

Education Elevated

TOOELE COUNTY SCHOOL DISTRICT

Employee Benefits

2026-2027

Benefits at Tooele County School District

2026-2027 Contacts

Medical
Select Health
(800) 538-5038
www.selecthealth.org

Health Savings Account (HSA)
HealthEquity
(866) 346-5800
www.healthequity.com/hsalearn

Voluntary Accident, Critical Illness & Hospital Indemnity
Voya
(877) 236-7564
https://presents.Voya.com/EBRC/Tooele

Legal
LegalEase
(800) 248-9000
www.legaleaseplan.com/tooeleschools

For escalated claims and questions related to Voya or LegalEase products:
GBS Voluntary Department
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Dental
Delta Dental
(801) 521-2651
www.deltadentalins.com

Vision
EMI Health
(800) 662-5851
www.emihealth.com

Flexible Spending Account
Axis Plus Benefits
(877) 872-2125
www.myaxisplus.com

Life, AD&D, Disability
Lincoln Financial
(800) 423-2765
www.lincolnfinancial.com

Employee Assistance Program (EAP)
Intermountain Live Well
(800) 832-7733
www.intermountainhealthcare.org/eap

General Benefits Information
Kamille Ortiz, Insurance Benefit Specialist
(435) 833-1900 ext 1103
kortiz@tooeleschools.org

The benefits in this guide are effective September 1, 2025 - August 31, 2026. This benefit guide serves as a summary of material modifications regarding certain plan provisions or costs for the 2025 plan year. 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.

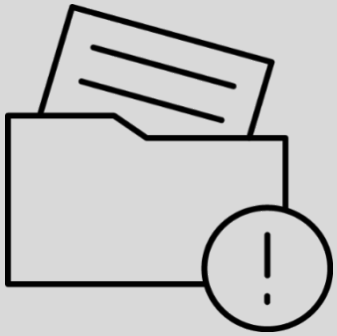
This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. The choices you make will remain in effect during the plan year, unless you have a qualifying life event.

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.

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

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Important Information

Tooele County School District

Tooele County School District Benefits and You

Welcome

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. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

Know Your Benefits

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.

- **Take Advantage Of The Tools Available**
  That includes this guide, access to plan information, provider directories, and enrollment materials.

- **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.

- **Don't Miss the Deadline and Keep Record of Your Enrollment**
  Pay attention to the enrollment deadline and be sure to provide us with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify us immediately if there are any discrepancies. **Remember:** Once the enrollment period has ended, you may not make or change your benefit elections, unless you experience a qualified life event.

Summary of Benefits and Coverage (SBC) and Uniform Glossary

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 annually during open enrollment.

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

Enrollment & Eligibility

Who is Eligible?

To qualify for health insurance at a full-time rate, Certified/Administrative employees must work a minimum of 30 hours per week. Classified Support Professional employees in a permanent position must work a minimum of 30 hours per week and at least 170 days per year in an equal pay position to qualify. You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include your legal spouse 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 to Enroll

You can enroll for coverage as a new hire, or during our annual open enrollment period. Outside of the annual open enrollment period, the only time you can change your coverage is if you experience a qualifying life event.

How to Make Changes

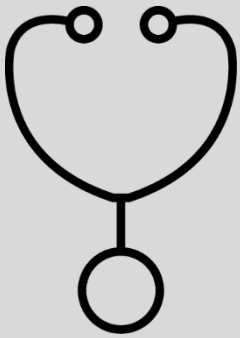
Once you enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event. Qualified life events include, but are not limited to:

- Change in your legal marital status
- Birth, adoption, placement for adoption or legal guardianship of a child
- Death of a dependent
- Change in child's dependent status
- You or your dependent(s) become eligible or lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- Change in your dependent's employment resulting in loss or gain of eligibility for employer coverage
- A court or administrative order

If your qualified life event is due to loss or gain of Medicaid or CHIP coverage, you have 60 days to complete the necessary enrollment forms and return them to us. All other qualified life events must be reported to us within 30 days of the event. It is your responsibility to notify us when you have a qualified life event and would like to make changes to your benefit elections. Please do not miss this important deadline!

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 30 hours per week, your employment ends, or you stop paying your share of the coverage. Your dependent(s) coverage ends when your coverage ends, or the last day of the month in which the dependent is no longer eligible. Certain benefits may terminate on the date of event.



Medical

SelectHealth Share Plans

Traditional Select Health Share

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health
SHARE NETWORK

MEMBER PAYMENT SUMMARY	
	IN-NETWORK When using In-Network Providers, you are responsible to pay the amounts in this column. Services from Out-of-Network Providers are not covered (except emergencies).
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET[5,6]	**IN-NETWORK**
Self Only Coverage, 1 person enrolled - per plan Year	
Deductible	$1,700
Out-of-Pocket Maximum	$4,000
Family Coverage, 2 or more enrolled - per plan Year	
Deductible - per person/family	$1,700/$3,400
Out-of-Pocket Maximum - per person/family	$4,000/$8,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)	
INPATIENT SERVICES	**IN-NETWORK**
Medical, Surgical and Hospice[4]	20% after Deductible
Hospital Level Care at Home[4]	20% after Deductible
Skilled Nursing Facility[4] - Up to 60 days per plan Year	20% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational[4]	20% after Deductible
Up to 40 days per plan Year for all therapy types combined	
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	20% after Deductible
PROFESSIONAL SERVICES	**IN-NETWORK**
Office Visits & Minor Office Surgeries	
Primary Care Provider (PCP)[1]	$40
Primary Care Provider (PCP) Virtual Visits[1]	Covered 100%
Specialist/Secondary Care Provider (SCP)[1]	$50
Allergy Tests	See Office Visits Above
Allergy Treatment and Serum	20%
Major Surgery	20%
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	20% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA[2,3]	**IN-NETWORK**
Primary Care Provider (PCP)[1]	Covered 100%
Specialist/Secondary Care Provider (SCP)[1]	Covered 100%
Adult and Pediatric Immunizations	Covered 100%
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%
Diagnostic Tests: Minor	Covered 100%
Other Preventive Services	Covered 100%
VISION SERVICES	**IN-NETWORK**
Preventive Eye Exams	Covered 100%
All Other Eye Exams	$50
OUTPATIENT SERVICES[4]	**IN-NETWORK**
Outpatient Facility	20% after Deductible
Ambulatory Surgical Center	10% after Deductible
Imaging Center	10% after Deductible
Ambulance (Air or Ground) - *Emergencies Only*	20% after Deductible
Emergency Room	$250 then 20% after Deductible
Intermountain InstaCare® Facilities, Urgent Care Facilities	$50
Intermountain KidsCare® Facilities	$40
Intermountain Connect Care®	Covered 100%
Radiation	20% after Deductible
Dialysis	20% after Deductible
Diagnostic Tests: Minor[2]	Covered 100%
Diagnostic Tests: Major[2]	20% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible
Outpatient Cardiac Rehab	Covered 100%
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	$50 after Deductible

UT MPS-HMO 01/01/26

See other side for additional benefits

Traditional Select Health Share

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health
SHARE NETWORK

MEMBER PAYMENT SUMMARY
IN-NETWORK

MISCELLANEOUS SERVICES	IN-NETWORK
Durable Medical Equipment (DME)[4]	20% after Deductible
Miscellaneous Medical Supplies (MMS)[3]	20% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services
Maternity and Adoption[4,7]	See Professional, Inpatient or Outpatient
Cochlear Implants or Auditory Osseointegrated Devices[2,4] *One device every 36 months per ear*	See Professional, Inpatient or Outpatient
Infertility - *Select Services*	50% after Deductible
TMJ (Temporomandibular Joint) Services - *Up to $2,000 lifetime*	See Professional, Inpatient or Outpatient
OPTIONAL BENEFITS	**IN-NETWORK**
Mental Health and Substance Use Disorder[4]	
Office Visits	$40
Virtual Visits	Covered 100%
Inpatient	20% after Deductible
Outpatient	20%
Residential Treatment[2]	20% after Deductible
Chiropractic *(up to 20 visits per plan Year)*	$40
Healthcare Provider Administered Injectable or Infusible Drugs[4]	20% after Deductible
Bariatric Surgery *(Up to one surgery/lifetime)*[4]	See Professional, Inpatient or Outpatient
PRESCRIPTION DRUGS	
Pharmacy Deductible - Per Person per plan Year	$100
Prescription Drug List (formulary)	RxSelect®
Prescription Drugs - *Up to 30 Day Supply of Covered Medications*[4]	
Tier 1	20%
Tier 2	30% after pharmacy Deductible
Tier 3	40% after pharmacy Deductible
Tier 4	20% after pharmacy Deductible
Maintenance Drugs - *90 Day Supply (Mail-Order, Retail90®)-selected drugs*[4]	
Tier 1	$10
Tier 2	$50 after pharmacy Deductible
Tier 3	$135 after pharmacy Deductible
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic

1 Refer to **selecthealth.org/find-care** to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

7 Select Health provides a $4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

Select Health will cover an insulin from each therapeutic category with a cap of $10 per prescription of a 30-day supply.

* Not applied to Medical Out-of-Pocket Maximum.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc.℠ (domiciled in Utah).

Select Health Share HealthSave

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health

SHARE NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY
IN-NETWORK When using In-Network Providers, you are responsible to pay the amounts in this column. Services from Out-of-Network Providers are not covered (except emergencies).

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET[5,6]	IN-NETWORK
Self Only Coverage, 1 person enrolled - per plan Year	
Deductible	$3,400
Out-of-Pocket Maximum	$4,000
Family Coverage, 2 or more enrolled - per plan Year	
Deductible - per person/family	$3,400/$6,800
Out-of-Pocket Maximum - per person/family	$4,000/$8,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)	
INPATIENT SERVICES	**IN-NETWORK**
Medical, Surgical and Hospice[4]	20% after Deductible
Hospital Level Care at Home[4]	20% after Deductible
Skilled Nursing Facility[4] - Up to 60 days per plan Year	20% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational[4]	20% after Deductible
Up to 40 days per plan Year for all therapy types combined	
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	20% after Deductible
PROFESSIONAL SERVICES	**IN-NETWORK**
Office Visits & Minor Office Surgeries	
Primary Care Provider (PCP)[1]	$15 after Deductible
Primary Care Provider (PCP) Virtual Visits[1]	Covered 100% after Deductible
Specialist/Secondary Care Provider (SCP)[1]	$25 after Deductible
Allergy Tests	See Office Visits Above
Allergy Treatment and Serum	20% after Deductible
Major Surgery	20% after Deductible
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	20% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA[2,3]	**IN-NETWORK**
Primary Care Provider (PCP)[1]	Covered 100%
Specialist/Secondary Care Provider (SCP)[1]	Covered 100%
Adult and Pediatric Immunizations	Covered 100%
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%
Diagnostic Tests: Minor	Covered 100%
Other Preventive Services	Covered 100%
VISION SERVICES	**IN-NETWORK**
Preventive Eye Exams	Covered 100%
All Other Eye Exams	$25 after Deductible
OUTPATIENT SERVICES[4]	**IN-NETWORK**
Outpatient Facility	20% after Deductible
Ambulatory Surgical Center	10% after Deductible
Imaging Center	10% after Deductible
Ambulance (Air or Ground) - *Emergencies Only*	20% after Deductible
Emergency Room	$75 after Deductible
Intermountain InstaCare® Facilities, Urgent Care Facilities	$35 after Deductible
Intermountain KidsCare® Facilities	$15 after Deductible
Intermountain Connect Care®	Covered 100% after Deductible
Radiation	20% after Deductible
Dialysis	20% after Deductible
Diagnostic Tests: Minor[2]	Covered 100% after Deductible
Diagnostic Tests: Major[2]	20% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible
Outpatient Cardiac Rehab	Covered 100% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	$25 after Deductible

See other side for additional benefits

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health

SHARE NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY

IN-NETWORK

MISCELLANEOUS SERVICES	IN-NETWORK
Durable Medical Equipment (DME)[4]	20% after Deductible
Miscellaneous Medical Supplies (MMS)[3]	20% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services
Maternity and Adoption[4,7]	See Professional, Inpatient or Outpatient
Cochlear Implants or Auditory Osseointegrated Devices[2,4] *One device every 36 months per ear*	See Professional, Inpatient or Outpatient
Infertility - *Selected Services*	50% after Deductible
TMJ (Temporomandibular Joint) Services - *Up to $2,000 lifetime*	See Professional, Inpatient or Outpatient
OPTIONAL BENEFITS	**IN-NETWORK**
Mental Health and Substance Use Disorder[4]	
Office Visits	$15 after Deductible
Virtual Visits	Covered 100% after Deductible
Inpatient	20% after Deductible
Outpatient	20% after Deductible
Residential Treatment[2]	20% after Deductible
Chiropractic *(up to 20 visits per plan Year)*	$15 after Deductible
Healthcare Provider Administered Injectable or Infusible Drugs[4]	20% after Deductible
Bariatric Surgery *(Up to one surgery/lifetime)*[4]	See Professional, Inpatient or Outpatient
PRESCRIPTION DRUGS	
Prescription Drug List (formulary)	RxSelect®
Prescription Drugs - *Up to 30 Day Supply of Covered Medications*[4]	
Tier 1	$7 after Deductible
Tier 2	$21 after Deductible
Tier 3	$42 after Deductible
Tier 4	$100 after Deductible
Maintenance Drugs - *90 Day Supply (Mail-Order, Retail90®)-selected drugs*[4]	
Tier 1	$7 after Deductible
Tier 2	$42 after Deductible
Tier 3	$126 after Deductible
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic

1 Refer to **selecthealth.org/find-care** to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

7 Select Health provides a $4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

Select Health will cover an insulin from each therapeutic category with a cap of $10 per prescription of a 30-day supply.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc.℠ (domiciled in Utah).

