

Employee Benefits

Everything you need to know about your employee benefits for the 2024 - 2025 plan year

Benefits at Salt Lake City School District

2024 - 2025 Contacts

Medical

Regence

(888) 675-6570

www.regence.com

Select Health

(800) 538-5038

www.selecthealth.org

Pharmacy

National Cooperative Rx

CVS/Caremark Network

Group #RX7977

PCN: ADV / Rx Bin:004336

(866) 818-6911

www.caremark.com

Health Savings Account

HealthEquity

(866) 346-5800

www.healthequity.com

Flexible Spending Account

National Benefit Services

(800) 274-0503

www.nbsbenefits.com

Dental

Vision

EMI Health

Group #592

(800) 662-5850

(801) 262-7476

www.emihealth.com

Life and AD&D

Short-Term & Long-Term Disability

Lincoln

(877) 275-5462

www.lfg.com

Employee Assistance Program (EAP)

Blomquist Hale

(800) 926-9619

(801) 2622-9619

www.blomquishale.com

Critical Illness, Accident & Hospital Indemnity

Voya

(877)-236-7564

presents.voya.com/EBRC/SLCSD

For escalated claims and product questions

GBS Voluntary Department

(801) 819-7744

vbcustomerservice@gbsbenefits.com

Salt Lake City School District Human Resources

Loretta Brazelton, HR Analyst

(801) 578-8371

loretta.brazelton@slcschools.org

Rosa Cendejas, HR Specialist

(801) 578-8422

Rosa.cenejas@slcschools.org

Benefits Email

benefits@slcschools.org

Benefits Website

slcschools.org/departments/benefits

The benefits in this guide are effective September 1, 2024 - August 31, 2025. This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. The choices you make will remain in effect during the plan year, unless you have a qualifying life event.

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset.

Table of Contents

4	Benefits Overview
6	Online Enrollment
7	Cost of Coverage
8	District Paid Flexible Spending Account
9	Medical Networks
10	Medical
13	Pharmacy Savings
16	Health Savings Account
18	Flexible Spending Account
19	Frequently Asked Questions
21	Accident Insurance
22	Critical Illness
23	Hospital Indemnity
24	Dental
25	Vision
26	Life and AD&D
27	Voluntary Life and AD&D
28	Disability
29	Employee Assistance Program



Benefits Overview

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

1. Take advantage of the tools available to you.

That includes this guide, access to plan information, provider directories, and enrollment materials.

2. Be a smart shopper.

If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.

3. Don't miss the deadline and keep record of your enrollment!

Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

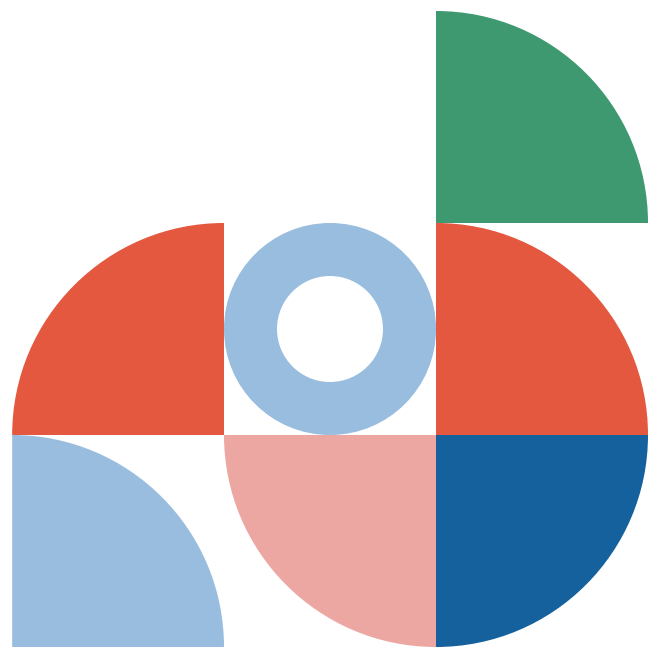
Who Is Eligible?

If you are hired as a full-time employee working 20 or more hours per week, coverage will begin on the first day of the month following your date of hire. You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include your legal spouse or domestic partner and your natural, adopted or step-child(ren). The dependent age limit for children on your medical plan is age 26 but may vary for other benefits offered.

When Do I Enroll?

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





Benefits Overview

Making Changes During The Year

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

Qualified life events include, but are not limited to:

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

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

When Coverage Ends

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

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

Your dependent(s) coverage ends:

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

Health Care Reform and You

For the most up-to-date information regarding the Affordable Care Act (ACA), please visit www.healthcare.gov.

