

- Ages 18 and older
- Includes domestic and civil union partners

#### Dependent children/grandchildren

- Ages 0 through 26
- No student status required

### CHUBB MAKES IT EASY

#### Competitive, Extensive Coverage

- Powerful protection at an budget-friendly price.

#### Family Coverage

- You can insure yourself, your spouse, and your kids.
- Your children and dependent grandchildren through age 26 can be included.

#### Portability

- You can keep your coverage if you change jobs or retire while the Policy is in force. Once ported, coverage cannot be cancelled as long as the Policy remains in force and premiums are paid as due. You may not port coverage while you are actively employed by Park City School District.

#### Guarantee Issue

- No medical history is required for coverage to be issued.

#### Renewable

- Coverage is automatically renewed as long as you're an eligible employee, your premiums are paid as due and the policy is in force.

#### No Coordination of Benefits

- Payments are made in addition to any other insurance you may have.

#### HSA Compatible

- You can have this coverage even if you have a Health Savings Account.



# CHUBB COVERAGE AMOUNTS

## CRITICAL ILLNESS BENEFITS

Maximum Benefit Amount (X Face Amount)	2X
Covered Conditions-Pays a percentage of face amount	100%
ALS	100%
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Breast Cancer Carcinoma In Situ	100% of Face Amount
Cancer (except skin cancer)	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Artery Obstruction	25%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Sight, Speech, or Hearing	100%
Major Organ Failure	100%
Multiple Sclerosis	100%
Paralysis or Dismemberment	100%
Parkinson's Disease	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Transient Ischemic Attacks	100%
Skin Cancer Benefit - Payable once per insured per year	\$250

### Childhood Conditions . . . . . **Included**

Pays 100% of the dependent child face amount; Provides benefits for childhood conditions (Autism Spectrum Disorder; Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Gaucher Disease; Muscular Dystrophy; Type I Diabetes).

### Recurrence Benefit . . . . . **100%**

Benefits are payable for a subsequent diagnosis of Aneurysm - Cerebral or Aortic, Benign Brain Tumor, Cancer, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Stroke, or Sudden Cardiac Arrest.

### Advocacy Package

- Best Doctors** . . . . . **Yes**
- Physician Referrals
  - Ask the Expert Hotline provides 24 hour advice from experts about a particular medical condition.
  - In-Depth Medical Review offers a full review of diagnosis and treatment plan.
- Health Champion Resources** . . . . . **Yes**
- Provides Claims Navigation, Medical Travel
  - Assistance and Financial Advice to insureds following a critical illness diagnosis.

## BENEFITS CONTINUED

### Diabetes Benefit

**Diabetes Diagnosis Benefit** . . . . . **\$250**

- Pays a benefit once for Covered Person's Diabetes diagnosis

**Diabetes Service Benefit** . . . . . **\$50**

- Pays a benefit once per month up to 6 for enrolling in a smoking cessation, nutritional counseling, gym membership, or fitness program

### Additional Benefits

**Mortgage and Rent Helper** . . . . . **\$250**

- Pays an extra benefit each month the insured misses 5 or more days of work, up to 6 months.

### Employee only (EE)

**Wellness Benefit**- Payable once per insured per year

- Basic + Immunizations and Physicals . . . . . \$50
- Waiting Period . . . . . 30 days

### Benefit Limitations

Continuity of Coverage (Takeover) . . . . . Not Included

Pre-Existing Conditions Limitation . . . . . None

### Covid Testing

Medically Necessary COVID-19 Diagnostic Screening Test. . . . . 25%

*COVID-19 means a disease resulting in a positive COVID-19 diagnostic screening and 5 consecutive days of hospital confinement.*

## COVERAGE IS AVAILABLE TO EMPLOYEES AND THEIR FAMILIES

### Employee Face Amounts

- Minimum Face Amount: \$10,000 Employee (\$5,000 for Spouse)
- Maximum Face Amount: \$30,000 Employee (\$30,000 Spouse)
- Available in \$5,000 increments

### Spouse Face Amounts

- Equals 100% of the Employee Face Amount.

### Child(ren) Face Amounts

- Equals 50% of the Employee Face Amount
- Child coverage is included in the Employee rate

Guarantee Issue Amount: \$30,000

# Hospital Indemnity Insurance

Administered by Chubb



## CASH BENEFITS PAID

Chubb Hospital Cash is hospital indemnity insurance that pays benefits directly to you regardless of other coverage you have, and if your medical plan has a high deductible, you may need the cash. It's not easy to afford hospitalization, but with Hospital Cash, we've got you covered.