Select Health Share HealthSave Dual Plan

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health

SHARE NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY	IN-NETWORK
	When using In-Network Providers, you are responsible to pay the amounts in this column. Services from Out-of-Network Providers are not covered (except emergencies).
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET[5,6]	**IN-NETWORK**
Self Only Coverage, 1 person enrolled - per plan Year	
Deductible	$1,700
Out-of-Pocket Maximum	$3,000
Family Coverage, 2 or more enrolled - per plan Year	
Deductible	$3,400
Out-of-Pocket Maximum	$6,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)	
INPATIENT SERVICES	**IN-NETWORK**
Medical, Surgical and Hospice[4]	Covered 100% after Deductible
Hospital Level Care at Home[4]	Covered 100% after Deductible
Skilled Nursing Facility[4] - Up to 60 days per plan Year	Covered 100% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational[4]	Covered 100% after Deductible
Up to 40 days per plan Year for all therapy types combined	
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	Covered 100% after Deductible
PROFESSIONAL SERVICES	**IN-NETWORK**
Office Visits & Minor Office Surgeries	
Primary Care Provider (PCP)[1]	Covered 100% after Deductible
Primary Care Provider (PCP) Virtual Visits[1]	Covered 100% after Deductible
Specialist/Secondary Care Provider (SCP)[1]	Covered 100% after Deductible
Allergy Tests	See Office Visits Above
Allergy Treatment and Serum	Covered 100% after Deductible
Major Surgery	Covered 100% after Deductible
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	Covered 100% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA[2,3]	**IN-NETWORK**
Primary Care Provider (PCP)[1]	Covered 100%
Specialist/Secondary Care Provider (SCP)[1]	Covered 100%
Adult and Pediatric Immunizations	Covered 100%
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%
Diagnostic Tests: Minor	Covered 100%
Other Preventive Services	Covered 100%
VISION SERVICES	**IN-NETWORK**
Preventive Eye Exams	Covered 100%
All Other Eye Exams	Covered 100% after Deductible
OUTPATIENT SERVICES[4]	**IN-NETWORK**
Outpatient Facility	Covered 100% after Deductible
Ambulatory Surgical Center	Covered 100% after Deductible
Imaging Center	Covered 100% after Deductible
Ambulance (Air or Ground) - *Emergencies Only*	Covered 100% after Deductible
Emergency Room	Covered 100% after Deductible
Intermountain InstaCare® Facilities, Urgent Care Facilities	Covered 100% after Deductible
Intermountain KidsCare® Facilities	Covered 100% after Deductible
Intermountain Connect Care®	Covered 100% after Deductible
Radiation	Covered 100% after Deductible
Dialysis	Covered 100% after Deductible
Diagnostic Tests: Minor[2]	Covered 100% after Deductible
Diagnostic Tests: Major[2]	Covered 100% after Deductible
Home Health, Hospice, Outpatient Private Nurse	Covered 100% after Deductible
Outpatient Cardiac Rehab	Covered 100% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	Covered 100% after Deductible

See other side for additional benefits

Select Health Share HealthSave Dual Plan

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health

SHARE NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY
IN-NETWORK

MISCELLANEOUS SERVICES	IN-NETWORK
Durable Medical Equipment (DME)[4]	Covered 100% after Deductible
Miscellaneous Medical Supplies (MMS)[3]	Covered 100% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services
Maternity and Adoption[4,7]	See Professional, Inpatient or Outpatient
Cochlear Implants or Auditory Osseointegrated Devices[2,4] *One device every 36 months per ear*	See Professional, Inpatient or Outpatient
Infertility - *Selected Services*	Covered 100% after Deductible
TMJ (Temporomandibular Joint) Services - *Up to $2,000 lifetime*	See Professional, Inpatient or Outpatient
OPTIONAL BENEFITS	**IN-NETWORK**
Mental Health and Substance Use Disorder[4]	
Office Visits	Covered 100% after Deductible
Virtual Visits	Covered 100% after Deductible
Inpatient	Covered 100% after Deductible
Outpatient	Covered 100% after Deductible
Residential Treatment[2]	Covered 100% after Deductible
Chiropractic *(up to 20 visits per plan Year)*	Covered 100% after Deductible
Healthcare Provider Administered Injectable or Infusible Drugs[4]	Covered 100% after Deductible
Bariatric Surgery *(Up to one surgery/lifetime)* [4]	See Professional, Inpatient or Outpatient
PRESCRIPTION DRUGS	
Prescription Drug List (formulary)	RxSelect®
Prescription Drugs - *Up to 30 Day Supply of Covered Medications* [4]	
Tier 1	Covered 100% after Deductible
Tier 2	Covered 100% after Deductible
Tier 3	Covered 100% after Deductible
Tier 4	Covered 100% after Deductible
Maintenance Drugs - *90 Day Supply (Mail-Order, Retail90®)-selected drugs* [4]	
Tier 1	Covered 100% after Deductible
Tier 2	Covered 100% after Deductible
Tier 3	Covered 100% after Deductible
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic

1 Refer to **selecthealth.org/find-care** to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

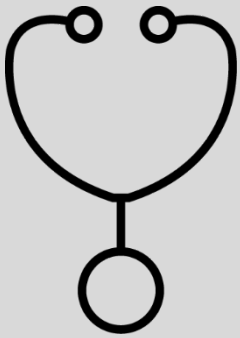
6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

7 Select Health provides a $4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

Select Health will cover an insulin from each therapeutic category with a cap of $10 per prescription of a 30-day supply.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc.℠ (domiciled in Utah).



Medical

SelectHealth Care Plus Plans
Out of Area and Retiree's Only

Select Health Care + Traditional (Out of Area Only)

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health CARE NETWORK

	MEMBER PAYMENT SUMMARY	
	IN-NETWORK When using In-Network Providers, you are responsible to pay the amounts in this column.	**OUT-OF-NETWORK** When using Out-of-Network Providers, you are responsible to pay the amounts in this column.
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET[5,6]	**IN-NETWORK**	**OUT-OF-NETWORK**
Self Only Coverage, 1 person enrolled - per plan Year		
Deductible	$1,700	$3,400
Out-of-Pocket Maximum	$4,000	$8,000
Family Coverage, 2 or more enrolled - per plan Year		
Deductible - per person/family	$1,700/$3,400	$3,400/$6,800
Out-of-Pocket Maximum - per person/family	$4,000/$8,000	$8,000/$16,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Medical, Surgical and Hospice[4]	20% after Deductible	40% after Deductible
Hospital Level Care at Home[4]	20% after Deductible	Not Covered
Skilled Nursing Facility[4] - Up to 60 days per plan Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational[4] Up to 40 days per plan Year for all therapy types combined	20% after Deductible	40% after Deductible
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	20% after Deductible	40% after Deductible
PROFESSIONAL SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP)[1]	$40	40% after Deductible
Primary Care Provider (PCP) Virtual Visits[1]	Covered 100%	Not Covered
Specialist/Secondary Care Provider (SCP)[1]	$50	40% after Deductible
Allergy Tests	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20%	Not Covered
Major Surgery	20%	40% after Deductible
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	20% after Deductible	40% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA[2,3]	**IN-NETWORK**	**OUT-OF-NETWORK**
Primary Care Provider (PCP)[1]	Covered 100%	Not Covered
Specialist/Secondary Care Provider (SCP)[1]	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Not Covered
VISION SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Preventive Eye Exams	Covered 100%	Not Covered
All Other Eye Exams	$50	40% after Deductible
OUTPATIENT SERVICES[4]	**IN-NETWORK**	**OUT-OF-NETWORK**
Outpatient Facility	20% after Deductible	40% after Deductible
Ambulatory Surgical Center	10% after Deductible	40% after Deductible
Imaging Center	10% after Deductible	40% after Deductible
Ambulance (Air or Ground) - *Emergencies Only*	20% after Deductible	See In-Network Benefit
Emergency Room	$250 then 20% after Deductible	See In-Network Benefit
Intermountain InstaCare® Facilities, Urgent Care Facilities	$50	40% after Deductible
Intermountain KidsCare® Facilities	$40	Not Available
Intermountain Connect Care®	Covered 100%	Not Available
Radiation	20% after Deductible	40% after Deductible
Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor[2]	Covered 100%	40% after Deductible
Diagnostic Tests: Major[2]	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100%	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	$50 after Deductible	40% after Deductible

See other side for additional benefits

Select Health Care + Traditional (Out of Area Only)

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health CARE NETWORK

MEMBER PAYMENT SUMMARY	IN-NETWORK	OUT-OF-NETWORK
MISCELLANEOUS SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Durable Medical Equipment (DME)[4]	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS)[3]	20% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services
Maternity and Adoption[4,7]	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants or Auditory Osseointegrated Devices[2,4] *One device every 36 months per ear*	See Professional, Inpatient or Outpatient	Not Covered
Infertility - *Select Services*	50% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - *Up to $2,000 lifetime*	See Professional, Inpatient or Outpatient	Not Covered
OPTIONAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
Mental Health and Substance Use Disorder[4]		
Office Visits	$40	40% after Deductible
Virtual Visits	Covered 100%	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20%	40% after Deductible
Residential Treatment[2]	20% after Deductible	40% after Deductible
Chiropractic *(up to 20 visits per plan Year)*	$40	Not Covered
Healthcare Provider Administered Injectable or Infusible Drugs[4]	20% after Deductible	40% after Deductible
Bariatric Surgery *(Up to one surgery/lifetime)*[4]	See Professional, Inpatient or Outpatient	Not Covered
PRESCRIPTION DRUGS		
Pharmacy Deductible - Per Person per plan Year	$100	
Prescription Drug List (formulary)	RxSelect®	
Prescription Drugs - *Up to 30 Day Supply of Covered Medications*[4]		
Tier 1	20%	
Tier 2	30% after pharmacy Deductible	
Tier 3	40% after pharmacy Deductible	
Tier 4	20% after pharmacy Deductible	
Maintenance Drugs - *90 Day Supply (Mail-Order, Retail90®)-selected drugs*[4]		
Tier 1	$10	
Tier 2	$50 after pharmacy Deductible	
Tier 3	$135 after pharmacy Deductible	
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic	

1 Refer to **selecthealth.org/find-care** to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

7 Select Health provides a $4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

* Not applied to Medical Out-of-Pocket Maximum.