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



Online Enrollment

Employee Navigator

Information Needed When Adding Dependents

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

Step 1: Getting Started - Existing Users

- In your web browser type <https://employeenavigator.com> in the address bar.
- Username - If you have misplaced your credentials, please use the “**Forgot Username?**” function on the welcome screen. If you still have difficulty, please reach out to HR.
- Reset Password - employees can reset passwords on the login screen.

New Hire User Set-Up

- Click “**New User Registration**”

Create Your Account:

- a) First Name
- b) Last Name
- c) Company Identifier - **SLCSchool**
- d) Last 4 Digits of SSN
- e) Birth Date

- On the home screen (once logged in) look for “**Start Enrollment**”.

Step 2: Verify Your Personal and Dependent Information

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

Step 3: Making Your Open Enrollment Elections

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

Step 4: Confirm Your Elections

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



Cost of Coverage

September 1, 2024 - August 31, 2025

Medical | Classified Employees

Status	Cost Per Month		
	Traditional Option 2	HDHP with HSA	Traditional Option 1
Employee Only	\$0.00	\$0.00	\$104.00
Employee + 1	\$0.00	\$0.00	\$318.00
Family	\$34.00	\$0.00	\$534.00

Medical | Certified Employees

Status	Cost Per Month		
	Traditional Option 2	HDHP with HSA	Traditional Option 1
Employee Only	\$30.00	\$4.00	\$206.00
Employee + 1	\$186.00	\$126.00	\$526.00
Family	\$344.00	\$266.00	\$844.00

Medical | Administrators

Status	Cost Per Month		
	Traditional Option 2	HDHP with HSA	Traditional Option 1
Employee Only	\$30.00	\$4.00	\$206.00
Employee + 1	\$186.00	\$126.00	\$526.00
Family	\$344.00	\$266.00	\$844.00

Medical | Exempt Employees

Status	Cost Per Month		
	Traditional Option 2	HDHP with HSA	Traditional Option 1
Employee Only	\$0.00	\$0.00	\$134.00
Employee + 1	\$44.00	\$0.00	\$384.00
Family	\$132.00	\$54.00	\$632.00

Vision | All Employees

Status	Cost Per Month	
	Traditional Option 2	Traditional Option 1
Employee Only	\$7.60	
Employee + 1	\$14.70	
Family	\$23.20	



District Paid Flexible Spending Account

Employees Enrolled In Other Medical Coverage

Eligible employees who are covered under another group health insurance plan (through the employer of a parent or spouse, or through the military, Medicare, etc.) may waive coverage under the District's medical plan and receive a monthly Flexible Spending Account contribution from the district. You are eligible for up to \$2,000 per year prorated on a monthly basis. To be made toward a medical flex plan or Dependent Day Care plan.

Employees waiving medical coverage may still be covered under the dental plans.

Who is Eligible?

THIS BENEFIT IS ONLY AVAILABLE FOR CONTRACT CERTIFIED, CLASSIFIED AND EXEMPT EMPLOYEES.

How to Enroll

Employee will be required to show proof of other coverage.

The employee should select **“I am enrolled in other medical coverage and would like a contribution made to my Medical Flex Spending Account or Dependent Day Care Account”**

You will be required to make the selection in Employee Navigator when opting out of the District's medical coverage and submit proof of other coverage.



Medical Networks

Regence Preferred ValueCare Network

Regence uses the opposite network of hospitals. This network would match the Summit network with PEHP. The following hospitals would be considered in-network with Regence (please note: this is not a complete list, please refer to the Regence website to see the entire list):

- University of Utah
- Mountain Point Medical Center
- Ogden Regional Hospital
- Huntsman Cancer Institute
- St. Mark's Hospital
- Park City Hospital
- Primary Children's Hospital
- Riverton Hospital
- Salt Lake Regional Hospital
- Lakeview Hospital
- Lone Peak Hospital

Select Health Med Network

Select Health uses the Intermountain network of hospitals. This network would match the Advantage network with PEHP. The following hospitals would be considered in-network with Select Health (please note: this is not a complete list, please refer to the Select Health website to see the entire list):

- Alta View Hospital
- American Fork Hospital
- IMC Hospital
- LDS Hospital
- Orem Community Hospital
- Primary Children's Hospital
- Riverton Hospital
- Spanish Fork Hospital
- Utah Valley Hospital
- Layton Hospital
- McKay Dee Hospital

Provider Networks

Use the "Provider Search" links on the following pages to search each provider network for in-network providers, hospitals, facilities, and more! Or use the QR codes listed below to search for providers on your mobile device.



