



Employee Benefits Guide

September 1, 2026 – August 31, 2027

Park City School District

2026 Contacts

Medical

PEHP
Group#1301
(866) 633-2446
www.pehp.com

Medical

Select Health
Group#G1030801
(800) 538-5038
www.selecthealth.org

Prescription Benefits

Rightway
RxGRP: 50355
(888) 665-1678
<https://joinrightway.com/rx>

Health Savings Account

National Benefit Services
Group# NBS256748
(800) 274-0503
(801) 532-4000
www.nbsbenefits.com

Flexible Spending Account

National Benefit Services
Group# NBS256748
(800) 274-0503
(801) 532-4000
www.nbsbenefits.com

Dental

Delta Dental
Group# 03268
(800) 521-2651
www.deltadentalins.com

Vision

EMI -VSP Vision
Group# 0512
(800) 662-5851
(801) 262-7475
www.emihealth.com

Life, AD&D, Disability

USABLE
(800) 370-5856
www.usablelife.com

Accident, Critical Illness & Hospital

Chubb
(833) 542-2013
www.chubb.com/WorkplaceBenefitsClaims

*For escalated claims and questions
related to Voluntary Benefits:*

GBS Voluntary Department
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Human Resources

Maryann Gilmore
(435) 615-0227
mgilmore@pcschoo.us

Open Enrollment & Claims Support

Andrea Alexander/ GBS Account Manager
(801) 842-0147
andrea.alexander@gbsbenefits.com

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.

This information, along with links to valuable resources, is available in our Edge course!

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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?

You are an eligible employee if you work 20 or more hours per week. 30 hours for Instructional Assistant Positions and Preschool Teachers. 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, 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 Park 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 Benefits 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

- Click the link below or in your web browser type <https://gbsbenefits.employeenavigator.com/> in the address bar.
- Username - If you have misplaced your credentials, reach out to Human Resources.
- Reset Password - Employees can reset passwords on login screen.

New User Set-Up

- Click **"New User Registration"** (first time user)
- Create Your Account:
 - First Name
 - Last Name
 - Company Identifier **Park City School**
 - Last 4 Digits of SSN
 - 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:
 - To update information, click **"Edit"**, upon completion click **"Save"**.
 - Select **"Add Dependent"** if you currently do not see them listed.
- Once all your dependents have been added/updated, click **"Save & Continue"**.
- Please note: If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

Step 3: Making Your Open Enrollment Elections

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

Step 4: Confirm Your Elections

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

Prescription Savings

Strategies to Save

The average American spends about \$1,200 each year on prescription drugs. And with drug prices on the rise, 1 in 4 Americans are paying more today than they were a year ago. Consider the following ways to help lower your bills for pills:

- › Go generic or ask your doctor or pharmacist if there's a similar drug with a generic version.
- › Compare prices by using an app, like GoodRx, to find the least expensive option. Call stores and pharmacies as well.
- › Order a 90-day supply and look into a mail-order program.
- › Sign up for a drugstore or chain store reward program to receive coupons and accumulate points.
- › Use a preferred pharmacy in your network.

If you have prescription drug questions, talk to your pharmacist for additional cost-cutting tips and guidance.

GoodRx

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

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more,

especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

1. On the web: <https://www.goodrx.com/>
Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.
2. On your phone: Available in the App Store or Google Play or simply visit m.goodrx.com from your phone.

Please Note:

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

Medical

PEHP

Silver Plan - Summit Exclusive Network

	In-Network You Pay	Out-of-Network You Pay
Deductible-Plan Year (9/1/26-8/31/27)	\$1,100/ Person \$2,200/ Family	\$2,200 / Person \$4,400 / Family
Out-of-Pocket Maximum	\$4,500 / Person \$9,000 / Family	\$9,000 / Person \$18,000 / Family
Coinsurance	30%	50%
Preventive Care	No Charge	50% AD
Office Visits		
Primary Care	30% AD	50% AD
Specialist	30% AD	50% AD
Urgent Care	\$50	\$100
Emergency Room	\$250	\$250
Hospital Services		
Diagnostic Test-Minor (\$350 or less)	30% AD	50% AD
Diagnostic Test-Major (more than \$350)	30% AD	50%AD
Inpatient Hospital	\$300 + 30% AD	50% AD
Outpatient Surgery	30% AD	50% AD
Pharmacy - Retail - Rightway (30-day supply)		
Generic		\$15
Preferred Brand		\$45
Non-Preferred Brand		\$75
Specialty		\$175

Mail Order (90- day supply) \$15 / \$90/ \$225

Customer Service: (888) 665-1678

<https://joinrightway.com/rx>

Rx Bin: 610862

RxPCN: RWRX

RxGRP: 50355

AD = After Deductible

[Download the Full Plan Summary](#) ↓

[PEHP Provider Search](#) ↗

Medical

PEHP

Gold Plan - Summit Exclusive Network

	In-Network You Pay	Out-of-Network You Pay
Deductible-Plan Year (9/1/26-8/31/27)	\$800/ Person \$1,600/ Family	\$1,600 / Person \$3,200 / Family
Out-of-Pocket Maximum	\$4,000 / Person \$8,000 / Family	\$8,000 / Person \$16,000 / Family
Coinsurance	20%	40%
Preventive Care	No Charge	40% AD
Office Visits		
Primary Care	\$25	40% AD
Specialist	\$50	40% AD
Urgent Care	\$50	\$100
Emergency Room	\$250	\$250
Hospital Services		
Diagnostic Test-Minor (\$350 or less)	20% AD	40% AD
Diagnostic Test-Major (more than \$350)	20% AD	40%AD
Inpatient Hospital	\$300 + 20% AD	40% AD
Outpatient Surgery	20% AD	40% AD
Pharmacy - Retail - Rightway (30-day supply)		
Generic		\$15
Preferred Brand		\$45
Non-Preferred Brand		\$75
Specialty		\$175

Mail Order (90- day supply) \$15 / \$90 / \$225

Customer Service: (888) 665-1678

<https://joinrightway.com/rx>

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[PEHP Provider Search](#) ↗

Medical

PEHP

QHDHP / HSA Plan - Summit Exclusive Network

In-Network You Pay

Out-of-Network You Pay

Deductible-Plan Year

(9/1/26-8/31/27)

For a family plan, no individual in the family will pay more than \$3,400 towards the in-network deductible.

The remaining family members would make up the remaining \$400 of the \$3,800 family deductible.

\$1,900/ Single
\$3,800/ Family

\$3,800 / Single
\$7,600 / Family

Out-of-Pocket Maximum

For family plans, no one individual will pay more than \$4,000 towards the in-network out of pocket maximum

\$4,000 / Single
\$8,000 / Family

\$8,000 / Single
\$16,000 / Family

Coinsurance

20%

40%

Preventive Care

No Charge

40% AD

Office Visits

Primary Care

20% AD

40% AD

Specialist

20% AD

40% AD

Urgent Care

20% AD

40% AD

Emergency Room

20% AD

20% AD

Hospital Services

Diagnostic Tests, Labs, X-rays

20% AD

40% AD

Inpatient Hospital

20% AD

40% AD

Outpatient Surgery

20% AD

40% AD

Pharmacy - Retail - Rightway (30-day supply)

Generic

20% AD

Preferred Brand

20% AD

Non-Preferred Brand

20% AD

Specialty

20% AD

Mail Order (90- day supply)

20% AD/20% AD/20% AD

Customer Service: (888) 665-1678

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[PEHP Provider Search](#) ↗

PEHP Summit Exclusive Medical Network

CommonSpirit (Holy Cross), MountainStar, and University of Utah Health Care providers and facilities.

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Cache Valley Hospital
Logan Regional Hospital

Carbon County

Castleview Hospital

Davis County

Holy Cross Hospital – Davis
Lakeview Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Holy Cross Hospital – Jordan Valley
Holy Cross Hospital – Jordan Valley West
Holy Cross Hospital – Salt Lake

Salt Lake County (cont.)

Huntsman Cancer Hospital
Lone Peak Hospital
Primary Children's Medical Center
Riverton Children's Unit
St. Marks Hospital
University of Utah Hospital
University Orthopaedic Center

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Regional Medical Center

Utah County

Holy Cross Hospital – Mountain Point
Mountain View Hospital
Timpanogos Regional Hospital

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Medical Center

Weber County

Ogden Regional Medical Center

Non-Contracted Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. Find participating providers at www.pehp.org/noncoveredproviders.

Medical

Select Health

Silver Plan
Tiered Network (Value & Med)

Tier 1- Value
In-Network
You Pay

Tier 2-Med
In-Network
You Pay

Out-of-Network
You Pay

Deductible-Plan Year
(9/1/26-8/31/27)

\$1,100/ Person
\$2,200/ Family

\$2,200 / Person
\$4,400 / Family

Out-of-Pocket Maximum

\$4,500 / Person
\$9,000 / Family

\$9,000 / Person
\$18,000 / Family

Coinsurance

30%

30%

50%

Preventive Care

No Charge

No Charge

50% AD

Office Visits

Primary Care

30% AD

30% AD

50% AD

Specialist

30% AD

30% AD

50% AD

Urgent Care

\$50

\$50

\$100

Emergency Room

\$250

\$250

\$250

Hospital Services

Diagnostic Test-Minor (\$350 or less)

30% AD

30% AD

50% AD

Diagnostic Test-Major (\$350 or more)

30% AD

30% AD

50%AD

Inpatient Hospital

\$300 + 30%
AD

\$300 + 30% AD

50% AD

Outpatient Surgery

30% AD

30% AD

50% AD

Pharmacy - Retail - Rightway (30-day supply)

Generic

\$15

Preferred Brand

\$45

Non-Preferred Brand

\$75

Specialty

\$175

Mail Order (90- day supply)

\$15 / \$90 / \$225

Customer Service: (888) 665-1678

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[Download the Full Plan Summary](#) ↓

[Select Health Provider Search](#) ↗

Medical

Select Health

Gold Plan Tiered Network (Value & Med)	Tier 1-Value In-Network You Pay	Tier 2-Med In-Network You Pay	Out-of-Network You Pay
Deductible-Plan Year (9/1/26-8/31/27)	\$800/ Person \$1,600/ Family		\$1,600 / Person \$3,200 / Family
Out-of-Pocket Maximum	\$4,000 / Person \$8,000 / Family		\$8,000 / Person \$16,000 / Family
Coinsurance	20%	20%	40%
Preventive Care	No Charge	No Charge	40% AD
Office Visits			
Primary Care	\$25	\$25	40% AD
Specialist	\$50	\$50	40% AD
Urgent Care	\$50	\$50	\$100
Emergency Room	\$250	\$250	\$250
Hospital Services			
Diagnostic Test-Minor (\$350 or less)	20% AD	20% AD	40% AD
Diagnostic Test-Major (\$350 or more)	20% AD	20% AD	40%AD
Inpatient Hospital	\$300 + 20% AD	\$300 + 20% AD	40% AD
Outpatient Surgery	20% AD	20% AD	40% AD
Pharmacy - Retail - Rightway (30-day supply)			
Generic		\$15	
Preferred Brand		\$45	
Non-Preferred Brand		\$75	
Specialty		\$175	
Mail Order (90- day supply)		\$15 / \$90 / \$225	

Customer Service: (888) 665-1678

<https://joinrightway.com/rx>

Rx Bin: 610862

RxPCN: RWRX

RxGRP: 50355

AD = After Deductible

[Download the Full Plan Summary](#) ↓

[Select Health Provider Search](#) ↗

Medical

Select Health

QHDHP / HSA Plan Tiered Network (Value & Med)	Tier 1-Value In-Network You Pay	Tier 2-Med In-Network You Pay	Out-of-Network You Pay
Deductible-Plan Year (9/1/26-8/31/27)			
<i>For a family plan, no individual in the family will pay more than \$3,400 towards the in-network deductible. The remaining family members would make up the remaining \$400 of the \$3,800 family deductible.</i>	\$1,900/ Single \$3,800/ Family		\$3,800 / Single \$7,600 / Family
Out-of-Pocket Maximum			
<i>For family plans, no one individual will pay more than \$4,000 towards the in-network out of pocket maximum</i>	\$4,000 / Single \$8,000 / Family		\$8,000 / Single \$16,000 / Family
Coinsurance	20%	20%	40%
Preventive Care	No Charge	No Charge	40% AD
Office Visits			
Primary Care	20% AD	20% AD	40% AD
Specialist	20% AD	20% AD	40% AD
Urgent Care	20% AD	20% AD	40% AD
Emergency Room	20% AD	20% AD	20% AD
Hospital Services			
Diagnostic Tests, Labs, X-rays	20% AD	20% AD	40% AD
Inpatient Hospital	20% AD	20% AD	40% AD
Outpatient Surgery	20% AD	20% AD	40% AD
Pharmacy - Retail - Rightway (30-day supply)			
Generic		20% AD	
Preferred Brand		20% AD	
Non-Preferred Brand		20% AD	
Specialty		20% AD	

Mail Order (90- day supply)

20% AD/20% AD/20% AD

Customer Service: (888) 665-1678

<https://joinrightway.com/rx>

Rx Bin: 610862

RxPCN: RWRX

RxGRP: 50355

AD = After Deductible

[Download the Full Plan Summary](#) ↓

[Select Health Provider Search](#) ↗

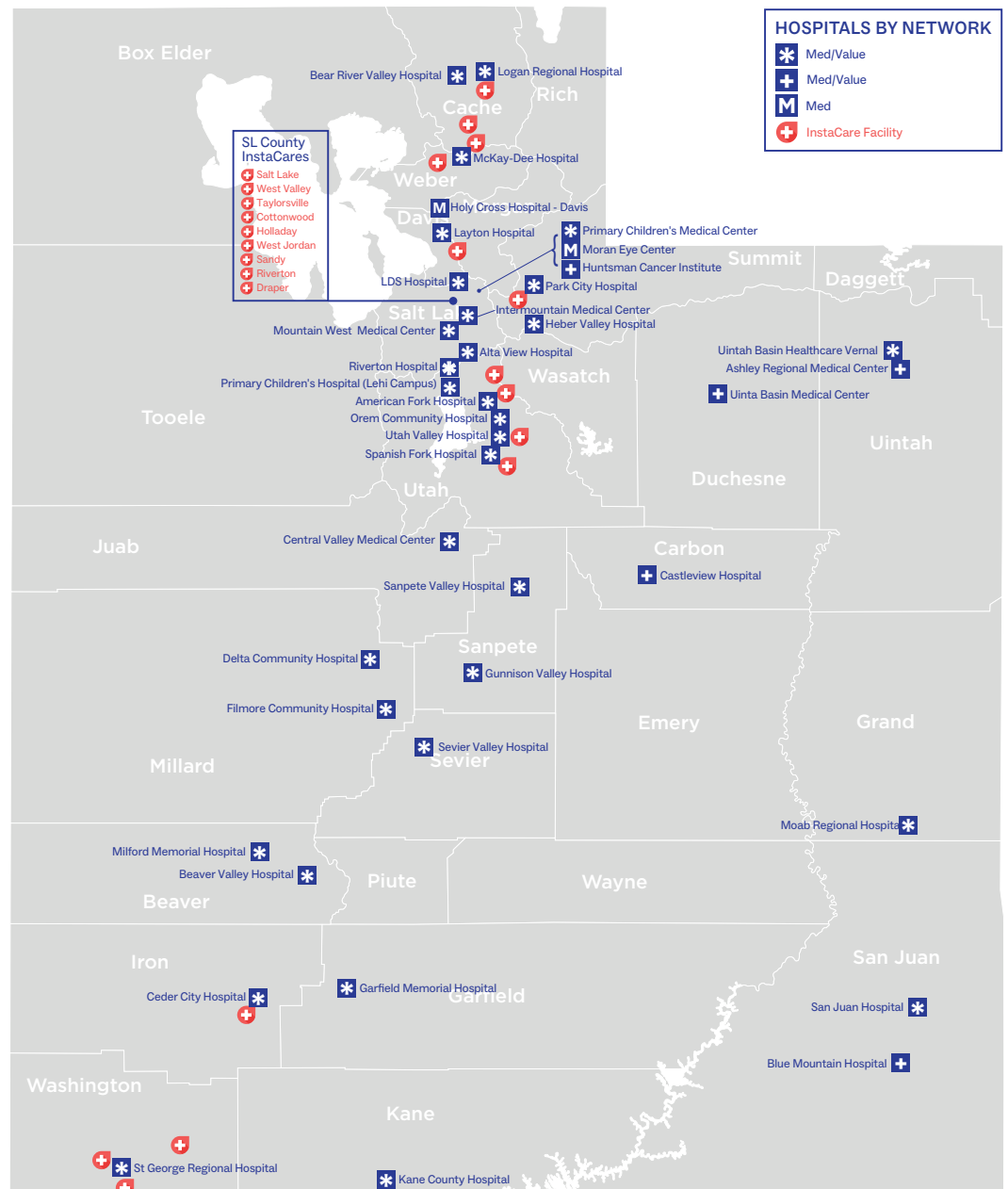


Utah hospitals and InstaCare facilities.

This map is an example only and does not guarantee network coverage. Facility availability is subject to change at any time.

Find in-network facilities.

Scan the QR code or visit selectthehealth.org/find-care.





Utah hospitals.

This chart is an example only and does not guarantee network coverage. Facility availability is subject to change at any time.

Find in-network facilities.



Scan the QR code or visit selecthealth.org/find-care.

LARGE EMPLOYER UTAH	MED	VALUE
Alta View Hospital	●	●
American Fork Hospital	●	●
Ashley Regional Medical Center	●	●
Bear River Valley Hospital	●	●
Beaver Valley Hospital	●	●
Blue Mountain Hospital	●	●
Castleview Hospital	●	●
Cedar City Hospital	●	●
Central Valley Medical Center	●	●
Delta Community Hospital	●	●
Fillmore Community Hospital	●	●
Garfield Memorial Hospital	●	●
Gunnison Valley Hospital	●	●
Heber Valley Hospital	●	●
Holy Cross Hospital - Davis	●	
Huntsman Cancer Hospital	●	●
Intermountain Medical Center	●	●
Kane County Hospital	●	●
Layton Hospital	●	●
LDS Hospital	●	●
Logan Regional Hospital	●	●
McKay-Dee Hospital	●	●
Milford Memorial Hospital	●	●
Moab Regional Hospital	●	●
Moran Eye Center	●	
Mountain West Medical Center	●	●
Orem Community Hospital	●	●
Park City Hospital	●	●
Primary Children's Hospital	●	●
Primary Children's Hospital (Lehi Campus)	●	●
Riverton Hospital	●	●
San Juan Hospital	●	●
Sanpete Valley Hospital	●	●
Sevier Valley Hospital	●	●
Spanish Fork Hospital	●	●
St George Regional Hospital	●	●
Uintah Basin Med Center	●	●
Utah Valley Hospital	●	●



Your new pharmacy benefits with Rightway.

Starting **September 1, 2026**, Rightway will be your new pharmacy benefit manager. We give you a better way to manage your prescriptions with an easy-to-use app and expert support from licensed pharmacists. Here are some important details about the upcoming changes.



CHECK YOUR MAILBOX



MEMBER ID CARD

You'll receive a new health insurance ID card or a Rightway prescription ID card in the mail soon. A digital copy is also available in the Rightway app.

When filling a prescription after your Rightway coverage begins, be sure to present your ID card so your pharmacy can process your benefit information.



PRESCRIPTION COVERAGE

If coverage for your current medication is changing, you'll receive a letter with details on alternative options covered under the plan. Our pharmacy team can help you switch to a more cost-effective medication if appropriate.

Visit joinrightway.com/rx to view a list of covered medications.



MAIL-ORDER AND SPECIALTY RX

If your current mail-order or specialty pharmacy is no longer considered in-network, you'll receive a letter with details on how to obtain prescriptions from one of our trusted pharmacy partners.

The Rightway pharmacy team can help you find a convenient pharmacy or transfer your prescriptions.

Need help? Call us at **888-665-1678**.

Get support.

The Rightway pharmacy team is here to ensure you have access to the medications and support you need—throughout the transition from your previous benefits and beyond.



Need help? Let us know.

 Send A Message

Have questions or need help? Our licensed pharmacists can:



Answer questions about your coverage and medications.



Find ways for you to save money on your prescriptions.



Contact your provider to obtain prior authorization.



Coordinate mail-order and specialty prescriptions.

Contact the Rightway pharmacy team.

Call: 888-665-1678

Once your Rightway coverage begins, you can easily chat with the pharmacy team through the Rightway app.

For more information, visit joinrightway.com/rx.





Prior authorizations made simple with Rightway.

Rightway manages the prior authorization process so you can get your medication faster.



What is prior authorization?

Prior authorization is when your doctor needs approval before certain prescriptions can be filled using your pharmacy benefits. If your prescription requires prior authorization, Rightway can work directly with your doctor to make the process as seamless as possible for you.

Rightway can help every step of the way.

Our pharmacy team can:

- + Contact your doctor directly to start the prior authorization process.
- + Provide information on copay assistance programs.
- + Coordinate home delivery of certain medications.
- + Answer questions about your medication and side effects.



Need support?

Our pharmacy experts are always available to answer any questions you have about the prior authorization process, which medications are affected, or your request status.

CHAT: Download the Rightway app.

CALL: 888-665-1678



Getting started with Mail Service



As a member of Rightway, you're eligible to receive your prescriptions from Walgreens Mail Service. This convenient service offers delivery of your maintenance medication to any location. To register and place an order, have the following handy:

- Member ID number
- Group number
- Payment information
- Prescription information

How to order

Select the option that works for you and follow the steps below to get started.

Online

- Register at WalgreensMailService.com
- Follow the prompts
- Have your doctor prescribe your medications electronically:
Walgreens Mail Service

Phone

- Call 888-273-6100
- Ask to be registered for Walgreens Mail Service
- Have your doctor prescribe your medications electronically:
Walgreens Mail Service
- For refills, select "refill a prescription" or ask to speak with a representative

Mail

- Send completed Registration Form along with your original prescription
- For refills, send completed, preprinted Refill Order Form from your last order
- Send forms to: **Walgreens Mail Service**

P.O. Box 29061
Phoenix, AZ 85038

For copay or drug coverage questions,
contact your health plan.

Walgreens
Mail Service



GBS RX ADVANTAGE

Smart Pharmacy Access Program

Brand Name and Specialty Prescriptions For Less. Delivered to Your Front Door.

Frequently Asked Questions

> What is Smart Pharmacy Access Program?

The Voluntary Prescription Savings Program allows the employer and members to save between 30 % to 50 % off brand- name medications through mail-order shipping from US Domestic and International pharmacy partners through GBS Rx Advantage. While this program is not mandatory, every effort is being made to help reduce prescription costs.

> Is there a copay for prescriptions filled through your company?

There are no copays charged to participants. The high program savings allows the employer to offer the program at no charge to members.

> How do I enroll in the Smart Pharmacy Access Program?

You will receive an email from HR introducing the program which will include information for GBS Rx Advantage. You may also receive an email from GBS Rx Advantage with an intake form to be completed.

> What medications are included in the program?

Brand-name oral medications as well as a few select brand- injectables, brand- antidiabetic meds and brand-inhalers. Controlled substances are not eligible for this program . If you are on the High Deductible plan, restrictions may apply.



› Can you transfer my prescription from my local US pharmacy as I may have refills there?

No. Since some of the pharmacies are located outside of the United States they are unable to transfer prescriptions from US pharmacies. However, you can call your doctor's office and ask them to directly fax a new prescription to the Canadian pharmacy. If you prefer, GBS Rx Advantage can also contact your doctor's office and ask them to fax us a new prescription for you. Please note that doctor's offices can take up to 3 -5 business days to respond to our requests for new prescriptions, so it may be quicker for you to contact them.

› How long will it take to receive my medication through the International pharmacy network?

It takes 2 to 3 days to verify your prescription and have it certified by a international physician. It will take between 7 to 14 days for your order to be processed and shipped to you, this is assuming we receive all documentation. We strongly recommend that you keep at least a 30-day supply of your medication on hand because of delays that may occur in shipping or from any delays in receiving information from you or your physician.

› How is my medication shipped from the International pharmacy?

Medications are shipped from Canada, United Kingdom, or Australia via USPS expedited shipping. Orders are sent Monday through Thursday. Insulin and refrigerated medications are shipped in coolers which are cold- chain certified. Refrigerated Specialty medications shipped in state-of-the-art coolers will need to be returned to the pharmacy. A prepaid return label is included for easy pickup.