Select Health will cover an insulin from each therapeutic category with a cap of $10 per prescription of a 30-day supply.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc.℠ (domiciled in Utah).

Select Health Care + HealthSave (Out of Area Only)

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health

CARE NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY	IN-NETWORK When using In-Network Providers, you are responsible to pay the amounts in this column.	OUT-OF-NETWORK When using Out-of-Network Providers, you are responsible to pay the amounts in this column.
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET[5,6]	**IN-NETWORK**	**OUT-OF-NETWORK**
Self Only Coverage, 1 person enrolled - per plan Year		
Deductible	$3,400	$3,750
Out-of-Pocket Maximum	$4,000	$5,500
Family Coverage, 2 or more enrolled - per plan Year		
Deductible - per person/family	$3,400/$6,800	$3,750/$7,500
Out-of-Pocket Maximum - per person/family	$4,000/$8,000	$5,500/$11,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Medical, Surgical and Hospice[4]	20% after Deductible	40% after Deductible
Hospital Level Care at Home[4]	20% after Deductible	Not Covered
Skilled Nursing Facility[4] - Up to 60 days per plan Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational[4]	20% after Deductible	40% after Deductible
Up to 40 days per plan Year for all therapy types combined		
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	20% after Deductible	40% after Deductible
PROFESSIONAL SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP)[1]	$15 after Deductible	40% after Deductible
Primary Care Provider (PCP) Virtual Visits[1]	Covered 100% after Deductible	Not Covered
Specialist/Secondary Care Provider (SCP)[1]	$25 after Deductible	40% after Deductible
Allergy Tests	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20% after Deductible	Not Covered
Major Surgery	20% after Deductible	40% after Deductible
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	20% after Deductible	40% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA[2,3]	**IN-NETWORK**	**OUT-OF-NETWORK**
Primary Care Provider (PCP)[1]	Covered 100%	Not Covered
Specialist/Secondary Care Provider (SCP)[1]	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Not Covered
VISION SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Preventive Eye Exams	Covered 100%	Not Covered
All Other Eye Exams	$25 after Deductible	40% after Deductible
OUTPATIENT SERVICES[4]	**IN-NETWORK**	**OUT-OF-NETWORK**
Outpatient Facility	20% after Deductible	40% after Deductible
Ambulatory Surgical Center	10% after Deductible	40% after Deductible
Imaging Center	10% after Deductible	40% after Deductible
Ambulance (Air or Ground) - *Emergencies Only*	20% after Deductible	See In-Network Benefit
Emergency Room	$75 after Deductible	See In-Network Benefit
Intermountain InstaCare® Facilities, Urgent Care Facilities	$35 after Deductible	40% after Deductible
Intermountain KidsCare® Facilities	$15 after Deductible	Not Available
Intermountain Connect Care®	Covered 100% after Deductible	Not Available
Radiation	20% after Deductible	40% after Deductible
Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor[2]	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Major[2]	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	$25 after Deductible	40% after Deductible

UT MPS-POS HDHP 01/01/26

See other side for additional benefits

Select Health Care + HealthSave (Out of Area Only)

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health

CARE NETWORK / HSA QUALIFIED

	MEMBER PAYMENT SUMMARY	
	IN-NETWORK	**OUT-OF-NETWORK**
MISCELLANEOUS SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Durable Medical Equipment (DME)[4]	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS)[3]	20% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services
Maternity and Adoption[4,7]	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants or Auditory Osseointegrated Devices[2,4] *One device every 36 months per ear*	See Professional, Inpatient or Outpatient	Not Covered
Infertility - *Select Services*	50% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - *Up to $2,000 lifetime*	See Professional, Inpatient or Outpatient	Not Covered
OPTIONAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
Mental Health and Substance Use Disorder[4]		
Office Visits	$15 after Deductible	40% after Deductible
Virtual Visits	Covered 100% after Deductible	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20% after Deductible	40% after Deductible
Residential Treatment[2]	20% after Deductible	40% after Deductible
Chiropractic *(up to 20 visits per plan Year)*	$15 after Deductible	Not Covered
Healthcare Provider Administered Injectable or Infusible Drugs[4]	20% after Deductible	40% after Deductible
Bariatric Surgery *(Up to one surgery/lifetime)*[4]	See Professional, Inpatient or Outpatient	Not Covered
PRESCRIPTION DRUGS		
Prescription Drug List (formulary)	RxSelect®	
Prescription Drugs-*Up to 30 Day Supply of Covered Medications*[4]		
Tier 1	$7 after In-Network Deductible	
Tier 2	$21 after In-Network Deductible	
Tier 3	$42 after In-Network Deductible	
Tier 4	$100 after In-Network Deductible	
Maintenance Drugs-*90 Day Supply (Mail-Order,Retail90®)-selected drugs*[4]		
Tier 1	$7 after In-Network Deductible	
Tier 2	$42 after In-Network Deductible	
Tier 3	$126 after In-Network Deductible	
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic	

1 Refer to **selecthealth.org/find-care** to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

7 Select Health provides a $4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

Select Health will cover an insulin from each therapeutic category with a cap of $10 per prescription of a 30-day supply.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc.℠ (domiciled in Utah).

Select Health Care + HealthSave Dual Plan (Out of Area Only)

TOOELE COUNTY SCHOOL DISTRICT — **OPTION 1** — **09/01/2026**

Select Health

CARE NETWORK / HSA QUALIFIED

	MEMBER PAYMENT SUMMARY	
	IN-NETWORK When using In-Network Providers, you are responsible to pay the amounts in this column.	**OUT-OF-NETWORK** When using Out-of-Network Providers, you are responsible to pay the amounts in this column.
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET[5,6]	**IN-NETWORK**	**OUT-OF-NETWORK**
Self Only Coverage, 1 person enrolled - per plan Year		
Deductible	$1,700	$2,000
Out-of-Pocket Maximum	$3,000	$4,500
Family Coverage, 2 or more enrolled - per plan Year		
Deductible	$3,400	$4,000
Out-of-Pocket Maximum	$6,000	$9,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Medical, Surgical and Hospice[4]	Covered 100% after Deductible	40% after Deductible
Hospital Level Care at Home[4]	Covered 100% after Deductible	Not Covered
Skilled Nursing Facility[4] - Up to 60 days per plan Year	Covered 100% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational[4]	Covered 100% after Deductible	40% after Deductible
Up to 40 days per plan Year for all therapy types combined		
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	Covered 100% after Deductible	40% after Deductible
PROFESSIONAL SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP)[1]	Covered 100% after Deductible	40% after Deductible
Primary Care Provider (PCP) Virtual Visits[1]	Covered 100% after Deductible	Not Covered
Specialist/Secondary Care Provider (SCP)[1]	Covered 100% after Deductible	40% after Deductible
Allergy Tests	See Office Visits Above	Not Covered
Allergy Treatment and Serum	Covered 100% after Deductible	Not Covered
Major Surgery	Covered 100% after Deductible	40% after Deductible
Physician's Fees - *(Medical, Surgical, Maternity, Anesthesia)*	Covered 100% after Deductible	40% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA[2,3]	**IN-NETWORK**	**OUT-OF-NETWORK**
Primary Care Provider (PCP)[1]	Covered 100%	Not Covered
Specialist/Secondary Care Provider (SCP)[1]	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Not Covered
VISION SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Preventive Eye Exams	Covered 100%	Not Covered
All Other Eye Exams	Covered 100% after Deductible	40% after Deductible
OUTPATIENT SERVICES[4]	**IN-NETWORK**	**OUT-OF-NETWORK**
Outpatient Facility	Covered 100% after Deductible	40% after Deductible
Ambulatory Surgical Center	Covered 100% after Deductible	40% after Deductible
Imaging Center	Covered 100% after Deductible	40% after Deductible
Ambulance (Air or Ground) - *Emergencies Only*	Covered 100% after Deductible	See In-Network Benefit
Emergency Room	Covered 100% after Deductible	See In-Network Benefit
Intermountain InstaCare® Facilities, Urgent Care Facilities	Covered 100% after Deductible	40% after Deductible
Intermountain KidsCare® Facilities	Covered 100% after Deductible	Not Available
Intermountain Connect Care®	Covered 100% after Deductible	Not Available
Radiation	Covered 100% after Deductible	40% after Deductible
Dialysis	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Minor[2]	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Major[2]	Covered 100% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	Covered 100% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	Covered 100% after Deductible	40% after Deductible

See other side for additional benefits

Select Health Care + HealthSave Dual Plan (Out of Area Only)

TOOELE COUNTY SCHOOL DISTRICT — OPTION 1 — 09/01/2026

Select Health

CARE NETWORK / HSA QUALIFIED

	MEMBER PAYMENT SUMMARY	
	IN-NETWORK	**OUT-OF-NETWORK**
MISCELLANEOUS SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**
Durable Medical Equipment (DME)[4]	Covered 100% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS)[3]	Covered 100% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services
Maternity and Adoption[4,7]	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants or Auditory Osseointegrated Devices[2,4] *One device every 36 months per ear*	See Professional, Inpatient or Outpatient	Not Covered
Infertility - *Select Services*	Covered 100% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - *Up to $2,000 lifetime*	See Professional, Inpatient or Outpatient	Not Covered
OPTIONAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
Mental Health and Substance Use Disorder[4]		
Office Visits	Covered 100% after Deductible	40% after Deductible
Virtual Visits	Covered 100% after Deductible	40% after Deductible
Inpatient	Covered 100% after Deductible	40% after Deductible
Outpatient	Covered 100% after Deductible	40% after Deductible
Residential Treatment[2]	Covered 100% after Deductible	40% after Deductible
Chiropractic *(up to 20 visits per plan Year)*	Covered 100% after Deductible	Not Covered
Healthcare Provider Administered Injectable or Infusible Drugs[4]	Covered 100% after Deductible	40% after Deductible
Bariatric Surgery *(Up to one surgery/lifetime)*[4]	See Professional, Inpatient or Outpatient	Not Covered
PRESCRIPTION DRUGS		
Prescription Drug List (formulary)	RxSelect®	
Prescription Drugs-*Up to 30 Day Supply of Covered Medications*[4]		
Tier 1	Covered 100% after In-Network Deductible	
Tier 2	Covered 100% after In-Network Deductible	
Tier 3	Covered 100% after In-Network Deductible	
Tier 4	Covered 100% after In-Network Deductible	
Maintenance Drugs-*90 Day Supply (Mail-Order,Retail90®)-selected drugs*[4]		
Tier 1	Covered 100% after In-Network Deductible	
Tier 2	Covered 100% after In-Network Deductible	
Tier 3	Covered 100% after In-Network Deductible	
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic	

1 Refer to **selecthealth.org/find-care** to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

7 Select Health provides a $4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

Select Health will cover an insulin from each therapeutic category with a cap of $10 per prescription of a 30-day supply.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc.℠ (domiciled in Utah).

Stretching Your Rx Dollar

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GBS Benefits Rx 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.

› **On the Web:** https://www.goodrx.com/
Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.
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.

› **On Your Phone**
Available on the app store or with Android on Google play. Or, just go to m.goodrx.com from any mobile phone.

Generic Prescriptions

$4 30-Day Supply or a $10 90-Day Supply

These programs may assist you in paying a reduced amount for generic medications, as well as, reducing utilization of the medical prescription benefits.

Did You Know?

Even if the generic substitute for one of your prescription drugs is not on one of the $4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparison shopping. One of the better places to do this is at www.crbestbuydrugs.org, a Consumer Reports site.

Tips

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the $4-Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

How can I find out if my prescription is on the $4-Generic Drug List?

Most of the generic programs offer approximately 150 to 300 generic drugs at a discounted price. The generic drugs offered cover most diseases and most chronic conditions such as arthritis, heart disease, high blood pressure, depression and diabetes.
You may search for the generic medication on the pharmacy's website or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's $4-Generic Drug List.



Health Savings Account

HealthEquity

HealthEquity®

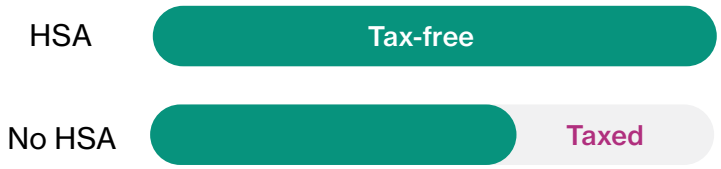
Health Savings Account

An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:[1] Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- Rolls over every year – funds never expire
- Available tax-free investing, just like a 401(k)[2]
- Requires an eligible high-deductible health plan (HDHP)

Less tax. More paycheck.

Get $20 tax savings for every $100 you contribute.[3]



2026 HSA Contribution Limits

$4,400 Individual plan

$8,750 Family plan

Members 55+ can contribute an extra $1,000.

See how much you can save.

HealthEquity.com/Learn/HSA

Scan to download the HealthEquity mobile app.



You can set up your account directly in the app – no need to register online.

Spend tax-free on HSA-qualified expenses.

- Medical
- Dental
- Vision
- Rx and OTC

Discover more: HealthEquity.com/QME

[1]HSAs are federally tax-deductible for qualified medical expenses and usually state-deductible; consult a tax advisor for details. | [2]Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. | [3]Example for illustration only; savings based on a 20% federal and state tax bracket. | HealthEquity does not provide legal, tax or financial advice.

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Health Savings Account

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are similar to retirement accounts in that funds rollover year-to-year, it is portable if you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

The HSA Advantage

- It's a Tax Saver
  - Contributions are excluded from federal income tax
  - Your money grows tax-free
  - Withdrawals used to pay for qualified health care expenses are also tax-free
- Ownership: The money in your HSA is always yours. Unspent balances simply roll over from year to year until spent.
- Flexibility: You decide when and how much to contribute to your account.
- Portable: Your money stays put even if you change health plans or employers, or if you retire.

Who is eligible?

You must be enrolled in our qualified high deductible health plan (HDHP) 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 my HSA?

Each year the IRS establishes the maximum contribution limits (see the table below). 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.

	2026
Self-Only	$4,400
Family	$8,750

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

Determining Your Annual Contribution

Your allowed annual contribution is calculated based on the number of months covered by a qualified HDHP plan and your coverage type (self-only or family). For example, if you have self-only coverage 9 months of the year, your maximum contribution limit is $3,300. Formula: $3,300 = 9 x ($4,400 / 12)

Per the last-month rule (IRS Publication 969), if you are eligible on the 1st day of the last month of your tax year (usually December 1st), you are considered eligible for the entire year. You may contribute up to the annual maximum IRS limit, but only if you maintain qualified HDHP coverage for the entire following year.

Our Banking Partner

We have partnered with HealthEquity for HSA administration. For newly enrolled employees, your demographic data is transmitted to the bank upon electing our qualified HDHP. HealthEquity will mail you a welcome kit upon activating your account which will contain information about the bank and how to use the online banking features and your debit card. If you are an existing account holder, you will continue to use your same Health Savings Account which rolls over year after year. Please use the same debit card you currently have. The bank will automatically send you a new debit card approximately one month before your current card expires.

Health Savings Account

Qualified Health Care Expenses

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.

Qualified expenses include, but are not limited to:

- Acupuncture
- Alcoholism (rehab)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs
- Birth control pills/prescription contraceptives
- Body scans
- Post-mastectomy breast reconstruction surgery
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed)
- Nursing home medical care
- Nursing services
- Optometrist
- Lasik surgery
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment for the hearing-impaired
- Therapy
- Transplants
- Weight-loss program (prescribed)
- Wheelchairs
- Non-prescription drugs Wigs (prescribed)

Non-qualified expenses include any expenses incurred before you establish your HSA. Other non-qualified expenses include, but are not limited to:

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral Expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums*
- Medicines and drugs from other countries
- Teeth whitening

The following insurance premiums may be reimbursed from your HSA:

- COBRA premiums
- Health insurance premiums while receiving unemployment benefits
- Qualified long-term care premiums
- Medicare premiums (Parts A, B, C, etc.)

› **Important**

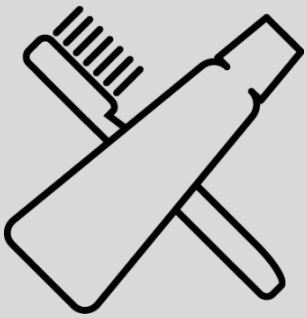
Any funds you withdraw for non-qualified expenses will be taxed at your income tax rate plus a 20% tax penalty if you're under age 65. After age 65, you pay taxes but no penalty.

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.



Dental

Delta Dental

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Tooele County School District
Group Number: 23469 (Actives)

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each <calendar/contract> year	No Deductible	No Deductible	No Deductible
Maximums Per member each <calendar/contract> year	$1,500	$1,500	$1,500
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions, Posterior Composites and Denture Repair/Reline/Rebase	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges and Dentures	50%	50%	50%
Implants Implant Services	50%	50%	50%

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* 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 PPO contracted fees for non-Delta Dental dentists.

Delta Dental Insurance Company	Customer Service	Claims Address
1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	800-521-2651 deltadentalins.com	P.O. Box 1809 Alpharetta, GA 30023-1809

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



Vision

EMI Health

Corporate (801)262-7475
Customer Service (800)662-5851
EMIHealth.com

Group: Tooele School District (Plan #0736)
Plan: VSP 100
Effective Date: 9/1/2026
Plan Type: Voluntary

	VSP 100	
	In-Network	Out-of-Network
Network	VSP Choice Plus	
WellVision Exam	Not Covered	Not Covered
Lenses (Glass or Plastic)		
Single Vision	$10 Co-pay	Up to $30
Lined Bifocal	$10 Co-pay	Up to $50
Lined Trifocal	$10 Co-pay	Up to $65
Lenticular	$10 Co-pay	Up to $100
Lens Options		
Progressive (Standard no-line)	$0 Co-pay	Up to $50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	$95-$105 Co-pay	
Custom Progressive Options	$150-$175 Co-pay	
Plastic Gradient Dye	$17 Co-pay	N/A
Solid Plastic Dye	$15 Co-pay	
Photochromic Lenses	$75 Co-pay	
Polycarbonate for Adults	$31 Co-pay SV/$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	$0 Co-pay	
Coatings		
Scratch Resistant Coating	$17 Co-pay	N/A
Anti-Reflective Coating	$41 Co-pay	
UV Protection	$16 Co-pay	
Additional lens enhancements	Up to 25% Discount	
Frames		
Allowance Based on Retail Pricing	$100 Allowance at any VSP doctor or $55 at Costco, Sam's Club or Walmart	Up to $70
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
Elective Contact Lenses In Lieu of Frame & Lenses		
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.	$100 Allowance	Up to $85
Frequency		
Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
LASIK***	Up to $500 in Savings	Not Covered
Monthly Rates		
Employee	$5.40	
Two-Party	$10.40	
Family	$16.50	

Notes

This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

** 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

Underwritten by: Educators Health Plans Life, Accident & Health, a Utah Company

EHPL.V.VSP.SCH.E

Corporate (801)262-7475
Customer Service (800)662-5851
EMIHealth.com

Group: Tooele School District (Plan #0736)
Plan: VSP Plus 10-100
Effective Date: 9/1/2026
Plan Type: Voluntary

	VSP Plus 10-100	
	In-Network	**Out-of-Network**
Network	VSP Choice Plus	
WellVision Exam	$10 Co-pay	Up to $65
Lenses (Glass or Plastic)		
Single Vision	$10 Co-pay	Up to $30
Lined Bifocal	$10 Co-pay	Up to $50
Lined Trifocal	$10 Co-pay	Up to $65
Lenticular	$10 Co-pay	Up to $100
Lens Options		
Progressive (Standard no-line)	$0 Co-pay	Up to $50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	$95-$105 Co-pay	
Custom Progressive Options	$150-$175 Co-pay	
Plastic Gradient Dye	$17 Co-pay	N/A
Solid Plastic Dye	$15 Co-pay	
Photochromic Lenses	$75 Co-pay	
Polycarbonate for Adults	$31 Co-pay SV/$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	$0 Co-pay	
Coatings		
Scratch Resistant Coating	$17 Co-pay	N/A
Anti-Reflective Coating	$41 Co-pay	
UV Protection	$16 Co-pay	
Additional lens enhancements	Up to 25% Discount	
Frames		
Allowance Based on Retail Pricing	$100 Allowance at any VSP doctor or $55 at Costco, Sam's Club or Walmart	Up to $70
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
Elective Contact Lenses In Lieu of Frame & Lenses		
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.	$100 Allowance	Up to $85
Frequency		
Exam, Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
LASIK***	Up to $500 in Savings	Not Covered
Monthly Rates		
Employee	$8.00	
Two-Party	$15.70	
Family	$24.90	

Notes

This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

** 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

Underwritten by: Educators Health Plans Life, Accident & Health, a Utah Company

EHPL.V.VSP.SCH.E



Flexible Spending Account

Axis Plus Benefits

AXISPLUS BENEFITS Cafeteria Plan At A Glance

Tooele County School District

One of the many benefits of being employed with Tooele County School District is that you have access to a Cafeteria Plan established by the Tooele County School District. A Cafeteria Plan allows you to pay for out-of-pocket medical expenses. The major advantage of Tooele County School District's Cafeteria Plan is that, by participating, you save money by paying for benefits you would normally pay for but you avoid having to pay Federal Income and Social Security taxes. If you do participate in the Cafeteria Plan you would not be eligible for a Federal income tax credit on your next tax return.

Tooele County School District's Plan Information

Plan Name:	Tooele County School District Cafeteria Plan
Address:	92 Lodestone Way Tooele, UT 84074
Telephone:	(435) 833-1900
Tax I.D. Number:	N/A
Plan Number:	125
Plan Year Begin:	Sept. 1
Amended:	May 8th, 2025
Plan Year End:	Aug. 31
Maximum Health FSA Limit:	$3,400
Maximum Dependent Care Limit	$7,500
Annual Carryover Maximum:	$680
Grace Period:	No
Run-out Period:	90 days for active employees and 60 days for terminated employees
Plan Administrator:	Tooele County School District
Service Provider:	AxisPlus Benefits
Service Provider Contact:	Lisa Kuhn

Elections

It is important for you to decide what benefits you will need for each Plan year. Your decision should be carefully made based on your expected health and dependent care expenses for the coming year.

Unless a qualifying "change in status" event occurs, you will not be able to change your elections after the first month of the Plan year. To see a list of the qualifying "change in status" events please see your Summary Plan Description.

Eligibility

Open enrollment will take place each year prior to the start of the Plan year. After the Plan year begins enrollment is limited to newly hired employees or those with special circumstances (see Summary Plan Document). For mid-year enrollments, you are eligible to participate as of your date of hire, participation will begin on the 1st of the month following enrollment/hire date.

Beginning and Ending of Coverage

The coverage will begin the first day of the Plan Year for those who enroll during the open enrollment period. For mid-year enrollments the coverage date will begin as set forth by the Tooele County School District (see eligibility). The coverage will end at the finish of each plan year or as of the termination date. This plan is subject to COBRA (see the Summary Plan Description for more details).

Benefits Available

The Tooele County School District Cafeteria Plan offers the following benefits:

Health Flexible Spending Account

A Health Flexible Spending Account (FSA) allows you to get reimbursed for qualified medical expenses with pre-tax funds (see Section 213D and Section 105 of the Internal Revenue Code for list of eligible expenses). You cannot use your FSA for expenses that have been paid by your medical insurance plan. The maximum annual election amount is $3,300. You cannot participate in both a Health FSA and a Health Savings Account.

Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account (DCAP) allows you to be reimbursed for qualified dependent day-care expenses with pre-tax funds. The maximum annual election amount is $7,500 (married filing jointly or head of household) or $3750 (married filing separately). To be eligible for reimbursement you will need to provide a statement from the service provider with the following information: name, address, taxpayer identification number (in most cases), and incurred expense amount.

Please see the Summary Plan Description for dependent eligibility requirements.

Limited Health Flexible Spending Account

If you contribute to a Health Savings Account, the Limited FSA enables you to submit for reimbursement for qualified dental and vision (health and long-term care expenses are not eligible for reimbursement) expenses incurred by you and qualified dependents.

Health Savings Account

A Health Savings Account (HSA) allows you to pay for qualified medical expenses with pre-tax funds as long as you are enrolled in a qualified High Deductible Health Plan. You cannot participate in both a Health FSA and a Health Savings Account.

Reimbursement

Throughout the Plan year you can submit for reimbursement for qualified medical and dependent care expenses in the following ways: fax (forms available at MyAxisPlus.com), email, in-person, online, or mobile application. Expenses are "incurred" when the service has been provided. The reimbursement requirements will be listed on the reimbursement claim forms.

For Health FSA, Limited FSA, and DCAP accounts reimbursement claims must be submitted no later than 90 days after the end of the Plan Year. Any funds above $680 left over after the 90 day run-out period will be forfeited. See "Carryover" section below for additional details.

Non Discrimination

Per compliance with the various rules and regulations of the Internal Revenue Code the election amounts of "highly compensated employees" and "key employees" (officers, shareholders or highly paid employees) may be limited due to non-discrimination regulations. For more information please see the Summary Plan Description.

Family and Medical Leave Act (FMLA)

If you go on a qualifying FMLA Leave this plan will comply with the rules and regulations set forth in the proposed Regulation 1.125-3 as well as any additional policies established by the Tooele County School District. Please see the Summary Plan Description for more details.

Carryover

Under the new IRS regulations, employees will be able to carryover/rollover up to $680 of their Health FSA from one Plan year to the next starting with the 2026-27 plan year. The carryover funds will be available to employees for one additional year. Any amount carried over will not affect the election amount for the new Plan year. Any funds above $680 that are not carried over after the 90 day run-out period will be forfeited.

Under the new IRS regulations, employees will be able to rollover up to $680 from one Plan year to the next. Any amount rolled over will not affect the election amount for the new Plan year. Any funds above $680 left over after the 90 day run-out period will be forfeited.

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Life and AD&D

Lincoln Financial

Tooele County School District provides this valuable benefit at no cost to you.

Full-Time Employees

Term Life and AD&D Insurance

Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

AT A GLANCE:

- A cash benefit of $20,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- The option to cover your spouse for $2,000 and children for up to $2,000.
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed life insurance information for details.

ADDITIONAL DETAILS

Conversion: You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

Continuation of Coverage: You may be able to continue your coverage if you leave your job for any reason other than sickness, injury, or retirement.

Benefit Reduction: Coverage amounts begin to reduce at age 65 and benefits terminate at retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Lincoln Financial Group®

Tooele County School District

Benefits At-A-Glance

Voluntary Term Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Tooele County School District employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee	
Guaranteed coverage amount during initial offering or approved special enrollment period	$400,000
Newly hired employee guaranteed coverage amount	$400,000
Continuing employee guaranteed coverage annual increase amount	Choice of $10,000 or $20,000
Maximum coverage amount	5 times your annual salary ($500,000 maximum in increments of $10,000)
Minimum coverage amount	$10,000
Spouse	
Guaranteed coverage amount during initial offering or approved special enrollment period	$50,000
Newly hired employee guaranteed coverage amount	$50,000
Continuing employee guaranteed coverage annual increase amount	Choice of $10,000 or $20,000
Maximum coverage amount	100% of the employee coverage amount ($300,000 maximum in increments of $10,000)
Minimum coverage amount	$10,000
Dependent Children	
1 day to age 26 guaranteed coverage amount	Choice of $10,000 or $20,000

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to $400,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by $10,000 or $20,000 without providing evidence of insurability . If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to $20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary ($500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- The maximum coverage amount for employees 70 and older who are electing coverage for the first time is $50,000.
- Your coverage amount will reduce by 35% when you reach age 65; an additional 20% of the original amount when you reach age 70; an additional 15% of the original amount when you reach age 75; an additional 10% of the original amount when you reach age 80; an additional 5% of the original amount when you reach age 85; and an additional 5% of the original amount when you reach age 90.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 100% of your coverage amount ($50,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by $10,000 or $20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to $20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 100% of your coverage amount ($300,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65, an additional 20% when an employee reaches age 70, an additional 15% when an employee reaches age 75, an additional 10% when an employee reaches age 80, an additional 5% when an employee reaches age 85, and an additional 5% when an employee reaches age 90.

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: $10,000 and $20,000.

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: TOSCHDIST.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. *TravelConnect*® travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.

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Monthly Voluntary Life Insurance Premium
Here's how little you pay with group rates.

Employee Age Range	Life Premium Rate Factor
0 - 29	0.0000500
30 - 34	0.0000600
35 - 39	0.0000800
40 - 44	0.0001000
45 - 49	0.0001500
50 - 54	0.0002200
55 - 59	0.0003700
60 - 64	0.0004400
65 - 69	0.0007200
70 - 74	0.0012100
75 - 79	0.0020400
80 - 99	0.0020600

Group Rates for You

The estimated monthly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of $10,000) by the employee age-range premium factor.

$_____ X _____ = $_____
coverage amount premium factor monthly premium

Note: Rates are subject to change and can vary over time.

Employee Age Range	Life Premium Rate Factor
0 - 29	0.0000500
30 - 34	0.0000600
35 - 39	0.0000800
40 - 44	0.0001000
45 - 49	0.0001500
50 - 54	0.0002200
55 - 59	0.0003700
60 - 64	0.0004400
65 - 69	0.0007200
70 - 74	0.0012100
75 - 79	0.0020400
80 - 99	0.0020600

Group Rates for Your Spouse

The estimated monthly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of $10,000) by the employee age-range premium factor.

$_____ X _____ = $_____
coverage amount premium factor monthly premium

Note: Rates are subject to change and can vary over time.

Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
$10,000	$1.12
$20,000	$2.24

Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

Note: You must be an active Tooele County School District employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company

Please see prior page for product information.

Voluntary Life Insurance At-A-Glance

LFE-ENRO-BRC001-UT



Disability

Lincoln Financial

Lincoln Financial Group®

Tooele County School District provides this valuable benefit at no cost to you.

All Full-Time Employees

Short-term Disability Insurance

Protect your paycheck when you can't work.

Many medical conditions can keep you out of work. Short-term disability insurance helps you meet your financial obligations while you're recovering from an injury, illness, surgery, or childbirth.

AT A GLANCE:

- A cash benefit of 85% of your weekly salary (up to $2,125) when you are out of work for up to 17 weeks due to injury, illness, surgery, or recovery from childbirth
- A partial cash benefit if you can only do part of your job or work part time
- A prompt, responsive claims process

ADDITIONAL DETAILS

Sickness Elimination Period: You must be out of work for 14 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 15. Benefits are payable immediately for hospitalization.

Accident Elimination Period: You must be out of work for 14 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15. Benefits are payable immediately for hospitalization.

For complete benefit descriptions, limitations, and exclusions, refer to the summary plan description.

ASO products are funded entirely by the employer. Lincoln Financial Group provides administrative and/or claims payment services only.

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Lincoln Financial Group®

Tooele County School District provides this valuable benefit at no cost to you.

All Full-Time Employees

Long-term Disability Insurance

Keep getting a check when you're hurt or sick.

You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. Long-term disability insurance helps you make ends meet during this difficult time.

AT A GLANCE:

- A cash benefit of 66.67% of your monthly salary (up to $12,000) starting after a period of 120 consecutive days of disability and continues up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later.
- Includes *EmployeeConnect*℠ EAP services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance.
- Program Services include:
  - Unlimited, 24/7 access to information and referrals
  - In-person help for short-term issues; up to five sessions with a counselor per person, per issue, per year.
  - One free consultation with a network attorney (with subsequent meetings at a reduced fee)
  - One free consultation with a financial counselor
  - Online tools, tutorials, videos and much more

ADDITIONAL DETAILS

Pre-existing Condition: If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Coverage Period for Your Occupation: 24 months. After this initial period, you may be eligible to continue receiving benefits if your disability prohibits you from performing any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits may be extended through the end of your maximum coverage period (benefit duration).

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.



Voluntary

LegalEase

Be fully prepared and confident **with Identity Monitoring**



Proudly offered to you.

Education Elevated
TOOELE COUNTY SCHOOL DISTRICT

Protect your family with Identity Monitoring.
Identity Monitoring offers valuable services to shield your family from unexpected identity theft issues.

You will have access to:

- Credit Monitoring
- CyberAgent®
- Full Service Identity Restoration
- Lost Wallet
- Identity Theft Insurance
- Child Identity Monitoring

To access the Identity Monitoring services, you must be enrolled in the LegalEASE + ID Monitoring plan or an Individual/Family ID Monitoring Plan.
To learn more:
Call: 1(800) 248-9000
Visit: www.legaleaseplan.com/tooeleschools

LEGALEASE

Identity monitoring can help ease your worries if your personal information is ever compromised.

Plan Options:

LegalEASE Plan + ID Monitoring $18.82 monthly, via payroll deduction	**Who's covered:**	**Employee**	**Spouse**	**Dependent Children** Up to age 26
ID Monitoring Only Individual: $6.95 monthly, via payroll deduction Family: $11.85 monthly, via payroll deduction	**Who's covered:**	**Employee** $6.95	**Spouse + Dependent Children** Up to age 26 $11.85	

Identity Monitoring offers additional resources to help protect personal identity and information, as well as services to help deal with identity theft in case it happens. You will have access to:

CREDIT MONITORING

You can enjoy peace of mind with proactive monitoring including:

- Single or tri-bureau credit reports, scores and monitoring
- Flexible levels of frequency for report generation
- Credit Reports that display robust credit data

CYBERAGENT®

CyberAgent monitors activity on the Internet to see if personal information is being traded and/or sold online. CyberAgent searches networks, chat rooms, and websites worldwide for stolen identity credentials, finding Subscriber data regardless of nationality or location.

FULL SERVICE IDENTITY RESTORATION

Full-Service Identity Restoration Services provides compromised members with a certified identity theft restoration specialist to provide full-service identity restoration. Full-Service Identity Restoration Services include:

- A certified identity theft restoration specialist
- Use of a specialized limited power of attorney to work on your behalf to restore the identity case, which frees you from that burden
- Interactive dispute letters to creditors and agencies
- Interactive dispute letters to credit bureaus
- Interactive identity theft affidavit

LOST WALLET

Protection for personally identifiable information that has been compromised. Services include:

- Protection for credit cards, debit/ATM cards, checkbooks, driver's licenses, Social Security cards, insurance cards, passports, military identification cards, traveler's checks and Medicare/ Medicaid identification
- Support from restoration specialists in canceling and reissuing documents due to lost or stolen wallet or identity documents

$1,000,000 IDENTITY THEFT INSURANCE

Identity Theft Insurance will reimburse you if you are residing in the United States for certain ancillary expenses associated with restoring your identity should you become a victim of identity theft after you are properly enrolled. The policy covers eligible expenses for up to $1,000,000, with no deductible, from an A.M. Best "A-rated" carrier, subject to the terms, limits and/ or exclusions of the policy. The insurance policy will reimburse you for certain reimbursable expenses in accordance with the policy's terms. You must make a claim for reimbursement in accordance with the terms and conditions of the policy, which claims procedure and other delivery requirements will be mutually agreed to by the parties and conducted in accordance with the terms of the policy and applicable state insurance law and regulations

CHILD IDENTITY MONITORING

If you have dependent children, you can enjoy peace of mind with proactive monitoring of your child's identity, which includes:

- CyberAgent, that scours the dark web to identify the illegal trading and selling of monitored personal information, and it alerts parents if a match to their child's information is made
- Social Security Number trace, detects the existence of credit information associated with child's identity
- Full-Service restoration, is available in the event of child identity theft

LEGALEASE

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided can be viewed at https://www.legalease-id-monitor.com. If this benefit summary conflicts in any way with the Policy, Contract, or Agreement issued, the policy, contract, or agreement shall prevail. Identity monitoring, fraud detection, credit monitoring, and related services and platforms are provided by CSIdentity Corporation (d/b/a CSID)(Experian). Home Office: 1501 South Mopac Expressway, Suite 200, Austin, TX 78746. Identity Theft Services resold by Legal Access Plans, L.L.C., LegalEASE or The LegalEASE Group, Houston, Texas. Please contact Legal Access Plans or LegalEASE for complete details.

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Be fully prepared and confident
with Legal Insurance



Legal Insurance Plan proudly offered to the employees of Tooele County School District

Education Elevated
TOOELE COUNTY SCHOOL DISTRICT

Protect your family's future with LegalEASE.
LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues.

What you get with a LegalEASE plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

Enroll in the LegalEASE Insurance Plan.
To learn more:
Call: 1(800) 248-9000
Visit: www.legaleaseplan.com/tooeleschools

LEGALEASE

A legal insurance plan can ease the biggest stresses - finding and paying for legal expertise when you need it most.

Plan Options:

Option 1: LegalEASE Plan $15.82 monthly, via payroll deduction	**Who's covered:**	**Employee**	**Spouse**	**Dependent Children** Up to age 26
Option 2: LegalEASE Plan + ID Monitoring $18.82 monthly, via payroll deduction	**Who's covered:**	**Employee**	**Spouse**	**Dependent Children** Up to age 26
Option 3: ID Monitoring Only Individual: $6.95 monthly, via payroll deduction Family: $11.85 monthly, via payroll deduction	**Who's covered:**	**Employee** $6.95	**Spouse + Dependent Children** Up to age 26 $11.85	

The value of a LegalEASE insurance plan.

Being a member saves costly legal fees and provides coverage for:

HOME & RESIDENTIAL

Purchase of Primary Residence, Sale of Primary Residence, Refinancing of Primary Residence, Vacation or Investment Home Sale/Purchase/Refinancing, Tenant Dispute, Tenant Security Deposit Dispute, Landlord Dispute with Tenant, Security Deposit Dispute with Tenant, Construction Defect Dispute, Neighbor Dispute, Noise Reduction Dispute, Foreclosure

FINANCIAL & CONSUMER

Debt Collection: Pre-litigation Defense & Trial Defense, Bankruptcy (Chapter 7 or 13), Tax Audits, Student Loan Refinancing/Collection Defense, Document Preparation, Consumer Dispute, Small Claims Court, Financial Advisor, Mail Order or Internet Purchase Dispute, Bank Fee Dispute, Cell Phone Contract Dispute, Warranty Dispute, Healthcare Coverage Disputes and Records, Identity Theft Defense

AUTO & TRAFFIC

Traffic Ticket, Serious Traffic Matters (Resulting in Suspension or Revocation of License), Administrative Proceeding (Regarding Suspension or Revocation of License), First-time Vehicle Buyer, Vehicle Repair and Lemon Law Litigation

FAMILY

Separation, Divorce, Post-Divorce Proceedings, Prenuptial Agreement, Name Change, Guardianship/ Conservatorship, Adoptions, Juvenile Court Proceedings

ESTATE PLANNING & WILLS

Will or Codicil, Living Will, Health Care Power of Attorney, Living Trust Document, Probate of Small Estate

GENERAL

Civil Litigation Defense, Incompetency Defense, Initial Law Office Consultation, Review of Simple Documents, Discounted Contingency Fees, Mediation, Identity Theft Assistance

Limitations apply. Please visit https://www.legaleaseplan.com/tooeleschools for specific plan benefits.

ID Monitoring

Identity Theft Insurance, Internet Surveillance, Credit Monitoring, Lost Wallet Protection, Child Identity Monitoring, Full-Service Restoration

For more information review attached ID Monitoring Flyer

For more information, visit:

https://www.legaleaseplan.com/tooeleschools

LEGALEASE

To learn more, call:

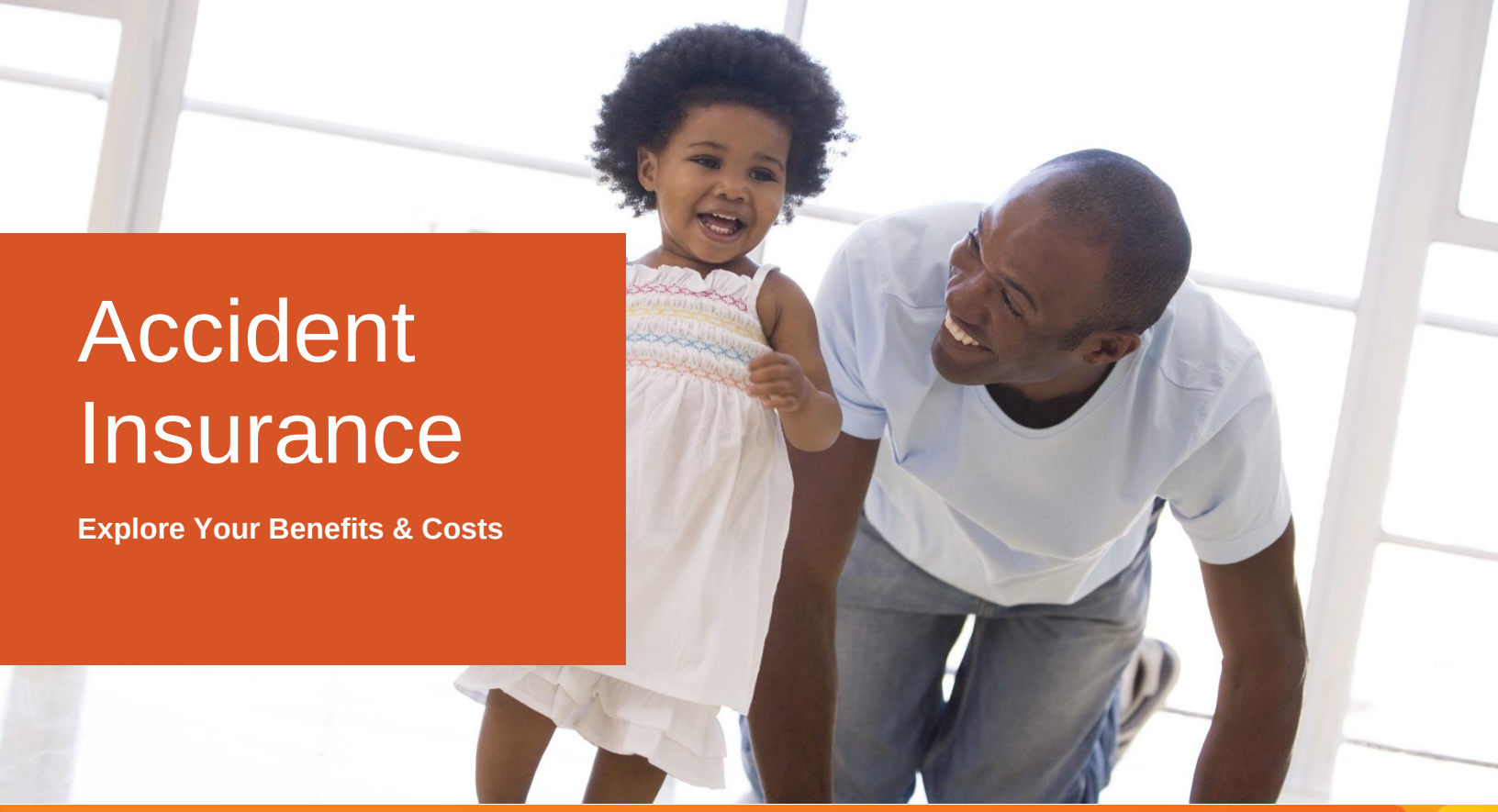
1(800) 248-9000 and reference "Tooele Schools"

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Underwritten by Virginia Surety Company in all states except where underwriting is not required but the product is available. Please contact LegalEASE for complete details.
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Voluntary

Voya



Accident Insurance

Explore Your Benefits & Costs

Group Name: Tooele County School District
Group Number: 746002
Class: Regular, actively at work, full-time Employees

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. This document includes expanded cost and benefit information for Accident Insurance. As you explore, keep in mind:

- Coverage is always Guaranteed Issue
- Employees get an annual Wellness Benefit of $50 for completing an eligible health screening test.
- Benefit payments go directly to you. Use them how you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't *go out* to pay for medical bills or treatments you may need, instead they *come in*—directly to you—to be used however you'd like.** Choose this supplemental health insurance product to lessen the financial impact of a covered accident.

Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

PLAN | INVEST | PROTECT

How much does it cost?

You have the option to elect supplemental Accident Insurance to meet your needs.

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
$5.47	$10.93	$11.75	$17.21

Your spouse will be covered for the same Accident benefits as you.

If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children. Your children will be covered for the same Accident benefits as you are and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. To be eligible, the accident must happen outside of work. You may be required to seek care for your injury within a set amount of time. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.



ER treatment



X-rays



Physical therapy



Stitches



Follow-up doctor treatment(s)

Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Accident-related treatment	Benefit
Emergency room treatment	$200
X-ray	$60
Physical therapy (up to 6 per accident)	$40

Stitches (for lacerations, up to 2”)	$50
Follow-up doctor treatment	$75
Hospital admission	$1,250
Hospital confinement (per day, up to 365 days)	$250

What else is included?

The Accident Insurance available through your employer also features the following:

Receive $50 to use however you’d like

Wellness Benefit
Complete an eligible health screening test and we’ll send you a benefit payment.

- Employees benefit amount is $50. Spouse’s benefit amount is $50.
- The annual benefit for child coverage is $50, 100% of employee benefit.

Take your coverage with you

Portability
If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Additional non-insurance service(s)

Access **support** next time you travel

Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance services such as pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc. Indianapolis, IN.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document.

✓ **Your coverage includes a Sport Accident Benefit.** This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of $1,000.

Event	Benefit
Accident Hospital Care	
Surgery (open abdominal, thoracic)	$1,000
Surgery (exploratory or without repair)	$150
General Anesthesia	$150
Blood, Plasma, Platelets	$500
Hospital Admission	$1,125
Hospital Confinement (per day, up to 365 days)	$250
Critical Care Unit (CCU) Admission	$1,250
Critical Care Unit Confinement (per day up to 30 days	$400
Rehabilitation Facility Confinement (per day up to 90 days)	$175
Observation Unit Stay	$250
Induced Coma (up to 14 days)	$125
Non-Induced Coma (duration of 14 or more days)	$14,500
Transportation (per trip up to 3 per accident	$650
Lodging (per day up to 30 days)	$150
Pet Boarding	$15
Family care (per child/adult up to 45 days)	$25
Initial Doctor Visit	$75
Urgent Care Facility Treatment	$200
Emergency Room Treatment	$200
Ground Ambulance	$300
Air ambulance	$1,250
Follow-up Doctor Treatment	$75
Home Health Care	$50
Chiropractic Treatment (up to 6 per accident)	$40
Prescription Medicine	$10
Medical Equipment	$125
Physical or Occupational Therapy (per treatment up to 10)	$40
Speech Therapy (per treatment up to 10)	$40
Mental Health Therapy (per treatment up to 10)	$40
Prosthetic Device (one)	$625
Prosthetic Device (two or more)	$1,000
Major Diagnostic Exams:	$200
CT (computerized tomography) or CAT scan (computerized axial tomography)	
MRI (magnetic resource imaging)	
EEG (electroencephalogram)	

Event	Benefit
PET (positron emission tomography) scan	
Ultrasound	
Outpatient Surgery	$200
Outpatient IV Infusion Therapy	$30
X-ray	$60
Lab Services	$60
Common Injuries	
Burns (2nd degree, at least 36% of body)	$1,125
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	$6,000
Burns (3rd degree, 4% or more of the total body surface area)	$12,500
Skin Grafts (of burn benefit)	50%
Emergency Dental Work (Crown)	$300
Emergency Dental Work (Extraction)	$75
Eye Injury (removal of foreign object)	$80
Eye Injury (surgery)	$275
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	$175
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	$650
Laceration[1] (treated - no sutures)	$25
Laceration[1] (sutures up to 2”)	$50
Laceration[1] (sutures 2” to 6”)	$200
Laceration[1] (sutures over 6”)	$400
Puncture Wound[1]	$25
Ruptured Disk (surgical repair)	$650
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$350
Tendon, Ligament, Rotator Cuff (1, surgical repair)	$675
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$1,000
Concussion	$200
Traumatic Brain Injury	$1,500
Paralysis (monoplegia)	$7,500
Paralysis (hemiplegia)	$12,500
Paralysis (paraplegia)	$14,000
Paralysis (quadriplegia)	$20,000
Dislocations Complete[2]/Complete Requiring Surgical Repair[3]	
Hip Joint	$3,200/$6,400
Knee	$2,000/$4,000
Ankle or foot bone(s) (other than toes)	$1,200/$2,400
Shoulder	$1,500/$3,000
Elbow	$900/$1,800

Event	Benefit
Wrist	$900/$1,800
Finger/toe	$250/$500
Hand bone(s) (other than fingers)	$900/$1,800
Lower jaw	$900/$1,800
Collarbone	$900/$1,800
Incomplete dislocations: % of the complete amount	25%
Fractures **Non-Surgical Repair Fracture[4]/Fracture Requiring Surgical Repair[5]**	**Benefit**
Hip	$3,000/$6,000
Leg	$2,500/$5,000
Ankle	$1,800/$3,600
Heel	$1,800/$3,600
Kneecap	$1,800/$3,600
Foot (excluding toes, heel)	$1,800/$3,600
Upper arm	$2,100/$4,200
Forearm, hand, wrist **(except fingers)**	$1,800/$3,600
Finger, Toe	$240/$480
Vertebral body	$3,360/$6,720
Vertebral processes	$1,440/$2,880
Pelvis (except coccyx)	$3,200/$6,400
Coccyx	$400/$800
Bones of the face (except nose)	$1,200/$2,400
Nose	$600/$1,200
Upper jaw	$1,500/$3,000
Lower jaw	$1,440/$2,880
Collarbone	$1,440/$2,880
Rib	$400/$800
Skull – Simple (except bones of the face)	$1,400/$2,800
Skull – Depressed (except bones of face)	$3,000/$6,000
Sternum	$360/$720
Shoulder blade	$1,800/$3,600
Chip Fractures: % of the Non-Surgical Repair	25%

[1]Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.
[2]Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.
[3]Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.
[4]Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.
[5]Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

Accidental Death & Dismemberment (AD&D)

Your coverage also includes Accidental Death & Dismemberment benefits. We will pay an AD&D benefit if a covered person meets the conditions described in the Rider as the result of injuries received in a covered accident. If injuries received in a covered accident cause a covered person's death, a benefit is payable to the named accidental death beneficiary. If there is no beneficiary named, benefits will be paid according to the Benefit Payments provision in the Certificate. Note: No Accidental death benefit is payable if the Covered Person is eligible for the common carrier benefit. See the chart below for more details. A "common carrier" is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

	Benefit
Accidental Death Benefits	
Common Carrier	
Employee	$100,000
Spouse	$50,000
Child	$25,000
Accidental Death	
Employee	$50,000
Spouse	$25,000
Child	$10,000
Accidental Dismemberment Benefits	
Loss of both hand or both feet or sight in both eyes	$28,000
Loss of one hand or one foot AND sight of one eye	$22,000
Loss of one hand AND one foot	$22,000
Loss of one hand OR one foot	$12,500
Loss of two or more fingers or toes	$1,800
Loss of one finger or toe	$1,250



Critical Illness Insurance

Explore Your Benefits & Costs

Group Name: Tooele County School District
Group Number: 746002
Class: Regular, actively at work, full-time Employees

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. This document includes expanded cost and benefit information for Critical Illness Insurance. As you explore, keep in mind:

- Coverage is always Guaranteed Issue.
- Employees get an annual Wellness Benefit of $50 for completing an eligible health screening test.
- Benefit payments go directly to you. Use them however you'd like!

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't *go out* to pay for medical bills or treatments you may need, instead they *come in*—directly to you—to be used however you'd like.** Choose this supplemental health insurance product to help lessen the financial impact of a covered illness.

Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

How much coverage is available?

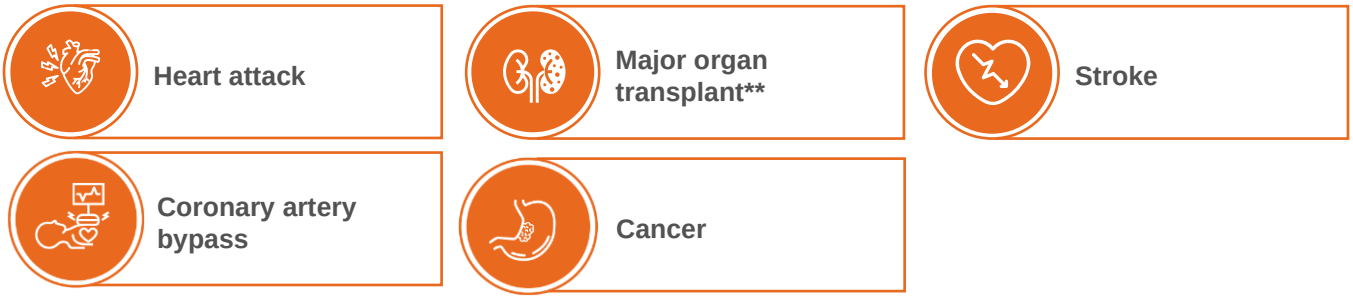
You have the option to enroll in coverage in the amount(s) below.

	Coverage Amount
For you	$10,000 or $20,000 or $30,000
Your spouse	$5,000 or $10,000 or $15,000 (50% of Employee Benefit Amount)
Your children*	$5,000 or $10,000 or $15,000 (50% of Employee Benefit Amount)

*Child(ren) up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides a benefit payment for the diagnoses of a covered illness or condition such as:



Sample benefit amounts

If one of these events happens on or after your coverage effective date, and your claim is approved, benefits are payable at 100% of the Critical Illness benefit amount shown above unless otherwise stated. Use your benefit payment however you'd like:

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Major organ transplant**	100%
Coronary artery bypass	100%

* A sudden cardiac arrest is not in itself considered a heart attack.

**** Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.**

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

How much does Critical Illness Insurance cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected.

Monthly Rates Employee: $10,000 Spouse: $5,000 Child(ren): $5,000									
Non-Tobacco User					Tobacco User				
Issue Age	EE Only	EE+SP	EE+CH	Family	Issue Age	EE Only	EE+SP	EE+CH	FAMILY
Under 25	$3.00	$4.50	$3.90	$5.40	Under 25	$4.50	$6.75	$5.40	$7.65
25-29	$3.70	$5.55	$4.60	$6.45	25 - 29	$5.80	$8.70	$6.70	$9.60
30-34	$4.90	$7.35	$5.80	$8.25	30 - 34	$7.60	$11.40	$8.50	$12.30
35-39	$6.70	$10.05	$7.60	$10.95	35 - 39	$10.70	$16.05	$11.60	$16.95
40-44	$8.80	$13.20	$9.70	$14.10	40 - 44	$14.20	$21.30	$15.10	$22.20
45-49	$11.40	$17.10	$12.30	$18.00	45 - 49	$18.20	$27.30	$19.10	$28.20
50-54	$14.40	$21.60	$15.30	$22.50	50 - 54	$23.20	$34.80	$24.10	$35.70
55-59	$17.20	$25.80	$18.10	$26.70	55 - 59	$27.80	$41.70	$28.70	$42.60
60-64	$23.40	$35.10	$24.30	$36.00	60 - 64	$38.20	$57.30	$39.10	$58.20
65-69	$28.60	$42.90	$29.50	$43.80	65 - 69	$46.80	$70.20	$47.70	$71.10
70+	$39.40	$59.10	$40.30	$60.00	70 +	$64.40	$96.60	$65.30	$97.50

Monthly Rates Employee: $20,000 Spouse: $10,000 Child(ren): $10,000									
Non-Tobacco User					Tobacco User				
Issue Age	EE Only	EE+SP	EE+CH	Family	Issue Age	EE Only	EE+SP	EE+CH	FAMILY
Under 25	$6.00	$9.00	$7.80	$10.80	Under 25	$9.00	$13.50	$10.80	$15.30
25-29	$7.40	$11.10	$9.20	$12.90	25 - 29	$11.60	$17.40	$13.40	$19.20
30-34	$9.80	$14.70	$11.60	$16.50	30 - 34	$15.20	$22.80	$17.00	$24.60
35-39	$13.40	$20.10	$15.20	$21.90	35 - 39	$21.40	$32.10	$23.20	$33.90
40-44	$17.60	$26.40	$19.40	$28.20	40 - 44	$28.40	$42.60	$30.20	$44.40
45-49	$22.80	$34.20	$24.60	$36.00	45 - 49	$36.40	$54.60	$38.20	$56.40
50-54	$28.80	$43.20	$30.60	$45.00	50 - 54	$46.40	$69.60	$48.20	$71.40
55-59	$34.40	$51.60	$36.20	$53.40	55 - 59	$55.60	$83.40	$57.40	$85.20
60-64	$46.80	$70.20	$48.60	$72.00	60 - 64	$76.40	$114.60	$78.20	$116.40
65-69	$57.20	$85.80	$59.00	$87.60	65 - 69	$93.60	$140.40	$95.40	$142.20
70+	$78.80	$118.20	$80.60	$120.00	70 +	$128.80	$193.20	$130.60	$195.00

Monthly Rates Employee: $30,000 Spouse: $15,000 Child(ren): $15,000									
Non-Tobacco User					Tobacco User				
Issue Age	EE Only	EE+SP	EE+CH	Family	Issue Age	EE Only	EE+SP	EE+CH	FAMILY
Under 25	$9.00	$13.50	$11.70	$16.20	Under 25	$13.50	$20.25	$16.20	$22.95
25-29	$11.10	$16.65	$13.80	$19.35	25 - 29	$17.40	$26.10	$20.10	$28.80
30-34	$14.70	$22.05	$17.40	$24.75	30 - 34	$22.80	$34.20	$25.50	$36.90
35-39	$20.10	$30.15	$22.80	$32.85	35 - 39	$32.10	$48.15	$34.80	$50.85
40-44	$26.40	$39.60	$29.10	$42.30	40 - 44	$42.60	$63.90	$45.30	$66.60
45-49	$34.20	$51.30	$36.90	$54.00	45 - 49	$54.60	$81.90	$57.30	$84.60
50-54	$43.20	$64.80	$45.90	$67.50	50 - 54	$69.60	$104.40	$72.30	$107.10
55-59	$51.60	$77.40	$54.30	$80.10	55 - 59	$83.40	$125.10	$86.10	$127.80
60-64	$70.20	$105.30	$72.90	$108.00	60 - 64	$114.60	$171.90	$117.30	$174.60
65-69	$85.80	$128.70	$88.50	$131.40	65 - 69	$140.40	$210.60	$143.10	$213.30
70+	$118.20	$177.30	$120.90	$180.00	70 +	$193.20	$289.80	$195.90	$292.50

*Children birth to age 26; no limit to the number of children per family.

Schedule of Benefits

The table below presents a more detailed list of the conditions covered under Critical Illness Insurance. Please note that the covered condition/diagnosis must happen on or after your coverage effective date. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a list of standard exclusions and limitations, please refer to the exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions, and limitations, see your certificate of insurance and any riders.

Covered Condition	% of Benefit
Base Module	
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	100%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	100%
Carcinoma in situ	25%
Major Organ Module	
Type 1 Diabetes	100%
Transient ischemic attacks (TIA)	10%
Ruptured or dissecting aneurysm	10%
Abdominal aortic aneurysm	10%
Thoracic aortic aneurysm	10%
Open heart surgery for valve replacement or repair	25%
Severe burns	100%

Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%
Enhanced Cancer Module	
Benign brain tumor	100%
Skin cancer	25%
Bone marrow transplant	25%
Stem cell transplant	25%
Quality of Life Module	
Permanent paralysis	100%
Loss of sight	100%
Loss of hearing	100%
Loss of speech	100%
Coma	100%
Multiple sclerosis	100%
Amyotrophic lateral sclerosis (ALS)	100%
Parkinson’s disease	100%
Advanced dementia, including Alzheimer’s disease	100%
Huntington’s disease	100%
Muscular dystrophy	25%
Infectious disease (hospitalization requirement)***	25%
Addison’s disease	100%
Myasthenia gravis	100%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	25%
Occupational HIV	100%
Occupational Hepatitis B or C	100%

* A sudden cardiac arrest is not in itself considered a heart attack.
** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.
*** Diagnosis of a severe infectious disease by a Doctor, including COVID-19, when a diagnosis occurs on or after the group’s coverage effective date; AND Confinement to a Hospital for 5 or more consecutive days, or in a transitional facility for 14 or more consecutive days.

Benefits for insured children

In addition to the covered conditions mentioned above, coverage for your insured children includes:

Covered Condition	% of Benefit
Cerebral palsy	100%
Congenital birth defects	100%
Cystic fibrosis	100%
Down syndrome	100%
Gaucher disease, type II or III	100%
Infantile Tay-Sachs	100%
Niemann-Pick disease	100%

Covered Condition	% of Benefit
Pompe disease	100%
Sickle cell anemia	100%
Type 1 diabetes	100%
Type IV glycogen storage disease	100%
Zellweger syndrome	100%

Multiple benefit payments

You may receive a lump-sum benefit payment for each covered condition. The number of times a benefit is payable for each covered condition is unlimited, except for skin cancer to the number of payments you may receive for each covered condition under your plan. Additional details are provided in the certificate of coverage.

What else is included?

The Critical Illness Insurance available through your employer includes the following additional benefits. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions, and limitations, see your certificate of insurance and any riders.

Receive $50 to use however you'd like

Wellness Benefit

The Wellness Benefit provides an annual benefit if you complete a covered health screening test whether there is any out-of-pocket cost to you.

- Employees benefit amount is $50.
- Spouse's benefit amount is $50.
- Children receive 100% of your benefit amount, $50, per child.



Hospital Indemnity Insurance

Explore Your Benefits & Costs

Group Name: Tooele County School District
Group Number: 746002
Class: Regular, actively at work, full-time Employees

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, **Hospital Indemnity Insurance can help.** This document includes cost and benefit information for Hospital Indemnity Insurance. As you explore, keep in mind:

- Coverage is Guaranteed Issue.
- Simplified claims process has limited paperwork and can be submitted/tracked online.
- Benefit payments go directly to you. Use them however you'd like!

Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't *go out* to pay for medical bills or treatments you may need, instead they *come in*—directly to you—to be used however you'd like.** Enroll in hospital indemnity insurance to receive a fixed daily benefit payment when you have a covered stay in a hospital and that you can use as you determine.

Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

PLAN I INVEST I PROTECT

How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
$15.55	$34.20	$31.09	$49.74

*Child(ren) birth to age 26; no limit to the number of children per family.

How does it work?

Hospital Indemnity Insurance pays a benefit for an eligible confinement or other covered loss that occurs on or after your coverage effective date and subject to any exclusions in your Certificate. The following is a summary of the benefits provided by Hospital Indemnity Insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders. The coverage amounts are listed below.

Each available admission benefit is payable up to a maximum of 4 per calendar year.

The admission and daily confinement benefit amounts depend on the type of facility and the number of days of confinement. Only one type of confinement or admission benefit is payable per day. Any combination of confinement and admission benefits payable will not exceed a total of 94 days during a period of confinement.

When your stay begins

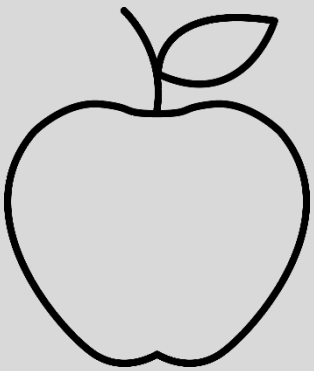
When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of 4 admission (s) per calendar year:

Type of Admission	Benefit Amount
Hospital Admission	$1,500
Critical Care Unit (CCU) Admission	$1,500

As your stay continues

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

Type of Facility	Daily Benefit
Hospital confinement (1x the daily benefit amount, up to 31 days maximum per confinement)	$150
Critical Care Unit (CCU) confinement (1x the daily benefit amount, up to 31 days maximum per confinement)	$150
Rehabilitation Facility confinement (1x the daily benefit amount, up to 31 days maximum per confinement)	$150



Wellness

Tooele County School District Wellness Program

Tooele County School District, in partnership with Select Health, provides opportunities for employees to engage in healthy activities throughout the year. Tooele County School District supports all employees in reaching their personal health and wellness related goals and encourages employees to participate in the Select Health Share wellness offerings.

By completing the wellness activities listed in the wellness program employee engagement tasks list by the given deadlines, all insured employees can avoid paying a premium differential of **$100 extra/month** for the 2027-2028 plan year.

Employees have a chance to remove the premium differential by completing ALL the wellness activities listed below by **December 31st, 2026** and letting Kamille Ortiz know by **January 8th, 2027.** Once you have completed the activities and let Kamille know, the differential will be removed the following month.

Wellness Program Employee Engagement Tasks list:

1. Attend a workplace health education and screening event or complete a preventative exam from a physician by **December 31st, 2026**
2. Complete the online Health Check on the Personify Health portal by **December 31st, 2026**
3. Successfully participate and record results in Personify Health for one activity campaign by **December 31st, 2026**
4. Successfully participate and record results in Personify Health for a second activity campaign by **April 30th, 2027**

*Some Select Health Share employees have additional measured engagements to complete (based on age, gender, medical history, or risk factors). These do not count towards the Tooele County School District premium differential but are tied to Select Health provided incentives.

**** For a full list of the detailed Share program engagements, please refer to https://selecthealth.org/share/employees**

Please note: Employees who did not complete the 2025/2026 wellness activities by June 30th 2026, will pay $100 extra/month for medical premiums, beginning September 1st, 2026.

If you are unable to participate in any of the health-related activities required to earn an incentive, you may request a reasonable accommodation by contacting Kamille Ortiz, 435-833-1900 x 1103, kortiz@tooeleschools.org .



Employee Assistance Program

Intermountain Live Well

Caring for employees is what we do.

Offering free, confidential, and brief counseling to employees and their family members.

Intermountain Health's Employee Assistance Program is your partner in living a life filled with energy, strength, and vitality. Taking care of your mental health is as essential to your well-being as taking care of your physical health. Rewarding relationships at home and work, effective stress management skills, and learning to thrive with life changes are all goals that EAP can assist employees to achieve.



Contact Us

Call 800.832.7733 from 8:00 a.m.–5:00 p.m. (MST) to schedule an appointment. A crisis counselor is available by phone 24/7 at the same numbers.

You can also e-mail us at eap@imail.org with non-urgent questions or feedback.

EAP Services

Counseling: Free, brief counseling for life problems such as conflict at work or with a family member, depression, anxiety, and life stress. Services are available to employees, spouses or partners, and dependents ages 6-26.

Crisis Services: 24/7 telephone crisis services with a mental health professional.

Elder Care: Care Coach is eldercare support for employees, their spouse/partner, and dependents ages 6-26. Find information, resources, and coaching for those aiding aging relatives. We can help identify medical, legal, and financial resources while providing emotional support through the process.

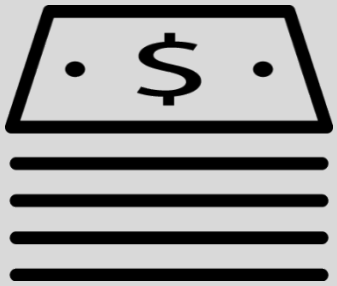
Financial Assist: The EAP provides employees, their spouse/partner, and dependents ages 6-26 with access to professionals who provide free consultations on everything from credit and debt, to purchasing a home, or saving for retirement.

Leader Support: The EAP provides valuable support to leaders to ensure you're leading healthy, productive, stable teams.

Legal Assist: If your life, or the life of a family member has been impacted by a legal issue, you may need the expert counsel of an attorney. The Intermountain EAP helps connect employees with a participating attorney for a free consultation either on the phone or in person.

Mental Health Minute: The EAP provides ongoing, live webinars addressing a variety of important topics for employees, including how to leave work at work, dealing with stress, building resilience, and navigating change and transition. Visit the website to get started.

Referrals and Resources: Navigating community resources and knowing who to turn to can be difficult and confusing. The EAP can help you identify appropriate long-term support providers.



Premiums

Medical Premiums
Certified & Administrative

Select Health

Traditional Select Health Share			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Employee	$772.30	$497.00	$275.30
Two Party	$1,711.90	$1,306.30	$405.60
Family	$2,450.40	$1,917.20	$533.20

Traditional Select Health Care + (Out of Area Only)			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Employee	$855.60	$501.10	$354.50
Two Party	$1,896.90	$1,315.50	$581.40
Family	$2,715.20	$1,930.30	$784.90

Select Health Share HealthSave			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Employee	$683.60	$658.60	$25.00
Two Party	$1,515.30	$1,292.10	$223.20
Family	$2,169.10	$1,794.70	$374.40

Select Health Care + HealthSave (Out of Area Only)			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Employee	$757.60	$662.40	$95.20
Two Party	$1,679.20	$1,300.50	$378.70
Family	$2,403.60	$1,806.70	$596.90

Select Health Share HealthSave DUAL Plan			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Two Party	$1,820.80	$1,511.50	$309.30
Family	$2,606.10	$2,222.00	$384.10

Select Health Care + HealthSave DUAL Plan (Out of Area Only)			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Two Party	$2,017.20	$1,520.80	$496.40
Family	$2,887.60	$2,235.40	$652.20

***Please be aware that if you did not complete the Select Health Share program requirements during the 2025/2026 plan year, your monthly contribution will be $100 higher.**

District Contribution to HSA	
Status	Employer will match up to the amounts listed below per month
Employee	$125.00
Two Party	$140.00
Family	$150.00

Medical Premiums
Support Professionals & Retired Employees

Select Health

Traditional Select Health Share			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Employee	$772.30	$631.16	$141.14
Two Party	$1,711.90	$1,498.48	$213.42
Family	$2,450.40	$2,174.70	$275.70

Traditional Select Health Care + (Out of Area Only)			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Employee	$855.60	$625.10	$230.50
Two Party	$1,896.90	$1,487.74	$409.16
Family	$2,715.20	$2,160.14	$555.06

Select Health Share HealthSave			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Employee	$683.60	$658.60	$25.00
Two Party	$1,515.30	$1,360.90	$154.40
Family	$2,169.10	$1,964.12	$204.98

Select Health Care + HealthSave (Out of Area Only)			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Employee	$757.60	$655.94	$101.66
Two Party	$1,679.20	$1,352.34	$326.86
Family	$2,403.60	$1,952.30	$451.30

Select Health Share HealthSave DUAL Plan			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Two Party	$1,820.80	$1,577.88	$242.92
Family	$2,606.10	$2,316.50	$289.60

Select Health Care + HealthSave DUAL Plan (Out of Area Only)			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Two Party	$2,017.20	$1,564.48	$452.72
Family	$2,887.60	$2,301.46	$586.14

*Please be aware that if you did not complete the Select Health Share program requirements during the 2025/2026 plan year, your monthly contribution will be $100 higher.

District Contribution to HSA	
Status	Employer will match up to the amounts listed below per month
Employee	$125.00
Two Party	$140.00
Family	$150.00

Vision & Dental Premiums

EMI Health

VSP Plus		
Status	Total Premium Per Month	Employee Cost Per Month
Employee	$8.00	$8.00
Two Party	$15.70	$15.70
Family	$24.90	$24.90

VSP 100		
Status	Total Premium Per Month	Employee Cost Per Month
Employee	$5.40	$5.40
Two Party	$10.40	$10.40
Family	$16.50	$16.50

Delta Dental

Delta Dental PPO Plan		
Status	Total Premium Per Month	Employee Cost Per Month
Employee	$40.12	$0.00
Two Party	$84.42	$42.20
Family	$138.92	$94.10

Education Elevated

TOOELE COUNTY SCHOOL DISTRICT

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

This Employee Benefits Guide was created for the employees of Tooele County School District by GBS Benefits.