Scan to Access
Regence
Preferred
ValueCare
Network
Provider Search



Scan to Access
Select Health Med
Network Provider
Search



Medical

Regence or Select Health

Traditional Option 2 - PPO Plan

Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible - Plan Year Applies to Out-of-Pocket Maximum	\$2,250 / Individual \$4,500 / Family <i>One person cannot meet more than \$2,250</i>	\$4,500 / Individual \$9,000 / Family <i>One person cannot meet more than \$4,500</i>
Out-of-Pocket Maximum	\$5,000 / Individual \$13,200 / Family <i>One person cannot meet more than \$5,000</i>	\$10,000 / Individual \$26,400 / Family <i>One person cannot meet more than \$10,000</i>
Coinsurance	20% AD	40% AD
Office Visits		
Preventive	Covered at 100%	Not Covered
Primary Care	\$35 copay	40% AD
Specialist / Secondary	\$50 copay	40% AD
Teledoc	\$10 copay	Not Covered
Chiropractic (20 visits PPY)	\$30 copay	Not Covered
Diagnostic Lab & X-Ray		
Minor (In office)	Covered at 100%	40% AD
Major	20% AD	40% AD
Hospital Services		
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Emergency Services		
Urgent Care	\$50 copay	40% AD
Emergency Room	\$200 copay AD	See Network Benefits
Ambulance	20% AD	See Network Benefits
Mental Health Services		
Inpatient & Outpatient	20% AD	40% AD
Outpatient - Office	\$35 copay	40% AD
Prescriptions (Generic Required)		
Pharmacy Deductible* (Separate)	\$150 per person	
Retail 30-day		
Tier 1 / Tier 2	\$25 / \$45 APD	Not Covered
Tier 3 / Tier 4	\$60 APD / 30% APD	
Mail Order-90-day		
Tier 1 / Tier 2	\$25 / \$80 APD	Not Covered
Tier 3	\$160 APD	

AD = After Deductible | APD = After Pharmacy Deductible

[Regence Provider Search](#)

[Select Health Provider Search](#)



Medical

Regence or Select Health

High Deductible Health Plan with HSA

Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible - Plan Year Applies to Out-of-Pocket Maximum	\$2,000 / Individual \$4,000 / Family <i>One person or combo can meet the \$4,000 double/family deductible</i>	\$4,000 / Individual \$8,000 / Family <i>One person or combo can meet the \$8,000 double/family deductible</i>
Out-of-Pocket Maximum	\$5,000 / Individual \$10,000 / Family <i>One person can only contribute \$5,000 toward the double/family deductible</i>	\$10,000 / Individual \$20,000 / Family <i>One person can only contribute \$10,000 toward the double/family deductible</i>
Coinsurance	20% AD	40% AD
Office Visits		
Preventive	Covered at 100%	Not Covered
Primary Care	\$25 AD	40% AD
Specialist / Secondary	\$35 AD	40% AD
Teledoc	\$10 AD	Not Covered
Chiropractic	Not Covered	Not Covered
Diagnostic Lab & X-Ray		
Minor (<i>In office</i>)	Covered at 100% AD	40% AD
Major	20% AD	40% AD
Hospital Services		
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Emergency Services		
Urgent Care	\$45 AD	40% AD
Emergency Room	\$75 AD	See Network Benefits
Ambulance	20% AD	See Network Benefits
Mental Health Services		
Inpatient & Outpatient	20% AD	40% AD
Outpatient - <i>Office</i>	\$25 AD	40% AD
Prescriptions (<i>Generic Required</i>)		
Retail 30-day		
Tier 1 / Tier 2	\$17 AD / \$31 AD	Not Covered
Tier 3 / Tier 4	\$52 AD / 30% AD	
Mail Order-90-day		
Tier 1 / Tier 2	\$17 AD / \$52 AD	Not Covered
Tier 3	\$136 AD	

AD = After Deductible

[Regence Provider Search](#) ↗

[Select Health Provider Search](#) ↗



Medical

Regence or Select Health

Only current enrollees will remain on this plan. No new enrollments will be accepted.

Traditional Option 1 - PPO Plan

Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible - Plan Year Applies to Out-of-Pocket Maximum	\$1,500 / Individual \$3,000 / Family <i>One person cannot meet more than \$1,500</i>	\$3,000 / Individual \$6,000 / Family <i>One person cannot meet more than \$3,000</i>
Out-of-Pocket Maximum	\$5,500 / Individual \$13,750 / Family <i>One person cannot meet more than \$5,500</i>	\$11,000 / Individual \$27,500 / Family <i>One person cannot meet more than \$11,000</i>
Coinsurance	20% AD	40% AD
Office Visits		
Preventive	Covered at 100%	Not Covered
Primary Care	\$40 copay	40% AD
Specialist / Secondary	\$55 copay	40% AD
Teledoc	\$10 copay	Not Covered
Chiropractic (20 visits PPY)	\$30 copay	Not Covered
Diagnostic Lab & X-Ray		
Minor (In office)	Covered at 100%	40% AD
Major	20% AD	40% AD
Hospital Services		
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Emergency Services		
Urgent Care	\$65 copay	40% AD
Emergency Room	\$300 copay AD	See Network Benefits
Ambulance	20% AD	See Network Benefits
Mental Health Services		
Inpatient & Outpatient	20% AD	40% AD
Outpatient - Office	\$40 copay	40% AD
Prescriptions (Generic Required)		
Pharmacy Deductible* (Separate)	\$100 per person	
Retail 30-day		
Tier 1 / Tier 2	\$25 / \$45 APD	Not Covered
Tier 3 / Tier 4	\$60 APD / 30% APD	
Mail Order-90-day		
Tier 1 / Tier 2	\$25 / \$80 APD	Not Covered
Tier 3	\$160 APD	

AD = After Deductible | APD = After Pharmacy Deductible

[Regence Provider Search](#) ↗

[Select Health Provider Search](#) ↗



Pharmacy Savings

CareMark | Maintenance Choice | 90-Day RX

Participation is required for eligible medications.

Save with 90-Day Supplies

What is Maintenance Choice?

Maintenance Choice helps keep your medications as affordable as possible. But you may need to make a few changes to enjoy these savings.

Make Sure Your Medication is Covered

Start filling medications you take regularly (such as asthma or high blood pressure medications) in 90-day supplies at CVS Pharmacy, Costco Pharmacy, Smith's Pharmacy, or CVS Caremark Mail Service Pharmacy.

NEW FOR 2024: Smith's Pharmacy is now included in the CareMark network!

If you fill in 30-day supplies or at another pharmacy, they won't be covered, and you'll pay the entire cost.

Start saving with 90-day supplies today!

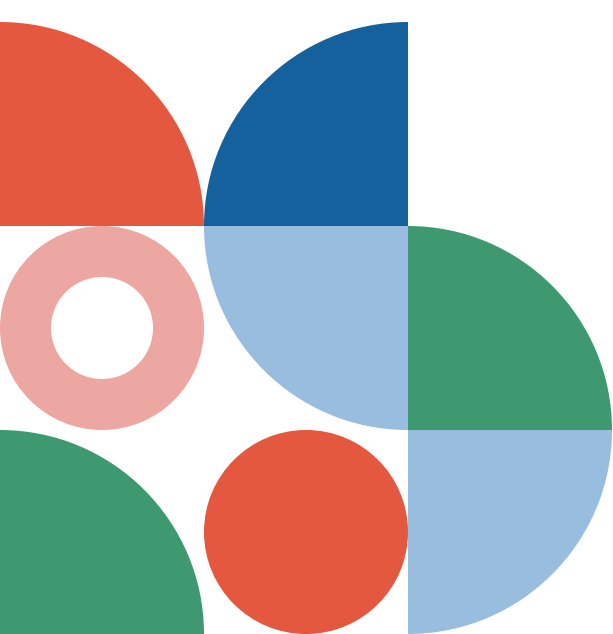
If you're filling in 30-day supplies or at another pharmacy, you'll need to transfer your prescriptions. Don't worry, we make it easy!

For Pickup at CVS Pharmacy, visit www.Caremark.com/MoveMyMeds

For Rx Delivery by Mail, visit www.CareMark.com/RxDelivery

Choose how to get your 90-day supplies: pick up at any CVS Pharmacy, Costco Pharmacy, or Smith's Pharmacy, or get delivery from CVS Caremark Mail Service Pharmacy

For savings opportunities and personalize support, visit Caremark.com (after your benefits begin)





Pharmacy Savings

National Cooperative RX: Specialty Medications

What are specialty medication?

Specialty medications are often high-cost medications primarily used to treat complicated and chronic conditions, such as autoimmune disease, hepatitis C, multiple sclerosis, oncology, etc.

What programs does National CooperativeRx offer to reduce the costs of specialty medications?

National CooperativeRx offers multiple programs, including PrudentRx and supplemental formulary management, to help reduce the costs of specialty medications.

What is PrudentRx?

PrudentRx is a CVS Partner that focuses specifically on specialty medication costs and will be available on the Traditional Plan offerings. PrudentRx uses a specialty copay plan design strategy to help optimize savings from manufacturer copay cards and reduce plan and member costs. PrudentRx is integrated into CS Health's claims system and works together with other aspects of a plan's existing pharmacy benefit offering

Is there typically a member out-of-pocket amount when using PrudentRx?

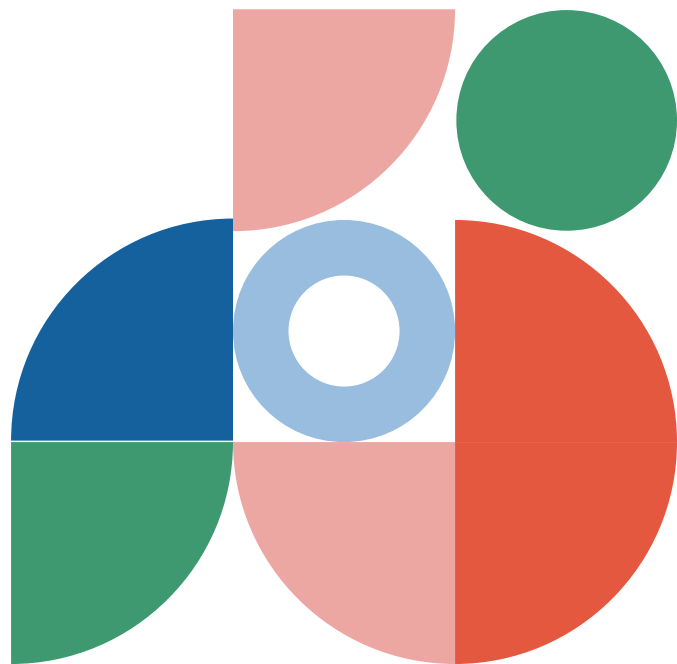
PrudentRx allows member to pay \$0 out-of-pocket for all specialty medications, regardless of the availability of a copay card.

What other specialty changes will apply?

Regardless of which plan you elect; all specialty medications will need to be filled at a CVS or Caremark Specialty Pharmacy. If CVS does not have access to the product, a local pharmacy may be used.

What is supplemental formulary management?

Supplemental formulary management is a National CooperativeRx clinical program that was created to review high-cost medications to ensure they meet the FDA approved prescribing criteria for its disease state. Reviews are done along with the prior authorizations required by CVS.





Pharmacy Savings

CRX International Member RX Plan

100% Company-Paid

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

Advantages of CRX International Include

1. Free Rx Savings

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

2. Free Supplemental Benefit

- › Average individual can save \$750+ per year

3. No Surprises

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

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

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

Be alerted to insurance restrictions.

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

Save Instantly.

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

Free: No costs to employees

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

For Additional Information or to Register

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

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

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

Phone: (866) 488-7874

Fax: (866) 215-7874



Health Savings Account

HealthEquity

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

Advantages of Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. Here are some of the benefits:

- › Funds roll over from year-to-year and never expire
- › Portable when you move jobs or retire
- › Triple tax advantage: you won't pay taxes on contributions, distributions, or earnings
- › Able to invest your funds to grow your money tax-free
- › Contribution elections can be changed mid-year without a life event

Who Is Eligible?

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

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

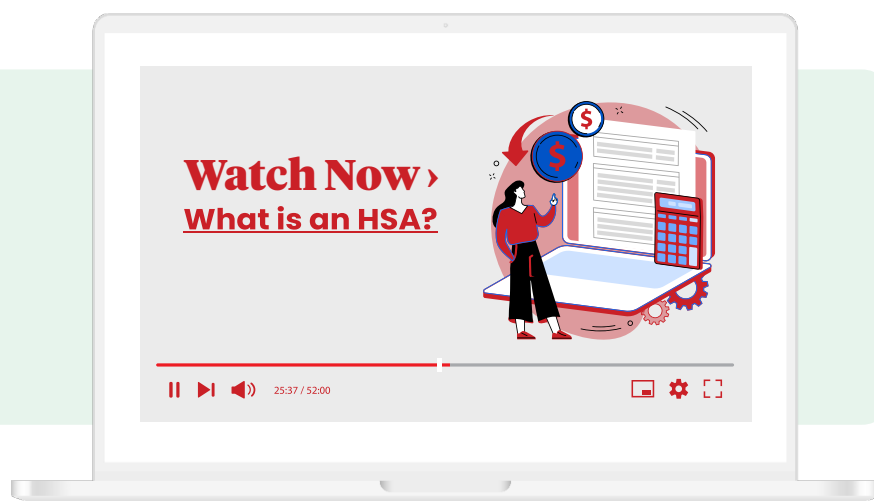
How Much Can I Contribute to an HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2024. Please keep in mind you can change your HSA allocation at any time during the plan year.

IRS HSA Limits

	2024
Single	\$4,150
Family	\$8,300

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





Health Savings Account

HealthEquity

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan. Examples of qualified health care expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor's office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams. You can use money in your HSA to pay for any qualified health care expenses you, your legal spouse and your tax dependents incur, even if they are not covered on your plan. Qualified health care expenses are designated by the IRS (Publication 502). They include medical, dental, vision and prescription expenses not covered by the insurance carrier.

Important

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

Documentation is Key

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

- › The distributions were exclusively to pay or reimburse qualified medical expenses,
- › The qualified expenses had not been previously paid or reimbursed from another source, and
- › The qualified expense had not been taken as an itemized deduction in any year. Do not send these records with your tax return. Keep them with your tax records.

 [Qualified Medical Expenses](#)



Flexible Spending Account

National Benefit Services

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

How It Works

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

Things To Consider

- › **YOU MUST ENROLL IN FSA OR WAIVE COVERAGE EACH PLAN YEAR**
- › Be conservative when estimating your annual election amount. The IRS has a strict

“use it or lose it” rule. You will forfeit any funds left in your account after the end of the plan year.

- › Your 2024 contributions must be used for expenses you incur September 1, 2024 - August 31, 2025.
- › The health care and dependent care FSAs are two separate accounts and funds cannot be transferred between accounts.
- › You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- › Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.

FSA Reimbursement Options

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

	Health Care FSA	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$3,200	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Rx, Dental, & Vision Deductible, Coinsurance, and Copays	Cost of childcare for children under age 13 so you and your spouse can go to work or look for work.



Frequently Asked Questions

Below you will find answers to frequently asked questions concerning Health Savings Accounts (HSA), Flexible Spending Accounts (FSA), Limited Flexible Spending Accounts (LFSA), and Dependent Care Assistance Accounts (DCAP).

What is a Health Savings Account?

Specialty medications are often high-cost medications primarily used to treat complicated and chronic conditions, such as autoimmune disease, hepatitis C, multiple sclerosis, oncology, etc.

Do I have to be on the Qualified High Deductible Plan (QHDHP) to set up the HSA?

Yes, this is one of the requirements. Anyone who enrolls in the QHDHP, can set up the HSA.

Keep in mind, anyone who enrolls in the Star QHDHP:

- › Cannot be covered on another group plan
- › Spouse cannot have an FSA
- › Must be over the age of 18
- › Not be on any form of Medicare (including A)
- › Not be claimed on someone else's taxes

Where can I set up my HSA?

With HealthEquity, see details on pg. 16.

Is my money in my HSA available to use anytime?

Yes, the account is yours to use for qualified expenses. You can contribute to the HSA as long as you participate in the QHDHP.

How much can I put in the HSA?

If you enroll as a single, you can put in as much as \$4,150. If you enroll as a Two-Party or Family,

you can put in \$8,300. These amounts apply to the 2024 calendar year. Anyone 55 and over can put an additional \$1,000 catch-up each year.

Does my money roll over or do I need to use it each year?

Yes, any un-used funds roll over year after year.

What happens if I leave the District?

You keep your account you established. You can use the money anytime for you and your tax dependents for qualified expenses.

Do my dependents have to be on my insurance to use my HSA money?

No. Your dependents do not need to be on your insurance to use your HSA money, but they do need to be a "tax dependent."

Can I contribute the maximum amount the IRS allows on a calendar year to my HSA?

Yes. Keep in mind you must be enrolled on the QHDHP through next calendar year, if you contribute up to the maximum amounts this calendar year.

What if my spouse has a High Deductible Health Plan and an HSA, offered where they are employed?

Your spouse can continue coverage on the HDHP & HSA. If your spouse has an HSA account they are contributing to, you need to adhere to the IRS maximum amounts.



Frequently Asked Questions

Continued from previous page...

What if my spouse has an FSA?

This disqualifies you from establishing an HSA (within marriage).

Do I have to have money in my Account to spend it?

Yes. There is no advance spending.

Can I change my contribution anytime?

Yes. The HSA allows you to make changes your contributions during the year.

Can I enroll and use the (Health) Flexible Spending Account (HFSA)?

You can enroll in the Limited FSA, which allows you to set aside up to \$3,200 to be used for vision expenses (including glasses) and dental expenses.

Can I have a Limited FSA and an HFSA?

A Limited FSA is only compatible with the Health Savings Account, you can have both accounts at the same time. You cannot have a Limited FSA and a Health FSA at the same time.

Can I have a Dependent Care Savings Account with an HSA?

Yes, you can set aside as much as \$5,000 in pre-tax dollars to pay for eligible dependents under age 13 childcare expenses (if married and your and spouse both work).

What should I consider if I am thinking about enrolling in the QHDHP & the HSA?

- > Difference in premium
- > Consider putting the premium savings in your HSA
- > The tax savings
- > No first dollar coverage except for preventive care
- > Price on-going prescriptions
- > If enrolling in two-party or family, you must satisfy the family deductible (only single amount for OOP)



Accident Insurance

Voya

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

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

- › Coverage is guaranteed issue - no evidence of insurability required at initial enrollment.
- › Benefits are paid directly to you unless assigned to someone else.
- › Benefits are paid in addition to any other coverage.

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

[Download the Full Plan Summary](#) 

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



Critical Illness

Voya

Critical Illness insurance provides a lump sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis. Rates are dependent on the plan you select and your age and will be available in Employee Navigator while making your elections.

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

- › Heart Attack 100%
- › Cancer 100%
- › Stroke 100%
- › Major Organ Transplant 100%
- › Coronary Artery Bypass 25%
- › Carcinoma in Situ 25%
- › Type 1 Diabetes 100%
- › Severe Burns 100%
- › Transient Ischemic Attacks 10%
- › Ruptured or Dissecting Aneurysm 10%
- › Abdominal Aortic Aneurysm 10%
- › Thoracic Aortic Aneurysm 10%
- › Open Heart Surgery for Valve replacement/repair 25%
- › Transcatheter Heart Valve replacement/repair 10%
- › Coronary angioplasty 10%
- › Implantable Cardioverter Defibrillator 25%
- › Pacemaker placement 10%
- › Benign Brain Tumor 100%
- › Skin Cancer 10%
- › Bone Marrow Transplant 25%
- › Stem Cell Transplant 25%
- › Permanent Paralysis 100%
- › Loss of Sight, Hearing or Speech 100%
- › Coma 100%
- › MS 50%
- › ALS 50%
- › Parkinson's Disease 25%
- › Advanced dementia (Alzheimer's) 25%
- › Infectious Disease 25%

Plan Features	Employee	Spouse	Dependent
Coverage	\$10,000 or \$20,000	50% Employee Benefit	50% Employee Benefit
Guarantee Issue	\$20,000	\$10,000	\$10,000
Pre-Existing	No Pre-Existing Condition Clause		
Wellness Benefit <i>Must complete a health screening</i>	\$50	\$50	50% of Employees amount (Max of \$100 total)

[Download the Full Plan Summary](#) 



Hospital Indemnity

Voya

Group Hospital Indemnity Insurance

An inpatient stay in the hospital is expensive, and there may be additional costs unrelated to your stay such as having a baby or missing work. Hospital Confinement coverage pays a cash benefit when you are admitted “inpatient” for a minimum of 20 or more hours. You can use the monies to pay for medical bills not covered by insurance, or in any way you see fit.

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

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

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

Benefits Include

Guarantee Issue	Yes
Pre-Existing	No Pre-Existing Condition Clause
Maternity Waiting Period	No Separate Waiting Period
First Day Hospital Confinement	\$1,000/ 1 per insured per year
Daily Hospital Benefit <i>Up to 31 Days</i>	\$100 per day
Intensive Care <i>Up to 31 days</i>	\$200 per day
Rehabilitation Unit <i>Up to 31 days</i>	\$50 per day

[Download the Full Plan Summary](#) 

Monthly Premiums

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



Dental

EMI Health

Plan Features	Advantage Plus Network You Pay	Premier Network You Pay	Out-of-Network You Pay
Deductible	NO DEDUCTIBLE		
Annual Dental Max	\$2,000 Per Individual	\$1,000 Per Individual	
Preventive & Diagnostic Services (Exams, Cleanings, Fluoride, X-Rays)	Covered 100%	20%	20%
Basic Services (Fillings, Non-Surgical Extractions)	20%	20%	20%
Major Services* (Bridges, Crowns & Oral Surgery)	50%	50%	50%
Endodontic & Periodontic	Covered Under Basic Services		
Lifetime Orthodontia Max	\$750 Per Child		
Orthodontics* (Dependents Age 7- 18)	50%	50%	50%
Specialists	Pays the same as General Dentists		

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

*Failure to Enroll at First Enrollment Opportunity results in 12 Month period on Major and Orthodontic Services.