## CASH BENEFITS FOR ACCIDENTS & SICKNESS

### Hospital Admission Benefit - \$1,500

- This benefit is for admission to a hospital or hospital sub-acute intensive care unit.
- Maximum Benefit Per Calendar Year: 1

### Hospital Confinement Benefit - \$100 Per day

- This benefit is for confinement in hospital or hospital sub-acute intensive care unit.
- Maximum Days Per Calendar Year: 31

### Hospital Confinement ICU Benefit

#### - \$200 Per day

- This benefit is for confinement in a hospital intensive care unit.
- Maximum Days Per Calendar Year: 31



## WHEN YOU NEED IT MOST

Chubb Hospital Cash pays money directly to you if you get hospitalized. It's not easy to pay hospital bills, especially if you have a high deductible medical plan. With Hospital Cash, you can focus on your recovery instead of wondering how you are going to afford the bills. And since the cash goes directly to you, there are no restrictions on how you use your money.



## FEATURES

### Guaranteed Issue for the Whole Family

- As long as you are an active employee age 18 or older, you and your spouse/partner age 18 or older, and your kids through age 26 are eligible for coverage. No medical history is required. Even dependent grandchildren can be covered.

### Renewable

- Your coverage will renew automatically as long as you are an eligible employee, premiums are paid as due, and your policy is in force.

### Portability

- You can keep your coverage even if you change jobs or retire while the policy is in force. Once ported, coverage cannot be cancelled as long as premiums are paid as due. You may not port coverage while you are actively employed by Park City School District.

### Pre-Existing Conditions

- There are no pre-existing condition exclusions.

## Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website
Medical	PEHP	800.765.7347	<a href="http://www.pehp.org">www.pehp.org</a>
Dental	Delta Dental	800.510.9915	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Basic and Voluntary Life and AD&D	USABLE	800.370.5856	<a href="http://www.usablelife.com">www.usablelife.com</a>
Long-Term Disability	USABLE	800.370.5856	<a href="http://www.usablelife.com">www.usablelife.com</a>
Rx Benefits	OptumRx	800.334.8134	<a href="http://www.optumrx.com">www.optumrx.com</a> Rx Bin: 610011
Vision	EMI	800.662.5851	<a href="http://www.emihealth.com">www.emihealth.com</a>
FSA and HSA	National Benefit Services (NBS)	800.274.0503	<a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>
Voluntary Benefits Accident, Critical Illness, Hospital Indemnity	Chubb	833.542.2013	<a href="http://www.chubbworkplacebenefits.com">www.chubbworkplacebenefits.com</a>



## Important Notices and Disclosures

This information provides an informal explanation of the statutes as mandated by the Federal Government. Please note that this information is presented as general guidance and should not be considered legal advice.

If you have questions about these notices, please contact Human Resources or contact the Employee Benefits Security Administration (EBSA) regional office nearest you. A list of these offices is on the agency's Website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

### Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Bronze Plan (Individual: 40% coinsurance and \$600 deductible; Family: 40% coinsurance and \$1,200 deductible)

Plan 2: Silver Plan (Individual: 30% coinsurance and \$900 deductible; Family: 30% coinsurance and \$1,600 deductible)

Plan 3: Gold Plan (Individual: 20% coinsurance and \$800 deductible; Family: 20% coinsurance and \$1,400 deductible)

Plan 4: QHDHP/HSA (Individual: 20% coinsurance and \$1,700 deductible; Family: 20% coinsurance and \$3,400 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 435.615.0227 or [mgilmore@pcschoools.us](mailto:mgilmore@pcschoools.us).

### Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Family & Medical Leave Act (FMLA)

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women.

FMLA applies to all public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees.

There may be times when you need an extended leave of absence. The company has a Family and Medical Leave Policy that is in compliance with The Family and Medical Leave Act of 1993 (FMLA), as amended. FMLA provides an entitlement of up to 12 weeks, which protects employees' jobs and benefits in the event of a medical or family circumstance, which requires the employee to take time off from work **without pay**. In general, the employee must have worked for at least 12 months and at least, 1,250 hours within the last 12 months immediately prior to the first day of leave.