› How many months' supply of medication can I receive?

You can receive a maximum of a 3 -month supply of each of your medications. Your prescription should be valid and include the amount of medication you are looking to receive. If the prescription is for more than a 3-month supply, then we can send refills automatically, when the time arrives.

› How is my privacy handled?

Licensed International Pharmacies in Canada, United Kingdom, and Australia are required by law to follow the Personal Health Information Act (PHIA) of Manitoba and maintain HIPPA compliance accordingly.

› Where can I find more information about this program?

For more information regarding this program, please call GBS Rx Advantage at 801-819-7745 or email GBSrxAdvantage@gbsbenefits.com.



Health Savings Account

National Benefits Services

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 2026. These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

IRS HSA Limits

	2026
Single	\$4,400
Family	\$8,750

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

PCSD Contributions 2026-2027*

**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.*

Individual: \$1,150

Family: \$2,300

**Prorated by FTE*

What is an HSA?

Click here to watch now ›

Health Savings Account

National Benefit Services

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. **This is available for employees enrolled in the Traditional Plans.**

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

- › 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 2026 contributions must be used for expenses you incur **September 1, 2026 - August 31, 2027.**
- › 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.
- › You have **75 days** after to use the remaining FSA funds from the previous year for eligible expenses. **(Grace Period)**
- › You have **75 days** after the end of the plan year to submit claims for reimbursement for expenses incurred during the plan year. **(Run-out-Period)**

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 \$3,400	Up to \$7,500 (\$3,750 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.

Dental

Delta Dental - PPO Plan

Plan Features PPO Dentists	In-Network Plan Pays	Out-of-Network Plan Pays
Deductible		None
Annual Maximum	\$2,000 per person each plan year	
Preventive Services cleanings (2 per year), sealants, space maintainers	100%	100% of Fee Schedule
Diagnostic Services exam, x-rays	80%	80% of Fee Schedule
Basic Services fillings, oral surgery, root canals, periodontics	80%	80% of Fee Schedule
Major Services crowns, bridges, dentures, implants	50%	50% of Fee Schedule
Orthodontics dependent children up to 26 years old	50%	50%
Orthodontic Lifetime Maximum	\$1,000 per person	
Waiting Periods		None

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Vision

EMI -VSP 210 Plan

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.

Park City School District vision insurance entitles you to specific eye care benefits. Our policy provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

VSP Choice Plus Network
(Costco, Visionworks, Sam's Club, Walmart and more)

In-Network
You Pay

Out-of-Network
Reimbursement

Exam	No eye examination benefit	
Frames (every 12 months)	\$210 allowance at any VSP doctor or \$110 at Costco, Sam's Club or Walmart	Up to \$90
Lenses (every 12 months)		
SingleVision	\$10	Up to \$30
Bifocal	\$10	Up to \$50
Trifocal	\$10	Up to \$65
Lenticular	\$10	Up to \$100
Progressive	\$0	Up to \$50
Polycarbonate for Adults	Up to \$35	N/A
Scratch Resistance Coating	\$17	N/A
Contact Lenses in Lieu of Lens & frame benefit (every 12 months)		
Elective	\$210 allowance	Up to \$195
LASIK	Up to \$500 in Savings	Not Covered

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Life and Accidental Death & Dismemberment

USABLE

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

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

PCSD provides all eligible employees with basic group life insurance and accidental death and dismemberment coverage at no cost to you.

Voluntary Life Insurance

You also have the option to purchase additional life insurance coverage for yourself, your spouse and your dependent children to age 26. However, you may only elect coverage for your dependents if you elect additional coverage for yourself. Premiums are based on the amount you elect and your age and can be found in **Employee Navigator** when you are making your elections.

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 in the event of your death. You may change your beneficiary at any time during the plan year.

Plan Features	Employee	Spouse	Child
Basic Life & AD&D	1X salary up to \$150,000	\$2,000	\$2,000 to age 26
AD&D	1X salary up to \$150,000	N/A	N/A
Plan Features	Employee Voluntary Life & AD&D	Spouse Voluntary Life & AD&D	Child Voluntary Life & AD&D
Maximum Life Benefit	Up to 5X salary up to \$500,000 in \$10,000 increments	100% of employee amount up to \$300,000 in \$5,000 increments	\$10,000 in \$1,000 increments
Guaranteed Issue <i>New Hires</i>	\$200,000	\$50,000	\$10,000
Open Enrollment Incremental Increases	The employee may increase the voluntary life amount of coverage at each annual open enrollment by \$50,000 up to the Guaranteed Issue amount without Evidence of Insurability. The spouse may increase voluntary life coverage by \$25,000 up to the Guarantee Issue amount without Evidence of Insurability.		
Age Reductions	To 65% at age 65 To 50% at age 70		Not Applicable

Disability

USAbble

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

Employer Paid Long-Term Disability

Long-term disability provides an ongoing source of income if your disability is prolonged.

Definition of Disability

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

Plan Features

Long-Term Disability

Benefit Amount	66.67% of monthly salary
Maximum Benefit	\$10,000month
Benefit Waiting Period	120 days
Maximum Benefit Duration	Social Security Normal Retirement Age
Premiums	100% paid by Park City School District



Accident

Chubb

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 Chubb Group Off-Job 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	Benefit Amounts
Accident Physician / Urgent Care	\$100 / \$250
Emergency Room	\$250
X-ray	\$30
Ambulance	\$200 ground / \$1,500 air
Dislocation/Fracture Benefit	Up to \$10,000 / Up to \$12,000
Hospital Confinement/Daily Benefit	\$1,750 admission / \$275 day
Accident Follow-Up Visits	\$100 up to 2 visits
Lacerations	Up to \$750
Organized Child Sport	25% increase to child benefits up to \$1,000
Wellness Benefit- 30 day waiting period	\$75 per person per year

Accident Plan Monthly Premiums

Employee Only	\$12.33
Employee & Spouse	\$21.76
Employee & Child(ren)	\$28.59
Family	\$38.00

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Critical Illness

Chubb

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

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

Conditions Covered at 100%

- › Alzheimer's Disease
- › ALS
- › Aneurysm
- › Benign Brain Tumor
- › Cancer
- › Coma
- › End-Stage Renal Failure
- › Heart Attack
- › Loss of Sight, Hearing or Speech
- › Major Organ Failure
- › Paralysis or Dismemberment
- › Parkinson's Disease
- › Stroke
- › Sudden Cardiac Arrest

Conditions Covered at 50%

- › Multiple Sclerosis

Conditions Covered at 25%

- › Coronary Artery Obstruction
- › Carcinoma in Situ (Non-Invasive Cancer)

Conditions Covered at 10 %

- › Transient Ischemic Attack

Skin Cancer \$250

100% for 9 Childhood Conditions

Plan Features	Employee	Spouse	Dependent
Coverage	\$10,000 - \$30,000 In \$5,000 increments	100% of Employee's amount	50% of Employee's amount
Guarantee Issue	\$30,000	\$30,000	All child amounts are GI
Pre-Existing	None	None	None
Wellness Benefit- 30 day waiting period <i>Must complete a health screening</i>	\$50	\$50	\$50

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Hospital Indemnity

Chubb

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 Indemnity coverage pays a cash benefit when you are admitted for an inpatient stay for a minimum of **20** confinement hours. You can use the money to pay for medical bills not covered by insurance, or in any way you see fit.

With Chubb's Group Hospital Indemnity Insurance:

- › 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-Ex
Maternity Waiting Period	No waiting period
First Day Hospital Confinement	\$1,500
Daily Hospital Benefit <i>Up to 31 days</i>	\$100 per day
Intensive Care <i>Up to 31 days</i>	\$200 per day

Hospital Indemnity Monthly Premiums

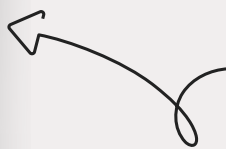
Employee Only	\$14.96
Employee & Spouse	\$33.21
Employee & Child(ren)	\$27.67
Family	\$45.92

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**SCAN THE QR CODE TO
VIEW YOUR BENEFITS
EDUCATION COURSE
ON EDGE!**

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