[Download the Full Plan Summary](#) 

[EMI Provider Search](#) 



Vision

EMI Health

VSP Choice Network

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Salt Lake City School District’s vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

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

[Download the Full Plan Summary](#)

[Provider Search](#)



Life and AD&D

Lincoln Financial

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

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

Salt Lake City School District provides all eligible employees with a basic group life insurance and accidental death and dismemberment coverage at no cost to you.

Beneficiary Designation

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

Administrators and Comprehensive Exempt Classified Employees Only

Plan Features	Basic Life And AD&D
Employee Life Insurance	1 times Annual Earnings Up to \$300,000 Maximum + \$50,000 if you suffer a covered loss in an accident
AD&D - Employee Only	\$50,000
Spouse Life Insurance	\$2,000
Child(ren) Life Insurance (live birth to age 26)	\$2,000

All Full-Time and Part-Time Certified Teachers Working at Least 20 Hours Per Week

Plan Features	Basic Life
Employee Life Insurance	1 times Annual Earnings rounded to the next higher \$1,000 (Up to \$100,000 dollars)

All Retirees

Plan Features	Basic Life
Employee Life Insurance	1 times Annual Earnings Up to \$100,000 Maximum + \$50,000 if you suffer a covered loss in an accident

All Board Members

Plan Features	Basic Life
Employee Life Insurance	Cash benefit of \$20,000



Voluntary Life and AD&D

Lincoln Financial

Optional Life Insurance and AD&D

You also have the option to purchase additional life insurance coverage for yourself, your spouse, domestic partner and your unmarried, dependent children to age 19, or up to age 26.

However, you may only elect coverage for your dependents if you elected additional coverage for yourself. Coverage is available to eligible employees covered under the basic Group Term Life Insurance provided by Salt Lake City School District. You pay for the cost of additional coverage through payroll deductions on a post-tax basis.

Beneficiary Designation

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

Plan Features	Voluntary Life	Voluntary AD&D
Voluntary Supplemental Life Benefit Amount Employee	Lesser of 7 times salary up to \$500,000 in \$10,000 increments	Lesser of 7 times salary or \$500,000 in \$10,000 increments
Spouse	Up to \$150,000 in \$10,000 increments	\$250,000 in \$10,000 increments
Child(ren)	Live birth-age 26 \$10,000 in \$5,000 increments	\$10,000 in \$5,000 increments
Guaranteed Issue For new hires only		\$300,000 Employee \$50,000 Spouse \$10,000 Child(ren)



Disability

Lincoln Financial

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

District Paid Short-Term Disability

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

District Paid Long-Term Disability

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

Voluntary Long-Term Disability

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

Definition of Disability

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

Plan Features	Short-Term Disability	Long-Term Disability & Voluntary Long-Term Disability
Benefit Amount	70% of weekly salary	66.7% of monthly salary
Maximum Benefit	No Maximum	\$12,500 monthly
Benefit Waiting Period	Depends on sick & personal leave hours applied first. <i>See Carrier Summary</i>	120 days
Maximum Coverage Period	120 days	Social Security Normal Retirement Age
Own Occupation	Own Job	24 months



Employee Assistance Program

Blomquist Hale

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

What is an Employee Assistance Program (EAP)

- › All services are free and accessible 24 hours a day, 365 days a year
- › The EAP is your resource for everyday issues as well as the unexpected such as
 - Life Changes
 - Stress / Anxiety / Depression
 - Finances
 - Family Conflicts
 - Job pressure
 - Elder Care / Grief
 - Drugs / Alcohol
 - Eating Disorders
 - Legal Advice
 - And more

Is it confidential?

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

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

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

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

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

How do I make an appointment?

Setting up an appointment is as simple as calling the office. You will be offered an appointment that works with your schedule. Crisis appointments are available daily. No paperwork or approval is needed and there is no charge. Counselors are available around the clock for emergency and crisis situations. Seeking help early minimizes the chances of problems escalating and requiring more extensive services. Often, a few visits with a counselor are all you need to gain perspective and regain a sense of control over your life. Call: (801) 262-9619 or (800) 926-9619 or visit: www.blomquisthale.com



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