### Circumstances Permitting Family and Medical Leave

- » Birth of an employee's child (within 12 months after birth)
- » Adoption of a child by an employee (within 12 months after placement)
- » Placement of a child with the employee for foster care (within 12 months after placement)
- » Care of a child, spouse or parent having a serious health condition
  - Incapacity of the employee due to a serious health condition
- » Military Leave
- »

Additional leave laws may apply to you depending upon your specific state and if you or a dependent or a military member. Whenever possible leave must be requested in advance. If you have questions about FMLA or any leave requests, please contact Human Resources.

If your Employer grants you an approved FMLA leave in accordance with FMLA, you may, during the continuance of such approved FMLA leave, continue Health Expense Benefits for you and your eligible dependents. At the time you request the leave, you must agree to make any contributions required by your Employer to continue coverage.

**Premium Assistance Under Medicaid And The Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDSNOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584

<p><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
<p><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)  Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP  Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone:  1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or  1-855-618-5488 (LaHIPP)</p>
<p><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://Children's Health Insurance Program (CHIP)(pa.gov)">Children's Health Insurance Program (CHIP)(pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhr.wv.gov/bms/">https://dhr.wv.gov/bms/</a> <a href="http://mywvhpp.com/">http://mywvhpp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

### Continuation of Coverage during an Approved Leave of Absence Granted to Comply With Federal Law

This continuation of coverage section applies only for the period of any approved family or medical leave (approved FMLA leave) required by Family and Medical Leave Act of 1993 (FMLA). If your Employer grants you an approved FMLA leave for a period in excess of the period required by FMLA, any continuation of coverage during that excess period will be determined by your Employer.

### HIPAA Special Enrollment Rights

#### Park City School District Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Park City School District Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days (or a longer time period, if after the marriage, birth, adoption, or placement for adoption).

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Maryann Gilmore - Payroll Coordinator at 435.615.0227 or [mgilmore@pcschoools.us](mailto:mgilmore@pcschoools.us).

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.



### Qualified Medical Child Support Orders

Coverage will be provided to any of your dependent child(ren) if a Qualified Medical Child Support Order (QMCSO) is issued, regardless of whether the child(ren) currently reside with you. A QMCSO may be issued by a court of law or issued by a state agency as a National Medical Support Notice (NMSN), which is treated as a QMCSO. If a QMCSO is issued, the child or children shall become an alternate recipient treated as covered under the Plan and are subject to the limitations, restrictions, provisions and procedures as all other plan participants.

### Michelle's Law Legislation

On October 9, 2008, President Bush signed into federal law a new statute known as "Michelle's Law" (H.R. 2851). The law amends ERISA, the Public Health Service Act, and the Internal Revenue Code. Michelle's law generally requires group health plans, which provide coverage for dependent children who are postsecondary school students, to continue such coverage if the student loses the required student status because he or she must take a leave of absence from studies due to a serious illness or injury. The law applies to fully insured and self funded group health plans and will be effective for an employer's plan on the first plan year on or after October 9, 2009.

- » For research purposes limited information may be disclosed as permitted by law
- » To workers' compensation or similar programs for the payment of benefits for work-related injuries
- » To coroners, medical examiners and funeral directors to identify a deceased person, determine cause of death, or to carry out duties
- » To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions, and criminal activity
- » For U.S. military and veteran reporting regarding members and veterans of the armed forces of U.S. or foreign military
- » For national security and intelligence activities such as protective services for the President and other authorized persons



### HIPAA Notice Of Privacy Practices Reminder

#### Protecting Your Health Information Privacy Rights

Park City School District is committed to the privacy of your health information. The administrators of the Park City School District Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Maryann Gilmore - Payroll Coordinator at 435.615.0227 or [mgilmore@pcschoools.us](mailto:mgilmore@pcschoools.us).

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## Notice Of Creditable Coverage

### Important Notice from Park City School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Park City School District and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Park City School District has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Park City School District coverage will be affected. If you do decide to enroll in a Medicare prescription drug plan and drop your Park City School District prescription drug coverage, be aware that you may not be able to get this coverage back.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Park City School District and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Park City School District changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** September 01, 2024  
**Name of Entity/Sender:** Park City School District  
**Contact—Position/Office:** Maryann Gilmore - Payroll Coordinator  
**Office Address:** 2700 Kearns Blvd  
Park City, Utah 84060-7476  
United States  
**Phone Number:** 435.615.0227

Notes

Notes

## Notes

This benefit summary prepared by:



# Gallagher

Insurance | Risk Management | Consulting

For:

